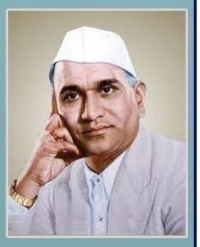
Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati Nashik, 422003



nirf RANKINGS 2021 29

nirf RANKINGS 2022 37

SELF STUDY REPORT
CYCLE - 1



Criterion 2- Teaching- Learning and Evaluation

Key Indicator – 2.5. Evaluation Process and Reforms

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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List of opportunities provided for the students for midcourse improvement of performance in the examination

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	Time table of remedial teaching Oct-Nov	II BDS	Regular	**1409**
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	2019-20			

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	Time table of remedial teaching Oct-Nov	III BDS	Winter	**1428**
	Time table of remedial teaching Aug-Sept	III BDS	Winter	**1429**
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	Time table of remedial teaching Dec-Jan	IV BDS	Reg	**1431**
	Time table of remedial teaching Dec-Jan	IV BDS	Winter	**1432**
	Time table of remedial teaching Aug-Sept	IV BDS	Winter	**1433**
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	Time table of remedial teaching March-April	II BDS	Reg	**1437**

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	Time table of remedial teaching June-July	II BDS	Winter	**1438**
	Time table of remedial teaching March-April	II BDS	Reg	**1439**
	Time table of remedial teaching Sept-Oct	II BDS	Winter	**1440**
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	Time table of remedial teaching Dec-Jan	IV BDS	Reg	**1445**
	Time table of remedial teaching April-May	IV BDS	Winter	**1446**
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Timely Administration of Continuous Internal Evaluation

(CIE)

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2022-2023



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Panchavati, Nashik-422003

Details of Continuous Internal Evaluation (CIE) conducted during the last 5 years

INTERNAL ASSESSMENT EXAMINATION CALENDAR

2022-23

BDS

Sr. No.	Details of Exam	Year	Batch	From	To
1	2nd sessional internal assessment examination	IV	Odd	5 Sept 22	15 Sept 22
2	2nd sessional internal assessment examination	II	Regular	12 Sept 22	21 Sept 22
3	2nd sessional internal assessment examination	III	Odd	12 Sept 22	17 Sept 22
4	2nd sessional internal assessment examination	I	Regular	15 Sept 22	17 Sept 22
5	3rd sessional internal assessment examination	IV	Odd	17 Oct 22	2 Nov 22
6	1st sessional internal assessment examination	IV	Regular	7 Nov 22	17 Nov 22
7	3rd sessional internal assessment examination	II	Regular and Repeaters	10 Nov 22	16 Nov 22
8	3rd Sessional internal assessment examination	III	Odd	14 Nov 22	17 Nov 22
9	Extra sessional examination	IV	Odd	16 Nov 22	25 Nov 22
10	3rd sessional internal assessment examination and Extra sessional examination	II	Regular and Repeaters	21 Nov 22	25 Nov 22
11	1st sessional internal assessment examination	II	Odd	21 Nov 22	29 Nov 22
12	3rd sessional internal assessment examination and Extra sessional examination	I	Regular	5 Dec 22	7 Dec 22
13	2nd sessional internal assessment examination	II	Odd	9 Feb 23	17 Feb 23
14	2nd sessional internal assessment examination	IV	Odd	13 Feb 23	22 Feb 23
15	1st sessional internal assessment examination	I	Regular	24 Mar	1 Apr 23

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				23	
16	1st sessional internal assessment examination	II	Regular	10 Apr 23	21 Apr 23
17	Prelim examination and 1st Improvement Examination	II	Odd and Repeaters	21 Apr 23	2 May 23
18	Extra sessional Examination and 2nd Improvement Examination	II	Odd and Repeaters	3 May 23	10 May 23
19	2nd sessional internal assessment examination	I	Regular	21 Jul 23	24 Jul 23
20	2nd sessional internal assessment examination	II	Regular	22 Jul 23	2 Aug 23
21	2nd sessional internal assessment examination	III	Regular	31 Jul 23	8 Aug 23
22	2nd sessional internal assessment examination	IV	Regular	31 Jul 23	3 Aug 23

MDS

YEAR	EXAM	DETAILS
1st, 2nd And 3rd MDS	Year End Examination	3 to 8 Apr 2023

PRINCIPAL

DR. PRADEEP G.L.

Dr. Pradeep G. L.
PRINCIPAL
MGV's KBH Dental College & Hospital
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Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

2nd Sessional Exam for winter Batch **Date:- 25/08/2022**

Theory:

Date	Subject	Time
05/09/2022	Public Health Dentistry	12.00 to 2.30 pm
06/09/2022	Periodontics	12.00 to 2.30 pm
07/09/2022	Orthodontics	12.00 to 2.30 pm
08/09/2022	Oral Medicine Diagnosis and Radiology	12.00 to 2.30 pm
12/09/2022	Oral And Maxillofacial Surgery	12.00 to 2.30 pm
13/09/2022	Conservative Dentistry and Endodontics	12.00 to 2.30 pm
14/09/2022	Prosthododntics and Crown and Bridge	12.00 to 2.30 pm
15/09/2022	Pediatric and Preventive Dentistry	12.00 to 2.30 pm

Note:- 2nd PTM will be conducted on 08/10/2022

Time Table Incharge **Academic incharge** **Principal**

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Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

2nd Sessional Exam for II BDS Summer Batch **Date – 26/08/2022**

Theory:

Date	Subject	Time
12/09/2022	Pathology-Microbiology	9.00 to 11.30 am
13/09/2022	Pharmacology	9.00 to 11.30 am
14/09/2022	Dental Material Science	9.00 to 11.30 am

Practical: Batch A: 1-33, Batch B: 34-67, Batch C : 68 – 100

Date/Subject	Pathology-Microbiology	Pathology-Microbiology	Dental Material Science	Time
15/09/2022	A	B	C	9.00 am onwards
16/09/2022	B	C	B	9.00 am onwards
17/09/2022	C	A	A	9.00 am onwards

Pre- Clinic Practical :

Date	Conservative Pre-clinic	Prosthodontics Pre-clinics	Time
19/09/2022	A	B	9.00 am onwards
20/09/2022	C	A	9.00 am onwards
21/09/2022	B	C	9.00 am onwards

Time Table Incharge **Academic incharge** **Principal**

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Hospital Panchavati, Nashik. 422 003

Date:- 01/09/2022

III BDS (ODD BATCH 2021-2022)

II SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No,
12/09/2022	General Medicine	9.00 a.m.- 11.30 a.m.	101
13/09/2022	General Surgery	9.00 a.m.- 11.30 a.m.	101
17/09/2022	Oral Pathology	9.00 a.m.- 11.30 a.m.	101

PRACTICAL EXAMINATION

Date	Subject	Time
14/09/2022	General Medicine	9.00 a.m onwards
15/09/2022	General Surgery	9.00 a.m onwards
16/09/2022	Oral Pathology	9.00 a.m onwards

Note:

- **Students should reach exam hall 15 minutes prior to examination time**
- **Please contact respective departments for syllabus and other details**

Time Table Incharge **Academic incharge** **Principal**

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Karmaveer Bhausaheb Hiray Dental College & Hospital,

Panchavati, Nasik- 3

I[st] BDS-Regular (Academic year 2021-22)

Time Table for Second Sessional Exam

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
Thurs. 15 Sep 2022	General Anatomy	-	-	-	9.15 am- 11.45 am
Fri. 16 Sep 2022	Gen Human Physio & Biochemistry		-	-	9.15 am- 11.45 am
Sat.17 Sep 2022	DADH	-	-	-	9.15 am- 11.45 am
Mon. 19 Sep 2022	-	C	D	A+B	8.30 am Onwards
Tue. 20 Sep 2022	-	B	A	-	8.30 am Onwards
Wed, 21 Sep 2022	-	D	C	-	8.30 am Onwards
Thurs. 22 Sep 2022	-	A	B	C+D	8.30 am Onwards

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Students are requested to reach the exam venue 15 minutes before the start of the examination.
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Fri, 23 Sep 2022.

TIMETABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

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Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Prelim Exam for Winter Batch **Date 29/09/2022**

Theory:

Date	Subject	Time
17/10/2022	Public Health Dentistry	12.00 to 2.30 pm
18/10/2022	Periodontics	12.00 to 2.30 pm
19/10/2022	Orthodontics	12.00 to 2.30 pm
20/10/2022	Oral Medicine Diagnosis and Radiology	12.00 to 2.30 pm
21/10/2022	Oral And Maxillofacial Surgery	12.00 to 2.30 pm
31/10/2022	Conservative Dentistry and Endodontics	12.00 to 2.30 pm
01/11/2022	Prosthododntics and Crown and Bridge	12.00 to 2.30 pm
02/11/2022	Pediatric and Preventive Dentistry	12.00 to 2.30 pm

Time Table In-Charge **Academic In-charge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2022 – 2023

1st Sessional Exam for Summer Batch **Date 28/09/2022**

Theory:

Date	Subject	Time
07/11/2022	Public Health Dentistry	12.00 to 2.30 pm
09/11/2022	Periodontics	12.00 to 2.30 pm
10/11/2022	Orthodontics	12.00 to 2.30 pm
11/11/2022	Oral Medicine Diagnosis and Radiology	12.00 to 2.30 pm
14/11/2022	Oral And Maxillofacial Surgery	12.00 to 2.30 pm
15/11/2022	Conservative Dentistry and Endodontics	12.00 to 2.30 pm
16/11/2022	Prosthododntics and Crown and Bridge	12.00 to 2.30 pm
17/11/2022	Pediatric and Preventive Dentistry	12.00 to 2.30 pm

Note:- 1st PTM will be conducted on 03/12/2022

Time Table In-Charge **Academic In-charge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Prelim Exam for II BDS Summer Batch

Date – 13/10/2022

Theory:

Date	Subject	Time
10/11/2022	Pathology-Microbiology	9.00 to 12.00 noon
11/11/2022	Pharmacology	9.00 to 12.00 noon
12/11/2022	Dental Material Science	9.00 to 12.00 noon

Practical: Batch A: 1-33, Batch B: 34-67, Batch C : 68 – 100

Date/Subject	Pathology-Microbiology	Pathology-Microbiology	Dental Material Science	Time
14/11/2022	A	B	C	9.00 am onwards
15/11/2022	B	C	B	9.00 am onwards
16/11/2022	C	A	A	9.00 am onwards

Pre- Clinic Practical :

Date	Conservative Pre-clinic	Prosthodontics Pre-clinics	Time
17/11/2022	A	B	9.00 am onwards
18/11/2022	C	A	9.00 am onwards
19/11/2022	B	C	9.00 am onwards

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College &

Hospital Panchavati, Nashik. 422 003

Date:- 11/10/2022

III BDS (ODD BATCH) 2021-2022

III SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time
14.11.2022	General Medicine	9.00 a.m.- 12.00 p.m.
15.11.2022	General Surgery	9.00 a.m.- 12.00 p.m.
17.11.2022	Oral Pathology	9.00 a.m.- 12.00 p.m.

PRACTICAL EXAMINATION

Date	Subject	Time
16.11.2022	General Medicine	9.00 a.m onwards
18.11.2022	General Surgery	9.00 a.m onwards
19.11.2022	Oral Pathology	9.00 a.m onwards

EXTRASESSIONAL THEORY AND PRACTICAL EXAMINATION

Date	Subject	Time
21.11.2022	General Medicine	9.00 a.m onwards
22.11.2022	General Surgery	9.00 a.m onwards
23.11.2022	Oral Pathology	9.00 a.m onwards

Time Table Incharge

Academic incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik, 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Extra Sessional Exam for Summer Batch **Date 27/09/2022**

Date	Subject	Time
16/11/2022	Public Health Dentistry	9.00 a.m onwards
17/11/2022	Periodontics	9.00 a.m onwards
18/11/2022	Orthodontics	9.00 a.m onwards
21/11/2022	Oral Medicine Diagnosis and Radiology	9.00 a.m onwards
22/11/2022	Oral And Maxillofacial Surgery	9.00 a.m onwards
23/11/2022	Conservative Dentistry and Endodontics	9.00 a.m onwards
24/11/2022	Prosthododntics and Crown and Bridge	9.00 a.m onwards
25/11/2022	Pediatric and Preventive Dentistry	9.00 a.m onwards

Time Table In-Charge **Academic In-charge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Prelim Exam For II BDS Summer Batch and Repeaters

Date- 13/10/2022

Theory and Practical

Date	Subject	Time
21/11/2022	Pathology-Microbiology	9.00 am onwards
22/11/2022	Pharmacology	9.00 am onwards
23/11/2022	Dental Material Science	9.00 am onwards
24/11/2022	Conservative Pre-clinic	9.00 am onwards
25/11/2022	Prosthodontic Pre-clinic	9.00 am onwards

TIME TABLE INCHARGE **ACADEMIC INCHARGE** **PRINCIPAL**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

1st Sessional Exam for II BDS Winter batch

Date – 13/10/2022

Theory

Date	Subject	Time
21/11/2022	Pathology-Microbiology	9:00am onwards
22/11/2022	Pharmacology	9:00am onwards
23/11/2022	Dental Material Science	9:00am onwards

Practical

Date	Subject	Time
24/11/2022	Pathology-Microbiology	9:00am onwards
25/11/2022	Pharmacology	9:00am onwards
26/11/2022	Dental Material Science	9:00am onwards
28/11/2022	Conservative - Preclinics	9:00am onwards
29/11/2022	Prosthodontics- Preclinics	9:00am onwards

TIME TABLE IN-CHARGE ACADEMIC IN-CHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital,

Panchavati, Nasik- 3

I[st] BDS-Regular & Repeaters (Academic year 2021-22)

(Time Table for Prelims & Extra-Sessional Exam)

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
Mon, 05 Dec 2022	Anat	-	-	-	9 am – 12 Noon
Tue, 06 Dec 2022	Physio/Bio	-	-	-	9 am – 12 Noon
Wed, 07 Dec 2022	DADH	-	-	-	9 am – 12 Noon
Wed, 14 Dec 2022	-	A	B	C+D	8.30 am Onwards
Thurs, 15 Dec 2022	-	B	A		8.30 am Onwards
Fri, 16 Dec 2022	-	C	D	A+B	8.30 am Onwards
Sat, 17 Dec 2022	-	D	C		8.30 am Onwards

Extra Sessional Exam:

1. Anatomy: Mon, 19 Dec 22
2. Physio/Biochem: Tue, 20 Dec 22
3. DADH: Wed, 21 Dec 22

Note: 1. Batch A: Roll no 1-25 Batch B: Roll no 26-50
Batch C: Roll no 51-75 Batch D: Roll no 76-100 + repeaters

2. Students are requested to reach the exam venue 15 minutes before the start of the examination. Late-comers will not be allowed inside the examination hall.

3. For extra sessional exam, theory and practical will be on the same day. Contact respective department for timings and schedule.

TIME TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

MGV's K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
KarmaveerBhausahebHiray
Dental College & Hospital
Panchavati, Nashik – 422003.

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

2nd Sessional Exam for II BDS Summer(Odd) batch Date – 20/01/2023

Theory:

Date	Subject	Time
09/02/2023	Pathology-Microbiology	9.00am to 11.30 am
10/02/2023	Pharmacology	9.00am to 11.30 am
11/02/2023	Dental Material Science	9.00am to 11.30 am

Practical:

Date	Subject	Time
13/02/2023	Pathology-Microbiology	9:00am onwards
14/02/2023	Pharmacology	9:00am onwards
15/02/2023	Dental Material Science	9:00am onwards

Pre- Clinic Practical:

Date	Subject	Time
16/02/2023	Preclinical Prosthodontics	9:00am onwards
17/02/2023	Preclinical Conservative	9:00am onwards

NOTE: 2nd PTM will be conducted on date -11/03/2023

TIME TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MahatmaGandhiVidyamandir'sKarmaveer BhausahebHirayDentalCollege&Hospital

Panchavati,Nashik–422003.

FINAL YEAR TIME TABLE FOR ACADEMIC YEAR 2022 – 2023

2nd Sessional Exam for Summer Batch **Date –03/02/2023**

Theory:

Date	Subject	Time
13/02/2023	Public Health Dentistry	9:30 am to 12:00 noon
14/02/2023	Periodontics	9:30 am to 12:00 noon
15/02/2023	Orthodontics	9:30 am to 12:00 noon
16/02/2023	Oral Medicine Diagnosis and Radiology	9:30 am to 12:00 noon
17/02/2023	Oral And Maxillofacial Surgery	9:30 am to 12:00 noon
20/02/2023	Conservative Dentistry and Endodontics	9:30 am to 12:00 noon
21/02/2023	Prosthodontics and Crown and Bridge	9:30 am to 12:00 noon.
22/02/2023	Pediatric and Preventive Dentistry	9:30 am to 12:00 noon

Note: 2nd PTM will be conducted on 11/03/2023

TimeTableIn-charge **AcademicIn-charge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital,

Panchavati, Nasik- 3

First BDS-Regular (Academic year 2022-23)

(1st Sessional Exam Time Table)

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
Fri, 24 Mar 2023	Anat	-	-	-	9.00am – 11.30 am
Sat, 25 Mar 2023	Physio/Bio	-	-	-	9.00am – 11.30 am
Mon, 27 Mar 2023	DADH	-	-	-	9.00am – 11.30 am
Tue, 28 Mar 2023	-	B	A	-	8.30 am Onwards
Wed, 29 Mar 2023	-	C	D	A+B	8.30 am Onwards
Fri, 31 Mar 2023	-	A	B	C+D	8.30 am Onwards
Sat, 01 Apr 2023	-	D	C	-	8.30 am Onwards

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Students are requested to reach the exam venue 15 minutes before the start of the examination.
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Mon, 03 Apr 2023.

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

MGV's DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

TIME TABLE FOR ACADEMIC YEAR 2022 – 2023

I[st] Sessional Exam for B BDS (Regular) WINTER Batch Date - 13/03/2023

Practical: Batch A: 1-33, Batch B: 34-67, Batch C: 68-102

Date/Subject	Pathology-Microbiology	Pharmacology	Dental Material Science	Time
10/04/2023	A	B	C	9:00 am onwards
11/04/2023	B	C	A	9:00 am onwards
12/04/2023	C	A	B	9:00 am onwards

Theory :

DATE	SUBJECT	TIME
13/04/2023	Pathology-Microbiology	9:30 am to 12.00 pm
15/04/2023	Pharmacology	9:30 am to 12.00 pm
17/04/2023	Dental Material Science	9:30 am to 12.00 pm

Pre- Clinic Practical : Batch A: 1-25, Batch B:26-50, Batch C:51-75, Batch D:76-102

Date	Prosthodontics Pre-clinic	Conservative Pre-clinic	Time
18/04/2023	A	D	9:00 am onwards
19/04/2023	B	A	9:00 am onwards
20/04/2023	C	B	9:00 am onwards
21/04/2023	D	C	9:00 am onwards

NOTE: I[st] PTM will be conducted on date - 03/06/2023

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

M.G.V.'s K.B.H. Dental College & Hospital Panchavati Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir'sKarmaveerBhausahebHiray Dental College & Hospital

Panchavati, Nashik – 422003.

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Prelim Exam for II BDS Summer(ODD) batchand 1st Improvement Exam for Repeaters

Date – 20/03/2023

Theory:

Date	Subject	Time
21/04/2023	Pathology-Microbiology	9.00 to 12.00 noon
24/04/2023	Pharmacology	9.00 to 12.00 noon
25/04/2023	Dental Material Science	9.00 to 12.00 noon

Practical:

Date	Subject	Time
26/04/2023	Pathology-Microbiology	9:00 am onwards
27/04/2023	Pharmacology	9:00 am onwards
28/04/2023	Dental Material Science	9:00 am onwards

Pre- Clinic Practical :

Date	Subject	Time
29/04/2023	Prosthodontics Pre-clinic	9:00 am onwards
02/05/2023	Conservative Pre-clinic	9:00 am onwards

TIME TABLE IN-CHARGE

ACADEMIC IN-CHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir'sKarmaveerBhausahebHiray Dental College & Hospital
Panchavati, Nashik – 422003.

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

Extra Sessional Exam for II BDS Summer(ODD) batch and 2nd Improvement Exam for Repeaters

Date – 20/03/2023

Theory and Practical:

Date	Subject	Time
03/05/2023	Pathology-Microbiology	9:00am onwards
04/05/2023	Pharmacology	9:00am onwards
08/05/2023	Dental Material Science	9:00am onwards
09/05/2023	Prosthodontics Pre-clinic	9:00am onwards
10/05/2023	Conservative Pre-clinic	9:00am onwards

TIME TABLE IN-CHARGE ACADEMIC IN-CHARGE PRINCIPAL

Panchavati Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik – 422003.

2nd Sessional Exam TIME-TABLE for I BDS - 2022-23

Day and Date	Theory	Practical			Time
		Anat	Phy/Bio	DADH	
Fri, 21.7.23	Anatomy	-	-	-	9 am - 11.30 am
Sat, 22.7.23	Physio/Biochem	-	-	-	9 am - 11.30 am
Mon, 24.7.23	DADH	-		-	9 am - 11.30 am
Tue, 25.7.23	-	D	A	-	8.30 am onwards
Wed, 26.7.23	-	B	C	-	8.30 am onwards
Thurs, 27.7.23		C	D	A+B	8.30 am onwards
Fri, 28.7.23		A	B	C+D	8.30 am onwards

Note. 1. Contact respective departments for syllabus and other details.

2. Batch A: 1-25. Batch B: 26-50. Batch C: 51-75. Batch D: 76-100

3. Regular classes will start from Monday, 31 Jul 2023

Time Table In-charge

Academic In-charge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
KarmaveerBhausahebHiray Dental College & Hospital
Panchavati, Nashik – 422003.

TIME TABLE FOR ACADEMIC YEAR WINTER 2022 – 2023

2nd Sessional Exam for II BDS Winter(Regular) batch

Date – 10/07/2023

Pre- Clinic Practical: Batch A: 1-33, Batch B : 34-67, Batch C : 68-101

Date	Prosthodontics Pre-clinic	Conservative Pre-clinic	Time
22/07/2023	A	B	9.00 am onwards
24/07/2023	B	C	9.00 am onwards
25/07/2023	C	A	9.00 am onwards

Theory:

Date	Subject	Time
26/07/2023	Pathology-Microbiology	9.00 to 11.30 am
27/07/2023	Pharmacology	9.00 to 11.30 am
28/07/2023	Dental Material Science	9.00 to 11.30 am

Practical: Batch A: 1-33, Batch B : 34-67, Batch C : 68-101

Date/Subject	Pathology-Microbiology	Pharmacology	Dental Material Science	Time
31/07/2023	A	B	C	9:00 am onwards
01/08/2023	B	C	A	9:00 am onwards
02/08/2023	C	A	B	9:00 am onwards

NOTE: 2nd PTM will be conducted on date - 26/08/2023

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Mahatma Gandhi Vidyamandir's
Karmaveer Bhausaheb Hiray Dental College & HospitalPanchavati, Nashik. 422 003

Date : 10/ 07 / 2023

III BDS (Regular batch - 2022-2023)
II SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
31.07.2023	General Medicine	9.00 a.m. – 11.30 a.m.	101,201
01.08.2023	General Surgery	9.00 a.m. – 11.30 a.m.	101,201
03.08.2023	Oral Pathology	9.00 a.m. – 11.30 a.m.	101,201

PRACTICALEXAMINATION

Date	Subject	Time
02.08.2023	General Medicine- A Batch General Surgery - B Batch	9.00 a.m onwards
04.08.2023	General Surgery - A Batch General Medicine- B Batch	9.00 a.m onwards
05.08.2023 07.08.2023	Oral Pathology-A Batch Oral Pathology- B Batch	9.00 a.m onwards

Time Table In charge

Academic In charge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

TIME TABLE FOR ACADEMIC YEAR 2022 – 2023

2nd Sessional Exam for Final Year Winter Batch

Theory

Date	Subject	Time
31/07/2023	Public Health Dentistry	9:30 to 12 noon
01/08/2023	Periodontics	9:30 to 12 noon
02/08/2023	Orthodontics	9:30 to 12 noon
03/08/2023	Oral Medicine Diagnosis and Radiology	9:30 to 12 noon
04/08/2023	Oral And Maxillofacial Surgery	9:30 to 12 noon
05/08/2023	Conservative Dentistry and Endodontics	9:30 to 12 noon
07/08/2023	Prosthodontics and Crown and Bridge	9:30 to 12 noon
08/08/2023	Pediatric and Preventive Dentistry	9:30 to 12 noon

Note: 2nd PTM will be conducted on 19/08/2023

Time Table In-charge **Academic In-charge** **Principal**

M.G.V.'s K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI, NASIK-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 29/03/2023

CIRCULAR

EXAMINATION TIME TABLE

IIIrd MDS

Date	Paper	Time
03/04/2023	Paper I	9.30 to 12.30
04/04/2023	Paper II	9.30 to 12.30
05/04/2023	Paper III (Essay)	9.30 to 12.30

IInd MDS

Date	Paper	Time
03/04/2023	Paper I	9.30 to 12.30
04/04/2023	Paper II	9.30 to 12.30
05/04/2023	Paper III (Essay)	9.30 to 12.30

Ist MDS

Date	Paper	Time
08/04/2023	Paper I (Applied Basic Sciences)	9.30 to 12.30

Note:- One respective Department staff will collect the papers at the end of the exam from lecture hall

P.G. Time Table Incharge

Dr. Triveni Kale

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Principal

Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2021-2022

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

INTERNAL ASSESSMENT EXAMINATION CALENDAR

2021-22

BDS

Sr. No.	Details of Exam	Year	Batch	From	To
1	3rd Sessional internal assessment examination	II	Regular	17 Aug 21	27 Aug 21
2	Extra sessional examination	II	Regular	30 Aug 21	3 Sept 21
3	1st Sessional internal assessment examination	II	Odd	20 Sept 21	28 Sep 21
4	1st Sessional internal assessment examination	IV	Odd	21 Sept 21	30 Sept 21
5	1st Sessional internal assessment examination	III	Odd	27 Sept 21	29 Sept 21
6	2nd Sessional internal assessment examination	IV	Odd	22 Nov 21	1 Dec 21
7	2nd Sessional internal assessment examination	II	Odd	23 Nov 21	27 Nov 21
8	2ndSessional internal assessment examination	III	Odd	29 Nov 21	4 Dec 21
9	3rd Sessional internal assessment examination	IV	Odd	15 Dec 21	23 Dec 21
10	3rd Sessional internal assessment examination	II	Odd	31 Dec 21	8 Jan 22
11	3rd Sessional internal assessment examination	III	Odd	3 Jan 22	8 Jan 22
12	Extra sessional examination	IV	Odd	4 Jan 22	13 Jan 22
13	Extra sessional examination	II	Odd	10 Jan 22	13 Jan 22
14	Extra sessional examination	III	Odd	10 Jan 22	12 Jan 22
15	1st Sessional internal assessment examination	II	Regular	14 Feb 22	23 Feb 22
16	1st Sessional internal assessment examination	IV	Regular	14 Feb 22	23 Feb 22
17	1st Sessional internal assessment examination	III	Regular	14 Feb 22	22 Feb 22
18	2nd Sessional internal assessment examination	IV	Regular	08 Apr 22	21 Apr 22
19	2nd Sessional internal assessment examination	II	Odd	09 Apr 22	20 Apr 22
20	2nd Sessional internal assessment examination	III	Regular	16 Apr 22	19 Apr 22
21	3rd Sessional internal assessment examination	IV	Regular	23 May 22	01 June 22
22	3rd Sessional internal assessment examination and Extra sessional examination	III	Regular	09 June 22	21 June 22
23	Extra sessional examination	IV	Regular	14 June 22	23 June 22
24	1st Sessional internal assessment examination	III	Odd	23 June 22	29 June 22
25	1st Sessional internal assessment examination	II	Regular	25 June 22	05 July 22
26	1st Sessional internal assessment examination	I	Regular	29 June 22	06 July 22

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MDS

YEAR	EXAM	DETAILS
1st and 2nd MDS	Year End Examination	17 May to 25 May 22
3rd MDS	Mock Examination	

PRINCIPAL

DR. PRADEEP G.L.

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

SECOND BDS SUMMER BATCH – 2020-2021

3rd SESSIONAL EXAM TIME TABLE

Theory **DATE –29/07/2021**

Date	Subject	Time
17/08/2021	Pathology-Microbiology	9:00 am-12:00 pm
18/08/2021	Pharmacology	9:00 am-12:00 pm
20/08/2021	Dental Material Science	9:00 am-12:00 pm

Practical (Batches – A- 1- 33, B- 34- 67, C – 68- 102.)

Date	Pathology-Microbiology	Pharmacology	Dental Material Science	Time
21/08/2021	A	B	C	9:00 am onwards
23/08/2021	B	C	A	9:00 am onwards
24/08/2021	C	A	B	9:00 am onwards

Preclinical Practical (Batches – A- 1- 33, B- 34- 67, C – 68- 102.)

Date	Prosthodontics Pre-clinic	Conservative Pre-clinic	Time
25/08/2021	A	B	9:00 am onwards
26/08/2021	B	C	9:00 am onwards
27/08/2021	C	A	9:00 am onwards

Time table Incharge **Academic Incharge** **Principal**

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

SECOND BDS SUMMER BATCH – 2020-2021

EXTRA - SESSIONAL EXAM TIME TABLE

DATE –29/07/2021

Date	Subject	Time
30/08/2021	Pathology-Microbiology	9:00 am onwards
31/08/2021	Pharmacology	9:00 am onwards
01/09/2021	Dental Material Science	9:00 am onwards
02/09/2021	Conservative Pre-clinic	9:00 am onwards
03/09/2021	Prosthodontics Pre-clinic	9:00 am onwards

Time Table Incharge **Academic Incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL, PANCHAVATI, NASHIK

TIME TABLE FOR II BDS ODD BATCH – 2020-21

1ST Sessional Exam

Date – 10/09/2021

Theory: **Venue: 201**

Date	Subject	Time
20/09/2021	Pathology-Microbiology	9.30 to 12.00 pm
21/09/2021	Pharmacology	9.30 to 12.00 pm
22/09/2021	Dental Material Science	9.30 to 12.00 pm

Practicals:

Date	Subject	Time
23/09/2021	Pathology-Microbiology	9.00 am onwards
24/09/2021	Pharmacology	9.00 am onwards
25/09/2021	DMS	9.00 am onwards

Pre-Clinic Practicals:

Date		Time
27/09/2021	Prosthodontic pre-clinic	9.00 am onwards
28/09/2021	Conservative Pre-clinic	9.00 am onwards

Time Table Incharge Academic incharge Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

FIRST SESSIONAL THEORY EXAMINATION

BATCH: FINAL YEAR (WINTER 2020-2021)

DATE	SUBJECT	TIME
21/09/2021	PUBLIC HEALTH DENTISTRY	9:30 am to 12 Noon
22/09/2021	PERIODONTICS	9:30 am to 12 Noon
23/09/2021	ORTHODONTICS	9:30 am to 12 Noon
24/09/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9:30 am to 12 Noon
27/09/2021	ORAL AND MAXILLOFACIAL SURGERY	9:30 am to 12 Noon
28/09/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	9:30 am to 12 Noon
29/09/2021	PROSTHODONTICS AND CROWN AND BRIDGE	9:30 am to 12 Noon
30/09/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	9:30 am to 12 Noon

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 09/09/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College and Hospital
Panchavati, Nashik. 422 003

Date :15/ 09 / 2021

I SESSIONAL EXAMINATION TIME TABLE
III BDS (ODD batch - 2021-2022)

Date	Subject	Practical	Theory
27.09.2021	General Medicine	9.00 a.m. – 11.30a.m.	12.00 p.m. – 2.30p.m.
28.09.2021	General Surgery	9.00 a.m. – 11.30a.m.	12.00 p.m. – 2.30p.m.
29.09.2021	Oral Pathology	9.00 a.m. – 11.30a.m.	12.00 p.m. – 2.30p.m.

Note:

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Time Table Incharge

Academic Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

SECOND SESSIONAL THEORY EXAMINATION

BATCH: FINAL YEAR (WINTER 2020-2021)

DATE	SUBJECT	TIME
22/11/2021	PUBLIC HEALTH DENTISTRY	12:30 PM to 3:00 PM
23/11/2021	PERIODONTICS	12:30 PM to 3:00 PM
24/11/2021	ORTHODONTICS	12:30 PM to 3:00 PM
25/11/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	12:30 PM to 3:00 PM
26/11/2021	ORAL AND MAXILLOFACIAL SURGERY	12:30 PM to 3:00 PM
29/11/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	12:30 PM to 3:00 PM
30/11/2021	PROSTHODONTICS AND CROWN AND BRIDGE	12:30 PM to 3:00 PM
01/12/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	12:30 PM to 3:00 PM

NOTE : STUDENTS SHOULD ATTEND CLINICS FROM 9:00 to 12:00 pm ON THE EXAM DAYS.

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 15/11/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman .

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL, PANCHAVATI, NASHIK

TIME TABLE FOR II BDS – 2020-21 WINTER BATCH

2nd Sessional Exam **Date – 16/11/2021**

Theory:

Date	Subject	Time
23/11/2021	Pathology-Microbiology	9.30 to 11.30 am
24/11/2021	Pharmacology	9.30 to 11.30 am
25/11/2021	Dental Material Science	9.30 to 11.30 am

Practical

Date	Subject	Time
23/11/2021	Pathology-Microbiology	12.00 pm onwards
24/11/2021	Pharmacology	12.00 pm onwards
25/11/2021	DMS	12.00 pm onwards

Pre-Clinic Practical:

Date		Time
26/11/2021	Conservative Pre-clinic	9.00 am onwards
27/11/2021	Prosthodontic pre-clinic	9.00 am onwards

Time Table Incharge Academic Incharge Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College & Hospital
Panchavati, Nashik. 422 003

Date-15/11/2021

II SESSIONAL EXAMINATION TIME TABLE
III BDS (ODD BATCH2021-22)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
29.11.2021	General Medicine	9.00 a.m. – 11.30a.m.	30
30.11.2021	General Surgery	9.00 a.m. – 11.30a.m.	30
02.12.2021	Oral Pathology	9.00 a.m. – 11.30a.m.	30

PRACTICALEXAMINATION

Date	Subject	Time
01.12.2021	General Medicine	9.00 a.m onwards
03.12.2021	General Surgery	9.00 a.m onwards
04.12.2021	Oral Pathology	9.00 a.m onwards

Note:

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective Departments for syllabus and other details.
- Students have to attend the clinical postings in the afternoon session.

Time Table Incharge

Academic Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

PRELIM THEORY EXAMINATION

BATCH: FINAL YEAR (WINTER 2020-2021)

DATE	SUBJECT	TIME
15/12/2021	PUBLIC HEALTH DENTISTRY	9:30 AM to 12:30 PM
16/12/2021	PERIODONTICS	9:30 AM to 12:30 PM
17/12/2021	ORTHODONTICS	9:30 AM to 12:30 PM
18/12/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9:30 AM to 12:30 PM
20/12/2021	ORAL AND MAXILLOFACIAL SURGERY	9:30 AM to 12:30 PM
21/12/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	9:30 AM to 12:30 PM
22/12/2021	PROSTHODONTICS AND CROWN AND BRIDGE	9:30 AM to 12:30 PM
23/12/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	9:30 AM to 12:30 PM

Rituja Thodar

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DENTAL COLLEGE & HOSPITAL Panchavati Nashik

DATE: 07/12/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL, PANCHAVATI, NASHIK

TIME TABLE FOR II BDS – 2020-21 WINTER BATCH

3rd Sessional Exam/Prelims **Date – 14/12/2021**

Theory:

Date	Subject	Time
31/12/2021	Pathology-Microbiology	9.30 to 11.30 am
01/01/2022	Pharmacology	9.30 to 11.30 am
03/01/2022	Dental Material Science	9.30 to 11.30 am

Practical -

Date	Subject	Time
04/01/2022	Pathology Microbiology	9.00 am onwards
05/01/2022	Pharmacology	9.00 am onwards
06/01/2022	DMS	9.00 am onwards

Pre-Clinic Practical:

Date		Time
07/01/2022	Conservative Pre-clinic	9.00 am onwards
08/01/2022	Prosthodontic Pre-clinic	9.00 am onwards

Time Table Incharge Academic incharge Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 10/12/2021

PRELIMINARY EXAMINATION TIME TABLE

III BDS (ODD Batch 2020-21)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
05.01.2022	General Medicine	9.00 a.m.-12.00 p.m.	101
03.01.2022	General Surgery	9.00 a.m.-12.00 p.m.	101
03.01.2022	Oral Pathology	9.00 a.m.-12.00 p.m.	101

PRACTICAL EXAMINATION

Date	Subject	Time
05.01.2022	General Medicine	9.00 a.m. onwards
07.01.2022	General Surgery	9.00 a.m. onwards
08.01.2022	Oral Pathology	9.00 a.m. onwards

ADDITIONAL SESSIONAL EXAMINATION

THEORY AND PRACTICAL EXAMINATION

Date	Subject	Time
10.01.2022	General Medicine	9.00 a.m. onwards
11.01.2022	General Surgery	9.00 a.m. onwards
12.01.2022	Oral Pathology	9.00 a.m. onwards

Note:-

- Students who are appearing for additional sessional exam have to take prior permission from the respective department to appear for the examination.
- Students should reach the exam hall 15 minutes prior to examination time.

Time Table Incharge

Academic incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

EXTRASESSIONAL THEORY AND PRACTICAL EXAMINATION

BATCH: -FINAL YEAR (WINTER 2020-2021)

DATE	SUBJECT	TIME
04/01/2022	PUBLIC HEALTH DENTISTRY	9 am onwards
05/01/2022	PERIODONTICS	9 am onwards
06/01/2022	ORTHODONTICS	9 am onwards
07/01/2022	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9 am onwards
10/01/2022	ORAL AND MAXILLOFACIAL SURGERY	9 am onwards
11/01/2022	CONSERVATIVE DENTISTRY AND ENDODONTICS	9 am onwards
12/01/2022	PROSTHODONTICS AND CROWN AND BRIDGE	9 am onwards
13/01/2022	PEDIATRIC AND PREVENTIVE DENTISTRY	9 am onwards

IInd session
Kshitija Thakur
Soni

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 07/12/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL, PANCHAVATI, NASHIK

TIME TABLE FOR II BDS – 2020-21 WINTER BATCH

Extra-Sessional Exam

Date- 14/12/2021

Date	Subject	Time
10/01/2022	Pathology-Microbiology	9.00 am onwards
11/01/2022	Pharmacology	9.00 am onwards
12/01/2022	Dental Material Science	9.00 am onwards
13/01/2022	Conservative Pre-clinic	9.00 am onwards
14/01/2022	Prosthodontic Pre-clinic	12.00 pm onwards

Time Table Incharge Academic Incharge Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003.

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

1st Sessional Exam for II BDS

Theory: **Date- 02/02/2022**

Date	Subject	Time
14/02/2022	Pathology-Microbiology	9.00 to 11.30 am
15/02/2022	Pharmacology	9.00 to 11.30 am
16/02/2022	Dental Material Science	9.00 to 11.30 am

Pre-Clinic Practical:

Date		Time
17/02/2022	Conservative Pre-clinic	9.00 am onwards
18/02/2022	Prosthodontic Pre-clinic	9.00 am onwards

Practical :

Date	Subject	Time
21/02/2022	Pathology Microbiology	9.00 am onwards
22/02/2022	Pharmacology	9.00 am onwards
23/02/2022	Dental Material Science	9.00 am onwards

Note: 1st PTM will be conducted on 12/03/2022.

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

I[st] Sessional Exam for IV BDS Summer Batch

Theory: **Date:- 02/02/2022**

Date	Subject	Time
14/02/2022	Public Health Dentistry	12.00 to 2.30 pm
15/02/2022	Periodontics	12.00 to 2.30 pm
16/02/2022	Orthodontics	12.00 to 2.30 pm
17/02/2022	Oral Medicine Diagnosis and Radiology	12.00 to 2.30 pm
18/02/2022	Oral And Maxillofacial Surgery	12.00 to 2.30 pm
21/02/2022	Conservative Dentistry and Endodontics	12.00 to 2.30 pm
22/02/2022	Prosthodontics and Crown and Bridge	12.00 to 2.30 pm
23/02/2022	Pediatric and Preventive Dentistry	12.00 to 2.30 pm

Note:- 1st PTM will be conducted on 12/03/2022

Time Table Incharge **Academic Incharge** **Principal**

M.G.V.'s K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik 3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik. 422 003

Date : 31/01/2022

III BDS (Regular batch – 2021-2022)

I SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No,
14.02.2022	General Medicine	9.00 a.m.- 11.30 a.m.	101,201 & 301
15.02.2022	General Surgery	9.00 a.m.- 11.30 a.m.	101,201 & 301
21.02.2022	Oral Pathology	9.00 a.m.- 11.30 a.m.	101,201 & 301

PRACTICAL EXAMINATION

Date	Subject	Time
16.02.2022	General Medicine - **A Batch** General Surgery - **B Batch**	9.00 a.m onwards
18.02.2022	General Surgery - **A Batch** General Medicine - **B Batch**	9.00 a.m onwards
17.02.2022 22.02.2022	Oral Pathology – **A Batch** Oral Pathology – **B Batch**	9.00 a.m onwards

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

2nd Sessional Exam for Summer Batch **Date 02/02/2022**

Theory:

Date	Subject	Time
08/04/2022	Public Health Dentistry	12.00 to 2.30 pm
11/04/2022	Periodontics	12.00 to 2.30 pm
12/04/2022	Orthodontics	12.00 to 2.30 pm
13/04/2022	Oral Medicine Diagnosis and Radiology	12.00 to 2.30 pm
18/04/2022	Oral And Maxillofacial Surgery	12.00 to 2.30 pm
19/04/2022	Conservative Dentistry and Endodontics	12.00 to 2.30 pm
20/04/2022	Prosthododntics and Crown and Bridge	12.00 to 2.30 pm
21/04/2022	Pediatric and Preventive Dentistry	12.00 to 2.30 pm

Note:- 2nd PTM will be conducted on 07/05/2022

Time Table In-Charge **Academic In-charge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003.

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

2nd Sessional Exam for Summer Batch **Date- 26/03/2022**

Theory:

Date	Subject	Time
09/04/2022	Pathology-Microbiology	9.00 to 11.30 am
11/04/2022	Pharmacology	9.00 to 11.30 am
12/04/2022	Dental Material Science	9.00 to 11.30 am

Pre-Clinic Practical:

Date		Time
13/04/2022	Conservative Pre-clinic	9.00 am onwards
14/04/2022	Prosthodontic Pre-clinic	9.00 am onwards

Practical :

Date	Subject	Time
18/04/2022	Pathology Microbiology	9.00 am onwards
19/04/2022	Pharmacology	9.00 am onwards
20/04/2022	Dental Material Science	9.00 am onwards

Note: 2nd PTM will be conducted on 07/05/2022 from 9.00 to 12.00 pm.

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College &

Hospital Panchavati, Nashik. 422 003

III BDS (Regular batch – 2021-2022)

II SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
16.04.2022	General Medicine	9.00 a.m.- 11.30 a.m.	101,102 & 103
18.04.2022	General Surgery	9.00 a.m.- 11.30 a.m.	101,102 & 103
19.04.2022	Oral Pathology	9.00 a.m.- 11.30 a.m.	101,102 & 103

PRACTICAL EXAMINATION

Date	Subject	Time
20.04.2022	General Medicine - **A Batch**	9.00 a.m onwards
	General Surgery - **B Batch**	
21.04.2022	General Surgery - **A Batch**	9.00 a.m onwards
	General Medicine - **B Batch**	
22.04.2022	Oral Pathology – **A Batch**	9.00 a.m onwards
23.04.2022	Oral Pathology – **B Batch**	

Note: Second PTM will be conducted on 07/05/2022

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

PRELIM Exam for Summer Batch

Theory:

Date	Subject	Time
23/05/2022	Public Health Dentistry	12.00 to 3.00 pm
24/05/2022	Periodontics	12.00 to 3.00 pm
25/05/2022	Orthodontics	12.00 to 3.00 pm
26/05/2022	Oral Medicine Diagnosis and Radiology	12.00 to 3.00 pm
27/05/2022	Oral And Maxillofacial Surgery	12.00 to 3.00 pm
30/05/2022	Conservative Dentistry and Endodontics	12.00 to 3.00 pm
31/05/2022	Prosthodontics and Crown and Bridge	12.00 to 3.00 pm
01/05/2022	Pediatric and Preventive Dentistry	12.00 to 3.00 pm

Note:- Regular Clinical posting from 9:00 am to 11:30 am

Time Table Incharge **Academic Incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College &

Hospital Panchavati, Nashik. 422 003

Date: 28/05/2022

III SESSIONAL EXAMINATION TIME TABLE

III BDS (Regular batch – 2021-2022)

23 Jun 2

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
09/06/2022	General Medicine	9.00 a.m.- 11.30 a.m.	101,201
11/06/2022	General Surgery	9.00 a.m.- 11.30 a.m.	101,201
13/06/2022	Oral Pathology	9.00 a.m.- 11.30 a.m.	101,201

PRACTICAL EXAMINATION

Date	Subject	Time
10/06/2022	General Medicine - **A Batch**	9.00 a.m onwards
	General Surgery - **B Batch**	
15/06/2022	General Surgery - **A Batch**	9.00 a.m onwards
	General Medicine - **B Batch**	
14/06/2022	Oral Pathology **A Batch**	9.00 a.m onwards
16/06/2022	Oral Pathology – **B Batch**	

EXTRASESSIONAL THEORY AND PRACTICAL EXAMINATION

Date	Subject	Time
17/06/2022	General Medicine	9.00 a.m onwards
20/06/2022	General Surgery	9.00 a.m onwards
21/06/2022	Oral Pathology	9.00 a.m onwards

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

EXTRASESSIONAL Exam for Summer Batch

Theory and Practical:

Date	Subject	Time
14/06/2022	Public Health Dentistry	9 AM ONWARDS
15/06/2022	Periodontics	9 AM ONWARDS
16/06/2022	Orthodontics	9 AM ONWARDS
17/06/2022	Oral Medicine Diagnosis and Radiology	9 AM ONWARDS
20/06/2022	Oral And Maxillofacial Surgery	9 AM ONWARDS
21/06/2022	Conservative Dentistry and Endodontics	9 AM ONWARDS
22/06/2022	Prosthododntics and Crown and Bridge	9 AM ONWARDS
23/06/2022	Pediatric and Preventive Dentistry	9 AM ONWARDS

Note:- clinical posting will be off for students who are giving extra sessional and other students will have their regular clinical posting from 9 am to 1:30 as per timetable

FINAL YEAR INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College &

Hospital Panchavati, Nashik. 422 003

Date:- 11/06/2022

I SESSIONAL EXAMINATION TIME TABLE

III BDS (ODD BATCH 2022-2023)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No,
23.06.2022	General Medicine	9.00 a.m.- 11.30 a.m.	301
24.06.2022	General Surgery	9.00 a.m.- 11.30 a.m.	301
25.06.2022	Oral Pathology	9.00 a.m.- 11.30 a.m.	301

PRACTICAL EXAMINATION

Date	Subject	Time
27.06.2022	General Medicine	9.00 a.m onwards
28.06.2022	General Surgery	9.00 a.m onwards
29.06.2022	Oral Pathology	9.00 a.m onwards

Note:

- **Students should reach exam hall 15 minutes prior to examination time**
- **Contact respective departments for syllabus and other details**

Time Table Incharge

Academic incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College And Hospital

Panchavati, Nashik. 422003

TIME TABLE FOR ACADEMIC YEAR 2021 – 2022

1st Sessional Exam for II BDS Summer Batch **Date – 13/06/2022**

Theory: Lecture Hall 201,301

Date	Subject	Time
25/06/2022	Pathology-Microbiology	9.00 to 11.30 am
27/06/2022	Pharmacology	9.00 to 11.30 am
28/06/2022	Dental Material Science	9.00 to 11.30 am

Practical: Batch A: 1-33, Batch B: 34-67, Batch C : 68 – 100

Date/Subject	Pathology-Microbiology	Pathology-Microbiology	Dental Material Science	Time
29/06/2022	A	B	C	9.00 am onwards
30/06/2022	B	C	B	9.00 am onwards
01/07/2022	C	A	A	9.00 am onwards

Pre- Clinic Practical :

Date	Conservative Pre-clinic	Prosthodontics Pre-clinics	Time
02/07/2022	A	B	9.00 am onwards
04/07/2022	C	A	9.00 am onwards
05/07/2022	B	C	9.00 am onwards

Note: 1st PTM will be conducted on 23/07/2022

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

20/06/2022

Mahatma Gandhi Vidyamandir's
Karmaveer Bhausaheb Hiray Dental College & Hospital,
Panchavati, Nasik- 3

I[st] BDS-Regular (Academic year 2021-22)

Time Table for First Sessional Exam

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
Wed, 29 Jun 2022	General Anatomy	-	-	-	9.15 am- 11.45 am
Thurs, 30 Jun 2022	Gen Human Physio & Biochemistry	-	-	-	9.15 am- 11.45 am
Fri, 01 Jul 2022	DADH	-	-	-	9.15 am- 11.45 am
Sat, 02 Jul 2022	-	C	D	-	8.30 am Onwards
Mon, 04 Jul 2022	-	A	B	-	8.30 am Onwards
Tue, 05 Jul 2022	-	D	C	A+B	8.30 am Onwards
Wed, 06 Jul 2022	-	B	A	C+D	8.30 am Onwards

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Students are requested to reach the exam venue 15 minutes before the start of the examination.
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Thurs, 07 Jul 2022.

TIME TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Panchavati Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-422003

CIRCULAR Date: 5/4/2022

EXAMINATION TIME-TABLE

IIIrd MDS.-

Theory	17/5/2022	Paper I	Lecture Hall	Time-9:30 am-12.30 pm.
	18/5/2022	Paper II	Lecture Hall	Time-9.30 am-12.30 pm.
	19/5/2022	Paper III	Lecture Hall	Time-9.30 am-12.30 pm.
Practical	9th-16th June 2022	----------	Department	----------

IInd MDS

Theory	23/5/2022	Paper I	Lecture Hall	Time-9.30 am-12.30 pm.
	24/5/2022	Paper II	Lecture Hall	Time-9.30 am-12.30 pm.
	25/5/2022	Paper III	Lecture Hall	Time-9.30 am-12.30 pm.
Practical	24th-30th June 2022	----------	Department	----------

Ist MDS-

Theory	20/5/2022	Basic Science	Lecture Hall	Time 9.30am-12.30 pm

Note. All the Departments are instructed to submit the question papers to Dr. Sucabhi Patel along with the required Xerox copies in a sealed envelope before 30th April 2022. Please write Department name on the envelop and one respective department staff will collect the papers at the end of the exam from lecture hall.

P.G Time table Incharge
Dr. Triveni Kale

Principal
Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2020-2021



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

INTERNAL ASSESSMENT EXAMINATION CALENDAR

2020-21

BDS

Sr. No.	Details of Exam	Year	Batch	From	To
1	1st Sessional internal assessment examination	II	Odd	04 Aug 20	8 Aug 20
2	2nd Sessional internal assessment examination	II	Odd	15 Sep 20	19 Sep 20
3	2nd Sessional internal assessment examination	III	Odd	15 Sep 20	17 Sep 20
4	2nd Sessional internal assessment examination	IV	Odd	15 Sep 20	23 Sep 20
5	3rd Sessional internal assessment examination	IV	Odd	22 Oct 20	31 Oct 20
6	3rd Sessional internal assessment examination	II	Odd	29 Oct 20	4 Nov 20
7	Extra Sessional examination	IV	Odd	2 Nov 20	10 Nov 20
8	3rd Sessional internal assessment examination	III	Odd	4 Nov 20	6 Nov 20
9	Extra sessional examination	II	Odd	5 Nov 20	10 Nov 20
10	Extra sessional examination	III	Odd	7 Nov 20	10 Nov 20
11	1st Sessional internal assessment examination	III	Regular	18 Jan 21	23 Jan 21
12	1st Sessional internal assessment examination	II	Regular	18 Jan 21	28 Jan 21
13	1st Sessional internal assessment examination	IV	Regular	19 Jan 21	29 Jan 21
14	2nd sessional internal assessment examination	IV	Regular	15 Mar 21	23 Mar 21
15	2nd sessional internal assessment examination	II	Regular	24 Mar 21	5 Apr 21
16	2nd sessional internal assessment examination	III	Regular	25 Mar 21	1 Apr 21
17	1st sessional internal assessment examination	I	Regular	25 Mar 21	31 Mar 21
18	2nd sessional internal assessment examination	I	Regular	25 May 21	31 May 21
19	3rd sessional internal assessment examination	IV	Regular	19 Jun 21	28 Jun 21
20	Extra sessional examination	IV	Regular	10 Jul 21	19 Jul 21

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MDS

YEAR	EXAM	DETAILS
1st and 2nd MDS	Year End Examination	17 to 20 May 2021
1st MDS and 3rd MDS	Mock Examination	12 to 14 Jul 2021

PRINCIPAL

DR. PRADEEP G.L.

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/20-21/1
date – 28/7/2020

SECOND BDS ODD BATCH – 2019-2020

1ST SESSIONAL EXAM TIME TABLE

Date	Subject	Theory	Practical
04/08/2020	Pathology-Microbiology	9:00 am-11:30am	1:00pm -3:30pm
05/08/2020	Pharmacology	9:00 am-11:30am	1:00pm -3:30pm
06/08/2020	Dental Material Science	9:00 am-11:30am	1:00pm -3:30pm
07/08/2020	Conservative Pre-Clinic		9:00-11:30am
08/08/2020	Prosthodontics Pre-Clinic		9:00-11:30am

DATE –28/07/2020

PLACE – NASIK

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/20-21/2
Date :- 29/2020

SECOND BDS ODD BATCH – 2019-2020

2nd SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
15/09/2020	Pathology-Microbiology	9:00 am-11:30am	1:00pm -3:30pm
16/09/2020	Pharmacology	9:00 am-11:30am	1:00pm -3:30pm
17/09/2020	Dental Material Science	9:00 am-11:30am	1:00pm -3:30pm
18/09/2020	Conservative Pre-Clinic		9:00-11:30am
19/09/2020	Prosthodontics Pre-Clinic		9:00-11:30am

DATE –02/09/2020

PLACE – NASIK

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

III BDS ODD BATCH – 2019-2020

II SESSIONALONLINE EXAM TIME TABLE

MGV/KBHDC/EXAM/20-21/3
Date - 2/9/2020

Date	Subject	Theory	Practical
15/09/2020	General Medicine	9:00 am-11:30am	1:00pm -3:30pm
16/09/2020	General Surgery	9:00 am-11:30am	1:00pm -3:30pm
17/09/2020	Oral Pathology	9:00 am-11:30am	1:00pm -3:30pm

DATE –02/09/2020

PLACE – NASHIK

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK - 422 003

MGV/KBHDC/Exam/20-21/4
Date - 2/9/2020

Final year (Oct Batch) 2019 -20

Second Sessional Online Exam (Theory and Practical)

Date	Subject	Theory	Practical
15/09/2020	Public Health dentistry	9:00 am -11:30 am	1:00 pm to 3:30 pm
16/09/2020	Periodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
17/09/2020	Orthodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
18/09/2020	Oral Medicine Diagnosis and Radiology	9:00 am -11:30 am	1:00 pm to 3:30 pm
19/09/2020	Oral and maxillofacial surgery	9:00 am -11:30 am	1:00 pm to 3:30 pm
21/09/2020	Conservative Dentistry and Endodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
22/09/2020	Prosthodontics and Crown and Bridge	9:00 am -11:30 am	1:00 pm to 3:30 pm
23/09/2020	Pediatric and Preventive Dentistry	9:00 am -11:30 am	1:00 pm to 3:30 pm

02/09/2020
Nashik

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/20-21/5A
Date – 13/10/2020

Final year (Oct Batch) 2019 -20

Prelim Exam (Theory and Practical)

Date	Subject	Theory	Practical
22/10/2020	Public Health dentistry	09:00 am - 12 pm	1:30 pm to 4:30 pm
23/10/2020	Periodontics	09:00 am - 12 pm	1:30 pm to 4:30 pm
24/10/2020	Orthodontics	09:00 am - 12 pm	1:30 pm to 4:30 pm
26/10/2020	Oral Medicine Diagnosis and Radiology	09:00 am - 12 pm	1:30 pm to 4:30 pm
27/10/2020	Oral and maxillofacial surgery	09:00 am - 12 pm	1:30 pm to 4:30 pm
28/10/2020	Conservative Dentistry and Endodontics	09:00 am - 12 pm	1:30 pm to 4:30 pm
29/10/2020	Prosthodontics and Crown and Bridge	09:00 am - 12 pm	1:30 pm to 4:30 pm
31/10/2020	Pediatric and Preventive Dentistry	09:00 am - 12 pm	1:30 pm to 4:30 pm

Date: 13/10/2020

Nashik

TIME-TABLE INCHARGE **ACADEMIC INCHARGE** **PRINCIPAL**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/20-21/6
Date - 13/10/2020

SECOND BDS ODD BATCH – 2019-2020
3rd SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
29/10/2020	Pathology-Microbiology	9:00 am-12:00pm	1:30pm -4:30pm
31/10/2020	Pharmacology	9:00 am-12:00pm	1:30pm -4:30pm
02/11/2020	Dental Material Science	9:00 am-12:00pm	1:30pm -4:30pm
03/11/2020	Conservative Pre-Clinic		9:00 am-12:00pm
04/11/2020	Prosthodontics Pre-Clinic		9:00 am-12:00pm

EXTRA SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
05/11/2020	Pathology-Microbiology	9:00 am-12:00pm	1:30pm -4:30pm
06/11/2020	Pharmacology	9:00 am-12:00pm	1:30pm -4:30pm
07/11/2020	Dental Material Science	9:00 am-12:00pm	1:30pm -4:30pm
09/11/2020	Conservative Pre-Clinic		9:00 am-12:00pm
10/11/2020	Prosthodontics Pre-Clinic		9:00 am-12:00pm

DATE –13/10/2020

PLACE – NASIK

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003.

MGV/KBHDC/EXAM/20-21/58 **Final year (Oct Batch) 2019 -20**
Date - 13/10/2020

Extrasessional Exam (Theory and Practical)

Date	Subject	Theory	Practical
02/11/2020	Public Health dentistry	09:00 am -12 pm	1:30 pm to 4:30 pm
03/11/2020	Periodontics	09:00 am -12 pm	1:30 pm to 4:30 pm
04/11/2020	Orthodontics	09:00 am -12 pm	1:30 pm to 4:30 pm
05/11/2020	Oral Medicine Diagnosis and Radiology	09:00 am -12 pm	1:30 pm to 4:30 pm
06/11/2020	Oral and maxillofacial surgery	09:00 am -12 pm	1:30 pm to 4:30 pm
07/11/2020	Conservative Dentistry and Endodontics	09:00 am -12 pm	1:30 pm to 4:30 pm
09/11/2020	Prosthodontics and Crown and Bridge	09:00 am -12 pm	1:30 pm to 4:30 pm
10/11/2020	Pediatric and Preventive Dentistry	09:00 am -12 pm	1:30 pm to 4:30 pm

Date: 13/10/2020

Nashik

TIME-TABLE INCHARGE **ACADEMIC INCHARGE** **PRINCIPAL**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

MMGV/KBHDC/EXAM/20-21/7

Date- 13/10/2020

III BDS ODD BATCH – 2019-2020

3RD SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
04/11/2020	General Medicine	9:00 am-12.00 pm	1:30pm -4:30pm
05/11/2020	General Surgery	9:00 am-12.00 pm	1:30pm -4:30pm
06/11/2020	Oral Pathology	9:00 am-12.00 pm	1:30pm -4:30pm

EXTRA SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
07/11/2020	General Medicine	9:00 am-12.00 pm	1:30pm -4:30pm
09/11/2020	General Surgery	9:00 am-12.00 pm	1:30pm -4:30pm
10/11/2020	Oral Pathology	9:00 am-12.00 pm	1:30pm -4:30pm

DATE –13/10/2020

PLACE – NASHIK

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College and Hospital
Panchavati, Nashik. 422 003

MGV/KBH/DC&H/OP/ /2021 Dt: 05/01/2021

mgv/KBHDC/EXAM/20-21/8
Date - 5/1/2021

SESSIONAL EXAMINATION TIME TABLE
III BDS (Regular batch - 2020-2021)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
18.01.2021	General Medicine	9.00 a.m. – 11.30a.m.	101,201 & 301
19.01.2021	General Surgery	9.00 a.m. – 11.30a.m.	101,201 & 301
20.01.2021	Oral Pathology	9.00 a.m. – 11.30a.m.	101,201 & 301

PRACTICALEXAMINATION

Date	Subject	Time
21.01.2021	General Medicine- **A Batch** General Surgery - **B Batch** Oral Pathology- **C Batch**	9.00 a.m. onwards
22.01.2021	General Medicine- **B Batch** General Surgery - **C Batch** Oral Pathology- **A Batch**	9.00 a.m. onwards
23.01.2021	General Medicine- **C Batch** General Surgery - **A Batch** Oral Pathology- **B Batch**	9.00 a.m. onwards

Note:
- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Time Table Incharge Academic Incharge Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL,PANCHAVATI, NASHIK

TIME TABLE for II BDS Regular Batch – 2020-21

MGV/KBHDC/EXAM/20-21/9 1st Sessional Exam

Date – 5/1/2021

Practicals –Batch A – 1-34, B – 35-68, C – 69-102

Date	Pathology Microbiology	Pharmacology	DMS	Time
18/01/21	A	C	B	9:00 am onwards
19/01/21	B	A	C	9:00 am onwards
20/01/21	C	B	A	9:00 am onwards

Theory: Venue: 101,201,301

Date	Subject	Time
21/01/21	Pathology-Microbiology	9.00 to 11.30 am
22/01/21	Pharmacology	9.00 to 11.30 am
23/01/21	Dental Material Science	9.00 to 11.30 am

Pre- Clinic Practicals:

Date	Prostho pre-clinic	Cons. Pre-clinic	Time
25/01/21	A	C	9:00am onwards
27/01/21	B	A	9:00am onwards
28/01/21	C	B	9:00am onwards

Time Table Incharge

Academic Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

MGV/KBHDC/EXAM/20-21/1614
Date - 5/1/2021

FIRST SESSIONAL THEORY EXAMINATION

BATCH: FINAL YEAR (SUMMER 2020-2021)

DATE	SUBJECT	TIME
19/01/2021	PUBLIC HEALTH DENTISTRY	1.30 TO 2:30 PM
20/01/2021	PERIODONTICS	1.30 TO 2:30 PM
21/01/2021	ORTHODONTICS	1.30 TO 2:30 PM
22/01/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	1.30 TO 2:30 PM
25/01/2021	ORAL AND MAXILLOFACIAL SURGERY	1.30 TO 2:30 PM
27/01/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	1.30 TO 2:30 PM
28/01/2021	PROSTHODONTICS AND CROWN AND BRIDGE	1.30 TO 2:30 PM
29/01/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	1.30 TO 2:30 PM

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 05/01/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV/KBHDC/EXAM/20-21/11
Date – 18/2/2021

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

SECOND SESIONAL THEORY EXAMINATION

BATCH: FINAL YEAR (SUMMER 2020-2021)

DATE	SUBJECT	TIME
15/03/2021	PUBLIC HEALTH DENTISTRY	9:30 AM TO 12:00 NOON
16/03/2021	PERIODONTICS	9:30 AM TO 12:00 NOON
17/03/2021	ORTHODONTICS	9:30 AM TO 12:00 NOON
18/03/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9:30 AM TO 12:00 NOON
19/03/2021	ORAL AND MAXILLOFACIAL SURGERY	9:30 AM TO 12:00 NOON
20/03/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	9:30 AM TO 12:00 NOON
22/03/2021	PROSTHODONTICS AND CROWN AND BRIDGE	9:30 AM TO 12:00 NOON
23/03/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	9:30 AM TO 12:00 NOON

FINAL YEAR IN CHARGE **ACADEMIC IN CHARGE** **PRINCIPAL**

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati Nashik-3

DATE: 18/02/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/20-21/12

Date -17/3/2021

SECOND BDS REGULAR BATCH – 2020-2021

2nd SESSIONAL ONLINE EXAM TIME TABLE

Date	Subject	Theory	Practical
24/03/2021	Pathology-Microbiology	9:30 am-12:00 pm	1:00pm -3:30pm
25/03/2021	Pharmacology	9:30 am-12:00 pm	1:00pm -3:30pm
26/03/2021	Dental Material Science	9:30 am-12:00 pm	1:00pm -3:30pm
27/03/2021	Conservative Pre-Clinic		9:30 am-12:00 pm
30/03/2021	Prosthodontics Pre-Clinic		9:30 am-12:00 pm

DATE –17/03/21

PLACE – NASIK

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik. 422 003

MGV/KBHDCH/EXAM/20-21/13 DATE : 18/03/2021

SESSIONAL ONLINE EXAMINATION TIME TABLE

III BDS (Regular batch – 2020-2021)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
25.03.2021	General Medicine	9.00 a.m.- 11.30 a.m.	101,201 & 301
26.03.2021	General Surgery	9.00 a.m.- 11.30 a.m.	101,201 & 301
27.03.2021	Oral Pathology	9.00 a.m.- 11.30 a.m.	101,201 & 301

PRACTICAL EXAMINATION

Date	Subject	Time
30.03.2021	General Medicine	9.00 a.m onwards
31.03.2021	General Surgery	9.00 a.m onwards
01.04.2021	Oral Pathology	9.00 a.m onwards

Time Table Incharge **Academic incharge** **Principal**

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
Karmaveer Bhausaheb Hiray Dental College & Hospital,
Panchavati, Nasik- 3

MGV/KBHDC/EXAM/20-21/14 I[st] BDS-Regular (Academic year 2020-21)
Date - 18/3/2021

Revised First Sessional Exam (Online) Time Table

DAY & DATE	SUBJECT	TIME
Thurs, 25 Mar 2021	Anatomy Theory	9.00am – 11.30 am
Fri, 26 Mar 2021	Physio/Bio Theory	9.00am – 11.30 am
Sat, 27 Mar 2021	DADH Theory	9.00am – 11.30 am
Mon, 29 Mar 2021	Anatomy Practical	9.00 am onwards
Tue, 30 Mar 2021	Physio/Bio Practical	9.00 am onwards
Wed, 31 Mar 2021	DADH Practical	9.00 am onwards

- Link for theory and Practical exam will be posted on the group at the scheduled time. Students are requested to check their groups for the links posted there.
- Every student will ensure that he/she has good net connectivity and answers are submitted within the stipulated time.
- For theory papers, answers to questions will be written on full-scape paper. Every student will write his/her name, roll number, year and subject on the right-hand top corner of the paper, mention it as 1st sessional exam, scan and name the document with your name followed by roll number and mail it the department mail id provided on the question paper before 12 noon the same day.
- Hard copy of answer paper will have to be submitted the day you join back.
- In case instructions are received from MUHS, 1st sessional will be conducted offline again.
- Regular time-table will be followed from Thurs, 01 Apr 2021.

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
Karmaveer Bhausaheb Hiray Dental College & Hospital,
Panchavati, Nasik- 3

MGV/KBHDC/EXAM/20-21/15
Date - 13/5/2021

First BDS-Regular (Academic year 2020-21)

(Online Sessional Exam Time Table)

Sr. No	Day and Date	Subject	Time
1.	Tuesday, 25 May 2021	Anatomy (Theory)	9.30 am-12 Noon
2.	Wednesday, 26 May 2021	Physio/Biochem (Theory)	9.30 am-12 Noon
3.	Thursday, 27 May 2021	DADH (Theory)	9.30 am-12 Noon
4.	Friday, 28 May 2021	Anatomy (Practical)	9.30 am Onwards
5.	Saturday, 29 May 2021	Physio/Biochem (Practical)	9.30 am Onwards
6.	Monday, 31 May 2021	DADH (Practical)	9.30 am Onwards

- It is compulsory for all students to appear for the above sessional exam.
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Tue, 01 Jun 2021.

TIME-TABLE INCHARGE | ACADEMIC INCHARGE | PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK-422003

PRELIM THEORY EXAMINATION

BATCH: FINAL YEAR (SUMMER 2020-2021)

MGV/KBHDC/EXAM/20-21/16 A
Date - 12/6/2021

DATE	SUBJECT	TIME
19/06/2021	PUBLIC HEALTH DENTISTRY	9 AM TO 12 NOON
21/06/2021	PERIODONTICS	9 AM TO 12 NOON
22/06/2021	ORTHODONTICS	9 AM TO 12 NOON
23/06/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9 AM TO 12 NOON
24/06/2021	ORAL AND MAXILLOFACIAL SURGERY	9 AM TO 12 NOON
25/06/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	9 AM TO 12 NOON
26/06/2021	PROSTHODONTICS AND CROWN AND BRIDGE	9 AM TO 12 NOON
28/06/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	9 AM TO 12 NOON

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 12/06/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV/KBHDC/EXAM/20-21/168
Date - 12/6/2021

MAHATMA GANDHI VIDNYAMANDIR'S

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PANCHAVATI, NASHIK-422003

PRELIM EXAMINATION (offline)

BATCH: FINAL YEAR (SUMMER 2020-2021) TIME: 09:00 AM -12:00 NOON

SUBCETS	PUBLIC HEALTH DENTISTRY	PERIODONTICS	ORTHODONTICS	OMDR	OMFS	CONSERVATIVE	PROSTHODONTICS	PEDODONTICS
01/07/2021	A	B	C	D	E	F	G	H
02/07/2021	H	A	B	C	D	E	F	G
03/07/2021	G	H	A	B	C	D	E	F
05/07/2021	F	G	H	A	B	C	D	E
06/07/2021	E	F	G	H	A	B	C	D
07/07/2021	D	E	F	G	H	A	B	C
08/07/2021	C	D	E	F	G	H	A	B
09/07/2021	B	C	D	E	F	G	H	A

A: 1-12 B: 13-24 C: 25-36 D: 37-48 E: 49-60 F: 61-72 G: 73-85 H: 86-97+REPEATERS

FINAL YEAR INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDHYAMANDIR'S

K.B.H. DENTAL COLLEGE AND HOSPITAL

MGV/KBHDC/EXAM/2021/176 PANCHAVATI, NASHIK-422003

Date -22/6/21

EXTRASESSIONAL THEORY AND PRACTICAL EXAMINATION

BATCH: FINAL YEAR (SUMMER 2020-2021)

DATE	SUBJECT	THEORY AND PRACTICAL
10/07/2021	PUBLIC HEALTH DENTISTRY	9:00 AM ONWARDS
12/07/2021	PERIODONTICS	9:00 AM ONWARDS
13/07/2021	ORTHODONTICS	9:00 AM ONWARDS
14/07/2021	ORAL MEDICINE DIAGNOSIS AND RADIOLOGY	9:00 AM ONWARDS
15/07/2021	ORAL AND MAXILLOFACIAL SURGERY	9:00 AM ONWARDS
16/07/2021	CONSERVATIVE DENTISTRY AND ENDODONTICS	9:00 AM ONWARDS
17/07/2021	PROSTHODONTICS AND CROWN AND BRIDGE	9:00 AM ONWARDS
19/07/2021	PEDIATRIC AND PREVENTIVE DENTISTRY	9:00 AM ONWARDS

NOTE: THE EXAMS WILL BE CONDUCTED IN THE RESPECTIVE DEPAERTMENTS

TIME TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

DATE: 21/06/2021

PLACE: NASHIK

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 03/05/2021

CIRCULAR

EXAMINATION TIME TABLE

IInd MDS

Date	Paper	Time
17/05/2021	Paper I (Applied Basic Sciences)	9.30 to 12.30
18/05/2021	Paper II	9.30 to 12.30
19/05/2021	Paper III	9.30 to 12.30
20/05/2021	Paper IV (Essay)	9.30 to 12.30

Ist MDS

Date	Paper	Time
17/05/2021	Paper I (Applied Basic Sciences)	12.00 to 3.00
18/05/2021	Paper II	12.00 to 3.00
19/05/2021	Paper III	12.00 to 3.00
20/05/2021	Paper IV (Essay)	12.00 to 3.00

P.G. Time Table Incharge

Dr. Triveni Kale

Principal

Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 01/07/2021

CIRCULAR

EXAMINATION TIME TABLE

IIIrd MDS

Date	Paper	Time
12/07/2021	Paper I	9.30 to 12.30
13/07/2021	Paper II	9.30 to 12.30
14/07/2021	Paper III (Essay)	9.30 to 12.30

Ist MDS

Date	Paper	Time
12/07/2021	Paper I (Applied Basic Sciences)	12.00 to 3.00

Note:- One respective Department staff will collect the papers at the end of the exam from lecture hall

P.G. Time Table Incharge

Dr. Triveni Kale

Principal

Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2019-2020



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

INTERNAL ASSESSMENT EXAMINATION CALENDAR

2019-20

BDS

Sr. No.	Details of Exam	Year	Batch	From	To
1	2nd Sessional internal assessment examination	III	Odd	5 Aug 19	14 Aug 19
2	3rd Sessional internal assessment examination	IV	Odd	16 Sep 19	7 Oct 19
3	3rd Sessional internal assessment examination	III	Odd	1 Oct 19	9 Oct 19
4	3rd Sessional internal assessment examination	II	Odd	8 Oct 19	17 Oct 19
5	Extra sessional Examination	IV	Odd	9 Oct 19	17 Oct 19
6	Extra sessional Examination	III	Odd	10 Oct 19	12 Oct 19
7	1st Sessional internal assessment examination Theory	II	Regular	17 Oct 19	9 Nov 19
8	Extra sessional examination	II	Odd	19 Oct 19	24 Oct 19
9	1st Sessional internal assessment examination	IV	Regular	4 Nov 19	14 Nov 19
10	1st Sessional internal assessment examination	III	Regular	11 Nov 19	19 Nov 19
11	1st Sessional internal assessment examination	I	Regular	18 Nov 19	25 Nov 19
12	2nd Sessional internal assessment examination	III	Regular	18 Jan 20	25 Jan 20
13	2nd Sessional internal assessment examination	II	Regular	20 Jan 20	29 Jan 20
14	2nd Sessional internal assessment examination	IV	Regular	22 Jan 20	31 Jan 20
15	2nd Sessional internal assessment examination	I	Regular	25 Jan 20	1 Feb 20
16	3rd Sessional internal assessment examination	I	Regular	5 Jun 20	10 Jun 20
17	3rd Sessional internal assessment examination	II	Regular	5 Jun 20	10 Jun 20
18	3rd Sessional internal assessment examination	III	Regular	5 Jun 20	9 Jun 20
19	3rd Sessional internal assessment examination	IV	Regular	5 Jun 20	13 Jun 20
20	Extra sessional Examination	I	Regular	11 Jun 20	13 Jun 20
21	Extra sessional Examination	II	Regular	11 Jun 20	15 Jun 20
22	Extra sessional Examination	III	Regular	11 Jun 20	13 Jun 20
23	Extra sessional Examination	IV	Regular	15 Jun 20	23 Jun 20
24	1st Sessional internal assessment examination	III	Odd	15 Jul 20	17 Jul 20
25	1st Sessional internal assessment examination	IV	Odd	15 Jul 20	23 Jul 20

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MDS

YEAR	EXAM	DETAILS
1st and 2nd MDS	Year End Examination	9th to 15 April 2020
3rd MDS	Mock Examination	

PRINCIPAL

DR. PRADEEP G.L

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

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Mahatma Gandhi Vidyamandir's
K.B.H. Dental College And Hospital
Panchavati, Nashik. 422003

MGV/KBH/DC&H /OP/12/2019 Date : 29 / 07 / 2019

MGV/KBHDC/EXAM/19-20/1
Date - 29/7/19

III BDS (ODD BATCH)

II SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
05.08.2019	General Medicine	09.00 a.m. – 11.30 a.m.	301
08-08-2019	General Surgery	09.00 a.m. – 11.30 a.m	301
13.08.2019	Oral Pathology	09.00 a.m. – 11.30 a.m	301

PRACTICAL EXAMINATION

Date	Subject	Time
07.08.2019	General Medicine	8.30 a.m. onwards
09.08.2019	General Surgery	8.30 a.m. onwards
14.08.2019	Oral Pathology	8.30 a.m. onwards

Note:
- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Sanjay V. Bhawsar
Principal

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MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBH/DC&H/ /2019-20 **Date :- 03/09/2019**

MGV/KBHDC/EXAM/19-20/2A
Date - 3/9/19

Class IV (Odd Batch) ~~2019-20~~ 2018-19.
Prelim Exam Theory

Date	Subject	Time
16/09/2019	Public Health dentistry	9.00 to 12.00 p.m
17/09/2019	Periodontics	9.00 to 12.00 p.m
18/09/2019	Orthodontics	9.00 to 12.00 p.m
19/09/2019	Oral Medicine and Radiology	9.00 to 12.00 p.m
20/09/2019	Oral and maxillofacial surgery	9.00 to 12.00 p.m
21/09/2019	Conservative Dentistry	9.00 to 12.00 p.m
23/09/2019	Prosthodontics and crown and Bridge	9.00 to 12.00 p.m
24/09/2019	Preventive and pediatric Dentistry	9.00 to 12.00 p.m

Class IV (Odd Batch) 2019 -20
Prelim Exam - Practical

Date	Subject	Time
27/09/2019	Public Health dentistry	9.00 to 12.00 p.m
28/09/2019	Periodontics	9.00 to 12.00 p.m
30/09/2019	Orthodontics	9.00 to 12.00 p.m
01/10/2019	Oral Medicine and Radiology	9.00 to 12.00 p.m
03/10/2019	Oral and maxillofacial surgery	9.00 to 12.00 p.m
04/10/2019	Conservative Dentistry	9.00 to 12.00 p.m
05/10/2019	Prosthodontics and crown and Bridge	9.00 to 12.00 p.m
07/10/2019	Preventive and pediatric Dentistry	9.00 to 12.00 p.m

Note :- Exams to be conducted in the respective department

Dr. Pushpa P. Goud
Time Table Incharge

Dr. Sanjay V. Bhawsar
Principal

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III rd (odd)
2018-19

Mahatma Gandhi Vidyamandir's
K.B.H Dental College & Hospital
Panchavati, Nashik. 422 003

MGV/KBH/DC&H/OP/ 592 /2019 Date : 18 / 09 / 2019

MGV/KBH/DC&H/EXAM/ 19-20/4
Date - 18/9/19

PRELIMINARY EXAMINATION TIME TABLE
III BDS (Odd Batch)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
01/10/2019	Oral Pathology	9.00 a.m. – 12.00 p.m.	301
05/10/2019	General Surgery	9.00 a.m. – 12.00 p.m.	301
07/10/2019	General Medicine	9.00 a.m. – 12.00 p.m.	301

PRACTICAL EXAMINATION

Date	Subject	Time
03/10/2019	Oral pathology	8.30 a.m onwards
04/10/2019	General Surgery	8.30 a.m onwards
09/10/2019	General Medicine	8.30 a.m onwards

ADDITIONAL SESSIONAL EXAMINATION

THEORY AND PRACTICAL EXAMINATION

Date	Subject	Time
10/10/2019	Oral Pathology (Theory+Practical)	8.30 a.m onwards
11/10/2019	General Medicine (Theory+Practical)	8.30 a.m onwards
12/10/2019	General Surgery (Theory+Practical)	8.30 a.m onwards

Note:

- Students who are appearing for additional sessional have to take prior permission from the respective department to appear for examination.

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Meenal Gulve
Principal

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Panchavati, Nashik. 422 003

MGV/KBHDC/EXAM/19-2013
Date - 18/9/19

TIME TABLE FOR ACADEMIC YEAR 2018-19
IIND YEAR ODD BATCH
PRELIM & EXTRA SESSIONAL EXAM.

THEORY :

Date	Subject	Time
08/10/2019	PATHOLOGY AND MICROBIOLOGY	10:00 am to 1:00 pm
09.10.2019	PHARMACOLOGY	10:00 am to 1:00 pm
11.10.2019	DENTAL MATERIAL SCIENCE	10:00 am to 1:00 pm

PRACTICAL :

Date	Subject	Time
12.10.2019	PATHOLOGY AND MICROBIOLOGY	8.30 Onwards
13.10.2019	PHARMACOLOGY	8.30. Onwards
15.10.2019	DENTAL MATERIAL SCIENCE	8.30 Onwards
16.10.2019	PROSTHODONTICS PRE-CLINIC	8.30 Onwards
17/.10.2019	CONSEVATIVE PRE-CLINIC	8.30 Onwards

EXTRA Sessional Examination

Date	Subject	Time
19.10.2019	PATHOLOGY AND MICROBIOLOGY	8.30. Onwards
20.10.2019	PROSTHODONTICS PRE-CLINIC	8.30 Onwards
22.10.2019	PHARMACOLOGY	8.30 Onwards
23.10.2019	DENTAL MATERIAL SCIENCE	8.30 Onwards
24.10.2019	CONSEVATIVE PRE-CLINIC	8.30 Onwards

Time table Incharge

Principal

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

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MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBH/DC&H/ /2019-20 **Date :- 03/09/2019**

MGV/KBHDC/EXAM/A-20/28 dt
date - 3/9/19.

Class IV (Odd Batch) ~~2019-20~~ 2018-19.

Extra Sessional Exam Theory and Practical

Date	Subject	Time
09/10/2019	Public Health dentistry	8.30 on wards
10/10/2019	Periodontics	8.30 on wards
11/10/2019	Orthodontics	8.30 on wards
12/10/2019	Oral Medicine and Radiology	8.30 on wards
14/10/2019	Oral and maxillofacial surgery	8.30 on wards
15/10/2019	Conservative Dentistry	8.30 on wards
16/10/2019	Prosthodontics and crown and Bridge	8.30 on wards
17/10/2019	Preventive and pediatric Dentistry	8.30 on wards

Dr. Pushpa P. Goud
Time Table Incharge

Dr. Sanjay V. Bhawsar
Principal

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Extra.
2018-~~20~~19 (odd)

MGV'S K.B.H DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK – 422 003

- **TIME TABLE for 2nd Year BDS Regular Batch - 2019**
- **1st Sessional Exam Time Table**

MGV/KBHDC/Exam/19-20/5
date - 27/9/19

- **Theory :**

Date	Subject	Time
17/10/19	Pathology-Microbiology	9.00 to 11.30 am
18/10/19	Pharmacology	9.00 to 11.30 am
19/10/19	Dental Material Science	9.00 to 11.30 am

- **Practicals :**

Date	Pathology Microbiology	Pharmacology	DMS	Time
04/11/19	A	B	C	8.30 am onwards
05/11/19	B	C	A	8.30 am onwards
06/11/19	C	A	B	8.30 am onwards

- **Pre- Clinic Practicals:**

Date	Prostho pre-clinic	Cons. Pre-clinic	Time
07/11/19	A	C	8.30 am onwards
08/11/19	B	A	8.30 am onwards
09/11/19	C	B	8.30 am onwards

Time Table Incharge

Principal

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MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBH/DC&H/ /2019-20 **Date: 11/10/2019**

MGV/KBHDC/EXAM/19-2016
Date – 11/10/19

Class IV (Regular Batch) 2019 -20
Ist Sessional Exam (Theory)

Date	Subject	Time
04/11/2019	Public Health dentistry	9.00 am to 11:30 am
05/11/2019	Periodontics	9.00 am to 11:30 am
06/11/2019	Orthodontics	9.00 am to 11:30 am
07/11/2019	Oral Medicine and Radiology	9.00 am to 11:30 am
08/11/2019	Oral and maxillofacial surgery	9.00 am to 11:30 am
11/11/2019	Conservative Dentistry	9.00 am to 11:30 am
13/11/2019	Prosthodontics and crown and Bridge	9.00 am to 11:30 am
14/11/2019	Preventive and pediatric Dentistry	9.00 am to 11:30 am

TIME TABLE INCHARGE

DATE:- 11/10/2019

M.G.V.'S K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI, NASIK-3

PRINCIPAL

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K.B.H Dental College & Hospital
Panchavati, Nashik. 422 003

MGV/KBH/DC&H /OP/ 759 /2019 Date : 11/ 10 / 2019

MGV/KBHDC/EXAM/19-20/7
Date-11/10/19

III BDS (Regular Batch)
I SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
11/11/2019	General surgery	9.00 a.m. – 11.30 a.m.	101 & 201
14/11/2019	General Medicine	9.00 a.m. – 11.30 a.m.	101 & 201
16/11/2019	Oral Pathology	9.00 a.m. – 11.30 a.m.	101 & 201

PRACTICAL EXAMINATION

Date	Subject	Time
13/11/2019	General Surgery - **A Batch** General Medicine- **B Batch**	8.30 a.m onwards
15/11/2019	General Surgery – **B Batch** General Medicine- **A Batch**	8.30 a.m onwards
18/11/2019 19/11/2019	Oral Pathology- **A Batch** Oral Pathology- **B Batch**	8.30 a.m onwards

Note:

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Meenal Gulve.
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV's KBH Dental College & Hospital, Panchavati, Nasik.

Time Table for First Sessional Examination MGV/KBHDC/EXAM/19-2018

First BDS (Regular Batch 2019-20) Date - 11/10/19

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
MON, 18 NOV 2019	ANAT	-	-	-	9am to 11.30 am
TUE, 19 NOV 2019	PHY/BIO	-	-	-	9am to 11.30 am
WED, 20 NOV 2019	DADH	-	-	-	9am to 11.30 am
THURS, 21 NOV 2019	-	C	D	A+B	8.30 am ONWARDS
FRI, 22 NOV 2019	-	A	B	C+D	8.30 am ONWARDS
SAT, 23 NOV 2019	-	B	A		8.30 am ONWARDS
MON, 25 NOV 2019	-	D	C	-	8.30 am ONWARDS

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Venue for theory exam:
  Roll no 1-50 **Lecture Hall 301** Roll no 51-100 **Lecture Hall 201**
- Students should reach the exam venue 15 minutes before the start of the examination. Mobile phones, other gadgets, wrist watch, exam pads, pouches, strictly prohibited.
- Please contact respective departments for syllabus and other details.
- Regular lectures and practicals will resume from Tue, 26 Nov 2019.

TIME-TABLE INCHARGE

M.G.V.'S K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI NASIK-3

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College & Hospital
Panchavati, Nashik. 422003

MGV/KBHDC/EXAM/19-20/9
Date - 3/1/2020

III BDS (Regular Batch 2019-2020)

II SESSIONAL EXAMINATION TIME TABLE

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
18/01/2020	Oral Pathology	9.00 a.m. – 11.30 a.m.	201 & 301
23/01/2020	General Surgery	9.00 a.m. – 11.30 a.m.	201 & 301
25/01/2020	General Medicine	9.00 a.m. – 11.30 a.m.	201 & 301

PRACTICAL EXAMINATION

Date	Subject	Time
20/01/2020 21/01/2020	Oral Pathology- **A Batch** Oral Pathology- **B Batch**	8.30 a.m onwards
22/01/2020	General Surgery - **A Batch** General Medicine - **B Batch**	8.30 a.m onwards
24/01/2020	General Surgery - **B Batch** General Medicine - **A Batch**	8.30 a.m onwards

- Venue :- Lecture Hall 201 & 301.
- Students should reach the exam hall 15 minutes prior to the examination time.
- Please contact respective departments for syllabus and other details.

Dr. Rekha S. Patil
III yr Academic In-charge

Dr Swati Pustake
Academic In-charge

Dr. Meenal Gulve
Principal

M.G.V.'s K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI, NASIK-3

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K.B.H. DENTAL COLLEGE AND HOSPITAL,PANCHAVATI,NASHIK

- **TIME TABLE for 2nd Year BDS Regular Batch – 2019-20**
- **2nd Sessional Exam :**

MGV/KBHDC/EXAM/19-20/10
Date - 3/1/2020

Practicals –Batch A – 1-34, B – 35-68, C – 69- 104

Date	Pathology Microbiology	Pharmacology	DMS	Time
20/01/20	A	C	B	8.30 am onwards
21/01/20	B	A	C	8.30 am onwards
22/01/20	C	B	A	8.30 am onwards

Theory: **Venue: 101-201**

Date	Subject	Time
23/01/20	Pathology-Microbiology	9.00 to 11.30 am
24/01/20	Pharmacology	9.00 to 11.30 am
25/01/20	Dental Material Science	9.00 to 11.30 am

Pre- Clinic Practicals:

Date	Prostho pre-clinic	Cons. Pre-clinic	Time
27/01/20	A	C	8.30 am onwards
28/01/20	B	A	8.30 am onwards
29/01/20	C	B	8.30 am onwards

Time Table Incharge

Academic Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBH/DC&H/ /2019-20 Date :- 11/01/2020

MGV/KBH/DC/Exam/19-20/1

Date – 11/1/2020

Final (Regular Batch) 2019 -20

II Sessional Theory exam

Date	Subject	Time
22/01/2020	Public Health dentistry	12:00 pm to 2:30 pm
23/01/2020	Periodontics	12:00 pm to 2:30 pm
24/01/2020	Orthodontics	12:00 pm to 2:30 pm
27/01/2020	Oral Medicine and Radiology	12:00 pm to 2:30 pm
28/01/2020	Oral and maxillofacial surgery	12:00 pm to 2:30 pm
29/01/2020	Conservative Dentistry	12:00 pm to 2:30 pm
30/01/2020	Prosthodontics and crown and Bridge	12:00 pm to 2:30 pm
31/01/2020	Preventive and pediatric Dentistry	12:00 pm to 2:30 pm

Time Table Incharge

Principal

11/01/2020
Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV's KBH Dental College & Hospital, Panchavati, Nasik- 3

1st BDS-Regular (Jun-Jul 2020 Appearing batch) MGV/KBHDC/EXAM/19-20/12
Date - 11/1/2020

(Second Sessional Exam Time Table)

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
SAT, 25 JAN 2020	-	B	A	-	8.30 am ONWARDS
MON, 27 JAN 2020	-	A	B	C+D	8.30 am ONWARDS
TUE, 28 JAN 2020	-	D	C	-	8.30 am ONWARDS
WED, 29 JAN 2020	-	C	D	A+B	8.30 am ONWARDS
THURS, 30 JAN 2020	PHY/BIO	-	-	-	9.00am – 11.30 am
FRI, 31 JAN 2020	ANAT	-	-	-	9.00am – 11.30 am
SAT, 01 FEB 2020	DADH	-	-	-	9.00am – 11.30 am

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Students are requested to reach the exam venue 15 minutes before the start of the examination. (Lecture Hall 101 and 201)
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Mon, 03 Feb 2020.

TIME-TABLE INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV's KBH Dental College & Hospital, Panchavati, Nasik-3

Time –Table for First BDS (Regular batch and Repeaters) Summer 2020 appearing

Third Sessional and extra sessional (Regular batch +Repeaters)

MGV/KBHDC/EXAM/19-20/13
Date:-29/5/2020

3rd Sessional (For Regular batch) and 1st Sessional (Repeaters)

Serial no	Day & Date	Subject	Theory	Practical
1	Friday, 05 Jun 2020	Anatomy	8.30 am to 12 noon	2 pm to 5 pm
2	Monday, 08 Jun 2020	Physiology & Biochemistry	8.30 am to 12noon	2 pm to 5 pm
3	Wed, 10 Jun 2020	DADH	8.30 am to 12 noon	2 pm to 5 pm

EXTRA-SESSIONAL(For Regular batch) and 2nd Sessional (Repeaters)

Serial no	Day & Date	Subject	Theory	Practical
1	Thurs, 11 Jun 2020	Anatomy	8.30 am to 12 noon	2 pm to 5 pm
2	Fri, 12 Jun 2020	Physiology & Biochemistry	8.30 am to 12noon	2 pm to 5 pm
3	Sat, 13 Jun 2020	DADH	8.30 am to 12 noon	2 pm to 5 pm

- Staff members are requested to read all instructions related to exams carefully.
- Students are requested to read instructions related to submission of exam papers carefully.

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K&H DENTAL COLLEGE AND HOSPITAL

PANCHAVATI, NASHIK

3rd SESSIONAL EXAM TIME TABLE for 2nd Year BDS– 2019-20date –29/05/2020

Regular Batch + Repeaters

MGV/KBHDC/EXAM/19-20/14
Date -29/5/2020

Date	Subject	Theory	Practicals
05/06/2020	Pathology-Microbiology	8:30am-12:00noon	2:00pm -5:00pm
06/06/2020	Pharmacology	8:30am-12:00noon	2:00pm -5:00pm
08/06/2020	Dental Material Science	8:30am-12:00noon	2:00pm -5:00pm
09/06/2020	Conservative pre-clinic		9:00-12:00noon
10/06/2020	Prosthodontics pre-clinic		9:00-12:00noon

EXTRA SESSIONAL EXAM TIME TABLE for 2nd Year BDS– 2019-20

Regular Batch + Repeaters

Date	Subject	Theory	Practicals
11/06/2020	Pathology-Microbiology	8:30am-12:00noon	2:00pm -5:00pm
12/06/2020	Pharmacology	8:30am-12:00noon	2:00pm -5:00pm
13/06/2020	Dental Material Science	8:30am-12:00noon	2:00pm -5:00pm
15/06/2020	Conservative pre-clinic	9:00-12:00noon	
15/06/2020	Prosthodontics pre-clinic		2:00pm -5:00pm

Academic committee

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Panchavati, Nashik. 422 003

MGV/KBHDC/EXAM/19-20/15
Date -29/5/2020

III SESSIONAL EXAMINATION TIME TABLE
III BDS – 2019-20 (Regular batch and Repeater students)

THEORY AND PRACTICAL EXAMINATION

Date	Subject	Theory	Practical
05.06.2020	General Medicine	8.30 a.m. - 12.00 p.m.	2.00 p.m. – 5.00 p.m
08.06.2020	General Surgery	8.30 a.m. - 12.00 p.m.	2.00 p.m. – 5.00 p.m
09.06.2020	Oral Pathology	8.30 a.m. – 12.00 p.m.	2.00 p.m. – 5.00 p.m

EXTRA SESSIONAL EXAMINATION

THEORY AND PRACTICALEXAMINATION

Date	Subject	Theory	Practical
11.06.2020	General Medicine	8.30 a.m. – 12.00 p.m.	2.00 p.m. – 5.00 p.m
12.06.2020	General Surgery	8.30 a.m. - 12.00 p.m.	2.00 p.m. – 5.00 p.m
13.06.2020	Oral Pathology	8.30 a.m. - 12.00 p.m.	2.00 p.m. – 5.00 p.m

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/19-20/16A
Date – 29/5/2020

Final year (Regular Batch) 2019 -20

Third Sessional Exam (Theory and Practical)

Date	Subject	Theory	Practical
05/06/2020	Public Health dentistry	8:30 am -12:00 pm	2:00 pm to 5:00 pm
06/06/2020	Periodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
08/06/2020	Orthodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
09/06/2020	Oral Medicine Diagnosis and Radiology	8:30 am -12:00 pm	2:00 pm to 5:00 pm
10/06/2020	Oral and maxillofacial surgery	8:30 am -12:00 pm	2:00 pm to 5:00 pm
11/06/2020	Conservative Dentistry and Endodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
12/06/2020	Prosthodontics and Crown and Bridge	8:30 am -12:00 pm	2:00 pm to 5:00 pm
13/06/2020	Preventive and pediatric Dentistry	8:30 am -12:00 pm	2:00 pm to 5:00 pm

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

29/05/2020
Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/19-20/168
Date – 29/5/2020

Final year (Regular Batch) 2019 -20

Extra Sessional Exam (Theory and Practical)

Date	Subject	Theory	Practical
15/06/2020	Public Health dentistry	8:30 am -12:00 pm	2:00 pm to 5:00 pm
16/06/2020	Periodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
17/06/2020	Orthodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
18/06/2020	Oral Medicine Diagnosis and Radiology	8:30 am -12:00 pm	2:00 pm to 5:00 pm
19/06/2020	Oral and maxillofacial surgery	8:30 am -12:00 pm	2:00 pm to 5:00 pm
20/06/2020	Conservative Dentistry and Endodontics	8:30 am -12:00 pm	2:00 pm to 5:00 pm
22/06/2020	Prosthodontics and Crown and Bridge	8:30 am -12:00 pm	2:00 pm to 5:00 pm
23/06/2020	Preventive and pediatric Dentistry	8:30 am -12:00 pm	2:00 pm to 5:00 pm

TIME-TABLE INCHARGE ACADEMIC INCHARGE PRINCIPAL

29/05/2020
Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Mahatma Gandhi Vidyamandir's
K.B.H Dental College and Hospital
Panchavati, Nashik. 422 003

MGV/KBHDC/EXAM/IA-2017
date -3/7/2020

Date- 03/07/2020

III BDS – 2019-20 (ODDBatch)

ISESSIONALONLINE EXAMINATION TIME TABLE

THEORY AND PRACTICAL EXAMINATION

Date	Subject	Theory	Practical
15.07.2020	General Medicine	9.00 a.m. – 11.30a.m.	1.00 p.m. – 3.30 p.m
16.07.2020	General Surgery	9.00 a.m. – 11.30 a.m.	1.00 p.m. – 3.30 p.m
17.07.2020	Oral Pathology	9.00 a.m. – 11.30 a.m.	1.00 p.m. – 3.30 p.m

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR
K.B.H. DENTAL COLLEGE AND HOSPITAL,
PANCHAVATI, NASHIK - 422 003

MGV/KBHDC/EXAM/19-20/18
date - 4/7/2020

Final year (Oct Batch) 2019 -20

First Sessional Exam (Theory and Practical)

Date	Subject	Theory	Practical
15/07/2020	Public Health dentistry	9:00 am -11:30 am	1:00 pm to 3:30 pm
16/07/2020	Periodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
17/07/2020	Orthodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
18/07/2020	Oral Medicine Diagnosis and Radiology	9:00 am -11:30 am	1:00 pm to 3:30 pm
20/07/2020	Oral and maxillofacial surgery	9:00 am -11:30 am	1:00 pm to 3:30 pm
21/07/2020	Conservative Dentistry and Endodontics	9:00 am -11:30 am	1:00 pm to 3:30 pm
22/07/2020	Prosthodontics and Crown and Bridge	9:00 am -11:30 am	1:00 pm to 3:30 pm
23/07/2020	Preventive and pediatric Dentistry	9:00 am -11:30 am	1:00 pm to 3:30 pm

TIME-TABLE INCHARGE

ACADEMIC INCHARGE

PRINCIPAL

04/07/2020

Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 01/04/2020

CIRCULAR

This is to inform HOD's and Part I and II MDS students, the Prelim examination will be as follows

Date	Paper	Time
09/04/2020	Paper I (Applied Basic Sciences)	9.30 to 12.30

P.G. Time Table Incharge

Dr. Triveni Kale

Principal

Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 01/04/2020

CIRCULAR

This is to inform HOD's and Part III MDS students, the Prelim examination will be as follows

Date	Paper	Time
09/04/2020	Paper I (Applied Basic Sciences)	9.30 to 12.30
11/04/2020	Paper II	9.30 to 12.30
13/04/2020	Paper III	9.30 to 12.30
15/04/2020	Paper IV (Essay)	9.30 to 12.30

P.G. Time Table Incharge

Dr. Triveni Kale

Principal

Dr. Meenal Gulve

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2018-2019



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

INTERNAL ASSESSMENT EXAMINATION CALENDAR

2018-19

BDS

Sr. No.	Details of Exam	Year	batch	From	To
1	2nd Sessional internal assessment examination	IV	Odd	31 Jul 18	8 Aug 18
2	3rd Sessional internal assessment examination	IV	Odd	17 Sep 18	11 Oct 18
3	3rd Sessional Internal assessment examination	II	Odd	8 Oct 18	17 Oct 18
4	3rd sessional internal assessment examination	III	Odd	8 Oct 18	13 Oct 18
5	Extra sessional exam	IV	Odd	12 Oct 18	24 Oct 18
6	Extra sessional examination	III	Odd	15 Oct 18	17 Oct 18
7	1st Sessional internal assessment examination	IV	Regular	19 Oct 18	27 Oct 18
8	Extra Sessional internal assessment examination	II	Odd	19 Oct 18	24 Oct 18
9	1st Sessional internal assessment examination	II	Regular	27 Oct 18	22 Nov 18
10	1st Sessional internal assessment examination	I	Regular	19 Nov 18	28 Nov 18
11	1st Sessional internal assessment examination	III	Regular	19 Nov 18	30 Nov 18
12	2nd Sessional internal assessment examination	IV	Regular	7 Jan 19	15 Jan 19
13	2nd Sessional internal assessment examination	II	Regular	14 Jan 19	23 Jan 19
14	2nd Sessional internal assessment examination	I	Regular	16 Jan 19	25 Jan 19
15	2nd Sessional internal assessment examination	III	Regular	18 Feb 19	26 Feb 19
16	1st sessional internal assessment examination	III	Odd	12Mar 19	16 Mar 19
17	1st Sessional internal assessment examination	IV	Odd	12 Mar 19	20 Mar 19
18	3rd Sessional internal assessment examination	IV	Regular	28 Mar 19	24 Apr 19
19	3rd Sessional internal assessment examination	III	Regular	11 Apr 19	20 Apr 19
20	3rd Sessional internal assessment examination	II	Regular	12 Apr 19	25 Apr 19
21	3rd Sessional internal assessment examination	I	Regular	16 Apr 19	26 Apr 19
22	Extra sessional exam	III	Regular	24 Apr 19	26 Apr 19
23	Extra sessional exam	IV	Regular	25 Apr 19	8 May 19
24	Extra sessional exam	II	Regular	26 Apr 19	2 May 19
25	Extra sessional exam	I	Regular	30 Apr 19	3 May 19
26	1st Sessional internal assessment examination	II	Odd	24 May 19	1 June 19
27	2nd Sessional Internal assessment examination	II	Odd	26 July 19	3 Aug 19

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MDS

YEAR	EXAM	DETAILS
1st and 2nd MDS	Year End Examination	2nd to 5th April 2019
3rd MDS	Mock Examination	

PRINCIPAL

DR. PRADEEP G.L

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

TIME TABLE IV/II BDS ODD BATCH

MGV/KBHDC/EXAM/18-19/1
Date - 13/7/18

- 2nd Sessional Examination
- THEORY:

DATE	SUBJECT	TIME
31/07/18	Prosthodontics	9.00 am to 11.30 am
01/08/18	Conservative Dentistry	9.00 am to 11.30 am
02/08/18	Oral Surgery	9.00 am to 11.30 am
03/08/18	OMDR	9.00 am to 11.30 am
04/08/18	Orthodontics	9.00 am to 11.30 am
06/08/18	Pedodontics	9.00 am to 11.30 am
07/08/18	Periodontics	9.00 am to 11.30 am
08/08/18	Community Dentistry	9.00 am to 11.30 am

Time Table Incharge

Principal

2nd sessional
2017-18
~~2018-19~~ (odd)

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K B H DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK -3

IV/II PRELIM TIME TABLE (ODD BATCH)

MGV/KBHDC/EXAM/18-19/2
Date - 27/8/18

- **THEORY**

DATE	SUBJECT	TIME
17/09/18	Prosthodontics	9.00am to 11.30am
18/09/18	Conservative Dentistry	9.00am to 11.30am
19/09/18	Oral Surgery	9.00am to 11.30am
21/09/18	Orthodontics	9.00am to 11.30am
22/09/18	OMDR	9.00am to 11.30am
24/09/18	Periodontics	9.00am to 11.30am
25/09/18	Pedotontics	9.00am to 11.30am
26/09/18	Community Dentistry	9.00am to 11.30am

Venue : Lecture Hall 301

- **PRACTICAL**

DATE	PROSTHO	PERIO	DATE	PEDO	OS
01/10/18	A	B	06/10/18	A	B
03/10/18	B	A	08/10/18	B	A
DATE	**OMDR**	**CONS**	**DATE**	**COMMUNITY**	**ORTHO**
04/10/18	A	B	09/10/18	A	B
05/10/18	B	A	11/10/18	B	A

A Batch – Roll No : 1 to 9

B Batch – Roll No. 10 to 17 + Repeaters

Time Table Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

III

2017-18 (odd)

(X)

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

MGV/KBHDC/EXAM/18-19/3
Date - 18/9/18

TIME TABLE FOR ACADEMIC YEAR 2018-19
IIND YEAR ODD BATCH
PRELIM & EXTRA SESSIONAL EXAM.

THEORY :

Date	Subject	Time
08.10/2018	PATHOLOGY AND MICROBIOLOGY	10:00 am to 1:00 pm
09.10.2018	PHARMACOLOGY	10:00 am to 1:00 pm
11.10.2018	DENTAL MATERIAL SCIENCE	10:00 am to 1:00 pm

PRACTICAL :

Date	Subject	Time
15.10.2018	PATHOLOGY AND MICROBIOLOGY	8.30 Onwards
13.10.2018	PHARMACOLOGY	8.30. Onwards
15.10.2018	DENTAL MATERIAL SCIENCE	8.30 Onwards
16.10.2018	PROSTHODONTICS PRE-CLINIC	8.30 Onwards
17.10.2018	CONSEVATIVE PRE-CLINIC	8.30 Onwards

EXTRA Sessional Examination

Date	Subject	Time
23.10.2018	PATHOLOGY AND MICROBIOLOGY	8.30. Onwards
20.10.2018	PROSTHODONTICS PRE-CLINIC	8.30 Onwards
22.10.2018	PHARMACOLOGY	8.30 Onwards
19.10.2018	DENTAL MATERIAL SCIENCE	8.30 Onwards
24.10.2018	CONSERVATIVE PRE-CLINIC	8.30 Onwards

Time table Incharge

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati Nashik 3

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College & Hospital
Panchavati, Nashik. 422 003

MGV/KBHDC/Exam/18-19/4
Date - 18/9/18

III SESSIONAL EXAMINATION TIME TABLE
III BDS (ODD BATCH) 2017-18

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
08.10.2018	General Medicine	09.00 a.m. – 11.30 p.m.	301
09.10.2018	General Surgery	12.00 a.m. – 02.30 p.m.	301
11.10.2018	Oral Pathology	12.00 a.m. – 02.30 p.m.	301

PRACTICAL EXAMINATION

Date	Subject	Time
10.10.2018	General Surgery	8.30 a.m onwards
12.10.2018	General Medicine-	8.30 a.m onwards
13.10.2018	Oral Pathology	8.30 a.m onwards

EXTRASESSIONAL EXAMINATION

Date	Subject	Time
15.10.2018	General Surgery	8.30 a.m onwards
16.10.2018	General Medicine-	8.30 a.m onwards
17.10.2018	Oral Pathology	8.30 a.m onwards

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Sanjay V. Bhawsar.
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK – 422 003

IV/II ~~PRELIM~~ TIME –TABLE (ODD BATCH)

MGV/KBHDC/EXAM/18-19/5
Date – 21/9/18

- Extra Sessional Exam
- THEORY & PRACTICAL

DATE	SUBJECT	TIME
12/10/18	PROSTHODONTICS	8.30 am to Onward
15/10/18	CONSERVATIVE & ENDODONTICS	8.30 am to Onward
16/10/18/	ORAL SURGERY	8.30 am to Onward
17/10/18	ORTHODONTICS	8.30 am to Onward
19/10/18	OMDR	8.30 am to Onward
22/10/18	PERIO	8.30 am to Onward
23/10/18	PEDODONTICS	8.30 am to Onward
24/10/18	COMMUNITY	8.30 am to Onward

Staff Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Extra
2017-18 (odd)

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK – 422 003

IV/I BDS REGULAR BATCH

Revised Time table.
MGV/KBHDC/EXAM/18-19/C
Date - 24/9/18

- 1st Sessional Examination
- THEORY

DATE	SUBJECT	TIME
19/10/18	PROSTHODONTICS	10.00 am to 12.30 pm
20/10/18	CONSERVATIVE & ENDODONTICS	10.00 am to 12.30 pm
22/10/18/	ORAL SURGERY	10.00 am to 12.30 pm
23/10/18	OMDR	10.00 am to 12.30 pm
24/10/18	ORTHODONTICS	10.00 am to 12.30 pm
25/10/18	PEDODONTICS	10.00 am to 12.30 pm
26/10/18	COMMUNITY	10.00 am to 12.30 pm
27/10/18	PERIO	10.00 am to 12.30 pm

- **Venue : lecture hall 201 + 301**
- **Note : Clinical posting is rescheduled from 29/10/1 to 03/11/18 in the same department**

Staff Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2018-19 (reg)

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

MGV/KBHDC/EXAM/18-19/7
Date - 3/10/18

TIME TABLE FOR ACADEMIC YEAR 2018-19
IIND YEAR Regular BATCH
1st SESSIONAL EXAM.

PRE- CLINIC	A	1 to 25
	B	26 to 52
	C	53 to 77
	D	78 to 102

Date	PROSTHODONTICS PRE-CLINIC	CONSERVATIVE PRE- CLINIC	TIME
27.10.2018	A	D	8.30 Onwards
29.10.2018	B	C	8.30. Onwards
30.10.2018	C	B	8.30 Onwards
31.10.2018	D	A	8.30 Onwards

THEORY :

Date	Subject	Time
01/11/2018	PATHOLOGY AND MICROBIOLOGY	10.30 a.m. to 1.00 p.m
02.11.2018	PHARMACOLOGY	10.30 a.m. to 1.00 p.m
03.11.2018	DENTAL MATERIAL SCIENCE	10.30 a.m. to 1.00 p.m

PRACTICAL : A = 1 to 34 B= 35 to 69 C = 70 to 102

Date	PM	PH	DM	TIME
19.11.2018	A	B	C	8.30 Onwards
20.11.2018	C	A	B	8.30 Onwards
22.11.2018	B	C	A	8.30 Onwards

Time table Incharge

K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K. B. H. DENTAL COLLEGE & HOSPITAL

MGV/KBHDC/EXAM/18-19/8
Date - 23/10/18

PANCHAVATI, NASHIK-422 003.

1ST B.D.S. (REGULAR BATCH) 2018-19 1ST SESSIONAL EXAMINATION

DAY & DATE	THEORY	PRACTICALS			
		ANATOMY	PHY/BIO	DADH	TIME
MON 19 NOV 2018	PHY/BIO	.....	.....	.....	9.00 am to 11.30am
TUE 20 NOV 2018	DADH	.....	.....	.....	9.00 am to 11.30am
THURS 22 NOV 2018	ANATOMY	.....	.....	.....	9.00 am to 11.30am
SAT 24 NOV 2018	.....	A	B	C+D	8.30 am Onwards
MON 26 NOV 2018	.....	B	A	.....	8.30 am Onwards
TUE 27 NOV 2018	.....	C	D	.....	8.30 am Onwards
WED 28 NOV 2018	.....	D	C	A+B	8.30 am Onwards

Batch A : Roll No 1-25 Batch B : Roll No : 26- 50

Batch C : Roll No 51- 75 Batch D : Roll No : 76 –100

Students are requested to reach the exam venue 15 minutes before the start of examination.

Please contact respective departments for syllabus and other details.

Regular lectures & Practicals will resume from Thursday 29 NOV 2018.

TIME TABLE INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College And Hospital
Panchavati, Nashik- 422003

MGV/KBH/DC&H/OP/162/2018 Date : 23/10/2018

MGV/KBH DC/EXAM/18-19/9
Date - 23/10/18

III BDS (Regular Batch) 2018-19
I Sessional Examination

Date	Subject	Time	Lecture Hall No.
19.11.2018	Oral Pathology	12.00 p.m. to 2.30 p.m.	201 - 301
20.11.2018	General Surgery	12.00 p.m. to 2.30 p.m.	201 - 301
22.11.2018	General Medicine	12.00 p.m. to 2.30 p.m.	201 - 301

Date	Subject	Time
26/11/2018	Oral Pathology (A- Batch)	9.00 a.m onwards
27/11/2018	Oral Pathology B – Batch	9.00 a.m onwards
28.11.2018 28.11.2018	General Surgery - **A Batch** General Medicine - **B Batch**	9.00 a.m onwards
30.11.2018 30.11.2018	General Surgery - **B Batch** General Medicine - **A Batch**	9.00 a.m onwards

Note

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Sanjay V. Bhawsar.
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College And Hospital
Panchavati, Nashik, 422 003

MGV/KBH/DC&H/ PROSTHO/ /2018 DATE :20 / 12/2018

MGV/KBHDC/EXAM/18-19/10
Date - 20/12/18

IV BDS REGULAR BATCH
II nd SESSIONAL EXAMINATION
THEORY TIME TABLE

THEORY EXAMINATION

Date	Subject	Time
07.01.2019	Prosthodontics	10: 30 am to 1:00 pm
08/01/2019	Orthodontics	10: 30 am to 1:00 pm
09/01/2019	Oral Surgery	10: 30 am to 1:00 pm
10/01/2019	Periodontics	10: 30 am to 1:00 pm
11/01/2019	Pedodontics	10: 30 am to 1:00 pm
12/01/2019	OMDR	10: 30 am to 1:00 pm
14/01/2019	Community Dentistry	10:130 am to 1:00 pm
15/01/2019	Conservative Dentistry	10: 30 am to 1:00 pm

Note:

- Venue - Lecture Hall 201 & 301
- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Dr. Sanjay V. Bhawsar.
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2nd
2018-19 (Reg)

MGV'S, K.B.H. DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK – 422 003

MGV/KBHDC/EXAM/18-19/11
Date - 28/12/18

- **TIME TABLE for 2nd Sessional Examination**
- **II Year Regular Batch 2018-2019**
- **Practicals :**
- **Batch A: Roll No. 1 to 34**
- **Batch B: Roll No. 35 to 65**
- **Batch C:Roll No. 66 to 102**

Date	Prostho pre-clinic	Cons. Pre-clinic	Time
14/01/19	A	B	8.30 am onwards
15/01/19	B	C	8.30 am onwards
16/01/19	C	A	8.30 am onwards

- **Pre- Clinic Practicals :**

Date	Pathology-Microbiology	Pharmacology	DMS	Time
17/01/19	A	B	C	8.30 am onwards
18/01/19	B	C	A	8.30 am onwards
19/01/19	C	A	B	8.30 am onwards

- **Theory :**

Date	Subject	Time
21/01/19	Pathology-Microbiology	9.30 to 12.00 noon
22/01/19	Pharmacology	9.30 to 12.00 noon
23/01/19	Dental Material Science	9.30 to 12.00 noon

Time Table Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV's KBH Dental College & Hospital, Panchavati, Nasik- 3

MGV/KBHDC/EXAM/18-19/12.
Date – 28/12/18.

1st BDS (Jun-Jul 2019 Appearing batch)

(Second Sessional Exam Time Table)

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
WED, 16 JAN 2019	PHY/BIO	-	-	-	9.30am – 12 Noon
THURS, 17 JAN 2019	-	-	-	-	-
FRI, 18 JAN 2019	ANAT	-	-	-	9.30am – 12 Noon
SAT, 19 JAN 2019	-	C+D	B	-	8.30 am ONWARDS
MON, 21 JAN 2019	-	B	C	A+B	8.30 am ONWARDS
TUES, 22 JAN 2019	-	A	D	-	8.30 am ONWARDS
WED, 23 JAN 2019	-	B	A	C+D	8.30 am ONWARDS
THURS, 24 JAN 19	DADH	-	-	-	9.30 am - 12 Noon
FRI, 25 JAN 19	-	A+B			8.30 am ONWARDS

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Students are requested to reach the exam venue 15 minutes before the start of the examination. (Lecture Hall 201 and 301)
- Please contact respective departments for syllabus and other details.
- Regular time-table will be followed from Mon, 28 Jan 2019.

TIME-TABLE INCHARGE

MGV's K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati Nashik-3

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H Dental College And Hospital
Panchavati, Nashik- 422003

MGV/KBH/DC&H/OP/26/2019
MGV/KBHDC/Exam/18-19/13
Date - 5/2/19

Date : 05/02/2019

III BDS (Regular Batch) 2018-19
II Sessional Examination

THEORY

Date	Subject	Time	Lecture Hall No.
18.02.2019	Oral Pathology	09.00 a.m. to 11.30 a.m.	201 - 301
21.02.2019	General Medicine	09.00 a.m. to 11.30 a.m.	201 - 301
23.02.2019	General Surgery	09.00 a.m. to 11.30 a.m.	201 - 301

PRACTICAL

Date	Subject	Time
20.02.2019 20.02.2019	General Surgery - **A Batch** General Medicine - **B Batch**	8.30 a.m onwards
22.02.2019 22.02.2019	General Surgery - **B Batch** General Medicine - **A Batch**	8.30 a.m onwards
25.02.2019	Oral Pathology **A- Batch**	8.30 a.m onwards
26.02.2019	Oral Pathology **B – Batch**	8.30 a.m onwards

Note

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

Dr. Rekha S. Patil
III yr Academic Incharge

Dr. Sanjay V. Bhawsar.
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik, 422 003

MGV/KBH/DC&H/OP/\189/2019 Date : 05/03/2019

I SESSIONAL EXAMINATION TIME TABLE

III BDS (Odd Batch)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No.
12.03.2019	General Medicine	9.00 a.m.- 11.30 a.m.	301
14.03.2019	General Surgery	12.00 p.m. to 02.30 p.m.	301
18.03.2019	Oral Pathology	12.00 p.m. to 02.30 p.m.	301

PRACTICAL EXAMINATION

Date	Subject	Time
13.03.2019	General Surgery	8.30 a.m onwards
15.03.2019	General Medicine	8.30 a.m onwards
16.03.2019	Oral Pathology	8.30 a.m onwards

Note:-

- Students should reach exam hall 15 minutes prior to examination time.
- Please contact respective departments for syllabus and other details.

III yr Academic Incharge

Dr. Sanjay Bhawsar
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. Dental College & Hospital,

Panchavati, Nashik-3

1st SESSIONAL EXAMINATION 2019

Theory.

Class :- IV/I BDS (Odd Batch) 2018-19.

MGV/KBHDC/EXAM/18-19/15

Date - 5/3/19

Date	Subject	Time
12/03/2019	Public Health Dentistry	9.00 to 11.30 am
13/03/2019	Periodontics	--"--
14/03/2019	Orthodontics	--"--
15/03/2019	Oral Medicine & Radiology	--"--
16/03/2019	Oral & Maxillofacial Surgery	--"--
18/03/2019	Conservative Dentistry & Endodntics	--"--
19/03/2019	Prosthodontics and Crown & Bridge	--"--
20/03/2019	Pedodontics	--"--

Venue :- Examination will be conducted in the respective dept.

(Dr. Pratibha S. Ahire)
Time Table Incharge

DENTAL COLLEGE Panchavati, Nashik-3

(Dr. Sanjay V. Bhawsar)
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st
2018-19 (odd)

MGV'S K B H DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK -3

IV/II TIME TABLE (REGULAR BATCH)

MGV/KBHDC/EXAM/18-19/16
Date - 5/3/19.

- 3rd Sessional Examination
- THEORY:

DATE	SUBJECT	TIME
28/03/19	Community Dentistry	11.45 am to 02.45 pm
29/03/19	Periodontics	11.45 am to 02.45 pm
01/04/19	Orthodontics	11.45 am to 02.45 pm
02/04/19	OMDR	11.45 am to 02.45 pm
03/04/19	Oral surgery	11.45 am to 02.45 pm
04/04/19	Conservative dentistry	11.45 am to 02.45 pm
05/04/19	Prosthodontics	11.45 am to 02.45 pm
08/04/19	Pedodontics	11.45 am to 02.45 pm

- Venue : Lecture Hall 201 + 301
- PRACTICAL

DATE	COMU	PERIO	ORTHO	OMDR	O.S.	PROSTHO	CONS	PEDO
12/04/19	A	B	C	D	E	F	G	H
15/04/19	B	C	D	E	F	G	H	A
16/04/19	C	D	E	F	G	H	A	B
18/04/19	D	E	F	G	H	A	B	C
20/04/19	E	F	G	H	A	B	C	D
22/04/19	F	G	H	A	B	C	D	E
23/04/19	G	H	A	B	C	D	E	F
24/04/19	H	A	B	C	D	E	F	G

Time Table Incharge

Principal

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3rd
2018-19 (Reg)

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik. 422 003

MGV/KBH/DC&H/OP/122019 Date : 31/01/2022

PRELIMINARY EXAMINATION TIME TABLE

III BDS (Regular batch and Repeater students)

THEORY EXAMINATION

Date	Subject	Time	Lecture Hall No,
11.04.2019	Oral Pathology	12.00 pm – 03.00 pm	201 & 301
18.04.2019	General Medicine	01.00 pm – 04.00 pm	201 & 301
20.04.2019	General Surgery	9.00 a.m.- 12.00 pm.	201 & 301

PRACTICAL EXAMINATION

Date	Subject	Time
10.04.2019	General Medicine - **A Batch** General Surgery - **B Batch**	8.30 a.m onwards
12.04.2019	General Surgery - **A Batch** General Medicine - **B Batch**	8.30 a.m onwards
15.04.2019	Oral Pathology – **A Batch**	8.30 a.m onwards
16.04.2019	Oral Pathology – **B Batch**	

ADDITIONAL SESSIONAL EXAMINATION

Date	Subject	Time
24.04.2019	General Surgery	8.30 a.m onwards
25.04.2019	Oral Pathology	8.30 a.m onwards
26.04.2019	General Medicine	8.30 a.m onwards

Note:-

- Students who are appearing for additional sessional have to take prior permission from the respective department to appear for examination.
- ODD batch lectures will be conducted in respective departments.

III yr Academic Incharge

Dr. Sanjay Bhawsar
Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S, K.B.H. DENTAL COLLEGE & HOSPITAL,PANCHAVATI, NASHIK – 422 003

- **TIME TABLE for Prelims and Extra Sessional Examination**
- **II Year BDS (Regular Batch & Repeaters)** MGV/KBHDC/EXAM/18-19/18
- **Theory** Date – 9/3/19

Date	Subject	Time
12/04/19	Pharmacology	8.45 am to 11.45am
15/04/19	Dental Material Science	8.45 am to 11.45am
16/04/19	Pathology Microbiology	12.00 to 3.00 pm

- **Practicals :**
- **Batch A: Roll No. 1 to 34**
- **Batch B: Roll No. 35 to 65**
- **Batch C:Roll No. 66 to 102**

Date	Pathology Microbiology	Pharmacology	DMS	Time
18/04/19	A	B	C	8.30 am onwards
20/04/19	B	C	A	8.30 am onwards
22/04/19	C	A	B	8.30 am onwards

- **Pre- Clinic Practicals :**

Date	Prostho pre-clinic	Cons. Pre-clinic	Time
23/04/19	A	C	8.30 am onwards
24/04/19	B	A	8.30 am onwards
25/04/19	C	B	8.30 am onwards

- **Extra Sessional**

Date	Subject	Time
26/04/19	Pathology Microbiology	8.30 am onwards
27/04/19	Conservative preclinic	8.30 am onwards
29/04/19	Pharmacology	8.30 am onwards
30/04/19	DMS	8.30 am onwards
02/05/19	Prosthodontics pre clinic	8.30 am onwards

Table Incharge

MGV'S K.B.H. DENTAL COLLEGE & HOSPITAL Panchavati, Nashik-3

Principal

Note :- IInd year odd batch lectures will be conducted in their respective departments during prelim exams of respective batch

Signed By:PRADEEP GUDDENAHALLI LAXMAN Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV's KBH Dental College & Hospital, Panchavati, Nasik.

Time Table for Prelims and Extra Sessional Examination

First BDS (Regular Batch 2018-19 and Repeaters)

MGV/KBHDC/EXAM/18-19/19
Date - 13/3/19

DAY & DATE	THEORY	PRACTICALS			TIME
		ANAT	PHY/BIO	DADH	
TUE, 16 APR 2019	ANAT	-	-	-	8.45am to 11.45 am
THURS, 18 APR 2019	PHY/BIO	-	-	-	8.45am to 11.45 am
MON, 22 APR 2019	DADH	-	-	-	8.45am to 11.45 am
TUE, 23 APR 2019	-	C	D	A+B	8.30 am ONWARDS
WED, 24 APR 2019	-	A	B	C+D	8.30 am ONWARDS
THURS, 25 APR 2019	-	B	A		8.30 am ONWARDS
FRI, 26 APR 2019	-	D	C	-	8.30 am ONWARDS

- Batch A: Roll no 1-25 Batch B: Roll no 26-50
  Batch C: Roll no 51-75 Batch D: Roll no 76-100
- Venue for theory exam:
  Roll no 1-50 **Lecture Hall 301** Roll no 51-100 **Lecture Hall 201**
- Students should reach the exam venue 15 minutes before the start of the examination. Mobile phones and other gadgets strictly prohibited.
- For repeaters, these 2 exams will be the two improvement exams.

EXTRA SESSIONALS	THEORY	PRACTICALS
1. DADH	30.04. 2019	30.04.2019
2. ANAT	02.05. 2019	02.05.2019
3. PHYSIO/BIOCHEM	27.04. 2019	03.05.2019

13 MAR 2019

TIME-TABLE INCHARGE

PRINCIPAL

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S K B H DENTAL COLLEGE & HOSPITAL

PANCHAVATI, NASHIK -3

IV BDS TIME TABLE (REGULAR BATCH)

MGV/KBHDC/EXAM/18-19/20
Date-13/3/19

- **Extra Sessional Examination**

DATE	SUBJECT	TIME
25/04/19	Community Dentistry	8.30 am onward
26/04/19	Periodontics	8.30 am onward
29/04/19	Orthodontics	8.30 am onward
30/04/19	OMDR	8.30 am onward
02/05/19	Oral surgery	8.30 am onward
03/05/19	Conservative dentistry	8.30 am onward
06/05/19	Prosthodontics	8.30 am onward
08/05/19	Pedodontics	8.30 am onward

Time Table Incharge

Principal

Note :- IV year odd batch students lectures will be conducted in the respective department during prelim Examination period.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Endra
2018-19 (rcg)

MGV'S, K.B.H. DENTAL COLLEGE & HOSPITAL,PANCHAVATI, NASHIK – 422 003

TIME TABLE IInd year BDS ODD BATCH

- 1st Sessional Examination 2018 - 2019 MGV/KBHDC/EXAM/18-19/21
- Theory : Date – 3/5/19

DATE	SUBJECT	TIME
24/05/19	Pathology-Microbiology	10.00 To 12.30am
25/05/19	Pharmacology	10.00 To 12.30am
27/05/19	Dental Material Science	10.00 To 12.30am

- Practical :

DATE	SUBJECT	TIME
28/05/19	Prosthodontics Pre-clinic	8.30 am onwards
29/05/19	Conservative pre clinic	8.30 am onwards
30/05/19	Pathology- Microbiology	8.30 am onwards
31/05/19	Pharmacology	8.30 am onwards
01/06/19	Dental Material Science	8.30 am onwards

Time Table Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MGV'S, K.B.H. DENTAL COLLEGE & HOSPITAL,PANCHAVATI, NASHIK – 422 003

- TIME TABLE for 2nd Sessional Examination
- II Year BDS (Odd Batch)

MGV/KBHDC/EXAM/18-19/22
date - 5/7/19

- Theory 2018 - 2019

Date	Subject	Time
26/07/19	Microbiology- Pathology	9.30 am to 12.00 pm
27/07/19	Pharmacology	9.30 am to 12.00 pm
29/07/19	Dental Material Science	9.30 am to 12.00 pm

- Practicals

Date	Subject	Time
30/07/19	Prosthodontics Pre-clinic	8.30 am onwards
31/07/19	Conservative Pre Clinic	8.30 am onwards
01/08/19	Microbiology --Pathology	8.30 am onwards
02/08/19	Pharmacology	8.30 am onwards
03/08/19	Dental Material Science	8.30 am onwards

Time Table Incharge

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H Dental College And Hospital

Panchavati, Nashik. 422003

Date: 29/03/2019

CIRCULAR

This is to inform HOD's and MDS students, the Prelim examination will be as follows

Date	Paper	Time
02/04/2019	Paper I (Applied Basic Sciences)	9.30 to 12.30
03/04/2019	Paper II	9.30 to 12.30
04/04/2019	Paper III	9.30 to 12.30
05/04/2019	Paper IV (Essay)	9.30 to 12.30

P.G. Time Table Incharge

Dr. Triveni Kale

Principal

Dr. Sanjay Bhawsar

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

On Time Assessment & Feedback



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik



RECORD BOOK

Name: Sanika Santosh Barhale

Roll Number: 07

University Number: ?.

15 Feb 2024

Dept. of
Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.,
Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003

CERTIFICATE

IVERSITY EXAMINATION SEAT NO. : _____

dent Name : Sanika Santosh Baithale

se : BDS-I st Subject : Biochemistry

demic Year : 2022-23

s is to certify that the experiments written in the index have been performed by student satisfactorily.

te : 02 Dec 23

ade : B+

Subject Incharge

Head of the Department

Principal
M.G. Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENT'S ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	5/10	5/10	10/20
Efficiency / Independence	6/10	7/10	13/20
Cleanliness	8/10	7/10	15/20
Behavior (Professional, Ethical, integrity)	6/10	7/10	13/20
Communication skills (colleagues, staff, teamwork qualities)	7/10	7/10	14/20
Application of knowledge	5/10	5/10	10/20
Work quota completion	7/10	7/10	14/20
Work quality – Lab work assessment	6/10	7/10	13/20
Seminar – PPT/ Video	7.5/10	7.5/10	15/20
Discussion/ Pedagogy as per competencies for individual department	-/10	-/10	-/20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	8/10		8/10
Participation in community activities (Community Dept, NSS, college activities, NGO)	8/10		8/10
Research project/Publication	-/10		/10
Conference/ Workshop/CDE attendance	8/10		8/10
Awards / Achievements	-/10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	/10		/10
Total			141/210
Out of 10	6.71/10		7/10
Grade			B+

STAFF INCHARGE

SIGNATURE OF H

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik

RECORD BOOK

Name: Priyesha Santoshkumar Sharma

Roll Number: 98

University Number: 127617

Signature of External Examiner:

15 Feb 24

Dept. of
Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.,
Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003

CERTIFICATE

UNIVERSITY EXAMINATION SEAT NO. : 127617

Student Name : Aiyesha Santoshkumar Sharma

Class : BDS - I Subject : Biochemistry

Academic Year : 2022-23

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Date : 01 Dec 23

Grade : B+

Subject Incharge

Head of the Department

Principal
M.G. Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENT'S ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	06 /10	09/10	12/20
Efficiency / Independence	6 /10	7/10	13 /20
Cleanliness	7 /10	8 /10	15 /20
Behavior (Professional, Ethical, integrity)	7 /10	7/10	14/20
Communication skills (colleagues, staff, teamwork qualities)	7/10	7/10	14/20
Application of knowledge	4/10	4/10	8 /20
Work quota completion	7/10	8/10	15 /20
Work quality – Lab work assessment	7/10	7/10	14/20
Seminar – PPT/ Video	6.5/10	6.5/10	13/20
Discussion/ Pedagogy as per competencies for individual department	7/10	– /10	– /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	7 /10		7/10
Participation in community activities (Community Dept, NSS, college activities, NGO)	9 /10		9 /10
Research project/Publication	– /10		/10
Conference/ Workshop/CDE attendance	– /10		/10
Awards / Achievements	– /10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	– /10		/10
Total			134/200
Out of 10	6.7 /10		07 /10
Grade	B+		

STAFF INCHARGE

SIGNATURE OF THE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik

RECORD BOOK

Name: Jayesh Ravindra Gunjal

Roll Number: 36

University Number: 127656

Signature of External Examiner:

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K. B. H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003.

ANATOMY DEPARTMENT

CERTIFICATE

This is to certify that **Date :** 28-10-23

Mr./Ms. Gunjal Jayesh Ravindra

Roll No. 36 Exam Seat No. _____ has satisfactorily

carried out the Experimental Work in *A Manual of Histology (Human Anatomy)*

as prescribed by the Maharashtra University of Health Sciences in BDS

year course during the academic year 2022 -2023

Dept.of Gen.Human Anatomy
MGV's K.B.H. Dental
College & Hospital, Nashik

Head of Dept.

In charge

Ex. Examiner

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	7 /10	8 /10	15 /20
Efficiency / Independence	7 /10	8 /10	15 /20
Cleanliness	10 /10	10 /10	20 /20
Behaviour (Professional, Ethical, integrity)	10 /10	10 /10	20 /20
Communication skills (colleagues, staff, teamwork qualities)	7 /10	7 /10	14 /20
Application of knowledge	7 /10	7 /10	14 /20
Work quota completion	10 /10	10 /10	20 /20
Work quality – Pre-clinical/Lab work assessment	8 /10	9 /10	17 /20
Seminar – PPT/ Video	10 /10	/10	10 /20
Discussion/ Pedagogy as per competencies for individual department	7 /10	7 /10	14 /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	10 /10		10 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	— /10		/10
Research project/Publication	— /10		/10
Conference/ Workshop/CDE attendance	10 /10		/10
Awards / Achievements	— /10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	10 /10		10 /10
Total			189/260
Out of 10	/10		7.2 /10
Grade			B+

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik

RECORD BOOK

Name: Gaurav Donekar

Roll Number: 23

University Number: 127649.

Signature of External Examiner:

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K. B. H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003.

ANATOMY DEPARTMENT

CERTIFICATE

This is to certify that **Date : 05/12/2023.**

Mr./Miss. Gaurav Bharat Donekar.

Roll No. 23. Exam Seat No. 127649. has satisfactorily

carried out the Experimental Work in *A Manual of Histology (Human Anatomy)*

as prescribed by the Maharashtra University of Health Sciences in BDS

year course during the academic year 2022 -2023

Dept of Gen Human Anatomy
MGV's K.B.H. Dental
College & Hospital, Nashik

Head of Dept.

In charge

Ex. Examiner

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	8 /10	8 /10	16 /20
Efficiency / Independence	9 /10	10 /10	19 /20
Cleanliness	10 /10	10 /10	20 /20
Behaviour (Professional, Ethical, integrity)	10/10	10 /10	20 /20
Communication skills (colleagues, staff, teamwork qualities)	8 /10	9 /10	17 /20
Application of knowledge	9 /10	9 /10	18 /20
Work quota completion	8 /10	9 /10	17 /20
Work quality – Pre-clinical/Lab work assessment	8/10	9 /10	17 /20
Seminar – PPT/ Video	/10	10 /10	10 /20
Discussion/ Pedagogy as per competencies for individual department	8 /10	9 /10	17 /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	10/10		10 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	10 /10		10 /10
Research project/Publication	8 /10		8 /10
Conference/ Workshop/CDE attendance	10 /10		10 /10
Awards / Achievements	/10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	/10		/10
Total			191/280
Out of 10	/10		6.8/10
Grade			B

STAFF INCHARGE:

SIGNATURE OF HOD:

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College and Hospital, Nashik

RECORD/ LOG BOOK

Name: ANUSHKA RAVINDRA MORE

Roll Number: 56

University Number: 36487

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003

CERTIFICATE

UNIVERSITY EXAMINATION SEAT NO. : 36487

Student Name : ANUSHKA RAVINDRA MORE

Class : BDS II YEAR Subject : MICROBIOLOGY

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Date : 05/8/23

Grade : B

Subject Incharge

Head of the Department
Dept.of Gen.Patho & Micro.
MGV's K.B.H. Dental
College & Hospital, Nashik.

Principal
M.G. Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	7/10	7 /10	14 /20
Efficiency / Independence	6 /10	6 /10	12 /20
Cleanliness	5 /10	6 /10	11 /20
Behaviour (Professional, Ethical, integrity)	6 /10	6 /10	12 /20
Communication skills (colleagues, staff, teamwork qualities)	5 /10	5 /10	10 /20
Application of knowledge	6/10	7/10	13 /20
Work quota completion	7/10	7 /10	14 /20
Work quality – Pre-clinical/Lab work assessment	7/10	7 /10	14 /20
Seminar – PPT/ Video	7/10	6 /10	13 /20
Discussion/ Pedagogy as per competencies for individual department	7/10	7 /10	14 /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	7 /10		7 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	/10		/10
Research project/Publication	/10		/10
Conference/ Workshop/CDE attendance	7 /10		7 /10
Awards / Achievements	/10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	7/10		/10
Total	21/30		134/210
Out of 10	21/30 7/10		6.3/10
Grade	B		

STAFF INCHARGE:

SIGNATURE OF HOD

Dept.of Gen.Patho & Micro.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College and Hospital, Nashik

RECORD/ LOG BOOK

Name: Mrunali Deepak Mokkari.

Roll Number: 57

University Number: 36488

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003

CERTIFICATE

UNIVERSITY EXAMINATION SEAT NO. : 36488

Student Name : Mundi Deepak Mohkari.

Class : IInd BDS Subject : pathology

Academic Year : 2022-2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date : 20/10/23

Head of the Department

Dept.of Gen.Patho & Micro.
MGV's K.B.H. Dental
College & Hospital, Nashik

Grade : A

Principal
M.G. Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	7 /10	7 /10	14/20
Efficiency / Independence	7 /10	8 /10	15/20
Cleanliness	8 /10	7 /10	15/20
Behaviour (Professional, Ethical, integrity)	7 /10	7 /10	14/20
Communication skills (colleagues, staff, teamwork qualities)	7 /10	6 /10	13/20
Application of knowledge	7/10	7/10	14/20
Work quota completion	7 /10	8 /10	15/20
Work quality – Pre-clinical/Lab work assessment	7 /10	7/10	14/20
Seminar – PPT/ Video	7 /10	7 /10	14/20
Discussion/ Pedagogy as per competencies for individual department	7/10	7 /10	14/20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	7 /10		7 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	/10		/10
Research project/Publication	/10		/10
Conference/ Workshop/CDE attendance	7 /10		7/10
Awards / Achievements	/10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	/10		/10
Total			158/220
Out of 10	/10		7 /10
Grade A			

STAFF INCHARGE

SIGNATURE OF HOD

Dept.of Gen.Patho & Micro.
MGV's K.B.H. Dental
College & Hospital, Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College and Hospital, Nashik

RECORD/ LOG BOOK

Name: ADITI MAHAJAN

Roll Number: 52

University Number: 36482

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003

CERTIFICATE

UNIVERSITY EXAMINATION SEAT NO. : 36482

Student Name : ADITI BHUSHAN MAHAJAN

Class : 2nd BDS Subject : MICROBIOLOGY

Academic Year : 2022-23

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date : 25/10/2023

Grade : B+

Head of the Department
Dept.of Gen.Patho & Micro.
MGV's K.B.H. Dental
College & Hospital, Nashik

Principal
M.G. Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik-3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	8/10	7/10	15/20
Efficiency / Independence	8/10	8/10	16/20
Cleanliness	8/10	8/10	16/20
Behaviour (Professional, Ethical, integrity)	7/10	8/10	15/20
Communication skills (colleagues, staff, teamwork qualities)	8/10	8/10	16/20
Application of knowledge	8/10	7/10	15/20
Work quota completion	8/10	8/10	16/20
Work quality – Pre-clinical/Lab work assessment	7/10	8/10	15/20
Seminar – PPT/ Video	8/10	8/10	16/20
Discussion/ Pedagogy as per competencies for individual department	7/10	8/10	15/20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	8/10		8/10
Participation in community activities (Community Dept, NSS, college activities, NGO)	/10		/10
Research project/Publication	/10		/10
Conference/ Workshop/CDE attendance	8/10		8/10
Awards / Achievements	8/10		8/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	8/10		8/10
Total			183/240
Out of 10	8/10		7.7/10
Grade	B+		

STAFF INCHARGE:

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

KARMAVEER BHAUSAHEB HIRAY DENTAL COLLEGE AND HOSPITAL, NASHIK



RECORD/ LOG BOOK

NAME:

ROLL NUMBER: 96

UNIVERSITY NUMBER: 49714

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49713

Student Name : _____

Class : IV yr Subject : Conservative Dentistry and Endodontics

Academic Year : 2022-23

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Date : 21/5/23

Subject Incharge

Grade : B+

Head of the Department

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

M.G.V's K.B.H. DENTAL COLLEGE & HOSPITAL
PANCHAVATI NASIK-3

21/5/23

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	8 /10	8 /10	9/10	9/10	33/40
APPLICATION OF KNOWLEDGE	8/10	7 /10	9/10	9 /10	33/40
EFFICIENCY / INDEPENDENCE	8/10	8 /10	9/10	9/10	34/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	9/10	8 /10	9/10	8 /10	34/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	9/10	9 /10	9/10	8 /10	35 /40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	9/10	8 /10	8/10	8 /10	33/40
WORK QUOTA COMPLETION	9/10	8/10	9/10	9 /10	35/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	9/10	9/10	9/10	9 /10	36/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	8 /10	9/10	8/10	8 /10	33/40
SEMINAR – PPT/ VIDEO	8 /10		8 /10		16/20
JOURNAL REVIEW ARTICLE PRESENTATION	/10		/10		/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	9 /10		8 /10		16/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	/10		/10		/20
ROLE PLAY	/10		/10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	8 /10		9 /10		17 /20
RESEARCH PROJECT/ PUBLICATION	9 /10		9 /10		18 /20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	/10		/10		/20
AWARDS / ACHIEVEMENTS	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	/10	/10	/20
MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	/10	/10	/20
SUBJECT SPECIFIC JOURNAL/RECORD BOOK	/10	/10	/20
TOTAL			391/400
OUT OF 10			8 /10
GRADE			B1

STAFF INCHARGE:

SIGNATURE OF HOD

Guidelines for different scoring criteria and overall grade:

1. Overall GRADINGS INTERPRETATION – A+ (10 SCORE) – SUPREME; A (≥ 8 SCORE) - EXCELLENT; B+ (≥ 7 SCORE) - VERY GOOD; B (≥ 6 SCORE) - GOOD; C (≥ 5 SCORE) AVERAGE (Below this not acceptable, need to improve the score)

2. Scores for knowledge and understanding of the subject can be calculated based on their internal assessment examination/OSCE/OSPE/viva scores.

3. Application of knowledge can be assessed based on discussion and work quality.

4. Efficiency/Independence can be scored based on their timely submission of given work/assignment, their ability to complete the work independently.

5. Cleanliness in terms of uniform, instruments, clinical and preclinical working area can be assessed.

6. Behaviour of students can be scored based on personal experience and feedback from other staff, students, non-teaching and patients.

7. Communication skills can be scored based on personal experience during interactions and feedback from other staff, students, non-teaching and patients.

8. Work quota completion will comprise of total work completed and timely submission of the same.

9. Work quality of case presentation/discussion will be assessed based on completion of laboratory and recordings, presentation and understanding of the findings, justifiable diagnosis and treatment

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No: 49638

Student Name: —

Class: IVth BDS Subject: oral medicine and radiology

Academic Year: 22-23

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date: 13/7/23

Head of the Department

Grade:

K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI NASIK 3

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	8 /10	8 /10	7 /10	7 /10	34 /40
APPLICATION OF KNOWLEDGE	8 /10	8 /10	9 /10	9 /10	34 /40
EFFICIENCY / INDEPENDENCE	8 /10	8 /10	7 /10	7 /10	34 /40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8 /10	8 /10	7 /10	7 /10	34 /40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	9 /10	9 /10	9 /10	9 /10	36 /40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	8 /10	8 /10	9 /10	9 /10	34 /40
WORK QUOTA COMPLETION	9 /10	9 /10	9 /10	9 /10	36 /40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	8 /10	8 /10	9 /10	9 /10	34 /40
WORK QUALITY - CLINICAL WORK ASSESSMENT	8 /10	9 /10	9 /10	9 /10	35 /40
SEMINAR – PPT/ VIDEO	– /10		9 /10		9 /20
JOURNAL REVIEW ARTICLE PRESENTATION	– /10		– /10		/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	– /10		– /10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	9 /10		9 /10		18 /20
ROLE PLAY	– /10		– /10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	– /10		– /10		/20
RESEARCH PROJECT/ PUBLICATION	8 /10		/10		8 /20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	8 /10		– /10		8 /20
AWARDS / ACHIEVEMENTS	9 /10		– /10		9 /20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	– /10		/10		/20
MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	– /10		/10		/20
TOTAL					363 / 580
OUT OF 10					6 /10
GRADE					B+

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College and Hospital, Nashik

Department of Orthodontics and Dentofacial Orthopedics

RECORD BOOK

Name: Ankita Shinde

Roll Number:

University Number 49704

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49704

Student Name : _____

Class : FINAL (NEW) BDS Subject : ORTHODONTIC AND DENTOFACIAL ORTHOPEDICS

Academic Year : 2022-23

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

18/7/23

Subject Incharge

Date : 18/7/23

Grade : A

M.G.V's K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI NASIK-3

Head of the Department

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

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAKSHMAN
Signed By:DR PRADEEP GUDDENAHALLI LAKSHMAN, E=dr.pradiplakshman

DEPARTMENT OF ORTHODONTICS Staff (University) Roll no 49704 Roll no : 83 YEAR : 2022-23

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	7 /10	7 /10	8 /10	8 /10	30/40
APPLICATION OF KNOWLEDGE	7 /10	8 /10	8 /10	7 /10	30/40
EFFICIENCY / INDEPENDENCE	7 /10	8 /10	7 /10	8 /10	30/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8/10	8 /10	8 /10	8 /10	32/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	8 /10	8 /10	8 /10	8 /10	32/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	7 /10	8 /10	7 /10	8 /10	30 /40
WORK QUOTA COMPLETION	7/10	7 /10	7/10	7 /10	30/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	8/10	7 /10	8 /10	8 /10	31/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	/10	/10	/10	/10	/40
SEMINAR – PPT/ VIDEO	/10		/10		/20
JOURNAL REVIEW ARTICLE PRESENTATION	8 /10		8 /10		16/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	/10		/10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	8 /10		7 /10		15/20
ROLE PLAY	/10		/10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	/10		/10		/20
RESEARCH PROJECT/ PUBLICATION	8 /10		8 /10		16/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	/10		/10		/20
AWARDS / ACHIEVEMENTS	/10		/10		/20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	8 /10		8 /10		16/20
MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	/10		/10		/20
SUBJECT SPECIFIC JOURNAL/RECORD BOOK	8 /10		8 /10		16 /20
TOTAL					336/400
OUT OF 10					8.4/10
GRADE					

Staff incharge

18/7/23.

HOD Signature

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

KARMAVEER BHAUSAHEB HIRAY DENTAL COLLEGE AND HOSPITAL, NASHIK

RECORD/ LOG BOOK

NAME:

ROLL NUMBER: 49695

UNIVERSITY NUMBER:

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

INDEX

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49695

Student Name : _____

Class : IV BDS FINAL Subject : PEDIATRIC AND PREVENTIVE DENTISTRY

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Date : 13/7/23

Grade : 'A'

Subject Incharge

13/7/23

M.G.V.'s K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI, NASIK-3

Head of the Department
e of Dept.
Dept. of Pedodontia
M. G. V. Dental College & Hospital
Panchvati Nasik.

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	7 /10	8/10	7/10	9 /10	30/40
APPLICATION OF KNOWLEDGE	8 /10	8/10	7 /10	8 /10	31/40
EFFICIENCY / INDEPENDENCE	7 /10	7/10	8/10	8 /10	30/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8/10	8 /10	8 /10	9 /10	33/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	8/10	9 /10	7/10	8 /10	32/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	8 /10	8 /10	9/10	8/10	33/40
WORK QUOTA COMPLETION	10 /10	10 /10	10 /10	9 /10	38/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	10/10	10 /10	10 /10	9 /10	36/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	10/10	9 /10	9 /10	8 /10	36/40
SEMINAR – PPT/ VIDEO	/10		/10		/20
JOURNAL REVIEW ARTICLE PRESENTATION	8 /10		8 /10		16/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	/10		/10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	9 /10		7 /10		14/20
ROLE PLAY	/10		8 /10		18/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	9 /10		9 /10		18 /20
RESEARCH PROJECT/ PUBLICATION	9 /10		9 /10		19 /20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	/10		/10		/20
AWARDS / ACHIEVEMENTS	7 /10		8 /10		15/20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	/10	/10	/20
SUBJECT SPECIFIC JOURNAL/RECORD BOOK	8 /10	8 /10	16 /20
TOTAL			86/100
OUT OF 10			8 /10
GRADE	A		

13/2/23

STAFF INCHARGE:

SIGNATURE OF HOD

Guidelines for different scoring criteria and overall grade:

1. Overall GRADINGS INTERPRETATION – A+ (10 SCORE) – SUPREME; A (≥ 8 SCORE) - EXCELLENT; B+ (≥ 7 SCORE) - VERY GOOD; B (≥ 6 SCORE) - GOOD; C (≥ 5 SCORE) AVERAGE (Below this not acceptable, need to improve the score)

2. Scores for knowledge and understanding of the subject can be calculated based on their internal assessment examination/OSCE/OSPE/viva scores.

3. Application of knowledge can be assessed based on discussion and work quality.

4. Efficiency/Independence can be scored based on their timely submission of given work/assignment, their ability to complete the work independently.

5. Cleanliness in terms of uniform, instruments, clinical and preclinical working area can be assessed.

6. Behaviour of students can be scored based on personal experience and feedback from other staff, students, non-teaching and patients.

7. Communication skills can be scored based on personal experience during interactions and feedback from other staff, students, non-teaching and patients.

8. Work quota completion will comprise of total work completed and timely submission of the same.

9. Work quality of case presentation/discussion will be assessed based on completion of the history and recordings, presentation and understanding of the findings, justifiable diagnosis and treatment planning.

10. Clinical work quality can be assessed based on timely completion of the work, cleanliness of the work, proper documentation and adequate behaviour and communication with the patient and supporting staff.

11. Seminar can be scored based on quality of content, adequate use of audio-visual aids, whether points included, finished within time frame, and cross references included, ability of audience to understand the concept explained in seminar, and answers to the questions asked by audience.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

KARMAVEER BHAUSAHEB HIRAY DENTAL COLLEGE AND HOSPITAL, NASHIK

RECORD/ LOG BOOK

NAME:

ROLL NUMBER:

UNIVERSITY NUMBER: 82067

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 82067

Student Name : _____

Class : Final BDS Subject : Public health Dentistry

Academic Year :

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date :

Head of the Department

Grade : _____

Incharge . HOD
Public Health Dentistry

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	8/10	8/10	8/10	8/10	32/40
APPLICATION OF KNOWLEDGE	8/10	7/10	8/10	8/10	30/40
EFFICIENCY / INDEPENDENCE	8/10	7/10	8/10	9/10	32/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8/10	9/10	8/10	8/10	33/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	8/10	7/10	7/10	7/10	29/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	/10	/10	/10	/10	30/40
WORK QUOTA COMPLETION	7/10	8/10	7/10	8/10	30/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	8/10	8/10	7/10	8/10	30/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	/10	/10	/10	/10	/40
SEMINAR – PPT/ VIDEO	8/10		8/10		16/20
JOURNAL REVIEW ARTICLE PRESENTATION	/10		/10		/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	8/10		8/10		16/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	7/10		7/10		14/20
ROLE PLAY	8/10		7/10		15/20
PARTICIPATION IN COMMUNITY ACTIVITIES	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)			
RESEARCH PROJECT/ PUBLICATION	8 /10	9 /10	17/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	/10	/10	/20
AWARDS / ACHIEVEMENTS	8 /10	9 /10	17/20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	8 /10	8 /10	16/20
MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	7 /10	7 /10	14/20
TOTAL			370/500
OUT OF 10			7.4/10
GRADE			

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik

RECORD BOOK

Name: Sakshi Yogesh Gadhari

Roll Number: 25

University Number:

Signature of External Examiner:

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	7 /10	8 /10	15/20
Efficiency / Independence	8 /10	9 /10	17 /20
Cleanliness	10/10	10 /10	20 /20
Behaviour (Professional, Ethical, integrity)	10 /10	10 /10	20 /20
Communication skills (colleagues, staff, teamwork qualities)	9 /10	9 /10	18 /20
Application of knowledge	8 /10	9 /10	17 /20
Work quota completion	8 /10	9 /10	17 /20
Work quality – Pre-clinical/Lab work assessment	8 /10	9 /10	17 /20
Seminar – PPT/ Video	10 /10	/10	10 /20
Discussion/ Pedagogy as per competencies for individual department	10 /10	10/10	20 /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	10 /10		10 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	10 /10		10 /10
Research project/Publication	/10		/10
Conference/ Workshop/CDE attendance	10 /10		10 /10
Awards / Achievements	/10		/10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	/10		/10
Total			202/260
Out of 10	/10		7.7 /10
Grade			B

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K. B. H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003.

ANATOMY DEPARTMENT

CERTIFICATE

This is to certify that **Date :** 30/10/23

Mr./Miss. Sakshi Yogesh Gadhavi

Roll No. 25 Exam Seat No. _____ has satisfactorily

carried out the Experimental Work in *A Manual of Histology (Human Anatomy)*

as prescribed by the Maharashtra University of Health Sciences in BDS

year course during the academic year 2022 -2023

Dept.of Gen.Human Anatomy
MGV's K.B.H. Dental
College & Hospital, Nashik
Head of Dept.

In charge

Ex. Examiner

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital, Nashik

RECORD BOOK

Name: Soham R. Khadilkar

Roll Number: 48

University Number: 127667

Singnature of External Examiner

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

K. B. H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik - 422 003.

ANATOMY DEPARTMENT

CERTIFICATE

This is to certify that **Date** : 16/9/23

Mr./~~Miss.~~ Soham Ravindra Khadilkar

Roll No. 48 Exam Seat No. 127667 has satisfactorily

carried out the Experimental Work in *A Manual of Histology (Human Anatomy)*

as prescribed by the Maharashtra University of Health Sciences in IBDS

year course during the academic year 2022 -2023

Dept.of Gen Human Anatomy
MGV's K.B.H. Dental
College & Hospital, Nashik

Head of Dept.

In charge

Ex. Examiner

Principal

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st YEAR BDS STUDENTS ASSESSMENT

Parameter assessed	First term	Second term	Total
Knowledge and understanding of subject	9 /10	10 /10	19 /20
Efficiency / Independence	10 /10	10 /10	20 /20
Cleanliness	10 /10	10 /10	20 /20
Behaviour (Professional, Ethical, integrity)	10 /10	10 /10	20 /20
Communication skills (colleagues, staff, teamwork qualities)	10 /10	10 /10	20 /20
Application of knowledge	9 /10	10 /10	19 /20
Work quota completion	10 /10	10 /10	20 /20
Work quality – Pre-clinical/Lab work assessment	9 /10	10 /10	19 /20
Seminar – PPT/ Video	/10	10 /10	10 /20
Discussion/ Pedagogy as per competencies for individual department	10 /10	10 /10	20 /20
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	10 /10		10 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	10 /10		10 /10
Research project/Publication	10 /10		10 /10
Conference/ Workshop/CDE attendance	10 /10		10 /10
Awards / Achievements	– /10		– /10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	10 /10		10 /10
Total			237 / 260
Out of 10	/10		9.11 /10
Grade			A+

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49694

Student Name : _____

Class : IV th BDS Subject : Conservative and Endodontics

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date : 21/5/23.

Grade : B+

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

M.G.V's K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI NASIK-3

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

26/7/23

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Department of Conservative Dentistry

NAME:

ROLL NUMBER: 73

UNIVERSITY NUMBER:

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT NAME OF STUDENT -

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	7.5/10	7.5/10	8 /10	8 /10	31/40
APPLICATION OF KNOWLEDGE	7.5/10	7.5/10	8 /10	8 /10	31/40
EFFICIENCY / INDEPENDENCE	7.5/10	8 /10	7.5/10	8 /10	31/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	7.5/10	8 /10	8 /10	8 /10	32/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	7 /10	7/10	8 /10	8 /10	30/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	7.5/10	8 /10	7.5/10	8 /10	31/40
WORK QUOTA COMPLETION	7.5/10	7.5/10	8 /10	8 /10	31/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	7.5/10	7.5/10	8 /10	8 /10	31/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	8 /10	7.5/10	8 /10	7.5/10	31/40
SEMINAR – PPT/ VIDEO	/10		/10		/20
JOURNAL REVIEW ARTICLE PRESENTATION	8 /10		8 /10		16/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	/10		/10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	8 /10		8 /10		16/20
ROLE PLAY	/10		/10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	8 /10		8 /10		16/20
RESEARCH PROJECT/ PUBLICATION	/10		/10		/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	8 /10		8 /10		16/20
AWARDS / ACHIEVEMENTS	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

ROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION DA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	10 /10	10 /10	20/20
ANAGEMENT OF MEDICAL EMERGENCY SKILLS CERTIFICATE REQUIRED FOR ALL)	/10	/10	/20
OTAL			435/ 580
UT OF 10			7.5/10
RADE			B++

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49694

Student Name : _____

Class : IV th BDS Subject : Conservative and Endodontics

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date : 21/5/23.

Grade : B+

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

M.G.V's K.B.H. DENTAL COLLEGE & HOSPITAL PANCHAVATI NASIK-3

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

26/7/23

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Department of Conservative Dentistry

NAME:

ROLL NUMBER: 73

UNIVERSITY NUMBER:

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT NAME OF STUDENT -

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	7.5/10	7.5/10	8 /10	8 /10	31/40
APPLICATION OF KNOWLEDGE	7.5/10	7.5/10	8 /10	8 /10	31/40
EFFICIENCY / INDEPENDENCE	7.5/10	8 /10	7.5/10	8 /10	31/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	7.5/10	8 /10	8 /10	8 /10	32/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	7 /10	7/10	8 /10	8 /10	30/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	7.5/10	8 /10	7.5/10	8 /10	31/40
WORK QUOTA COMPLETION	7.5/10	7.5/10	8 /10	8 /10	31/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	7.5/10	7.5/10	8 /10	8 /10	31/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	8 /10	7.5/10	8 /10	7.5/10	31/40
SEMINAR – PPT/ VIDEO	/10		/10		/20
JOURNAL REVIEW ARTICLE PRESENTATION	8 /10		8 /10		16/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	/10		/10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	8 /10		8 /10		16/20
ROLE PLAY	/10		/10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	8 /10		8 /10		16/20
RESEARCH PROJECT/ PUBLICATION	/10		/10		/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	8 /10		8 /10		16/20
AWARDS / ACHIEVEMENTS	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

ROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION DA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	10 /10	10 /10	20/20
ANAGEMENT OF MEDICAL EMERGENCY SKILLS CERTIFICATE REQUIRED FOR ALL)	/10	/10	/20
OTAL			435/ 580
UT OF 10			7.5/10
RADE			B++

STAFF INCHARGE:

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College and Hospital, Nashik

Department of Orthodontics and Dentofacial Orthopedics

RECORD BOOK

Name: Gade. Pradnya. Ramesh

Roll Number: 23

University Number 49650

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49650

Student Name : _____

Class : IV th BDS Subject : Orthodontics & Dentofacial orthopaedics

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject Incharge

Date : 19/7/23

Grade : B++

Head of the Department

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

M.G. Vidyamandir's K.B.H. DENTAL COLLEGE & HOSP PANCHAVATI NASIK-3

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN,
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Dept of Orthodontics

Year - 2022 - 23 Final BDS University Seat Number: 49650

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	7/10	7/10	8/10	8/10	30/40
APPLICATION OF KNOWLEDGE	7/10	8/10	8/10	7/10	30/40
EFFICIENCY / INDEPENDENCE	8/10	8/10	8/10	8/10	32/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8/10	7/10	7/10	8/10	30/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	8/10	8/10	8/10	8/10	32/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	7/10	8/10	7/10	8/10	30/40
WORK QUOTA COMPLETION	8/10	7/10	8/10	8/10	31/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	8/10	8/10	7/10	7/10	30/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	7/10	7/10	8/10	7/10	29/40
SEMINAR – PPT/ VIDEO	/10		/10		/20
JOURNAL REVIEW ARTICLE PRESENTATION	8/10		8/10		16/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	/10		/10		/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS, FIELD WORK, PPT, VIDEO, ANY OTHER)	8/10		8/10		16/20
ROLE PLAY	/10		/10		/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	7/10		7/10		14/20
RESEARCH PROJECT/ PUBLICATION	/10		/10		/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	8/10		8/10		16/20
AWARDS / ACHIEVEMENTS	/10		/10		/20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	/10		/10		/20
MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	/10		/10		/20
SUBJECT SPECIFIC JOURNAL/RECORD BOOK	8/10		8/10		16/20
TOTAL					305/400
OUT OF 10					7.6/10
GRADE	A				

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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MAHATMA GANDHI VIDYAMANDIR'S

KARMAVEER BHAUSAHEB HIRAY DENTAL COLLEGE AND HOSPITAL, NASHIK



RECORD/ LOG BOOK

NAME:

ROLL NUMBER: 104

UNIVERSITY NUMBER: 19698

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K. B. H. Dental College & Hospital

Panchavati, Nashik-3.

CERTIFICATE

UNIVERSITY EXAMINATION SEAT No.: 49698

Student Name : _____

Class : _____ Subject : Pedodontics

Academic Year : 2022 - 2023

This is to certify that the experiments written in the index have been performed by the student satisfactorily.

Subject In-Charge

Date :

Grade : 'A'

Head of the Department

Head of Dept.
Dept. of Pedodontia -
M. G. V. Dental College & Hospital
Panchvati Nasik.

Principal
M.G.Vidyamandir's
K.B.H. Dental College & Hospital
Panchavati, Nashik -3.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3RD AND 4TH YEAR BDS STUDENTS ASSESSMENT

PARAMETER ASSESSED	III/I	III/II	IV/I	IV/II	TOTAL
KNOWLEDGE AND UNDERSTANDING OF SUBJECT	8/10	9/10	7/10	7/10	29/40
APPLICATION OF KNOWLEDGE	8/10	8/10	9/10	5/10	33/40
EFFICIENCY / INDEPENDENCE	8/10	8/10	9/10	6/10	31/40
CLEANLINESS/ STERILIZATION/ INFECTION CONTROL HABITS	8/10	7/10	8/10	5/10	32/40
BEHAVIOUR (PROFESSIONAL, ETHICAL, INTEGRITY)	7/10	7/10	8/10	9/10	31/40
COMMUNICATION SKILLS (WITH PATIENTS, COLLEAGUES, STAFF, TEAMWORK QUALITIES)	8/10	8/10	8/10	7/10	29/40
WORK QUOTA COMPLETION	8/10	8/10	7/10	7/10	30/40
WORK QUALITY - CASE PRESENTATION/ CASE DISCUSSION (DIAGNOSIS, PLANNING)	9/10	7/10	8/10	8/10	32/40
WORK QUALITY - CLINICAL WORK ASSESSMENT	8/10	7/10	8/10	8/10	31/40
SEMINAR – PPT/ VIDEO	8/10		8/10		16/20
JOURNAL REVIEW ARTICLE PRESENTATION	/10		/10		/20
DISCUSSION/ PEDAGOGY AS PER COMPETENCIES FOR INDIVIDUAL DEPARTMENT	7/10		7/10		14/20
ASSIGNMENTS (SURVEY, CHARTS, MODELS, POSTERS,FIELD WORK, PPT, VIDEO, ANY OTHER)	/10		/10		/20
ROLE PLAY	8/10		8/10		16/20
PARTICIPATION IN COMMUNITY ACTIVITIES (COMMUNITY DEPT, NSS, COLLEGE ACTIVITIES, NGO)	/10		/10		/20
RESEARCH PROJECT/ PUBLICATION	8/10		8/10		16/20
CONFERENCE/ WORKSHOP/CDE ATTENDANCE	7/10		7/10		14/20
AWARDS / ACHIEVEMENTS	/10		/10		/20
PROFESSIONAL BODY MEMBERSHIP/ PARTICIPATION IDA/ENDO SOCIETY/ IMPLANT SOCIETY/ANY OTHER	/10		/10		/20

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MANAGEMENT OF MEDICAL EMERGENCY SKILLS (CERTIFICATE REQUIRED FOR ALL)	/10	/10	/20
SUBJECT SPECIFIC JOURNAL/RECORD BOOK	/10	/10	/20
TOTAL			28/38
OUT OF 10			7/10
GRADE	A		

STAFF INCHARGE:

SIGNATURE OF HOD

Guidelines for different scoring criteria and overall grade:

1. Overall GRADINGS INTERPRETATION – A+ (10 SCORE) – SUPREME; A (≥ 8 SCORE) - EXCELLENT; B+ (≥ 7 SCORE) - VERY GOOD; B (≥ 6 SCORE) - GOOD; C (≥ 5 SCORE) AVERAGE (Below this not acceptable, need to improve the score)

2. Scores for knowledge and understanding of the subject can be calculated based on their internal assessment examination/OSCE/OSPE/viva scores.

3. Application of knowledge can be assessed based on discussion and work quality.

4. Efficiency/Independence can be scored based on their timely submission of given work/assignment, their ability to complete the work independently.

5. Cleanliness in terms of uniform, instruments, clinical and preclinical working area can be assessed.

6. Behaviour of students can be scored based on personal experience and feedback from other staff, students, non-teaching and patients.

7. Communication skills can be scored based on personal experience during interactions and feedback from other staff, students, non-teaching and patients.

8. Work quota completion will comprise of total work completed and timely submission of the same.

9. Work quality of case presentation/discussion will be assessed based on completion of the history and recordings, presentation and understanding of the findings, justifiable diagnosis and treatment planning.

10. Clinical work quality can be assessed based on timely completion of the work, cleanliness of the work, proper documentation and adequate behaviour and communication with the patient and supporting staff.

11. Seminar can be scored based on quality of content, adequate use of audio-visual aids, whether all points included, finished within time frame, and cross references included, ability of audience to understand the concept explained in seminar, and answers to the questions asked by audience.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

BDS INTERNS ASSESSMENT

Parameter assessed	Scores
Knowledge and understanding of subject	9 /10
Application of knowledge	9 /10
Efficiency / Independence	8 /10
Cleanliness/ Sterilization/ Infection control habits	9 /10
Behaviour (Professional, Ethical, Integrity)	10 /10
Communication skills (with patients, colleagues, staff, teamwork qualities)	10 /10
Work quota completion	10 /10
Work quality - Clinical work assessment	9 /10
Work quality - Case presentation/ Case discussion (Diagnosis, Planning)	8 /10
Seminar – PPT/ Video	9 /10
Journal Review Article presentation	10 /10
Discussion/ Pedagogy as per competencies for individual department	10 /10
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	9 /10
Role Play	9 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	8 /10
Research project/ Publication	10 /10
Conference/ Workshop/CDE attendance	10 /10
Awards / Achievements	8 /10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	9 /10
Management of Medical Emergency skills (Certificate required for all)	10 /10
Practice Management / Business management skills (Certificate required by interns)	9 /10
Total score	193 /210
Out of 10 score	9.1 /
Grade	A

SIGNATURE OF HOD

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

STAFF INCHARGE:

BDS INTERNS ASSESSMENT

Parameter assessed	Scores
Knowledge and understanding of subject	9 /10
Application of knowledge	8 /10
Efficiency / Independence	9 /10
Cleanliness/ Sterilization/ Infection control habits	9 /10
Behaviour (Professional, Ethical, integrity)	9 /10
Communication skills (with patients, colleagues, staff, teamwork qualities)	8 /10
Work quota completion	8 /10
Work quality - Clinical work assessment	9 /10
Work quality - Case presentation/ Case discussion (Diagnosis, Planning)	8 /10
Seminar – PPT/ Video	8 /10
Journal Review Article presentation	9 /10
Discussion/ Pedagogy as per competencies for individual department	9 /10
Assignments (Survey, Charts, models, posters, Field work, PPT, Video, any other)	8 /10
Role Play	7 /10
Participation in community activities (Community Dept, NSS, college activities, NGO)	8 /10
Research project/ Publication	6 /10
Conference/ Workshop/CDE attendance	9 /10
Awards / Achievements	7 /10
Professional body membership/ participation IDA/Endo society/ Implant society/Any other	6 /10
Management of Medical Emergency skills (Certificate required for all)	8 /10
Practice Management / Business management skills (Certificate required by interns)	9 /10
Total score	187 /210
Out of 10 score	9 1
Grade	A

STAFF INCHARGE:

SIGNATURE OF HOS

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Subject: - Dental Material Science **Date: - 28/6/2022**
Exam: - 1st Sessional Exam Theory **Time: - 9.00 to 11.30**
Class: - II B.D.S ((Reg batch-2021-22) **Marks: -**

SECTION –A (MCQ'S) (10 x 0.5 = 5 Marks)

11) During amalgamation, trituration is done to_____?
a. Dissolve the alloy in mercury b. Coat the alloy particle with mercury
c. Remove excess mercury from the amalgam d. Dissolve Hg in alloy

12) Esthetic restoration of angle fracture of anterior teeth can be done by:
a) Amalgam b) Direct filling gold
c) Composite resin d) None of the above

13) Which of the following cements is most irritant to pulpal tissues?
a. Zinc phosphate b. Silicate c. Glass ionomer d. Polycarboxylate

14) Main ingredient in guttapercha is
a) Zinc oxide b) guttapercha c) resin d) zinc acetate

15) White gold alloy predominantly is_____?
a. Gold added with palladium b. Gold added with calcium
c. Gold with much of chromium d. Gold with silver

16) The addition of which of the following can accelerate the setting time of zinc oxide cement_____?
a. Zinc acetate b. Barium sulphate c. Zinc sulphate d. Barium chloride

17) Delayed expansion in dental amalgam occurs due to
a) Zinc b) mercury c) silver d) copper

18) Which of the following cements is most biocompatible with pulp?
a. GIC b. Copper cement c. Zinc phosphate cement d. Zinc oxide eugenol cement

19) ZOE liners are contraindicated under____ restoration
a) Composite b) Amalgam c) zinc phosphate cement d) all of the above

20) The process of heating gold foil to remove surface impurities is called as
a) Trituration b) condensation c) compaction d) degassing

SECTION C (Conservative Dentistry & Endodontics)

SAQs (2 x 5 = 10Marks)
1. Describe delayed expansion of amalgam.
2. Write amalgamation reaction of high copper alloy.
3. Write composition and uses of dental varnish.
4. Write classification and indications of dental amalgam.
5. Define Tarnish & corrosion and write classification of corrosion

LAQ (1x10 = 10 marks)
1. Define Cements. Write down the composition, Classification, setting reaction and uses of Glass Ionomer Cement.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Subject: - Dental Material Science **Date: - 17/04/2023**
Exam: - I Sessional Exam Theory **Time: - 9.00 to 12.00**
Class: - II B.D.S (Reg batch-2022-23) **Marks: - 50**

Answer Key

SECTION –A (MCQ'S) (20 x 0.5 =10Marks)

11) Minimum thickness for type I zinc phosphate cement should be_____?
a. 15 microns **b. 25 microns** c. 40 microns d. 100 microns
Answer: b

12) Which of the following cements is most irritant to pulpal tissues ?
a. Zinc phosphate **b. Silicate** c. Glass ionomer d. Polycarboxylate
Answer: b

13) Mercury is decomposed in
a. eugenol b. fixer solution c. developer solution d. none of the above
Answer: b

14) Cavity varnishes generally should not be applied under
a. composite restoration b. amalgam restoration c. gold restoration d. all of the above
Answer: a

15) ADA specification for zinc oxide eugenol cement is
a. 30 b. 15 c. 18 d. 32
Answer: a

16) Weakest phase in dental amalgam is
a. gamma 2 phase b. gamma 1 phase c. eutectic phase d. Peritectic phase
Answer: a

17) Which of the following is common to both zinc eugenol cement and polycarboxylate cement?
a. Polyacrylic acid is liquid b. Chemical bond to tooth structure
c. Chelation d. Substitution of eugenol by EBA to increase strength of cement
Answer: c

18) The addition of which of the following can accelerate the setting time of zinc oxide cement_____?
a. Zinc acetate b. Barium sulphate c. Zinc sulphate d. Barium chloride
Answer: a

19) ADA specification for amalgam alloy is
a. 1 b. 20 c. 18 d. 8
Answer: a

20) pH of fully set zinc phosphate_____?
a. 3-4 b. 4-5 **c. 6-7** d. 7-8
Answer: c

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

SECTION C (Conservative Dentistry & Endodontics)

SAQs (2x5=10Marks)

1. Write setting reaction of Zinc oxide cement.
2. Write indications and Contraindications of dental Amalgam.
3. Define Tarnish & corrosion and write classification of corrosion.
4. Write Composition, classification & indications of Zinc Phosphate cement..
5. Write uses and pH of calcium hydroxide.

LAQ (1x10=10 marks)

1. Define dental cements. Write the composition, classification, setting reaction & uses of Glass Ionomer cement.

SECTION C (Conservative Dentistry & Endodontics) SAQs (2x5=10Marks)

Section C-SAQs			
Q No.	**Questions**	**Distributions**	**Marks alloted**
1	Write setting reaction of Zinc oxide cement	Powder\liquid ratio - Setting reaction -	1 1
2	Write indications and Contraindications of dental Amalgam.	Indications – Contraindication	1 1
3	Define Tarnish & corrosion and write classification of corrosion.	Definition – Classification-	1 1
4	Write Composition, classification & indications of Zinc Phosphate cement.	Composition- Classification- Indications-	1 0.5 0.5
5	Write uses and pH of calcium hydroxide.	Uses- pH -	1 1
Section-C LAQ	Define dental cements. Write the composition, classification, setting reaction & uses of Glass Ionomer cement.	Definition- Composition- Classification- Setting reaction- Uses-	2 2 2 2 2

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik 422 003

Subject: - Dental Material Science **Date: - 23/11/2022**

Exam:- Extra Sessional Exam **Time: - 9.00-12.00**

Class: - II BDS Reg(2021-22) **Marks: - 25**

Section –A (MCQ'S) Marks – 5 (0.5 mark each)

1. Silicate cement were introduced as

a) Anterior esthetic filling b) posterior esthetic filling c) liner d) Pulp capping agent

2. Dynamic creep is the_____?
A. Continuing alloying between silver-tin alloy and mercury during the life of restoration
B. Deformation of set amalgam during function
C. Process whereby alloy is wetted by murcury
D. Spread of amalgam during packing

3. Main ingredient in guttapercha is
a) Zinc oxide b) guttapercha c) resin d) zinc acetate

4. Organosilanes in composite acts as

a) Coupling agents b) filler c) resin matrix d) coloring agent

5. The process of heating gold foil to remove surface impurities is called as

a) Trituration b) condensation c) compaction d) degassing

6.Cavity varnish is not indicated below which cement?

a) amalgam b) GIC c) silicate cements d)zinc phosphate cement.

7. Light cured composites are cured by____ light

a) Room b) infra-red c) visible blue d) none of the above.

8. Secondary dentine formation induced by

a) Calcium hydroxide b) GIC c) zinc phosphate cement d) zinc oxide eugenol

9. The largest component of amalgam alloy is_____?
A. Silver B. Tin C. Zinc D. Copper

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10. Polishing of amalgam restoration is done after

a) 24 hrs b) 1hrs c) 75hrs d) 48hrs

SECTION C (Conservative Dentistry & Endodontics)

LAQ (10 marks)

What is acid etching technique. Write it's mode of actionand procedure. Write generations of dentin bonding agents.

SAQs 10 marks (2 marks each)

1. Write a note on mercury toxicity.
2. Write down composition & uses of gutta prcha.
3. Write setting reaction & uses of Glass ionomer cement.
4. Write a short note on microleakage of amalgam.
5. classify casting defects. Write a short note porosity of casting defects.

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

Subject: - Conservative Dentistry & Endodontics **Date: - 12/04/2023**
Exam: - Prelim Exam Theory **Time: - 12.00 to 3.00**
Class: - IV B.D.S (Reg batch-2022-23) **Marks: - 60**

Answer Key

SECTION –A (MCQ'S) (20 x 0.5 =10 Marks)

1) Pit and fissure sealants are generally not used in:
a. Molars d. Teeth showing signs of opacity in pit or fissure
c. Patients receiving fluoride therapy D. Cavitated lesion
Answer: d

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
Answer: a

3) Degassing of gold foil is accOlnplished by:
a. Heating on mica tray over flame b. An electric annealer
c. Heating over pure ethanol flame d. All of the above
Answer: d

4) Mercury is decomposed in
a. eugenol b. fixer solution c. developer solution d. none of the above
Answer: b

5) Cavity varnishes generally should not be applied under
a. composite restoration b. amalgam restoration c. gold restoration d. all of the above
Answer: a

6) Sharpening of the hand instruments is done by :
a) Acrylic block b) Arkansas stone c) Sterilization d) None of the above.
Answer: b

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
Answer: b

8) The most retentive pin system is:
a. Cemented wire pin b. Self-threading pin c. Friction-locked pin d. None of the above
Answer: b

9) The IIdentin bonding system" includes:
a . Conditioner b. Primer c. Bonding agent with low viscosity d. All of the above
Answer: d

10) The purpose of add etching is:
a. To produce surface irregularities in which resins can penetrate b. To produce a clear enamel surface
c. To increase the surface area of enamel d. All of the above
Answer: d

11) lVIost 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
Answer: c

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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
Answer: c

13) Types of pulp degeneration are:
a Calcific b. Atrophic c. Fibrous d. All of the above
Answer: d

14) Number 15 on the handle of file indicates that:
a. The increase in diameter from Dl to D2 is 0.15 mm b. The length from the working tip to the file handle is 15 mm
c. The length from Dl to D2 is 15 mm d. The working tip is 0.15 mm in diameter (D1 measurement)
Answer: d

15) The objective of doing pulp capping is to:
a. Preserve the vitality of the entire pulp b. Preserve the vitality of the radicular pulp
c. Preserve the vitality of the coronal pulp d. Regenerate a necrotic pulp
Answer: a

16) Recapitulation process is:
a. Circumferential filing with H-file and reamer b. Removing the debris with smaller instruments
c. Using successively larger files to flare the canal d. Using various types of files and reamers to enlarge canal
Answer: b

17) IntracanaI medication i s indicated for:
a. Canal obturation b. Canal cleaning and disinfection
c. Drying the canal d. Preventing operative pain
Answer: b

18) In primary teeth root canal filling is done by:
a. Calcium hydroxide paste b. Glass ionomer cement
c. Iodoform paste d. Zinc phosphate cement
Answer: c

19) Single visit root canal treatment may be successful if tooth is:
a. Asymptomatic vital tooth b. Multirooted c. Non-vital d. Single rooted
Answer: a

20) In vertical root fractures, chances of success are:
a. Poor b. Fair c. Good d.. Excellent
Answer: a

SECTION B –SAQs (3 x 10 = 30Marks)

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.
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7. Enumerate pulp vitality test. Describe cold test.
8. Enumerate the intracanal irrigants. Describe the advantages & disadvantages of Sodium Chloride.
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)

1. Define Obturation. Enumerate different techniques of obturation. Explain in detail about thermos plasticised obturation technique.

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2. Define Matricing & Matrix. Classify matrices. Describe various steps involved in placement of Toffflemire matrix system to build proximal contact.

SECTION B SAQs (3x10=30Marks)

Section B-SAQs			
Q No.	**Questions**	**Distributions**	**Marks alloted**
1	Define retention form. Explain about retentive features of class II amalgam & inlay cavity preparation.	Definition- Explaination-	1 2
2	Classify traumatic injuries of teeth. Explain in detail about management of Ellis type II fracture.	Classification- Explaination-	1 2
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4	Classify tooth discoloration. Enumerate causes of tooth discoloration. Explain walking bleach technique of non vital tooth.	Classification- Enumeration- Explaination-	1 1 1
5	Define dentin hypersensitivity. Write about management of dentin hypersensitivity.	Definition- Explaination-	1 2
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7	Enumerate pulp vitality test. Describe cold test.	Enumeration- Explaination-	1 2
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Section-C 2 LAQ **(2 x 10 = 20Marks)**	1) Define Obturation. Enumerate different techniques of obturation. Explain in detail about thermos plasticised obturation technique.	Definition- Enumeration- Explain tone technique with diagram	2 3 5
	2) Define Matricing & Matrix. Classify matrices. Describe various steps involved in placement of Toffflemire matrix system to build proximal contact.	Definition- Classification- Description of Toffflemire matrix system to build proximal contact	2 3 5

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Makeup Assignments/Test



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2022-2023



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IMPROVEMENT EXAM OF DEPT. OF CONSERVATIVE DENTISTRY & ENDODONTICS



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

Subject: - Conservative Dentistry & Endodontics **Date: - 12/ 04/ 2023**
Exam: - 1st Improvement Exam Theory **Time: - 12.00 to 3.00**
Class: - IV B.D.S (Repeater batch-2022-23) **Marks: - 80**

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3) Degassing of gold foil is accomplished by:
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SECTION C LAQs (2 x 10 = 20 Marks)

1. Define Obturation. Enumerate different techniques of obturation. Explain in detail about thermos plasticisedobturation technique.

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

Akansha Wavke.

Mahatma Gandhi Vidyamandir's

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

Examination: 1st Improvement Exam.

Subject: Conservative and Endodontic

Section: B & C

Language of Answer: English. Sub. Code:

Date: 12 04 2023

Serial No. 1121

Section: B & C

Seat No. 08.

(in Figures)

Seat No. 08 odd.

(in Words)

Examination: Improvement. Exam (I)

Subject: Endo cons

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

P.S. No.

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

Signature of the CANDIDATE

Signature of the CANDIDATE SUPERVISOR

Section B & C.

Section C.

Long Answer Question.

1) Define obturation. Enumerate different technique of obturation. Explain in detail about thermoplastic sedobturation technique.

→ Definition obturation.

The three dimentional filling entire root canal system as close as possible to cemento dentinal junction.

Different technique of obturation.

1 cold lateral obturation (Technique.

2 warm lateral obturation (Technique)
- Vertical.
- Lateral.

3 Continues Waves compatition.

4 Thermoplastic sedobturation technique.

5 Carrid based Gutta percha.

6. Mccspaden obturation technic

Thermoplasticised obturation technique.



Thermoplasticised obturation technique

→ The technique consists of comparise a pressure with ~~syringe~~ on the electrically heated syringe barrel and a selection of needle range of 15-20-25 gauge.

The plunger is design to prevent the backpressure of gutta percha.

- for the degree of the heat the regulator is provided to adjust heat accordingly.
- With the pressure the heated gutta percha is pour in the canal.
- The gutta percha is filled till the apical portion of the.
- The device is marked as obturated hot spot or ultra filled. 3D.

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a) Define matricing & matrix. Classify matrices. Describe various step involved in placement of tofflemire matrix system to build proximal contact.

Define matricing & matrix.

matrix.

- matrix is a instrument use to creat a wall between the two proximal contact of the tooth.

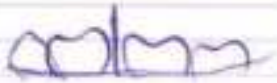
matricing.

matricing is a band which is put inside the matrix to creat a false wall in the contal cavity between the two teeth.

- various step involved in placement of tofflemire matrix system to build proximal contact.

1) The tofflemire matrix is also known as universal band.

- It is used in molar and premolar of the oral cavity.
- It is used to created the false wall between two proximal contal of tooth.



- The matrix is used while filling the cavity with cement and amalgam.
- The tofflemire matrix is semi adjustable band.
- The [illegible] is fix in tofflemire and the band is adjusted according to the size of the tooth.

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- when the tooth is adjust by the toffelement then base is applied and the whill not only cement.
- will stick to adjucent tooth
- It is also mak easy to shape the base accordingly.

Section B. SAQ.

1. Define Retention from.

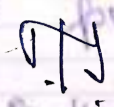
→ Retention form is when the wall of the cavity is Retented not concave.

- Retentive feature of class II amalgam & Inlay cavity pre.

- In class II amalgam the wall of the cavity is converge



- As the amalgam from the cavity should not get slip or pulled from the pres.



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- That is the person the wall is made converge to have Retention to base and amalgam

- In Inlay Cavity the walls are diverge as the wax from the cavity should removal

- T



2. Classify traumatic injuries of the teeth. Explain in detail about management of Ellis type II fracture.
→ classification

* Injure to hard dental tissue to enamel.

- Enamel fracture.
- Enamel Dentin fracture.
- Complet crown fracture.

* Injure to hard dental tissue to pulp root

crown root - fracture

root - fracture

Alveolar fracture.

* Injures to periodontal tissue.

- Abrasion
- Concusion
- Laxusion
- Alveolar

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Ellis fracture classifical

- Type I - Crown fracture Root intacted
- Type II - Crown fracture without pulp exposure
- Type III - crown fracture & pulp exposes
- Type IV - Coronal fracture extending subtling
- Type V - Root fracture
- Type VI - Tooth displacement
- Type VII - Tooth displacment complete or Edentulous / Abrasion
- Type VIII

management of Ellis type II fracture.

- The Ellis type II fracture is crown fracture without pulp exposed
- The management is use of Crown and capping pulp is used to secure the fracture Enamel or dentin.

3) Classification per radicular disease

For radicular disease.

- Apical peridontitis
- Apical Abscess
- localized Gingivitis
- radicular cyst formation.
- Necrosis formation

phoenix abscess.

- phonix abscess in the abscess or pus formation on the apical protion of the root.
- patient may experience pain discomfort and swelling
- patient may have metalic taste and may experience the odor in the oral cavity.

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4 classify tooth discoloration. Enumerate causes of tooth discoloration. Explain walking bleach technique of non vital tooth.

classification of tooth discoloration

⇒ According to trauma

- Accident (crown fracture)
- Enamel and dentin fracture.
- root fracture.
- pulp exposure.
-

According to

- Amalgum filling.
- Non vital
- Causes.
- Abscess formation.
- flouridated tooth.

Cause of tooth discoloration.

⇒ The tooth discolouration may occure at the young age due to accidentally fall on the surface of the teeth unknowingly.

- crown fracture while playing or due to road accident
- due to high speed of object on the surface of the tooth.
- due to ~~test~~ faulty restoration.
- Non vital tooth due to caries or trauma.
- Abscess formation on the apical portion of the tooth.
- And in some state tissue are high flouride certain and may have brown stain on the surface of the tooth.

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5. Define dentin hypersensitivity
write about management of dentin hypersensitivity.

Dentin hypersensitivity is pain spontaneous pain from the Nerve Dentinal tubules to the Enamel. which relieved by it own.

management of dentine hypersensitivity

→ Diet consuming to patient.

- use of flowidated tooth paste
- use of
- calcium phosphate.
- calcium hydrocloride
- flowidel.
- Sodium phosphate.

6. classify non carious lesion.
write managent of. cervical erosion.

Non Carious lesion are.

Erosion.

Abfraction.

Abrasion.

Erosion - is the chemicaly produced of Enamel surface.

Abfraction - formation of notch on the cervical portion of anamel.

Abrasion - is mechanically erode of surface of Enamel. due to faulty brushing teeth.

→ Erosion.

→ It mainly occure due to acidic food consumtion.

- patient is made to understand not to consum acidic food like. aerated drink. Secure food

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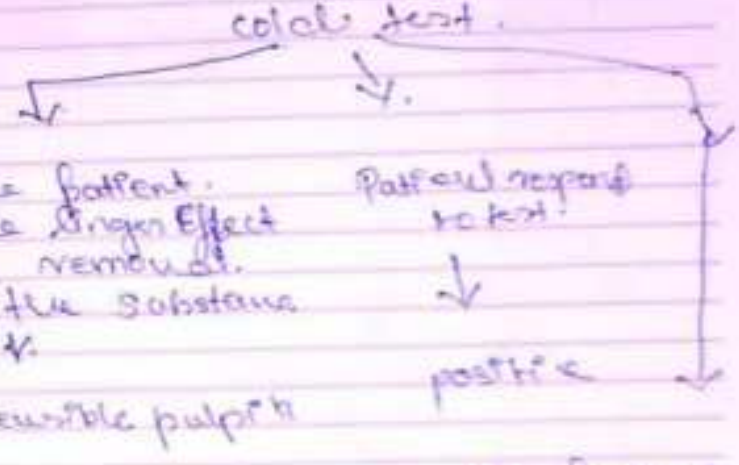
7) Enumerate pulp vitality test.

→ cold test.

- Thermal test
  - cold test
  - heat test.
- Electric pulp test.
- Bite test.
- Test cavity preparation
- Selective anesthetic test.
- Spray test.

cold test.

- In cold test the dry ice or Ice liquid is kept on the surface of the enamel.
- If the patient respond on the ice test it's positive.



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8 Enumerate the intra canal irrigant. Describe the advantage & dis advantage of

9 Mention various tooth numbering system. Discuss FDI system for permanent & deciduous.

→ Various tooth numbering systems are.

Universal tooth Numbering

Zigmondi palmer tooth Numbering.

FDI system.

- FDI system for permanent & deciduous teeth are

The FDI system for permanent tooth is.

1	2
4	3

The FDI system for deciduous tooth

5	6
8	7

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10 Define working lenght in Edodontis

working lenght in edodontis is define as.

→ The workin lenght in edondontis is till the lenght of the root cannal ~~cemento dental~~ obturate till the apical protion of the root. is determine as working lenght

Ingles method to determine working lenght

- The method is to use of filed 10 - 100 unite
- At the interval of every 5 unite the cannal is fremed.
- with the bur almonet and the round bur the Ascari is open and with interval of 5 the frontier is cy such as 5 - 10 - 15 - 20 - 25

the fule is use accordingly.

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Section: BKC

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1 SN	3.0	3.0	3.0	3.5	3.0	3.0	3.0	3.0	3.5	3.0	31
2 MQ	7	7									14
3											
4											
5											
6											
7											
8											

Marks in words:
Marks allotted by Moderator Name: Dr. Priyanka Kolhe (Reader)

→ 45/60

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

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Marks in words:
Marks allotted by Examiner Name:

TOTAL: →
Signature:

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6											
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Marks in words:
Marks allotted by Examiner Name:

TOTAL: →
Signature:

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

Subject: - Conservative Dentistry & Endodontics | Date: - 12/ 04/ 2023
Exam: - 1st Improvement Exam Theory | Time: - 12.00 to 3.00
Class: - IV B.D.S (Repeater batch-2022-23) | Marks: - 80

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

10) The purpose of add etching is:
a. To produce surface irregularities in which resins can penetrate 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 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
b. Preserve the vitality of the radicular pulp
c. Preserve the vitality of the coronal pulp
d. Regenerate a necrotic pulp

16) Recapitulation process is:

a. Circumferential filing with H-file and reamer
b. Removing the debris with smaller instruments
c. Using successively larger files to flare the canal
d. Using various types of files and reamers to enlarge canal

17) Intracanal medication i s indicated for:

a. Canal obturation
b. Canal cleaning and disinfection
c. Drying the canal
d. Preventing operative pain

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

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

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

a. Asymptomatic vital tooth
b. Multirooted
c. Non-vital
d. Single rooted

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

a. Poor
b. Fair
c. Good
d. Excellent

SECTION B –SAQs (4 x 10 = 40Marks)

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 intracanalirrigants. Describe the advantages & disadvantages of Sodium Chloride.
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)

1. Define Obturation. Enumerate different techniques of obturation. Explain in detail about thermos plasticisedobturation technique.

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

(AB)
1st Improvement

Ritu P. Chavan
(old course)

Mahatma Gandhi Vidyamandir's

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

Examination : Preliminary

Subject : conservative dentistry & Endodontics

Section : B & C

Language of Answer : English

Sub. Code :

Date : 12 04 2023

Seat No. 1118

Section : B & C

Seat No.

Examination : 1st preliminary examination

Subject : Conservative dentistry & endodontics

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

Chavan

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 ~~[illegible]~~ 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) Traumatic injuries of teeth classification

→

Traumatic injury of teeth according to Ellis and

Ellis class I - Normal fracture

Ellis class II - Crown fracture without pulp exposure.

Ellis class III - Crown fracture with pulp exposure

Ellis class IV - Root fracture

Ellis class V - Tooth avulsion

Ellis class VI - fracture of root with or without loss of crown structure

Ellis class VII - Displacement of tooth without fracture of crown or root

Ellis class VIII - fracture of crown or root and its displacement

Ellis class IX - Traumatic injuries to deciduous teeth

Management of Ellis type II fracture :-

Ellis type II fracture is crown fracture without pulp exposure

It can be restored by minimal cavity preparation

and restoring the defect with the help of composite

(1)

1) classify ~~pri~~ radicular diseases
write about phoenix abscess

→

Phoenix Abscess

This condition is an acute inflammatory reaction superimposed in an existing asymptomatic apical periodontitis.

Causes
Abscess stimulus from the diseased pulp can cause acute inflammatory response.

Leakage of body defense mechanism

Symptoms

Inflammation progresses, the tooth get elevated from the sockets

→ Classification of ~~pri~~ radicular diseases

a) i) Asymptomatic periradicular diseases (Acute Apical Periodontitis)
b) Acute Phoenix Abscess.

ii) Asymptomatic periradicular diseases
- chronic alveolar abscess
- cystic apical periodontitis
- Persistent apical periodontitis

(2)

1) classify tooth discolouration
Enumerate causes of tooth discolouration
Explain walking bleach technique of non vital tooth

→ Tooth discolouration means change in colour of the crown of tooth apart from its original colour

Causes of tooth discolouration are
(1) external tissues like caffeine, tea
(2) internal pulp injury
(3) some chemicals
(4) tobacco used

Classification of tooth discolouration

a) Intrinsic discolouration caused by internal factors like systemic, internal imbalance, pharmacologic, syndrome, lead poisoning.

(b) Intrinsic discolouration caused by antibiotic tissues like tea, coffee, etc.

Walking bleach technique of non vital tooth

→ It is process for bleaching a nonvital tooth. It is caused by a chemical process

5) Dentin Hypersensitivity & Management

→ Dentin Hypersensitivity is a sensation felt and is described as sharp short pain arises from the exposed dentin.

It is caused by open dentinal tubules are exposed by the stimulus

Management of dentin Hypersensitivity

→ The open dentinal tubules must be sealed by various methods

Varnishes and resin acts like a cushion and protects from the outside stimulus

Calcium hydroxide is used as varnishes since for the same

6) Classify non-carious lesion write management of cervical erosion

→ Classification of

1) Abrasion tooth wear
- Attrition
- Abrasion
- Erosion
- Abfraction

2) Non carious lesion of tissue
- Localized non-hereditary enamel hypoplasia
- Localized non-hereditary dentin hypocalcification
- Amelogenesis imperfecta

3) Non carious lesion
- Localized non-hereditary dentin hypoplasia
- Localized non-hereditary dentin hypocalcification
- Dental caries

4) Non carious lesion of cementum
- Cementum hyperplasia
- cementicle

5) Pulp calcification

6) Resorption

(10)

Management of cervical erosion.

- use of low abrasion, fluoride containing tooth pastes
- Avoid toothpaste or mouthwashes with tea tree
- After Bed intake, stimulate saliva flow with chewing gum
- Use chewing gum to reduce postprandial reflux.
- Max conservative approach can be done
- use composite filling, GIC filling after preparation of cavity for aesthetic purpose.

(11)

8) Enumerate pulp vitality test. Describe cold test.

→ Pulp vitality test :-

Assessment of vitality using routine method rely on the stimulation of A nerve fibre and there is no direct indication of blood flow.

Three method are used to stimulate the pulpal nerve fibre.

1) Thermal stimulation
2) electrical stimulation
3) direct dentin stimulation.

* Cold test

→ Apply ice on the cervical third of the teeth where enamel is thin, so that conductivity pulp is fast.

Normal pulp - Response last for 1-2 second.

Pulp is - Response last for minute.

Dentin pulp - No response

(12)

Q. Enumerate intracanal irrigants

Intracanal irrigants are

1) chemically inactive irrigants
- water
- saline
- local anesthetic solution

2) chemically active irrigants
- sodium hypochlorite
- oxidising agent as hydrogen peroxide
- chelating agent as EDTA

* Advantage and Disadvantage of sodium hypochloride

→ Advantage of sodium hypochloride
- most common irrigant
- Allergic are rare
- Mechanical flushing of debris from canal
- Dissolvent for necrotic tissue
- lubricating action
- cheap
- rapidly available

(13)

Disadvantage of sodium hypochloride

→ - Irritant to periapical tissue
- unpleasant odour
- can damage cloth
- erosion of canal wall happens

9) Various tooth numbering systems.

1) FDI System (Federation Dentaire Internationale Numbering System)

2) Universal Numbering System

3) Palmer Notation Numbering System.

FDI system for permanent & deciduous teeth cure

For Permanent tooth System

Right upper								Left upper							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Right lower								Left lower							

For Primary tooth System

Right upper					Left upper				
55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75
Right lower					Left lower				

10) Define working length in endodontics. Discuss Ingles method to determine working length

→ working length in endodontics

According to the endodontics, working length is defined as the distance from a coronal reference point to a point at which canal preparation and obturation should terminate.

Ingles Method to determine working length.

→ a) Measure the tooth on the preoperative radiograph

b) Substract atleast 1.5 mm safety allowance for possible image distortion

c) Set the endodontic rules at this tentative working length and adjust the stop to the instrument at that level.

d) Place the instrument in the canal until the stop is at the plane of reference.

e) On the radiograph, measure the difference between the end of the instrument and the end of the root end add this amount to the original measured length the instrument extended into the tooth.

Section C

1) Define obturation
Enumerate different technique of obturation
Explain in detail about thermos plasticised obturation technique

→ Obturation :-
Obturation is defined as 3D filling of an entire root canal system as close to amentodentinal junction so as to obtain an impermeable seal let the apex Gutta percha (GP) is used in it.

Different technique of obturation are.

1) Lateral compaction
2) Variation of lateral compaction
3) cold compaction
4) Chemically plasticised cold Gutta percha (GP)
5) Canal formed GP
6) Thermo mechanical compaction
7) Hybrid technique
8) Sheet points
9) Thermos plasticised

* Thermos plasticised obturation technique

- It is one of the technique of obturation
- This system has temperature control panel and temperature display
- It has GP gun into which cannulas containing the GP attaches through the flexible needle attached to the gun
- This needle should be prepared in the canal so that it is 3.5-5 mm short of apex
- Small amount of sealers like AH plus or sealpex are used and canal is slowly filled
- The GP is compacted vertically and after which radiograph is taken.

Advantages :-

- It is helpful in filling all accessory canal
- It is used in obturating / shaped canal and canal with internal resorption

Disadvantages :-

The G.P (Gutta percha) may flow

Q) Define Matrixing & matrix
Classify Matrices
Describe various steps involved in placement of tofflemire matrix system to build proximal contact

→ Define matrix & 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
a) Band
b) Retainer

Matrices are classified as

* 1) Based on shape
a) Anatomic
b) Non-anatomic

2) Based on material used
- [illegible]
- [illegible]
- [illegible]

Q) * a) depending on mode eg. retention
i) with retainer
eg. tofflemire, ivory no 1, ivory no 8 matrix

ii) without retainer
eg - Automatrix

Q) * b) depending upon cavity preparation
→ class I cavity with buccal & lingual extension

→ class II cavity, wedge needed to retain matrix

* tofflemire matrix system to build proximal contact

It is referred to as universal matrix it was designed by N.P tofflemire

- It is usually referred to mod eg class II amalgam restorations

It is available in 2 size
- Standard - adult use
- Small - primary dentition

Name of Examination :
Subject :
Subject Code : B.No. :
Section :
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
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Marks in words :
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Name of Examination :
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2nd Improvement Exam.
Akansha Wauk

6579

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
08		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Cons & Edo.

PAPER :

ROLL NO. (In Words)
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Date : 9/5/23

Q. No.	1	2	3	4	5	6	7	8	9	10
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d										

7/20

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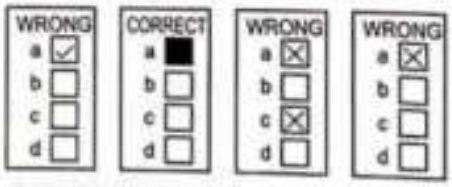
1. DARKEN THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY.
2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐



3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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5 2nd Improvement Exam
Aranya work.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: Improvement Exam.

Subject: Conservative & Endodontic.

Section: B & C

Serial No. 1191

Language of Answer: English. Sub. Code:

Date: 9 05 2023

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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 or 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.
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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. 08 (Odd) (in Figures)

Seat No. Eight (Odd). (in Words)

Examination: Improvement Exam (C 2)

Subject: Cons & Endo.

Dept. of Conservative Dentistry & Endodontics
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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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section B.

Q 1. Define tooth preparation. Describe Steps for Class 1 inlay preparation.

Q 1. Explain Gamma 2 phase in amalgam.

→ 1) Gamma 2 phase a chemical reaction between tin in the silver based alloy and mercury caused corrosion in amalgam

2) Tarnish oxidation affecting a thin layer of a metal at its surface. Not as distruction as corrossion.

3) Crossion is seen mostly on the surface of metal.

4) It occurs due to the surface is getting wet

5) It is distruction of the surface of the ~~end~~ Amalgam.

6) due to Cromosion formation patient may feel the fill is not properly fitted in the cavity, may get dislodged.

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Q) Define and classify dental Caries.

Dental Caries is an irreversible microbial disease of the calcified tissue of the teeth. which result in demineralization of the inorganic portion and destruction of the organic substance of the tooth which lead in cavity formation on the surface of the tooth.

classification of dental Caries.

According to the Comple surface.

- simple Caries.
- Complex Caries.
- Compound Caries.

According to de

- Rampant caries.
- Nursing bottle Caries
- Surface Caries.

- Smooth Surface Caries,
- occusal caries.
- proximal Caries.
- Root Caries.
- pit & fissures Caries.
- According to class type of Caries

By class I

class II.

class III.

class IV.

class V.

- Based on tissue involved.

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Q3 Describe in brief about operator chair position

- The operator chair position is according to the teeth with cavity
- The operator should be used the clock wise position. while operating on patient.
- There 8 o'clock position 4 o'clock position and 12 o'clock position according to side and tooth Number.
- It should provid comfort to patient while oprating
- It should provid body support to the patient as well as the doctor.
- It should provid maximum working area to ~~p~~ doctor for oprating.

- by using proper oprating position the doctor Experies less physical pain.
- The dental chair should support the patient head neck and back.
- Modified dental chair are with various Instrument connection with screen to Explain in build ~~Ex~~ x-ray and it is very convenient to used.
- The oparator can adjust the chair hieght accordingly.

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Q4. write down primary resistance form in class II amalgam cavity preparation

Defination.

It is class II cavity preparation is define as the cavity present on the proximal surface of the tooth with molar and pre molar of dentition.

- Tooth preparation.

facial occlusal.

lingual.

Axial.

Gingival.

Angle.

- It have. 6 point angles.

11 line angles.

In class II amalgam preparation.

step in preparation.

- mark the occlusal ~~poni~~ point.
- Recounturing the the cusp and wall of the cavity.
- Use of bur to prepare the cavity.
- for placing amalpum use ~~dry~~ rubber dam or the matrix band.
- finishing and polishing of the prely preper cavity.
-

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Q5. Give composition of Inlay wax.

Dental wax.

- It is low molecular weight ester of fatty acid. derivative of natural and organic substance. or synthesical component of petroleum Telly and mold according to classification.

Natural wax.

Mineral: paraffin wax.

Plant: carnauba. Candilla.

Insect: Bee wax.

Animal wax.

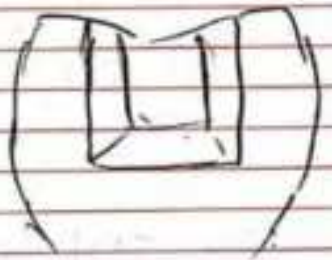
Synthetic wax.

Acra wax.

Aldo wax

Type

- Inlay wax.
- Casting wax
- Base plate wax.



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Q6. Short on Glass bead sterilizer.

Sterilization is the process the medium is made free from bacteria, virus by various method.

- Sunlight
- Acto clave.
- hot air oven.
- Hot water bath.
- Glass bead sterilizer.

Glass bead

The method employed a heat transfer device.

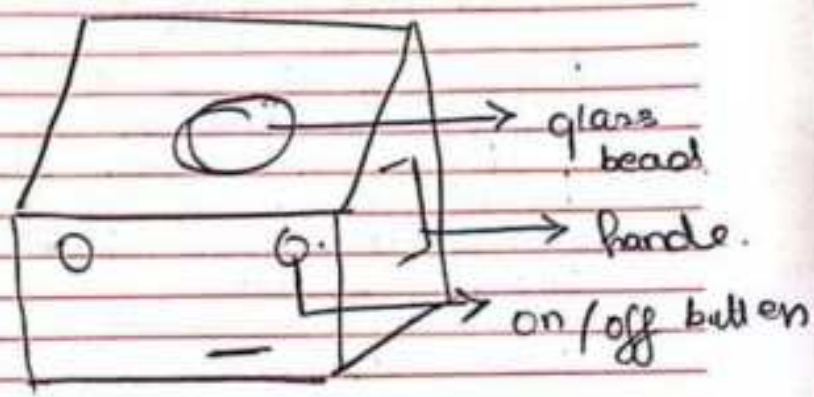
Glass bead molten metal or salt are kept in cup or cruble.

Temperature for 10 sec:

Articles sterilized

Endodontic filer and burs.

Rotary Instrument.



The bead of 1 mm diameter.

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⇒ Defination pulpotomy.

Pulpotomy can be define as the complete removal of coronal portion of dental pulp followed by placement of suitable medicament that will promote healing.

Indication:

Cariously exposed primary teeth

Vital tooth & healthy periodontium

Tooth which is restorable

Tooth with 2/3rd root length

In mixdentition stage.

Contraindicated.

- Evidence of Internal resorption
- Presence of inter radicular bone loss
- Abcess formation

tooth to be Exfoliate.

Treatment.

Amputate the infected coronal pulp.

Preserved the vital radicular pulp.

Treatment of remaining pulp.

Avoid dystrophic pulpal changes

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8) Rubber dames ~~dkit~~ kit
component

1) Rubber dam sheet.

Rubber dam stamp.

Rubber dam puch.

Rubber dam clams.

Dental floss.

Rubber dam lubricant.

Rubber dam cutting scissor

9) Phoneix ahs.

Apper on the mucosa a over the radicular area may apper. read & swallen

Radiographic changes.

well defined periradicular lesion.

weding of periodontal ligament space

Diagnosis.

- lack of response to vitality test.
- Necrotic pulp.
- Discoloration of tooth.

The electric pulp test because fluid in root canal.

Tretment.

-> Drainage & controlling the systemic reaction

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Section C.

1) Defination.

Tooth preparation is the mechanical alteration of a defective injured or disead tooth to recive restorative material that restablished healthy state for the tooth.

Inlay.

It is defined as a restoration which has been constructed out of the mouth from glod. Precelin or any other metal an then cemented on the prepared cavity.

According to Studement there are 4 distanct group of alloy.

The traditional high gold low glod

palladium silver alloy.

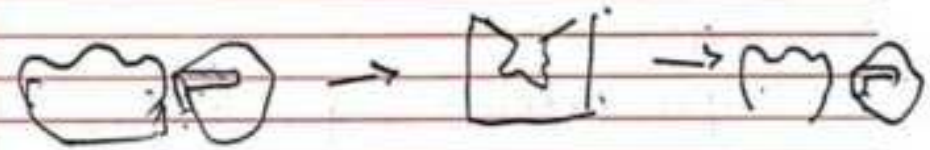
Base metal alloy

Accordingly. to tye

Type I - for restoration subject to silty stress such as inlay. (soft)

Type II - medium. - moderate stress such as ont.

Type III - ~~me~~ harde - fixer - crown - veren crown. and short span



wax partton form tooth preparation | investment. ancasting | Inlay filled on tooth

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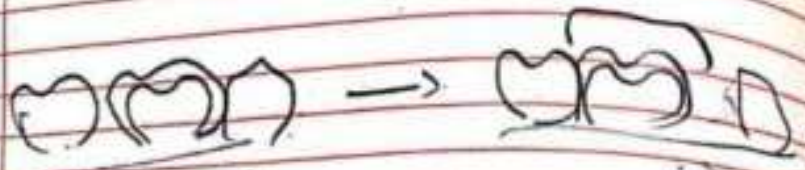
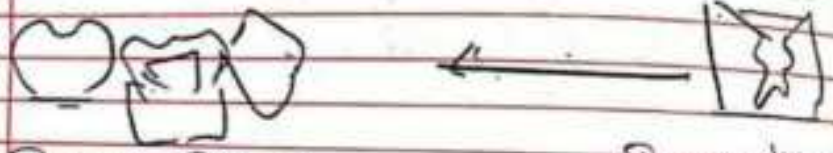


preparation & impression

wax pattern form



Inlay fitted to model.

Investment & casting

feature.

Presvating cuspal lenght

presvating of marginal shengro

minimizing faciolingual extension

using enameloplasion

connecting two fault or tooth preparation

2) Enumerate various method of Bio mechanical preparation of root anal Describe in detail. Step back tennique of biomecanical preparation of root cannal.

→ method of obturating of root ares spac lateral com paction of cold gutta percah Determination primary point deremination mixing and placement of sealer.

feature are.

Sep 1 - Sequence Recall of working lenght.

- Stamping file
- Repeat filing.
- Dry the root canal.
- Shaping of cannal.

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Determine the working length.



Stamping of Endontic file.



Repate the stamping file.



Dry and clean the canal



Shaping the canal.

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1	2	2	2	2.5	2.5	2	2	2	1	NA	18+1
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8											

Marks in words :
Marks allotted by Moderator Name : Dr. Surbhi Patel
TOTAL : → 28+2 = 30
signature :

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

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Marks allotted by IInd Examiner Name :
TOTAL : →
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Subject :
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Section
S.No.:

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IInd (Improvement test)

Ritu P. Chavan
(Old course)

6551

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Conservative Dentistry

PAPER:

ROLL NO. (In Words)
(Repeater)

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

INVIGILATOR'S SIGNATURE

Date: 9.5.2023.

Q. No.	1	2	3	4	5	6	7	8	9	10
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c		■	■							
d				■	■	■			■	■

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Q. No.	21	22	23	24	25	26	27	28	29	30
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c										
d										

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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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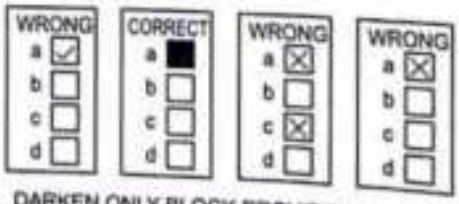
2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.



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(Improvement test) : Ritu : P. Charan. (old course).

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Center Code

Examination : Improvement test (IInd)

Subject : Conservative Dentistry & Endodontics

Section : B & C

Serial No. 1170

Language of Answer : English Sub. Code :

Date : 09 05 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 or 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 : Improvement test IInd.

Subject : Conservative dentistry & Endodontics.

Dept. of Conservative Dentistry & Endodontics
P.R.N. 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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section B.

SAQ.

1) Explain Gamma2 phase in amalgam

→ The mercury combines with alloy to form new solid phases from the pulverised and triturated amalgam.

- Thus, in addition to gamma I phase (γ_1) (Ag_2Hg_3) a tin-mercury phase, often referred to as gamma 2 phase γ_2, is formed.

- It is weakest and softer phase.

- corrodes fast, form voids easily

- corrosion yield Hg, which reacts with more gamma.
- 10% of volume forms.
- volume decreases with time due to corrosion.

- In order to eliminate γ_2 phase, In 1965, the high copper amalgam with 12% - 30% copper were produced.

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2) Depine and classify dental caries.

→ Dental caries is an irreversible microbial disease of the calcified tissue of the teeth, which results in demineralisation of the inorganic portion and destruction of the organic substance of the tooth, which often leads to cavitation

* Classification of dental caries.

Classification by the Rates of Attack.

1) Acute caries
2) Chronic caries
3) Arrested caries

Classification by the Site of Attack.

1) Pit & fissure caries.
2) Smooth Surface caries.
3) Root caries/ Cemental caries
4) Recurrent caries.

G.V. Classification of dental caries.

class I :- caries affecting pit & fissure on occlusal surface third of molar, premolars occlusal two third of molar, premolars and lingual part of anterior teeth.

class II :- caries affecting proximal surface of molars and premolars.

Class III :- caries affecting proximal surface of central incisors, lateral incisors and cuspids without involving incisal angles.

class IV :- caries affecting anterior teeth with involvement of incisal angle and edge.

class V :- caries affecting gingival one third of facial and lingual surface of anterior and posterior teeth

Class VI :- caries affecting cusp tips of molars, premolars and cuspids.

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3) Describe in brief about operator chair position

→ operates position :-

- Ideally the operator should be seated straight for all dental procedures.
The back should be straight and well supported by operator chair

- The upper arm should be straight with elbow bent and lower arm parallel to the floor.

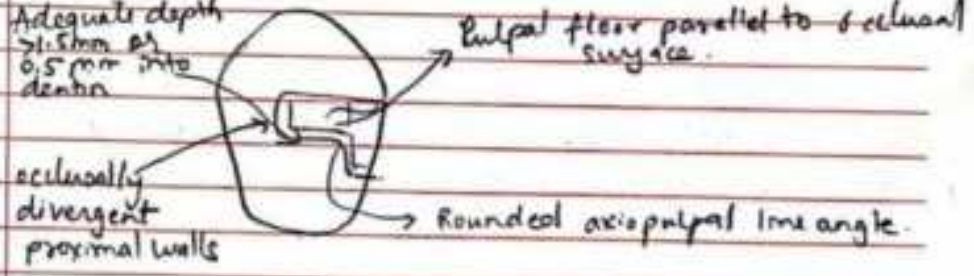
- The head should be straight as position.

- Operating position may be described by the location of the operator or by the location of the operator arms in relation to the patient position.
For right handed operator, there are essentially three position.
(a) right front ~~(8 o'clock position)~~
(b) right
(c) right rear

4) Write down about primary resistance form in class II amalgam cavity preparation

→ Defination :-

Primary resistance form of cavity preparation is defined as the shape and placement of the ~~pre~~ preparation walls that best enables the restoration and the tooth to withstand, without fracture, ~~the~~ masticatory forces delivered principally to the along axis of the tooth ie at 90° degree.



(Resistance form) class II cavity preparation.

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5) Give composition of Inlay wax.

→ Composition of Inlay wax are.

a) 60% Paraffin wax = Base wax.

b) 25% Carnuba wax = Modifier wax

c) 10% Ceresin = Modifier wax

d) 5% Beeswax = Modifier wax

e) < 1% colorants = colorant.

These wax are used for pattern material to accurately reproduced desired mold space of the of for the inlays, onlays and

6) Write in Short about The Glass Bead sterilizer.

→

Glass Bead Sterilizer.

- This method employs heat transfer device
- Glass beads, molten metal, or salt are kept in cup or crucible.

- Temperature :- 220°c

- Time for sterilization - 10 second

Article sterilised :-
- Endodontic files and burs
- Rotatory instruments.

- Previously used chairside during endodontic procedure to sterilise files between canals.
- used on the same patient.

Disadvantage.
- only the tip of the instrument are sterilised
- the tip of the delicate instrument may become damaged during immersion in the glass beads.

- The tip of the instrument becomes extremely hot the instrument must be allowed to cool before applying them to skin or tissue.

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- Maximum of ten rockets can be done with one set of instrument sterilised this way.

7) Define Pulpotomy and write its indication.

→

Pulpotomy is defined as the amputation of vital pulp from the coronal pulp chamber followed by the placement of the medicament over the radicular pulp stumps to stimulate repair, fixation or mummification of the remaining vital radicular pulp.

Indications of Pulpotomy :-

1) Carious / mechanical exposure in vital asymptomatic tooth.

- Tooth free of radicular pulpitis
- Presence of atleast 2/3 root length
- Absence of abscess or fistula
- Absence of Inter radicular bone loss
- Absence of internal root ~~resorption~~ Resorption.
- Permanent posterior teeth for the expedient treatment of pulpalgia (it relieves pain in emergency as formacresol fixes the contiguous pulp tissue in the root canal).

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e) Enumerate the components of rubber dam kit.

→ The components of rubber dam kit are:

1) clasps and fitting rubber dam sheet

2) clasp assembly.

3)

q) Phoenix abscess.

→

Phoenix abscess is an acute exacerbation of chronic lesion.

- It is an acute inflammatory reaction superimposed on an existing chronic lesion like cyst or granuloma.

- It is a condition characterised by the formation and retention of pus in the alveolar bone around the root apex of a tooth with a non vital pulp along with the extension of the infection through the apical foramen into the periapical tissue.

Aetiology:-

- When there is periradicular tissue reaction to non-noxious stimuli from the diseased pulp which is in a state of equilibrium, a granuloma or a cyst is formed.

- Sometimes an influx of necrotic products or bacteria from a diseased pulp may trigger an acute inflammatory response.

- The affected tooth will be very sensitive to [illegible] on percussion

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10) Define rake angle and classify it

→ Rake angle refers to the angle that the face of the bur tooth makes with the radial line (refers to the direction of rotation) from the centre of the bur to the blade).

Types

1) Negative rake angle

2) Positive rake angle

3) Zero rake angle

Negative rake angle

- Forms when the face of is beyond or leading the radial line. in other words it forms when the face in front of the radial line.

Positive rake angle

- forms when the radial line leads the face so that the rake angle is on the inside of the radial line.

Zero rake angle

- It forms when the radial line and tooth face coincide with each other.

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LAQ.

1) Define tooth preparation.
Describe steps for class I inlay preparation

→

Tooth preparation:-

→ It refers to the mechanical alteration of defective, injured or diseased tooth to best receive a restorative material which will reestablished the normal form, function and esthetic of the tooth.

→

Steps for class I inlay preparation:-

Class I inlay preparation includes formation of cavity with ~~least angle of bevels~~ ~~as~~ ~~as~~ least resistance.

The rake angle is acute

The cavity is divergent in nature towards occlusally.

The pulpal floor is straight and

is along the principal axis of the tooth.

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LAXMAN
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2) Enumerate various methods of Biomechanical preparation of root canal/ Describe in detail step back technique of biomechanical preparation of root canal.

→

various methods of Biomechanical preparation of root canal are.

→ Cleaning & Reshaping of root canal.
→ Flaring

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Step back technique preparation technique of biomechanical preparation of root canal.

- Step back technique is also called as telescopic preparation of technique of serial root canal preparation
- It was proposed by Watton, Weine and Martin
- After proper diagnosis, Local anaesthesia is given and tooth is isolated using rubber dam
- After access cavity preparation, the canal is shaped from apex with fine instrument, working backward coronally progressing with larger instruments
- Mullaney divided into two phase.
  A) Phase I
  B) Phase II

Phase I :-

- The canal is lubricated and explored using file no 10/15 k-file.
- working length (WL) is determined
- The IAF is the instrument which snuggly fit at the apical constriction

the next size file is No 20 and then No. 25

Phase II
Consist of Phase II A
Phase II B.

On phase II A :-

- The next file No 30 is used 1mm shorter in length size is used in phase II A

On phase II B -

- The last apical instrument no 25 is used
- gives 5% taper toward the canal.

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Name of Examination: 2nd Improvement Test Section B & C

Subject: Cons

Subject Code: B.No: S.No.:

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TOTAL: → 42

Marks in words:

Marks allotted by Moderator Name: Dr. Surbhi Patel signature:

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Name of Examination:

Subject:

Subject Code: B.No.: Section S.No.:

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Marks allotted by IInd Examiner Name: TOTAL: →

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Name of Examination:

Subject:

Subject Code: B.No.: Section S.No.:

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Marks allotted by I[st] Examiner Name: TOTAL: →

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IMPROVEMENT EXAM OF DEPT. OF ORAL PATHOLOGY

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I st Improvement
Kirti Rajbhoj

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ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

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)

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Date : 27/04/23

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11/20

Dept. of Oral Pathology and Oral Microbiology
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INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: 1st improvement

Subject: Dental Anatomy and Dental Histology

Section: B & C

Serial No: 4771

Language of Answer: English

Sub. Code:

Date: 27 04 2023

Bar Code

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Section: B & C

Seat No. (in Figures)

Seat No. (in Words)

Examination: 1st 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.

Signature of the CANDIDATE

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

Signature of Invigilator

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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 than mesiodistally in crown.
- Both mesioincisal & distoincisal angles are sharp.
- Mammelons present in newly erupted teeth.
- Contact areas are at same length.
- Marginal ridges present.
-

3] Embrasures.

- The space between the adjacent teeth that is present in the 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.

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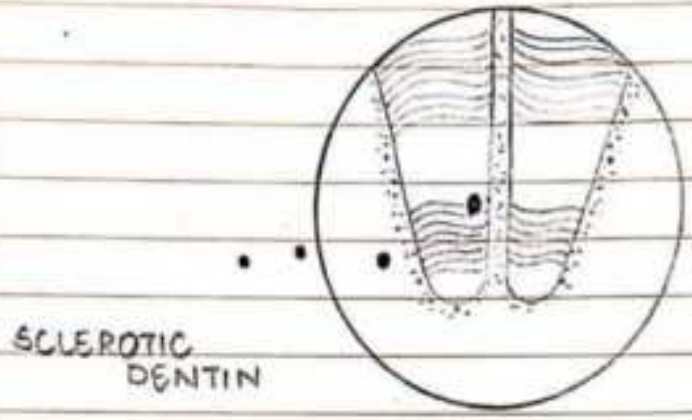
9] Sclerotic Dentin
- It is also called as transparent sclerotic dentin.
- It is formed when the dentinal tubules are filled with air. ~~tubules~~



4] Cap Stage
- The ~~inner enamel~~ outer epithelium 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.

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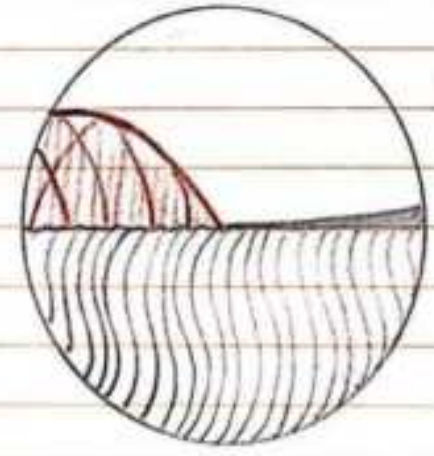
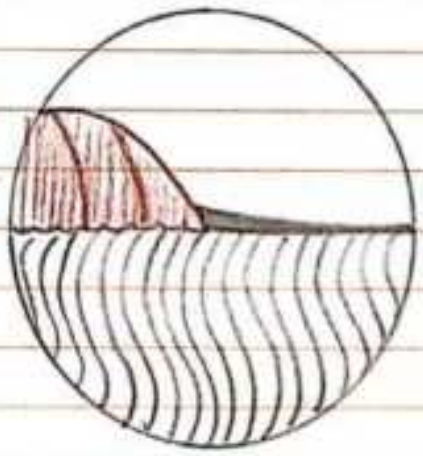
10) Depressions on the surface of tooth
- pits : lingual pits.
- fossa : lingual fossa, triangular fossa.
- grooves : supplementary grooves
  developmental grooves

7] Cemento-enamel junction.
- When the cementum just 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

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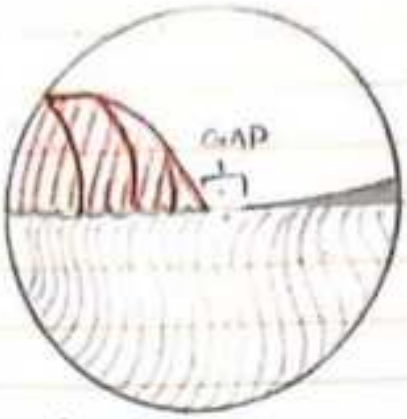

CEJ - GAP JUNCTION.

8) Permanent maxillary lateral Incisor -
- Crown mesiodistally wider.
- root distally tilted,
- Erupts 7 - 8 months ~~off~~
- root completion - 9 years.
- Both distoincisal & mesioincisal 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.

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6) Age Changes in pulp
- Vascular changes.
- Formative changes.
- maturative changes
- Defensive changes.
- protective changes.

5) Dental Sensitivity
- It is a painful sensation that occurs where enamel is resorbed & dentin is exposed.

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SECTION BC

2] Describe the morphology of permanent Maxillary Canine in detail. Add a note on traits.

→ mesially
- labial ridge is seen.
- longest root in the whole dentition.
- distal slope is greater than mesial slope.
- Crown is labiolingually wider.
- lingual fossa is present.

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1] • Morphogenic
⇒ Formative
- Maturative
- protective
- desmolytic.

Amelogenesis - Formation of Enamel.

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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	3.5	X	X	0	1	3.5	1.5	2	X	16
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8											

Marks in words | TOTAL → 18/60
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Name of Examination | Section
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Subject Code : | B.No.: | S.No.:

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MGV's KBH DENTAL COLLEG AND HOSPITAL,
PANCHAVATI, NASHIK

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

I IMPROVEMENT EXAM - I BDS (REPEATER BATCH)

SUBJECT- DENTAL ANATOMY AND DENTAL HISTOLOGY

Date - 27/04/2023 Time-

MULTIPLE CHOICE QUESTIONS - (SEC. A) (20 x1 - 20 Marks)

1. Which of the following is dental formula of 9 year old child:
   a. 6EDC21/6EDC21 b. 6EDCBA/6EDC21
   b. EDC21/EDC21 d. 76EDC21/76EDC21

2. 31 refers to which of the following teeth according to the Universal system :
   a. Permanent left mandibular central incisor
   b. Permanent Mandibular right lateral Incisor
   c. Permanent Mandibular right second molar
   d. Deciduous left mandibular second molar

3. The enamel of the posterior teeth is thickest at :
   a. Cervical third of buccal surface
   b. Middle third of buccal surface
   c.Middle third of lingual surface
   d.Occlusal surface

4. The crown formation of all permanent teeth EXCEPT third molar is completed between:
   a. 2yrs to 3yrs b. Birth to 8 yrs
   c. Birth to 6 yrs d.Birth to 12 yrs.

5. Which of the following line angles DOES NOT exist in teeth:
   a. Mesiobuccal b. Mesiolingual c. Mesiodistal d.Distolingual

6.Morphological outline of crown of tooth is determined by
   a. Dentinoenamel junction b. Membrana performativa
   c.Dental papilla d.Cervical loop

7. Permanent anterior teeth having mesiodistal diameter greater than labiolingual dimensions is:
   a.Maxillary incisors b.Maxillary canines
   c.Mandibular incisors d.Mandibular canines

8. Incisal edge appears to be twisted slightly on its root base in permanent
   a.Maxillary central incisor b.Maxillary lateral incisor
   c.Mandibular central incisor d.Mandibular lateral incisor

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9. The geometric functional outline of anterior tooth when viewed from the proximal aspect is
a.Rhomboidal b. Trapezoidal c. Square d. Triangular

10. Extrinsic fibres in cementum are secreted by:
a.Cementoblasts b.Osteoblasts c.Fibroblasts d.Cementocytes

11. The role of effector nerves in dentin secretion is suggested due to presence of protein like:
a. Tuftelin
b. Enamelin
c. Synapsin & synaptogenin
d.Leucine

12. 54 in FDI notation refers to
a.Deciduous maxillary right 1st molar
b.Maxillary right 1st premolar
c.Deciduous maxillary left 1st molar
d.Mandibular left 1st premolar

13. Remnants of dental lamina are known as :
a.Cell rests of serre
b.Cell rests of malassez
c.Hertwigs epithelial root sheath
d.None of the above

14. In which of the anterior teeth are lingual pits more common:
a. Maxillary Centrals
b. Maxillary Laterals
c.Mandibular Centrals
d.Mandibular Laterals

15. Which of the following structures cannot be seen on ground sections:
a.Enamel b. Dentin c.Pulp d. Cementum

16. Acellular Cementum is more common at
a.Apical 3rd of root
b.Middle 3rd of root
c.Between apical and middle 3rd of root
d.Cervical and middle 3rd of root

17. Extension of odontoblastic process beyond the DEJ is termed as –
a.Enamel lamellae b.Enamel spindle c. Enamel tufts d. Enamel rods

18. Re-establishing former outline of root surface is :
a.Anatomic Rpair
b. Functional Repair
c.Physiologic Repair
d. Hyperplasia

19. When enamel surface is viewed in young teeth, shallow furrows called perikymata are visible. These are likely to be due to.
a. Abrasion from tooth brush
b. Cracks in enamel
c. Incremental formation of enamel
d. Organic deposits from saliva

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20. The cells of enamel organ which differentiate into future ameloblasts are:

a. Cells of outer enamel epithelium
b.Cells of stellate reticulum
c. Cells of inner enamel epithelium
d. Cells of stratum intermedium

SHORT ANSWER QUESTIONS- (SEC.B) (4x10- 40 Marks)

1) Hypomineralized structures of enamel
2) Type traits of Mandibular Central Incisor
3) Embrasures
4) Cap Stage
5) Enumerate the theories of Dentinal sensitivity and describe the most accepted theory
6) Age changes in Pulp
7) Cemento-enamel Junction
8) Normal variations of Permanent Maxillary Lateral Incisor
9) Sclerotic Dentin
10) Depressions on the surface of tooth

LONG ANSWER QUESTIONS - (SEC.C) (10x2- 20 Marks)

1) Discuss life cycle of Ameloblast in detail. Add a note on Amelogenesis.(10)
2) Describe the morphology of Permanent Maxillary Canine in detail. Add a note on traits. (7+3)

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0	A 0	0
1	B 1	1
2	M 2	2
3	P 3	3
4	R 4	4
5	S 5	5
6	V 6	6
7	W 7	7
8	8	8
9	9	9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION: 1st Improvement

SUBJECT :	PAPER :
DADH	

ROLL NO. (In Words): Shraddha Bhamre

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

INVIGILATOR'S SIGNATURE

Date : 27/04/23

Q. No.	1	2	3	4	5	6	7	8	9	10
a					■	■			■	
b	■						■	■		
c			■							■
d		■		■						

Q. No.	11	12	13	14	15	16	17	18	19	20
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d						■		■		

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: Ist Improvement (22-23)

Subject: Dental Anatomy & Dental Histology Section: B & C

Language of Answer: English Sub. Code:

Date: 21 04 2023

Bar Code

Serial No. 4230

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.
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Section: B & C

Seat No. (in Figures)

Seat No. shraddha Bhanire (in Words)

Examination: Ist Improvement (22-23)

Subject: Dental Anatomy & 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.

Signature of the CANDIDATE

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Signature of the Invigilator

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SECTION - B.

Short Answer Questions :-

1) Hypomineralized structures of enamel.

Ans:- 1. Hardest covering of tooth is the enamel.

2.

2. Enamel protects the tooth from all the foreign particles.

3. Enamel is the outermost covering of the tooth.

4. Enamel is greyish in colour.

5. These are hypomineralized structures of enamel.

6.

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Q) Type traits of Mandibular central incisor.

Ans:- 1. Incisors are the first teeth to erupt in the children.

2. Central & incisors and lateral incisors are the Incisors which erupt in children.

3. Both Mesial, lingual, Distal & Palatal are the 4 surfaces of the tooth.

4. Mesial & Distal side of the tooth is same.

5. Lingual & Palatal side of the tooth is same.

6. Root of the incisors.
- Incisors are single rooted.
- Root of lateral incisor is bifurcated anteriorly (slightly)

7 Incisors erupt at the the age of 4-5 yrs.

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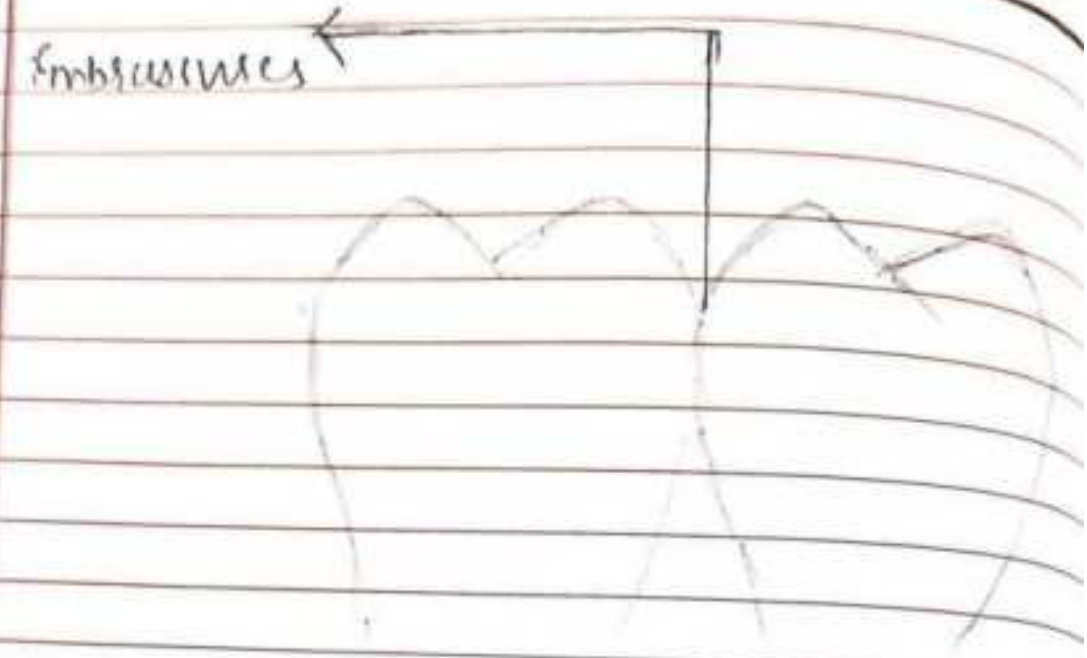
8) Embrassures.



1. Meeting point of the two surfaces of tooth is called as embrassures.

2. Two surfaces of the tooth contact each other.

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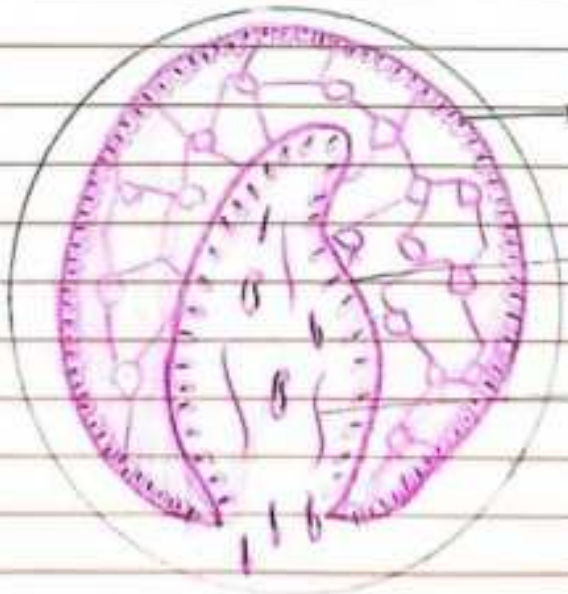
4) Cap Stage

Ans: 1. There are three stages of tooth development—

2. a) Cap stage.
   b) Bell stage
      - Early bell stage
      - Advanced bell stage.
   c) Budding stage.

3 Cap stage is the first stage of tooth Development.

4. In the cap stage formation of tooth development takes place.



CAP STAGE

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5) Enumerate the theories of Dentinal sensitivity and describe the most accepted theory?

Ans:- 1. There are the Three theories of Dentinal sensitivity.

2. Out of the three theories only one theory is accepted universally.

3. The Accepted theory in Dentinal sensitivity is Hydrodynamic theory.

H.

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6) Age changes in Pulp.

Ans: 1. Pulp is the most sensitive part of the tooth

2. Pulp is seen below dentine

3. Harm to pulp can cause sensitivity.

4. sensations in pulp are very sensitive.

5. Changes in pulp occurs according to the age of person.

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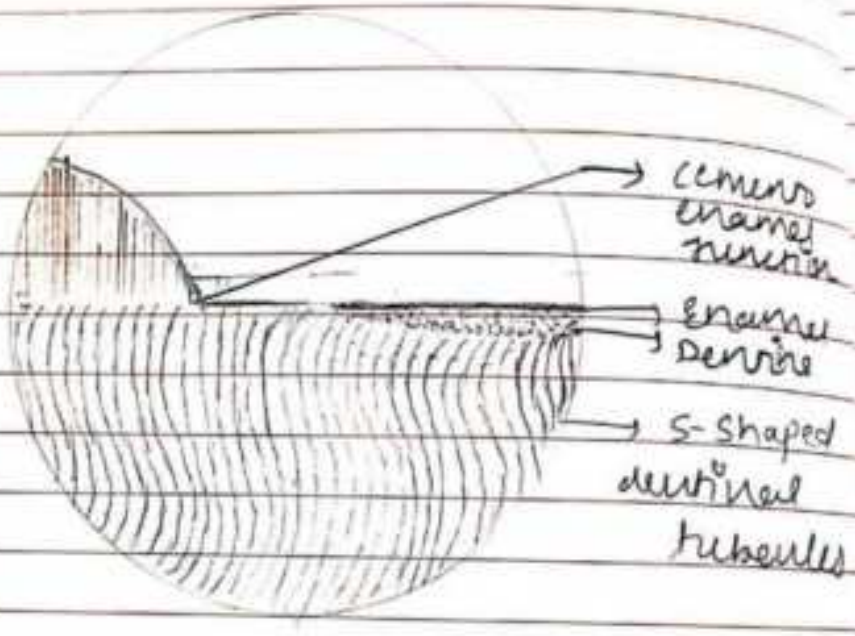
4) Cemento. Enamel Junction.



CEMENTO - ENAMEL - JUNCTION.

1. The junction where cementum & enamel ~~are~~ contact is called as cemento - enamel junction.

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8) Normal variations of Permanent Maxillary lateral Incisor.

Ans:- Variations of Permanent Maxillary lateral Incisors.

1. Fused Root.

2. Maxillary lateral Incisor showed not be erupted properly.

3. Sometimes Root may get bifurcated.

4. If Crown would not be developed properly.

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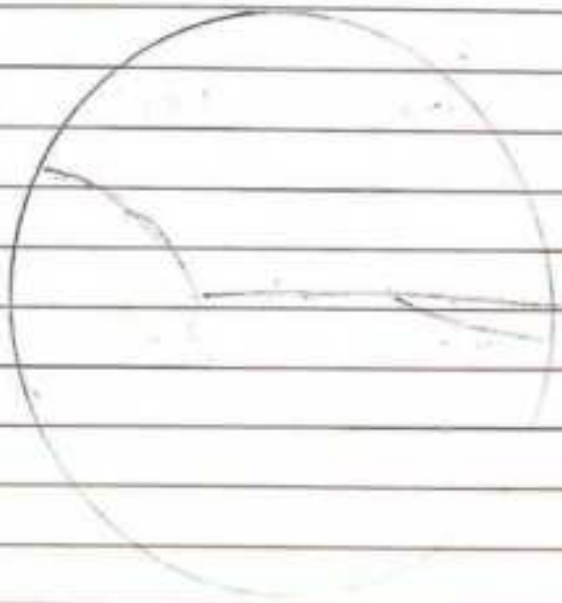
9) Sclerotic Dentine.

Ans:- 1. Sclerotic Dentine is a type of Dentine.

2. Sclerotic Dentine is a Hypomineralized Structure in the Dentine.



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10) Depressions on surface of tooth

Ans:- 1. On the surface of tooth there are depression.

2. These depressions on surface are very rare.

3. All of them do not have depressions on surface of tooth.

4. These depression on surface ~~root~~ of tooth make the crown deeper.

5. Because of depressions person may have problem for chewing.

6. Person may also sense sensitivity.

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SECTION - C.

1. Describe the morphology of Permanent Maxillary canine. Add a note on traits.

Ans:- canine :-

MORPHOLOGY :-

1. canine is the beauty tooth.
2. It is also called as dog teeth.
3. canine is the sharpest tooth in our dentition.
4. Because of canine our dentition looks nice.
5. canine is used for cutting our food.
6.

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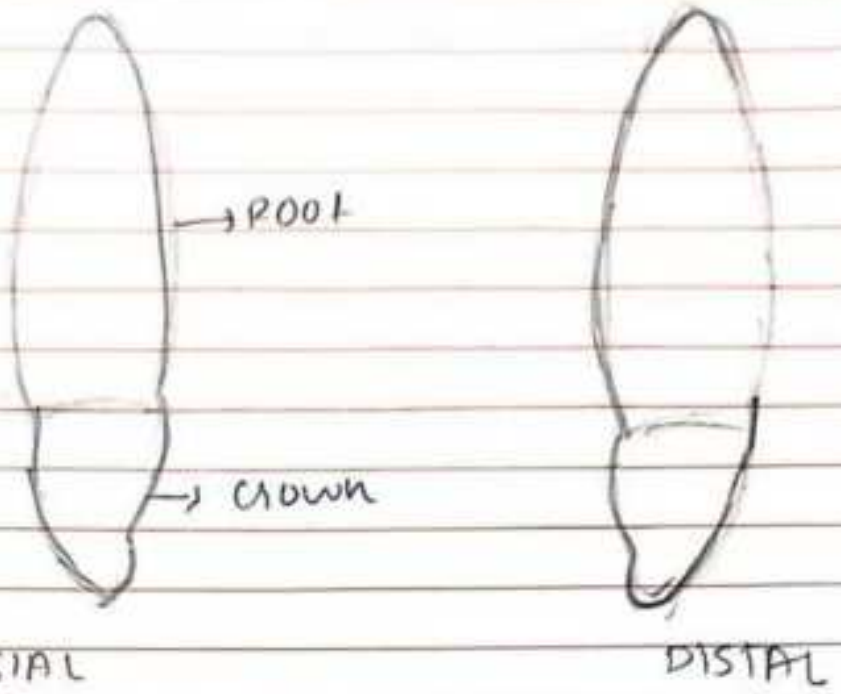

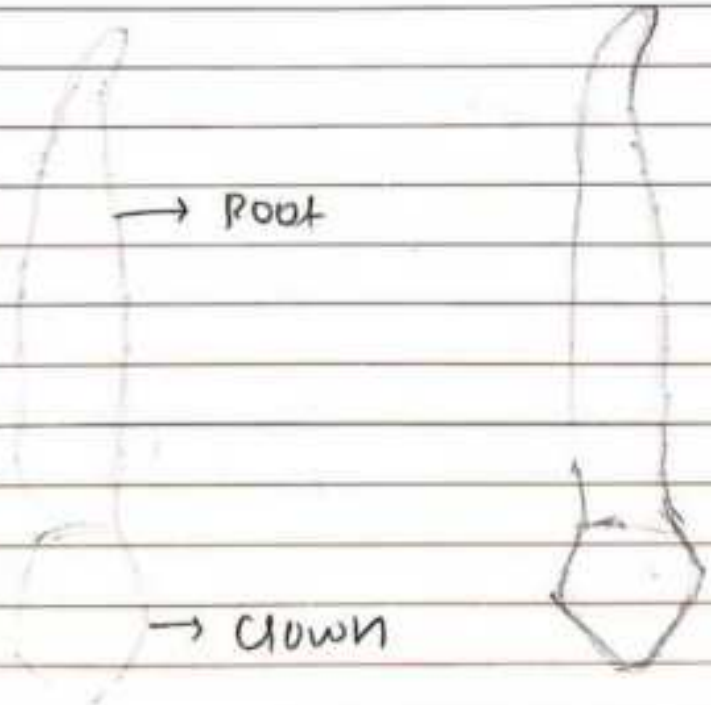

DIAGRAM OF CANINE

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there are 4 types of traits

1) set trait
2) class trait
3) Arch trait
4) Type trait.

(1) Set Trait

1. It is the beauty tooth of the dentition.

2. canine is also called as dog tooth

3. Sharpest tooth in dentition.

4. Root - canine is single rooted.

~~5. Crown - canine's is crown not fissures.~~

5. Canine does not have pit & fissure.

6. Root of canine is slightly tilted towards

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anterior part.

7. lingually the root of crown is bulky.

2) class Trait—

1. Root is not bifurcated. It is single rooted tooth.

2.

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Subject Code : B.No.:
Section
S.No.:

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Marks in words :
Marks allotted by Moderator Name :
TOTAL : → 14/60
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MGV's KBH DENTAL COLLEG AND HOSPITAL,
PANCHAVATI, NASHIK

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

IMPROVEMENT EXAM - I BDS (REPEATER BATCH)

SUBJECT- DENTAL ANATOMY AND DENTAL HISTOLOGY

Date - 27/04/2023 Time-

MULTIPLE CHOICE QUESTIONS - (SEC. A) (20 x1 - 20 Marks)

1. Which of the following is dental formula of 9 year old child:
   a. 6EDC21/6EDC21 b. 6EDCBA/6EDC21
   b. EDC21/EDC21 d. 76EDC21/76EDC21

2. 31 refers to which of the following teeth according to the Universal system :
   a. Permanent left mandibular central incisor
   b. Permanent Mandibular right lateral Incisor
   c. Permanent Mandibular right second molar
   d. Deciduous left mandibular second molar

3. The enamel of the posterior teeth is thickest at :
   a. Cervical third of buccal surface
   b. Middle third of buccal surface
   c.Middle third of lingual surface
   d.Occlusal surface

4. The crown formation of all permanent teeth EXCEPT third molar is completed between:
   a. 2yrs to 3yrs b. Birth to 8 yrs
   c. Birth to 6 yrs d.Birth to 12 yrs.

5. Which of the following line angles DOES NOT exist in teeth:
   a. Mesiobuccal b. Mesiolingual c. Mesiodistal d.Distolingual

6.Morphological outline of crown of tooth is determined by
   a. Dentinoenamel junction b. Membrana performativa
   c.Dental papilla d.Cervical loop

7. Permanent anterior teeth having mesiodistal diameter greater than labiolingual dimensions is:
   a.Maxillary incisors b.Maxillary canines
   c.Mandibular incisors d.Mandibular canines

8. Incisal edge appears to be twisted slightly on its root base in permanent
   a.Maxillary central incisor b.Maxillary lateral incisor
   c.Mandibular central incisor d.Mandibular lateral incisor

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9. The geometric functional outline of anterior tooth when viewed from the proximal aspect is
a.Rhomboidal b. Trapezoidal c. Square d. Triangular

10. Extrinsic fibres in cementum are secreted by:
a.Cementoblasts b.Osteoblasts c.Fibroblasts d.Cementocytes

11. The role of effector nerves in dentin secretion is suggested due to presence of protein like:
a. Tuftelin
b. Enamelin
c. Synapsin & synaptogenin
d.Leucine

12. 54 in FDI notation refers to
a.Deciduous maxillary right 1st molar
b.Maxillary right 1st premolar
c.Deciduous maxillary left 1st molar
d.Mandibular left 1st premolar

13. Remnants of dental lamina are known as :
a.Cell rests of serre
b.Cell rests of malassez
c.Hertwigs epithelial root sheath
d.None of the above

14. In which of the anterior teeth are lingual pits more common:
a. Maxillary Centrals
b. Maxillary Laterals
c.Mandibular Centrals
d.Mandibular Laterals

15. Which of the following structures cannot be seen on ground sections:
a.Enamel b. Dentin c.Pulp d. Cementum

16. Acellular Cementum is more common at
a.Apical 3rd of root
b.Middle 3rd of root
c.Between apical and middle 3rd of root
d.Cervical and middle 3rd of root

17. Extension of odontoblastic process beyond the DEJ is termed as –
a.Enamel lamellae b.Enamel spindle c. Enamel tufts d. Enamel rods

18. Re-establishing former outline of root surface is :
a.Anatomic Rpair
b. Functional Repair
c.Physiologic Repair
d. Hyperplasia

19. When enamel surface is viewed in young teeth, shallow furrows called perikymata are visible. These are likely to be due to.
a. Abrasion from tooth brush
b. Cracks in enamel
c. Incremental formation of enamel
d. Organic deposits from saliva

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20. The cells of enamel organ which differentiate into future ameloblasts are:

a. Cells of outer enamel epithelium
b.Cells of stellate reticulum
c. Cells of inner enamel epithelium
d. Cells of stratum intermedium

SHORT ANSWER QUESTIONS- (SEC.B) **(4x10- 40 Marks)**

1) Hypomineralized structures of enamel
2) Type traits of Mandibular Central Incisor
3) Embrasures
4) Cap Stage
5) Enumerate the theories of Dentinal sensitivity and describe the most accepted theory
6) Age changes in Pulp
7) Cemento-enamel Junction
8) Normal variations of Permanent Maxillary Lateral Incisor
9) Sclerotic Dentin
10) Depressions on the surface of tooth

LONG ANSWER QUESTIONS - (SEC.C) **(10x2- 20 Marks)**

1) Discuss life cycle of Ameloblast in detail. Add a note on Amelogenesis.(10)
2) Describe the morphology of Permanent Maxillary Canine in detail. Add a note on traits. (7+3)

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
66		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION Improvement exam

SUBJECT: Oral Pathology & Microbiology. | PAPER:

ROLL NO. (In Words)

six by six

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 /

Pradiksha
CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 17/11/22

Q. No.	1	2	3	4	5	6	7	8	9	10
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b							■	■		
c	■	■		■					■	
d					■	■				■

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Q. No.	21	22	23	24	25	26	27	28	29	30
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14/20

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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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

Center Code

Examination: I. Improvement exam

Subject: Oral Pathology and Microbiology

Section: B & C

Serial No. 2193

Language of Answer: English

Sub. Code:

Date: 17 11 2022

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 or 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.: 66 (in Figures)

Seat No.: Sixty six (in Words)

Examination: Improvement exam

Subject: Oral Pathology & Microbiology.

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.

Pratiksha

Signature of the CANDIDATE

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Signature of the JUNIOR SUPERVISOR

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Section - B.

a. Nikoloky's sign.

① Nikoloky's sign is a characteristic feature of the disease known as the Psoriasis.

② Psoriasis is the commonest skin disease occurring on the scalp, face, back of the neck, hands and on legs.

③. Nikoloky's sign is a characteristic feature of the disease in which on the application of the lateral pressure of scratching the skin on the surface gets rubbed off and the papules or plaques occur on the affected and adjacent skin.

④. Koebner's phenomena is also the characteristic of the disease psoriasis. in which the skin rubbed or scratched out then lesion occurs on the same site.

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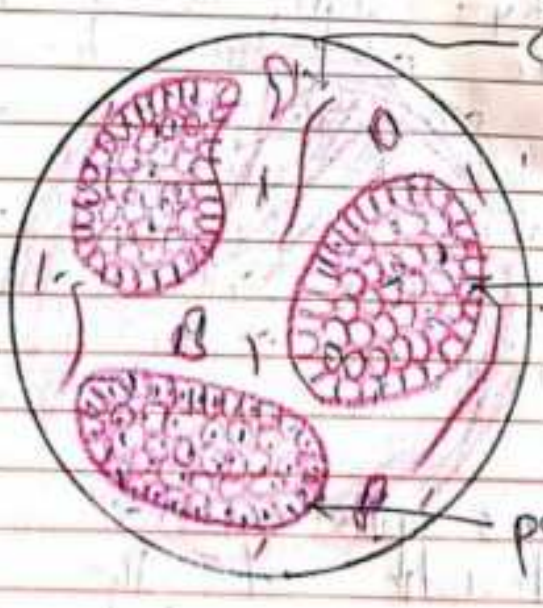
b. Adenoid cystic Carcinoma.

① Adenoid cystic carcinoma is also known as the Cylindroma.

② There are three growth pattern of the adenoid cystic carci They are

a) Solid
b) Cystic
c) Cribriform.



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d. Chronic Hyperplastic pulpitis.

① Chronic hyperplastic pulpitis is also known as the Pulp polyp.

② Clinical features

i) Pulp polyp occurs most common in the younger individuals.
ii) Involves the carious tooth entirely.
iii) The lesion is firm, resilient and pedunculated.
iv) Sometimes, it extends beyond the carious tooth.
v) The teeth most commonly involved are deciduous molars and the first permanent molar.
vi) There is a rich blood supply to the molar due to larger opening of the vessels near the apex of the tooth.

③. Histological features

i) The lesion contains hyperplastic epithelial cells.

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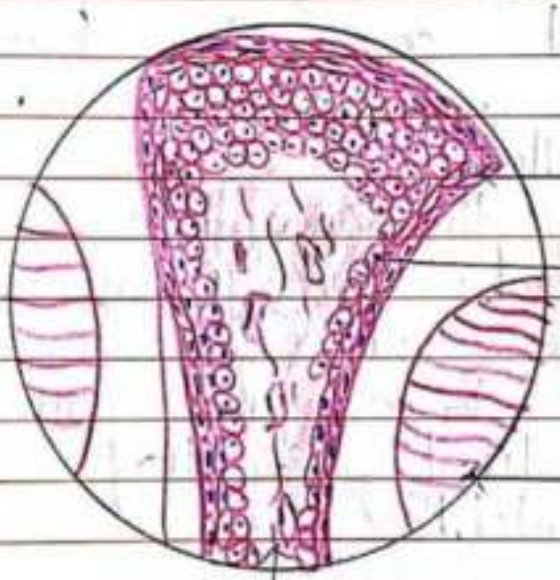
d (ii) Dysplastic epithelial cells are surrounded by the adjacent hard tissue.

(iii) Connective tissue stroma contains inflammatory cells, collagen fibres

(iv) Necrosed pulpal tissue



Treatment

① Extraction of the carious teeth.

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e. Pindborg's tumor

① Pindborg's tumor is also known as the 'Calcifying epithelial odontogenic tumor'.

② Clinical features

i) Occurs in 2nd - 3rd decade of the life.
ii) Most commonly found on the mandible than the maxilla.
iii) In the mandible it affects the Ramus - body - angle of the mandible.
iv) The lesion is painless, firm resilient swelling on the mandible.

③ Histological features

i) In a pindborg tumor there is a calcification of the cells.
ii) The neoplastic or tumor cells are in the form of nests, tubular structures or the islands.

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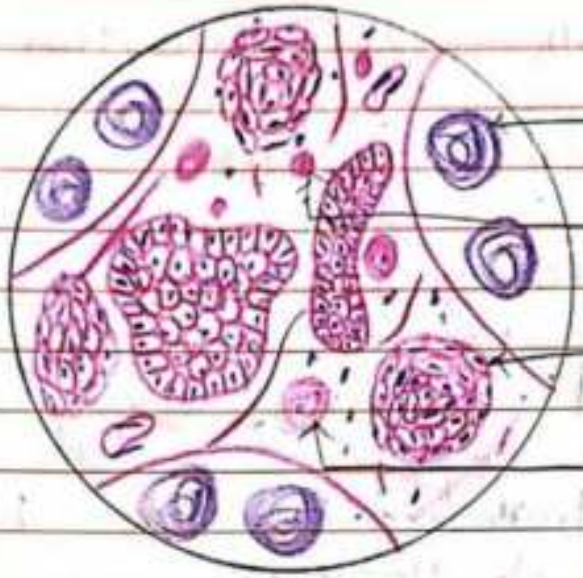
iii) there are whorls of the tumor cells.



iv). Ghost cells are also present in the epithelial layers.
v). The foci of calcifications are also present.
vi) Amyloid - like material is also present in the Pindborgs tumor.

⑨ Treatment

i) Surgical excision of the tumor.

ii) Marsupilization.

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f. Mucocele.

① Mucocele is also known as the mucous extravasation cyst.

② Clinical features.

i) Mucocele is not a true cyst. it is a pseudo cyst.
ii) It occurs as a extravasation cyst.
iii) There are two types.
  a) Deeper
  b) Superficial.
iv) Deeper mucous extravasation cyst occurs like a normal overlying mucosa as they are deep to the surface layer.
v) Superficial mucoceles found as a glistening, radiolucent more pinkish colored overlying mucosa.
vi) Most commonly occurs on the lips, tongue, floor of the mouth.
vii) Commonly seen on the lower lip.
viii) There is an obstruction to the salivary gland duct.

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ix) Mucocele often occured due to the trauma also.

(5) Histological features.

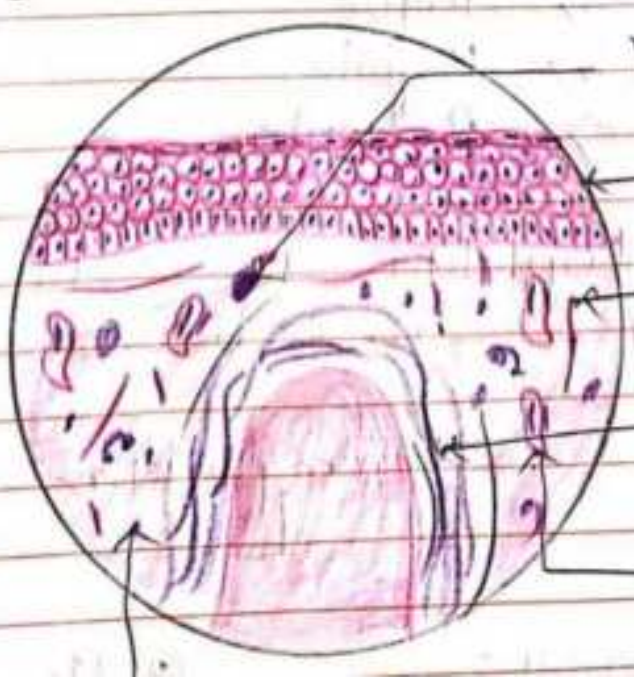
Mucin pooled area.

i) Mucocele consists of the granulati. tissue and the overlying normal epithelium.

ii) Granulation tissue :
Overlying epithelium.

iii) Granulation tissue, consists of the following components they are

a) extravasated capillaries
b) epithelial cells.
c) Mucinophages.
d) Collagen fibres.
e) budding capillaries.
f) Macrophages.
g) inflammatory cells



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9. Leukoplakia.

① Leukoplakia is a premalignant lesion.
② Leukoplakia is caused due the chronic long term of the tobacco chewing.
③. It is also caused due the alcohol consumption.
④. UV radiation also causes the leukoplakia.
⑤. Leukoplakia is defined as the white patch or plaque that cannot be characterized by any other clinical or pathological disease.
⑥. Clinical classification of the Leukoplakia is as given in below.

a) Plaque
b) Papule.
c) Reticular.

⑦. Leukoplakia is classified as given in below.

Leukoplakia

① Homogenous

② Non-homogenous.

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9 (8) Homogenous Leukoplakia.

i) Smooth

ii) Furrowed

iii) Corrugated.

(9). Non - homogenous Leukoplakia.

i) Nodular.

ii) speckled.

iii) Nodulospeckled.

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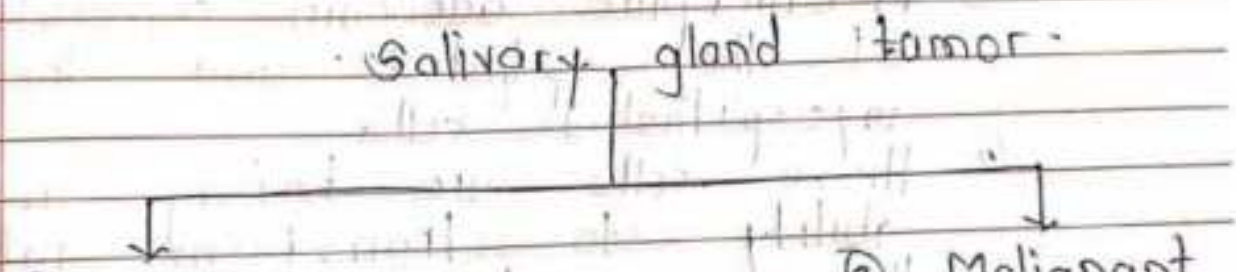
Section - C.

1. Salivary gland tumors.

A] Classification.

① Salivary gland tumors are classified as given below.



① Benign salivary gland tumors.

i) Pleomorphic adenoma.

ii) Warthins tumor.

iii)

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② Malignant salivary gland tumor.

i) Mucoepidermoid carcinoma.

ii) Adenoid cystic carcinoma.

B] Histogenesis:

① Pleomorphic adenoma consists of the epithelial and the myoepithelial cells.

② These cells are having an ability to transform into the neoplastic cells.

③. The two types of the cells i.e.

a) Myoepithelial cells

b) Ductal cells

these both are responsible for the formation of the salivary gland tumor.

④. these cells having an ability to convert into neoplastic tumo cells. after getting the stimula on from the carcinogens these cells starts differentiat

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and proliferating into the neoplastic tumor cells.

C] Clinical features.

i) Pleomorphic adenoma is also known as the mixed tumor.
ii) Occurs in the 6th. 7th decades of the life. with an average age of occurrance is being 42 years.
iii) Males are more affected than the females hence there is a slight predilection of the male.
iv) Most commonly occurs in the Parotid gland.
v) In the parotid gland it may be present as a deep lesion or the superficial lesion.
vi) Mostly occurs at the lateral border of the superficial lobe of the parotid gland.
vii) Minor salivary glands are also affected by the pleomorphic adenoma.

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1. viii) Mostly occurs in the pol
gingt where the acces
salivary glands are prese

iv) It is a firm, painless
resilient swelling.

D] Histopathology



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1.

① Histopathologically it is

i) Myxoid

ii) Myxoid & cellular.

iv) predominantly cellular.

v) severly myxoid in nature.

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2. Cyst.

A] Definition

Cyst is defined as the pathological cavity may or may not be lined by the epithelium and it contains fluid, semisolid or the gaseous materials.

B] Classification.

Cysts are classified as the following

i) Odontogenic Cyst.

ii) Non-odontogenic Cyst.

they are further classified as

i) Odontogenic cyst.

Developmental - Intraosseous
Extraosseous.
Inflammatory. Inflammatory

ii) Non-odontogenic cyst.

Developmental → intraosseous
→ Extraosseous
Inflammatory

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2. i) Odontogenic cyst

A) Developmental

Intraosseous.

a) Odontogenic keratocyst.
b) Orthokeratinized odontogenic cyst.
c) Calcifying epithelial odontogenic cyst.
d) Dentigerous cyst.
e) Radicular cyst.

Extra osseous.

a) Lateral bone cyst.
b) Aneurysmal bone cyst.
c) Developing adult cyst.

B) Inflammatory

i) Mucocele.

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2. D] Clinical features.

i) Odontogenic keratocyst occurs in the 2nd - 3rd decades of the life.

ii) The male to female ratio is 3:2.

iii) Odontogenic keratocyst occurs most commonly on the mandible than the maxilla.

iv) On the mandible it occurs most commonly on the posterior part of the mandible.

v) The ramus - body - angle affects majorly.

vi) Odontogenic keratocyst is represented as a firm, resilient, mass of

E] Radiographic features.

i) Odontogenic keratocyst occurs as a unilocular radiolucency.

ii) A well - demarcated border of the unilocular or multilocular radiolucency.

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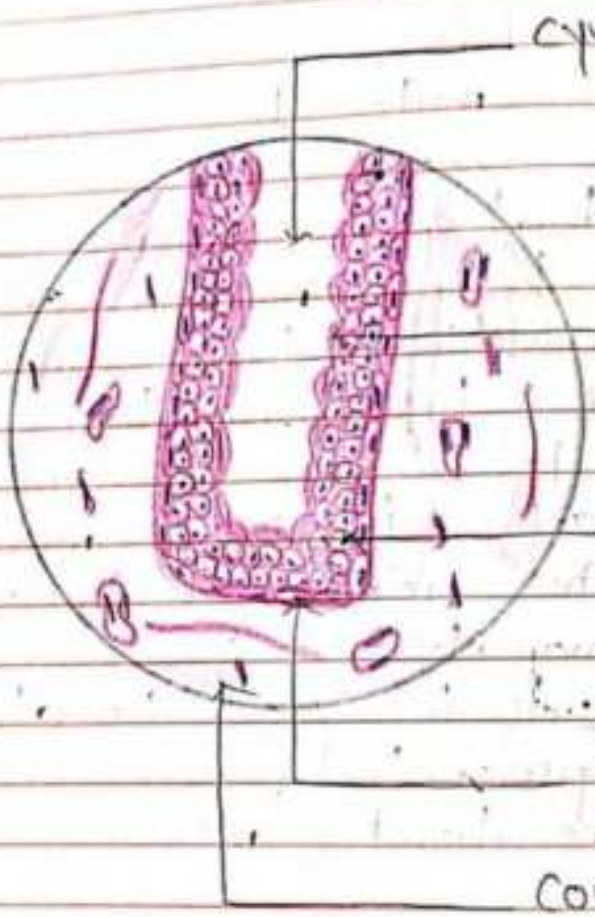
2 F] Histopathology.



① Odontogenic keratocyst consists of the 5-6 layers of the polygonal epithelial cells

② Layer of orth keratin formation is seen.

③ Connective tissue stroma consist of the

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Section

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Panchavati, Nashik - 422003.

III BDS- (ODD BATCH 2021-22) ~~III~~Sessional Examination I st improvement

Subject –Oral Pathology

Time: 9.00 p.m. to 12:00 p.m. **Date: 17/11/2022**

Total Marks- 60 marks

Section A: Multiple Choice Questions (M.C.Qs) (20X0.5=10 Marks)

1. A patient presents with an exophytic papillary growth on right buccal mucosa. Histologic examination of the lesion revealed marked epithelial proliferation without invasion into the connective tissue and parakeratin plugging. Most probable diagnosis is:

a. Epidermoid carcinoma
b. Oral submucus fibrosis
c. Verrucous carcinoma
d. Basal cell carcinoma

2.Rushton bodies may be found in the connective tissue capsule of

a) Primordial cyst
b) Dentigerous cyst
c) Lateral periodontal cyst
d) Gingival cyst of newborn

3.Mandibular third molar and ramus area are common sites for the following lesions EXCEPT

a) Adenomatoid odontogenic tumor
b) Dentigerous cyst
c) Ameloblastoma
d) Odontogenic Keratocyst

4. Necrotizing Sialometaplasia is a

a) Benign Lymphoepithelial lesion
b) Malignant lesion
c) Benign inflammatory lesion
d) Metastatic tumor

5.Absence or paucity of cellular cementum is found in

a) Brown's syndrome
b) Cementoblastoma
c) Cleidocranial dyplasia
d) Mandibulo-facial dysostosis

6. Step ladder or tennis racket appearance seen on a radiographic is a characteristic feature of:

a) Adenomatoid odontogenic tumor
b) Ameloblastoma
c) Calcifying epithelial odontogenic tumor
d)Odontogenic myxoma

7.Auspitz's sign is characteristic clinical sign in

a) Lupus erythmatosus
b) Psoriasis
c) Pemphigus vulgaris
d) White sponge nevus

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8. Neumann type and Hallopeau type are the variants of

a) Pemphigus vulgaris
b)Pemphigus Vegetans
c) Cicatrical Pemphigoid
d) Bullous Pemphigoid

9 Branchless fruit-laden tree or cherry blossom appearance is radiographically seen in

a) Acinic cell carcinoma
b) Mucoepidermoid carcinoma
c) Sjogren's syndrome
d) Clear cell carcinoma

10. Characteristic feature associated with Pierre Robin syndrome is

a) Macrognathia
b) Facial hemiatrophy
c) Facial hemihypertrophy
d) Micrognathia

11. 'Anitschkow' cells can be seen in

a) Sickle cell anemia
b) Thalaessemia minor
c) Iron deficiency anemia
d) Thalaessemia major

12. Pellagra is a classic symptom of

a) Vitamin D deficiency
b) Vitamin B5 deficiency
c) Vitamin B2 deficiency
d) Vitamin B9 deficiency

13.Serum alkaline phosphatase is increased in

a) Basal cell carcinoma
b) Osteogenesis imperfecta
c) Paget's disease
d) Caffey's disease

14. A 34 year old reported with slow growing painless mass of parotid gland bilaterally. He gave a history of smoking since 10 years. The most probable diagnosis is –

a) Cylindroma
b) Basal cell adenoma
c) Warthins tumor
d) Pleomorphic adenoma

15.Rhabdomyoma is a tumor originating from the

a) Nerve tissue
b) smooth muscle
c) Striated muscle
d) Vascular endothelium

16.A 8 year old patient presents with a painless swelling of the mandible. On histopathological examination, odontogenic epithelial cords and strands are noted in a cellular stroma resembling dental papilla. Juxtaepithelial hyalinization is seen around some odontogenic nests. The most probable diagnosis is

a. Ameloblastoma
b. Ameloblastic fibroma
c. Adenomatoid odontogenic tumor
d. Odontogenic myxoma

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17. Abtropfung effect is a feature of

a. Melanoma
b. Junctional nevus
c. Intradermal nevus
d.Epitheloid cell nevus

18.A 40 year old female patient presented with burning sensation, blanching of the oral mucosa and reduced mouth opening. She gave a history of gutkha consumption since 5 years. The probable diagnosis is-

a. Leukoplakia
b. Erythroplakia
c. Leukoedema
d. Oral Submucus Fibrosis

19. A patient presents with a metallic restoration in 14.He complains of sensitivity in the same tooth. Radiographic examination shows radiolucency beneath the restoration. The most probable diagnosis is?

a. Anachoresis
b. Secondary caries
c. Arrested caries
d. Radiation caries

20.The form of candidiasis associated with denture bearing areas is

a. Acute atrophic candidiasis
b. Chronic hyperplastic candidiasis
c. Chronic atrophic candidiasis
d. Chronic mucocutaneous candidiasiss

SECTION 'B'

Short Answer Questions (SAQ) **10X3= 30 Marks**

a. Nikolsky's sign
b. Histopathology of Adenoid cystic carcinoma
c. Shingles
d. Chronic hyperplastic pulpitis
e. Pindborg's tumor
f. Mucocoele.
g. Clinical classification of leukoplakia
h. Schwannoma
i. Brown tumor
j. Oral manifestations of tuberculosis

SECTION 'C'

Long Answer Questions (LAQ) **2X10= 20 Marks**

1. Classify salivary gland tumors. Describe the histogenesis, clinical features, histopathology of pleomorphic adenoma in detail (2+2+2+4).

2. Define and classify cysts of orofacial region. Describe the etiopathogenesis, clinical features, radiography, histopathological features of Odontogenickeratocyst(2+2+2+2+2)

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
7 3	A B M P R S V W	

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Oral Pathology

PAPER :

ROLL NO. (in Words)
Seven Nine

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

INVIGILATOR'S SIGNATURE

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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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(2021-22) I Improvement Exam.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: Improvement Prelim examination.

Subject: Oral Pathology

Section: B & C

Serial No. 2194

Language of Answer: English. Sub. Code:

Date: 17 11 2022

Bar Code

SPECIAL INSTRUCTIONS TO THE 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 or 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.: 79. (in Figures)

Seat No.: Seven Nine. (in Words)

Examination: Improvement Examination

Subject: Oral pathology & 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.

Signature of the CANDIDATE

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

Signature JUNIOR SUPERVISOR

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LAQ

i) classification of salivary gland 10m

Benign.
pleomorphic adenoma
warthin tumour

malignant
Adenoid cystic carcinoma
mucoepidermoid carcinoma
Basal cell adenomas

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c/f

i) the. pleomorphic adenomal mixed tumour are occured in. ~~30~~ - between. 30 - 39 yrs.

2) It is mostly. occured in the. female. than in. male

3) salivary gland are affected in the. plemorphic adenoma

4) In salivary gland. Parfoid. gland are most affect.

5) both major & minor salivary gland are occured

6) Sign,- symptoms: ~~both.~~ ~~bilateral~~ painless swelling are occured in. the. pleomorphic adenoma

- this causes change. in. facial symmetry.

7) It occur in minor salivary. gland present in palate.

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Scott

2 A cyst is a pathological cavity may lined by epithelium contain liquid gaseous material

classification

Dete odontogenic cyst
Development cyst
— Intraosseous
globulomaxillary cyst
ortho keratinised cyst
odontogenic keratocyst
Lateral Periodontal cyst
Dentigerous cyst
- calcifying odontogenic cyst
— extra osseous
gingival cyst of newborn
gingival cyst of child

- Inflammatory
Apical periodontal cyst
Residual cyst
primordial cyst

- Non-odontogenic cyst
Intraosseous
Nasopalatine cyst
Extraosseous
labial cyst
Inflammatory
Aneurysmal bone cyst

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iv) In maxilla the OLKC is occured in the 3 molar & premolar area

v) 50 % of patient are symptomatic prior treatment

vi) Symptoms are : Pain, Neurological manifest in ~~lip~~ tongue & teeth Paresthesia, swelling, Drainage of Pus, erosion of Bone where cyst are occured

vi) In 2° infection are mostly occured in the maxilla because maxillary sinus are present

vii) The cystic fluid are thin, straw colored, cheesy material

Radiographic feature

1) The lesion of OLKC is well-demarcated, radiopaque with smooth border & are unilocular

2) In some ~~th~~ lesion the OLKC is unilocular with ~~scal~~ scalloped border which show different growth pattern of cyst

3) multilocular cyst are also seen OLKC is with well-demarked border

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the histology of olre. is divided in.
- Lumen
- Lining epithelium.
- Connective tissue

Lumen :- the lumen contains olre. is thin. straw coloured, cheesy on aspiration. gives the presence of cholesterol & hyaline bodies. the protein content in the lumen are below 2.4 gm

Lining epithelium
:
1) ~~the other~~ Parakeratin & orthokeratin is present in the cyst but parakeratin is present in 83% orthokeratin is present in 7% & both ortho + parakeratin is present in 10%.

2) In olre. the parakeratin layer occured

3) below the parakeratin the 4-8 cell layer epithelium are present

4) the basal cell are columnar in nature with reverse polarity.

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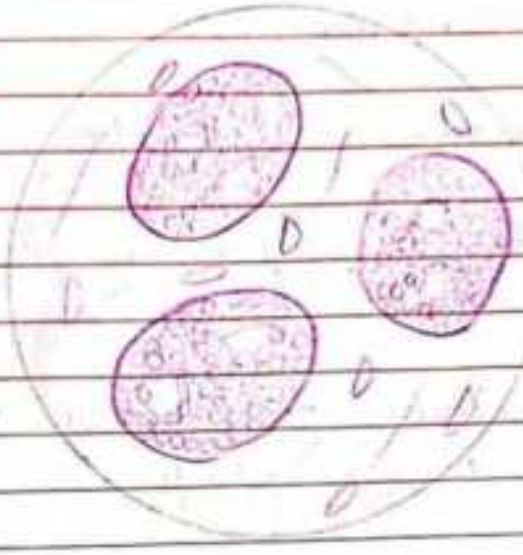
b) Adenoid cystic Carcinoma.



i) adenomatoid cystic carcinoma are a malignant condition. are occurred in salivary gland tumor.

ii) adenoid cystic carcinoma are in 3 types

iii) adenoid cystic carcinoma are give histological pattern. such as honey comb like path.

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f) Pindberg tumor

i) Pindberg tumor are also called as a calcifying epithelial odontogenic tumor.

ii) It is occur less than 1% of Patient benign, non invasive, exclusively ~~odontogenic~~ odontogenic epithelial in origin.

iii) It is occured from ~~Rest~~, dentine laminae, cell rest of ~~se~~ dentine laminae

C/F

(1) It is occured both intraosseous & extraosseous

(1) In Intraosseous CEOT

(1) It is occured or diagnosed in the ~~40~~ decade of life.

2) ~~Sex~~ ~~pre~~ No sex predilection in the CEOT means both inmale & female frequently occur

3) It is located in both mandible & maxilla. ∴ In mandible CEOT occured like as in maxilla.

(4) ~~It~~ In ~~both~~ CEOT ~~dentition~~ the molar are occured ~~o~~ ~~more~~ molar region than ~~[illegible]~~ region

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Mucocoele

- The Mucocoele is a retention cyst that occur in the oral cavity.

- formation of mucocoele due to obstruction of salivation gland duct causes accumulation of mucus cell in the duct & form the m. due to obliteration

- c/F

- the mucocele are occured in the floor of the mouth when normus salivary gland duct are opened

- The cyst are semi-spherical with distinct edge.
- the transillumin test is positive in mucous
- It is soft cystic, fluctuan swelling
- the clour of the cyst are pinkish when
- As the ~~incidn~~ progress the size of the mucoele are increasl
- the the (retention cyst) mucoele are gives problem as such as feeding, swallow, ~~eco~~ mastication, unable to speech,
- the cystic lumen contain thin fluid with watery colured.

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clinical manifestation of leukoplakia.

(1) leukoplakia is defined as a white, plaque ~~or~~ patch are occured in the buccal mucosa in the oral cavity

(2) It is occured due to both smoked & smokeless tobacco, ~~or~~ in candidiasis associated leukoplakia

(3) It is clinical or histological feature are not ~~diagnosed~~ their Hence we can not diagnosed the leukoplakia

(4) leukoplakia are premaligant condition where it has potential to transfer into malignant form.

(5) It is mostly occured in the male.

(6) In histological feature leukoplakia show some dysplastic feature.

(7) clinical manifestation of leukoplakia are follows

(1) according to the size & structure it is divide into Homogeneous & Non Homogeneous

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schwannome.

(1) The schwannome is tumor that occur in schwall cell a that are occured in the axon of Nerve

(2) It have two type Anteri type A & Anteri type B

(3) In schawannom the swann cells are occured proliferation

(4) ~~Here~~ the Nerve conduct are not occured in the Nerves cells

(5) Hence signaling pathway are not conducted

(6)

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3) oral manifestation of tuberculosis

(i) The tuberculosis are occured by the mycobacter tuberculosis.

(ii) The invasion of mycoblastic tubercle in the blood strem, apical infection, in the tooth, lung.

(iii) the transmission of tubercles ~~is~~ from mouth to blood stream are occured by the trauma ~~of~~, ~~slight~~ cavitation.

(iv) ~~The~~ In the oral cavity the tuberculosis gives tuberculoma at ~~beside of the~~ apex ~~of~~ the tooth.

(v) In tuberculoma many epithelioid cells, giant cell of Langhans macrophages, fibroblast are occured

(vi) the many nodules are formed in the oral cavity

(vii) the tolerance caused by tuberculosis are occured in tongue, buccal mucosa, palate, & lin flour of the mouth

(viii) the entire mouth is saved in the patch.

(ix) both red erythema & edomous lesion are occured in the tuberculosis.

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TOTAL : → 29.5
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Marks allotted by Moderator Name :
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Marks in words :
Marks allotted by I[st] Examiner Name :
TOTAL : →
signature :

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Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE AND HOSPITAL,

Panchavati, Nashik – 422003.

III BDS- (ODD BATCH 2021-22) ~~III~~Sessional Examination I St improvement

Subject –Oral Pathology

Time: 9.00 p.m. to 12:00 p.m. **Date: 17/11/2022**

Total Marks- 60 marks

Section A: Multiple Choice Questions (M.C.Qs) (20X0.5=10 Marks)

1. A patient presents with an exophytic papillary growth on right buccal mucosa. Histologic examination of the lesion revealed marked epithelial proliferation without invasion into the connective tissue and parakeratin plugging. Most probable diagnosis is:

a. Epidermoid carcinoma
b. Oral submucus fibrosis
c. Verrucous carcinoma
d. Basal cell carcinoma

2.Rushton bodies may be found in the connective tissue capsule of

a) Primordial cyst
b) Dentigerous cyst
c) Lateral periodontal cyst
d) Gingival cyst of newborn

3.Mandibular third molar and ramus area are common sites for the following lesions EXCEPT

a) Adenomatoid odontogenic tumor
b) Dentigerous cyst
c) Ameloblastoma
d) Odontogenic Keratocyst

4. Necrotizing Sialometaplasia is a

a) Benign Lymphoepithelial lesion
b) Malignant lesion
c) Benign inflammatory lesion
d) Metastatic tumor

5.Absence or paucity of cellular cementum is found in

a) Brown's syndrome
b) Cementoblastoma
c) Cleidocranial dyplasia
d) Mandibulo-facial dysostosis

6. Step ladder or tennis racket appearance seen on a radiographic is a characteristic feature of:

a) Adenomatoid odontogenic tumor
b) Ameloblastoma
c) Calcifying epithelial odontogenic tumor
d)Odontogenic myxoma

7.Auspitz's sign is characteristic clinical sign in

a) Lupus erythmatosus
b) Psoriasis
c) Pemphigus vulgaris
d) White sponge nevus

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8. Neumann type and Hallopeau type are the variants of

a) Pemphigus vulgaris
b)Pemphigus Vegetans
c) Cicatrical Pemphigoid
d) Bullous Pemphigoid

9 Branchless fruit-laden tree or cherry blossom appearance is radiographically seen in

a) Acinic cell carcinoma
b) Mucoepidermoid carcinoma
c) Sjogren's syndrome
d) Clear cell carcinoma

10. Characteristic feature associated with Pierre Robin syndrome is

a) Macrognathia
b) Facial hemiatrophy
c) Facial hemihypertrophy
d) Micrognathia

11. 'Anitschkow' cells can be seen in

a) Sickle cell anemia
b) Thalaessemia minor
c) Iron deficiency anemia
d) Thalaessemia major

12. Pellagra is a classic symptom of

a) Vitamin D deficiency
b) Vitamin B5 deficiency
c) Vitamin B2 deficiency
d) Vitamin B9 deficiency

13.Serum alkaline phosphatase is increased in

a) Basal cell carcinoma
b) Osteogenesis imperfecta
c) Paget's disease
d) Caffey's disease

14. A 34 year old reported with slow growing painless mass of parotid gland bilaterally. He gave a history of smoking since 10 years. The most probable diagnosis is –

a) Cylindroma
b) Basal cell adenoma
c) Warthins tumor
d) Pleomorphic adenoma

15.Rhabdomyoma is a tumor originating from the

a) Nerve tissue
b) smooth muscle
c) Striated muscle
d) Vascular endothelium

16.A 8 year old patient presents with a painless swelling of the mandible. On histopathological examination, odontogenic epithelial cords and strands are noted in a cellular stroma resembling dental papilla. Juxtaepithelial hyalinization is seen around some odontogenic nests. The most probable diagnosis is

a. Ameloblastoma
b. Ameloblastic fibroma
c. Adenomatoid odontogenic tumor
d. Odontogenic myxoma

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17. Abtropfung effect is a feature of

a. Melanoma
b. Junctional nevus
c. Intradermal nevus
d.Epitheloid cell nevus

18.A 40 year old female patient presented with burning sensation, blanching of the oral mucosa and reduced mouth opening. She gave a history of gutkha consumption since 5 years. The probable diagnosis is-

a. Leukoplakia
b. Erythroplakia
c. Leukoedema
d. Oral Submucus Fibrosis

19. A patient presents with a metallic restoration in 14.He complains of sensitivity in the same tooth. Radiographic examination shows radiolucency beneath the restoration. The most probable diagnosis is?

a. Anachoresis
b. Secondary caries
c. Arrested caries
d. Radiation caries

20.The form of candidiasis associated with denture bearing areas is

a. Acute atrophic candidiasis
b. Chronic hyperplastic candidiasis
c. Chronic atrophic candidiasis
d. Chronic mucocutaneous candidiasiss

SECTION 'B'

Short Answer Questions (SAQ) **10X3= 30 Marks**

a. Nikolsky's sign
b. Histopathology of Adenoid cystic carcinoma
c. Shingles
d. Chronic hyperplastic pulpitis
e. Pindborg's tumor
f. Mucocoele.
g. Clinical classification of leukoplakia
h. Schwannoma
i. Brown tumor
j. Oral manifestations of tuberculosis

SECTION 'C'

Long Answer Questions (LAQ) **2X10= 20 Marks**

1. Classify salivary gland tumors. Describe the histogenesis, clinical features, histopathology of pleomorphic adenoma in detail (2+2+2+4).

2. Define and classify cysts of orofacial region. Describe the etiopathogenesis, clinical features, radiography, histopathological features of Odontogenickeratocyst(2+2+2+2+2)

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II nd improvement
2nd week

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

ROLL NO: 79

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.:

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Oral Pathology

PAPER :

ROLL NO. (In Words): Seven nine

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

INVIGILATOR'S SIGNATURE

Date :

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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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9/20

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

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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

Center Code

Examination: Improvement Examination :-2

Subject: Oral Pathology & histology

Section: B & C

Serial No. 195

Language of Answer: English

Sub. Code

Date: 2 3 1 1 2 0 2 2

Re 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 or 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. 79 (in Figures)

Seat No. Seven nine. (in Words)

Examination: ~~[illegible]~~

Subject: Oral pathol

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.

Signature of the CANDIDATE

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

Signature of the JUNIOR SUPERVISOR

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→ 1) Oral manifestation. vitamin c deficiency

① the vitamin c deficiency are called as scarvy

② the rich source of the vitamin c is the lemon or citrus fruit

③ In vitamin c deficiency the erythematous patch seen in the the buccal mouccosa, gingiva, tongue,

④ stomatitis are ocured in the oral cavity

⑤ ~~chilitis~~ angular chilitis are occur in the corner of the mouth.

⑥ In ulceration are formed in the severe vitamin c deficiency

⑦ In some cases the wound which are occur in the oral cavity are not easily cured.

⑧ ~~vitamin c~~

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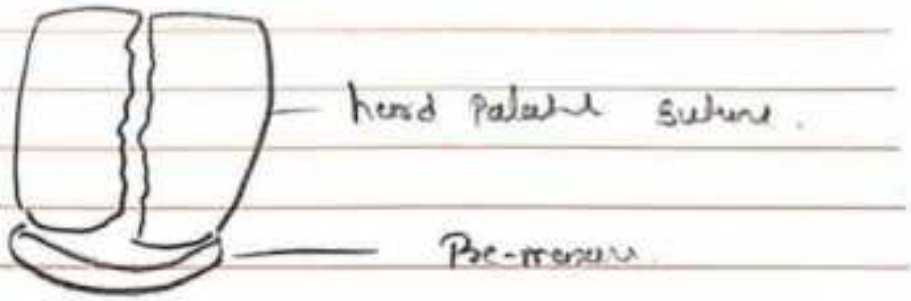
c) cleft palate

(1) The cleft palate are one a developmental anamolies occur in the oral cavity.

(2) It is caused by incomplete fusion between premaxilla & maxillary palatal suture.

(3) It is also formed due to incomplete fusion of two palatal suture.



(4) the problem caused in the cleft palate are following

(1) regurgitation of food & water

(2) ~~Pat~~ sucking

(3) speech.

(4) breathing.

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(3) ~~clf of cleft palate~~

(4) ~~It the~~

(5) cleft palate is not occur in frequen

(6) It is usually occur ~~with~~ cleft lip with cleft palate

(7) In cleft palate the bifurcation of the uvula are occured

(8) the treatment of cleft palate are treated by stage surgery of the palate.

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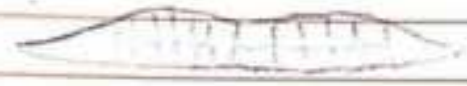
c) cheiloscopy

(i) The cheiloscopy are used in forensic odontology

(ii) Then cheiloscopy the lip marks are obtain from specific part of

(iii) It the cheiloscopy are in 2 form 1st in vertical cheiloscopy & reticular cheiloscopy respectively.

(iv) In vertical cheiloscopy.



(v) the fissure are present in the vertical direction of the lip.

(vi) It is occured in vermillion border of the lip to mucous tissue

(vii) In reticular cheiloscopy.



(viii) In reticular cheiloscopy the fissure are present in the reticular form with varying diameter of lip.

(ix)

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(c) oral submucous fibrosis

- oral submucous fibrosis is a progressive dis, with scarring disease.
-

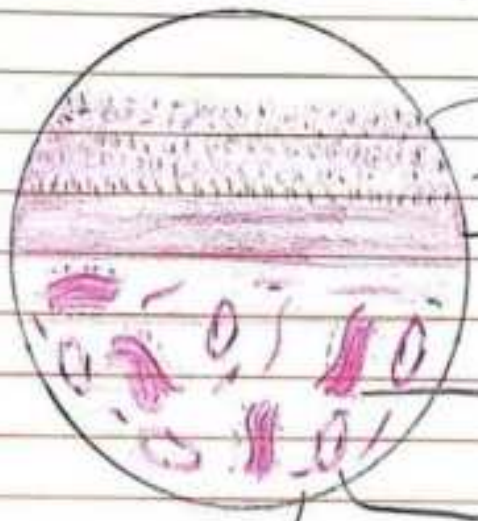
oral submucous fibrosis are premalignant lesion
- etiology due to tobacco
- D/F

- ~~It is caused by.~~

Prodromal symptom.

① burning sensation occur in the buccal mucosa due to intake of of spicy, or hot food
② small vesicles are formed in the buccal mucosa
③ hypersensitive to ~~bet~~ betel-nut cause the varicous petechiae are formed
④ most of the petechiae are occured the palate.

H/F/.



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P. malignant melanoma

(1) It is a malignant tumor occur in the pigmented cell such melanoblast occur in the prickle cell ~~[illegible]~~ of the ~~melano~~ malignant ~~[illegible]~~ lacer
So It is highly fatal in nature.

(2) etiology

(1) It is occured in white people frequent ~~due to~~ ~~mel~~ occur than in ~~[illegible]~~ black people beau of the ~~[illegible]~~ melanin barrier

(2) Socioeconomic state
(1) the high ~~so~~ ~~sto~~ socioeconomic stress ~~are~~ peoples have more incidence for malignant melanoma ~~the~~ vaction are occured in foreign contory which differ different wave-length of UV-rays

(3) ~~It~~ A Patient with continuous exposure of the sunlight - ~~[illegible]~~ such type of patient occur in equator region.
Contory ~~[illegible]~~ like Austria, UK, USA.

- ~~[illegible]~~
It's the manifestation of malignant melanoma are ~~to~~ 2 type
Vertical growth direction
radial growth direction

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(5) vertical growth direction : In this type of tumour growth are occur in superficial type or local spread

(6) ~~radial growth direction~~
- It does not show metastize in the vertical growth direction.

(7) radial growth direction
In this type of tumour growth are occur in the deeper structure of the body,
- once the the cell of tumour are occurred in the radial growth the metastasis of melanoma are occur

(8) ~~In~~ ~~met~~ the metastasis of melanoma are occur ~~in the lymph~~ through lymph node, ~~[illegible]~~, brain, lung.

- ~~C/F~~ C/F

(1) type of malignant melanoma.

(1) Superficial spreading melanoma
(2) Nodular melanoma
(3) Lentigo ~~melanoma~~ - malignant melanoma.
(4) Amelanotic melanoma
(5)

(1) superficial spreading melanoma.
(1) The. In superficial spread melanoma are. growth in vertical direction
(2) the does not show metastasis of tumour

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Hemophilia

- Hemophilia are the bleeding disorder caused by absence or deficiency of the blood clotting factors like factor, VIII or IX

① Like In Hemophilia patient continue bleeding occur even though the mild trauma are occurred

② Hemophilia Joint are two type.

1) Hemophilia A
2) Hemophilia B

③ Hemophilia A : In Hemophilia A patient have deficiency of factor VIII

④ Hemophilia B :- In Hemophilia B patient has defect of factor IX

C/F

① In Hemophilic patient osteomyelitis patient are seen bleeding mucus

② In Haemophilic Patient like delayed wound healing are occur

③

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h. Garre's osteomyelitis

(i) Garre's osteomyelitis is a spread of local infection

(ii) Garre's osteomyelitis also called as chronic dissfn. sclerosis osteomyelitis

(iii) In Garre's osteomyelitis the formation of bone is excessive.

(iv) both the osteoblast cell are in various in morphology varies with neumerous in number.

v). In the Garre's osteomyelitis excessive bone formation causes the enlargement of the both mandible & maxilla

vi) Sometimes the invasion occur in the medullary space causes the expansion of the cortical plate

vii) In radiographic features the loss of lamina dura.

(vi) In radiographic features of Garre's osteomyelitis are radiolucent in nature with well defined border.

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Complex odontoma

(1) odontoma is a tumorlike having origin of odontogenic epithelial.

(2) ~~odontogenic~~ In odontoma both amelobluse & odontobluse lead down to enamel & dentin which are function in nature but morpho differentiation are not occur

(3) It is a hamartoma malformation of the odontogenic epithelium.

(4) C/F

- It is usually occur in the 2 ~~4th~~ ~~5th~~ decade of life
- It is usually have no sex predilection
- ~~location~~ :-
- The tumor form more than one tissue type called as composite odontoma

In composite odonte are two type
- compound composite odontoma
- complex composite odonte.

Compound composite odontoma.

(1) It is multiple tooth like bone with which are resemble to its rudimentary tooth is called as compound composite odontoma

2) It is irregular oval mass which does not show to its resembling tooth is called as a complex odontoma.

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c/f

1. The lichen planus are occured in 4th - 5th decade of life
2. It is usually occur in the female
3. Location: In the skin region occur in the hand, body surface
4. the white scarty patches are seen in the body surface
5. the white - striae are present in the erythematous lesion are called as a wickham striae.
6. the the Nikolsky sign are present in the lichen plane
7. the surrounding lesion of the ~~erythema of~~ lichen planus are erythematous
8. In the oral lesion of lichen planus are various type.
   (i) atrophy
   (ii) erosion
9. In oral lichen planus, lesi lesion occur in the mouth are erythematous patches.
10. striae of wickham are also present

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b) Dental Caries

-) It is a irreversible disease caused by the micro-organism in which dominance of inorganic matter.

classification of caries

① ~~depend pe apenk anoto.~~

① Pit & fissure caries
② occlusal caries
③ cervical caries
④ root caries
⑤ cementoenamel junction caries.
⑥ arrested caries.
⑦ Rampen caries
⑧ Nursing bottom caries.

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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 Moderator Name

TOTAL : 24
signature

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

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

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K.B.H. DENTAL COLLEGE AND HOSPITAL,

Panchavati, Nashik 422003

III BDS (Repeater 2021-2022) II Improvement Examination | Extra Sessional

Subject – Oral Pathology

Time: 9.00 a.m. to 12:00 p.m. **Date: 23/11/2022**

Total Marks- 80 marks

Section A: Multiple Choice Questions (M.C.Qs) (20X01=20 Marks)

1. Snail-track ulcers and mucous patches are characteristic features of
   a. Congenital syphilis b. Primary syphilis
   c. Secondary syphilis d. Tertiary syphilis

2. "Cotton-wool" radiographic appearance is a feature of
   a. Acute suppurative osteomyelitis b. Chronic focal sclerosing osteomyelitis
   c. Chronic diffuse sclerosing osteomyelitis d. Garre's osteomyelitis

3. Sulphur granules are typically seen in:
   a. Actinomycosis b. Leprosy c. Syphilis d. Tetanus

4. A patient reported with an asymptomatic white patch on the buccal mucosa which could not be scraped off. Patient chewed tobacco since five years. Most probable diagnosis of the lesion is:
   a. Leukoplakia b. Morsicatio buccarum
   c. Leukoedema d. Syphilis

5. 'Mickey Mouse Ears' is a histological feature of
   a) Candidiasis b) Paracoccidioidomycosis
   c) Leptospirosis d) Tuberculosis

6. Which other factor in the Stephen's curve is related to the caries incidence and sugar intake:
   a. Physical form of sugar b. Frequency of sugar intake
   c. PH of plaque d. Quantity of sugar intake

7. The following are subtypes of basal cell carcinoma except
   a. Pigmented b. Verrucous
   c. Micronodular d. Morpheaform and Infiltrating

8. A patient presents with a greyish white lesion on buccal mucosa which disappear when stretched. The most likely diagnosis is:
   a. Lichen planus b. Leukoedema
   c. Leukoplakia d. OSMF

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9. Appearance of tongue in Pernicious anemia is referred as –

a. Bald tongue
b. Strawberry tongue
c. Fissured tongue
d. Raspberry tongue

10. "Crew-cut" appearance of the surface of the skull is a feature

a. Iron deficiency anemia
b. Thalassemia
c. Polycythemia
d. Aplastic anemia

11. Rigidity of facial muscles 'Risus sardonicus' is associated with:

a) Tetany
b) Tetanus..
c) Leprosy
d) Actinomycosis

12. A 40 year old female patient presented with burning sensation , blanching of the oral mucosa. She gave a history of gutkha consumption since 5 years. The probable diagnosis is-

a. Leukoplakia
b. Erythroplakia
c. Leukoedema
d. Oral Submucuc Fibrosis

13. The characteristic ring-like defect termed Rh hump is a feature of

a . Erythroblastosis fetalis
b. Sickle cell anemia
c. Aplastic anemia
d. Thalassemia

14. Eburnation of dentin is seen in which condition?

a. Rampant caries
b. Radiation caries
c. Arrested caries
d. Recurrent caries

15. A patient presents with a metallic restoration in 14. He complains of sensitivity in the same tooth. Radiographic examination shows radiolucency beneath the restoration. The most probable diagnosis is?

a. Anachoresis
b. Secondary caries
c. Arrested caries
d. Radiation caries

16.. Buckshot scatter is a histological feature of-

a. Basal cell carcinoma
b. Squamous cell carcinoma
c. Malignant melanoma
d. Verrucous carcinoma

17. The significantly found microbe in root surface caries is?

a. S. mutans
b. S.sanguis
c. S. salivaris
d. A.viscosus

18. A condition clinically simulating pulpitis by occurance of toothache seen in flying personnel is-

a. Aerodontalgia
b. Anachoresis
c .Pheonix abscess
d. Pulp hyperemia

19. In thrombocytopenic purpura:

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a. Bleeding time is normal, clotting time is prolonged
b. Both bleeding and clotting time are prolonged
c. Bleeding time is prolonged, clotting time is normal
d. Both bleeding time and clotting time are normal

20. The following statements are TRUE for "Nursing bottle caries" Except
a. Form of rampant caries
b. Affects permanent incisors and canines
c. Affects deciduous maxillary incisors , molars and canines
d. Mandibular incisors usually escape because they are covered and protected by the tongue.

SECTION B (SAQ) **(10X2=40 Marks)**

a. Oral manifestations Vitamin C deficiency
b. Exfoliative cytology
c. Cleft Palate.
d. Cheiloscopy
e. Histopathology of Oral submucus fibrosis
f. Malignant melanoma
g. Hemophilia
h. Garre's osteomylitis
i. Complex Odontoma
j. Staging and grading of Oscc

SECTION C (LAQ) **(2X10=20 Marks)**

a. Enumerate the Mucocutaneous Lesions. Describe in detail Oral Lichen Planus.
b. Define and classify Dental caries .Describe in detail histopathology of Dentinal caries.

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

ROLL NO. 66

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION II Improvement Exam

SUBJECT: Oral Pathology & Microbiology

PAPER: -

ROLL NO. (In Words)

sixty six

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

INVIGILATOR'S SIGNATURE

Date : 02/12/22.

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■			■	■				■	
b			■				■			
c						■		■		
d		■								■

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■		■				■	
b		■				■		■		
c	■						■			■
d				■						

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

5.5/10

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

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd improvement exam.

Subject : Oral pathology & microbiology.

Section : B & C

Serial No. 188

Language of Answer : English

Sub. Code : -

Date : 02 12 2022

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 of 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. 66

(in Figures)

Seat No. sixty six.

(in Words)

Examination : IInd improvement exam.

Subject : Oral pathology & microbiology.

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.

Pratiksha

Signature of the CANDIDATE

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

Signature of the JUNIOR SUPERVISOR

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Section - B.

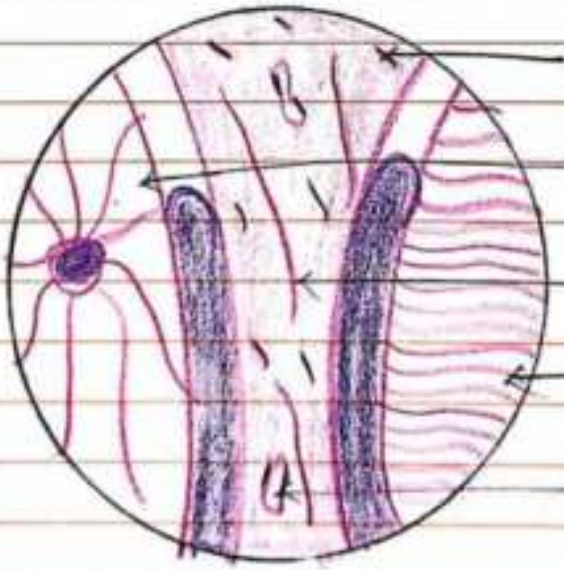
1. Odontome.

① Odontomes are the tumors of the odontogenic cell origin.

② There are the types of the odontomes. they are
   a) Compound odontome.
   b) Complex odontome.

③ In a compound odontomes there are one or more tissues which passes the tooth like tissues.

④



⑤ In a complex odontome there are more than one tissues which alters the morphology.

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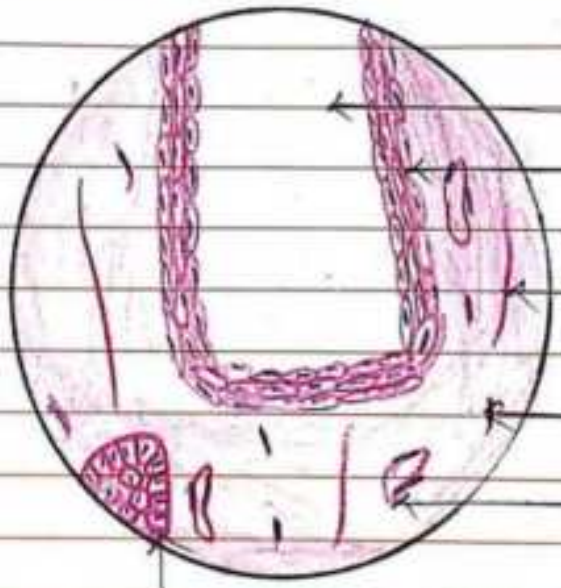
2. Potential complications of the dentigerous cyst.

① Dentigerous cyst is the type of the developmental odontogenic cyst.
② Dentigerous cyst occurs more in females than the males.
③ It occurs at the coronal portion of the tooth.
④ Dentigerous cyst involves the entire crown portion of the tooth or sometimes the lateral coronal portion of the tooth.

⑤.



⑥ There are the various & severe complications of the dentigerous cyst.

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3. Leukoplakia.

① Leukoplakia is defined as the White patch or plaque that cannot be clinically or histopathologically described as any other disease.

② Leukoplakia is a premalignant conditibn.

③ Leukoplakia is classified as given in beloa.

A] Homogenous.

B] Non-homogenous.

④ In Homogenous there are three forms

a) Smooth
b) Furroaed
c) Fissured.

⑤ In Non-homogenous there are three forms.

a) Nodular
b) Speckled.
c) Nbdulospeckled.

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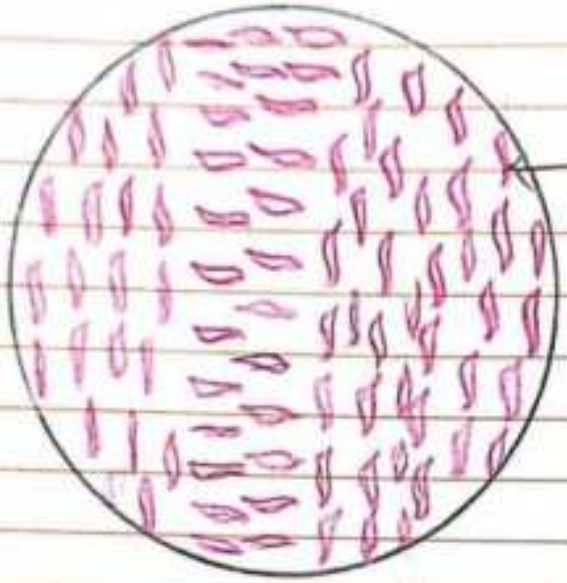
Fibrosarcoma.

① Fibrosarcoma is the malignant neoplasm of the fibrous tissues.



chinese letter pattern appearance. or swiss cheese

② The characteristic appearance of the fibrosarcoma is the 'swiss-cheese' or the chinese letter pattern appearance.

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Lichen planus

(1) Lichen planus is the squamous lesion.

(2) Lichen planus occurs anywhere i.e. on the skin or on the oral mucosa of the mouth

(3) Occurs more in females than the males.

(4) F to M ratio is 1.4:1

(5) There are plaques or patches on the bilateral surfaces

(6) Wickham's striae is the characteristic feature of the lichen planus there are plaques or lines.

(7) Planar
plaques
pruritis
patches.
these are the variants of the oral lichen planus.

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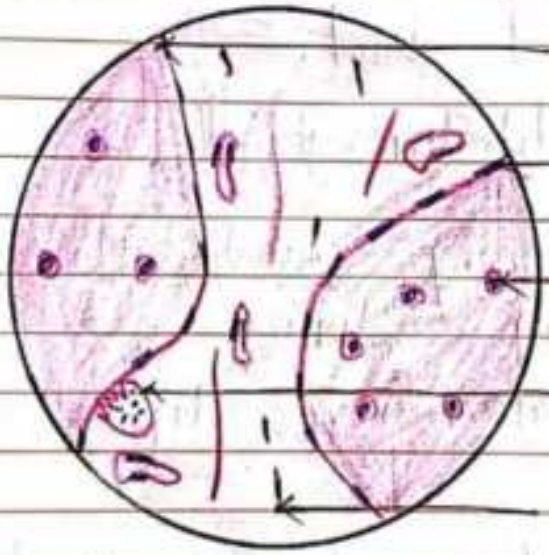
6. Fibrous dysplasia.

① Fibrous dysplasia is the condition in which bone undergoes destruction and simultaneously.

② Histopathologically,



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7. Burkitt's lymphoma.

① Burkitt's lymphoma is the benign neoplasm of the salivary gland tissues

② It affects the both major and the minor salivary glands.

③ In major salivary glands, affects
   a) parotid gland.
   b) Sublingual gland.
   c) submandibular gland.

④ In minor salivary glands, it affects the accessory salivary glands located at the palate, area, lips, cheeks.

⑤ C/F
   a) Outer surface of the affected region looks like a glistening mass deposited.
   b) It is firm, resilient, adherent to the underlying surface.
   c) Affects all over the population.

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8. Self - healing carcinoma...

① Self - healing carcinoma is the type of the malignant neoplasm of the tissues.

② It causes due to the UV radiation.

③ The another causes are
- exposure to radiations.
- immunocompramised.
- UV radiations.
- Hereditary.

④ The treatment for the condition is yet unknown.

⑤ As it is a self - healing, it gets cured by self - healing.

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LAQ's.

Ⓐ Mucocutaneous disorders of oral cavity.

i) Oral lichen planus.
ii) Leukoplakia.
iii) pemphigus vulgaris.
iv) pemphigoid.
v) pemphigus foliaceus.
vi) oral submucous fibrosis.
vii) Benign hereditary dyskeratosis.
viii) Psoriasis.
ix) Hairy tongue.

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1. B] Pathogenesis.

① Pemphigus vulgaris is the immune mediated mucocutaneous lesion.

② There are the two types of the proteins present in the body which maintains the cell - to - cell cohesion.

③ A receptor present on the cell surface which provides the site for the adhesion of the special foreign protein or substance.

④ This protein attached to the surface of the receptor and leads to the break in the cell to cell cohesion.

⑤ This break in the cellular cohesion leads to the acanthosis of the cells and leads to the formation of the vesiculobullous lesion at the atteded site.

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c] C/F

① Pemphigus vulgaris is a most common type of the pemphigus.

② It is a vesiculo-bullous lesion.

③ It occurs anywhere on the body surface.

④ Most commonly occurs at 4th - 6th decades of the life.

⑤ There is no specific gender predilection.

⑥ The condition is characterised by the formation of the vesicles or bullae filled with the fluid.

⑦ The another type of the pemphigus vulgaris is the pemphigus vegetans. in which there are further two subtypes. →

a) Numan's.

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2. Odontogenic Tumors.

A] Classification

① Odontogenic tumors are classified as.

a) Benign odontogenic tumors.

b) Malignant odontogenic tumor.

② Benign odontogenic tumor.

a) odontogenic tumor arising from epithelial origin.

b) odontogenic tumor arising from mesenchymal origin.

c) odontogenic tumor arising from both epithelial + mesenchymal origin.

③. Malignant odontogenic tumor

a) arising from epithelial origin

b) arising from mesenchymal origin.

c) arising from both epithelial + mesen
mal

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④ They are

i) Ameloblastoma.

ii) Calcifying epithelial odontogenic tumor.

iii) Adenomatoid odontogenic tumor.

iv) Odontome.

8] Etiopathogenesis.

① AOT caused due to the presence of the neoplastic cells.

② Smoking, tobacco chewing.

③ Viral infections.

④ Epstein - Barr - virus.

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2.

c] C/F.

i) AOT is caused at any age but more commonly in the 5th-6th decades of life.

ii) It occurs in both males and females. there is more prevalence in females.

iii) Mostly occurs in maxilla.

iv). It also known as the 2/3rd tumor as it occurs

a) 2/3rd in females.

b) 2/3rd in maxilla.

c) 2/3rd in an unerupted tooth & 1000 third of that unerupted teeth are the canines.

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2.

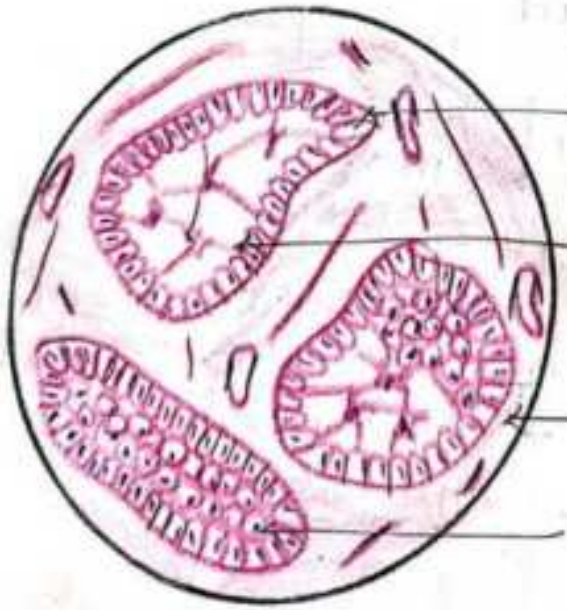
D] Radiographically,

① Radiographically, it appears as a well-defined unilocular radioopacity in the maxillary arch.

② The borders of the radiopacities are well-demarcated.

③ Sometimes, multi-locular radiopacities also present.

E]. Histopathology,



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Section

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

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TOTAL → 27
Marks in words
Marks allotted by Moderator Name :
signature

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

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PANCHAVATI, NASHIK-422 003

III-BDS – IInd Improvement EXAMINATION

SUBJECT- ORAL PATHOLOGY AND MICROBIOLOGY

TIME- 12:PM-3:00PM DATE- 2/12/22

SECTION - A

MCQs 20x 1 =20 marks

1. Talon's cusp is associated with which of the following syndromes?
   a. Rubenstein Taybi syndrome
   b. Apert syndrome
   c. Down's syndrome
   d.Gardner's syndrome
2. Hypodontia is mainly found in all except
   a.Papillionlefevre syndrome
   b.Osteopetrosis
   c.Cleidocranial dysplasia
   d.Ectodermal dysplasia
3. Epstein-Barr virus etiology is associated with
   a.Pleomorphic adenoma
   b. Warthin's tumor
   c.Basal cell adenoma
   d.Myoepithelioma
4. Giant cell hyaline angiopathy is the term related to which of the following lesions?
   a. Periapical granuloma
   b. Reversible pulpitis
   c. Closed pulpitis
   d. Periapical cyst
5. Liesegangrings are found in
   a.CEOT
   b. Primordial cyst
   c.CEOC
   d. Odontoma
6. Most common site for development of lateral periodontal cyst is-
   a.Maxillary bicuspid/cuspid areas
   b. Mandibular cuspid/bicuspid areas
   c. Mandibular third molar areas
   d. Maxillary canine region

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7. Hyperchromatism of basal cell nuclei, palisading with polarization of basal cells and cytoplasmic vacuolization with intercellular spacing of lining epithelium are features of-

a. Pindborg and Hansen criteria b. Vickers and Gorlin criteria

c. WHO criteria d. Robinson's critera

8. In cytological smear classification, class IV indicates

a. Indeterminate b. Atypical c. Suggestive of carcinoma d. Positive for cancer

9. "Cotton-wool" radiographic appearance is a feature of

a. Acute suppurative osteomyelitis b. Chronic focal sclerosing osteomyelitis

c. Chronic diffuse sclerosing osteomyelitis d. Garre's osteomyelitis

10. Which of the following is a clinical subtype of homogenous leukoplakia?

a. Speckled b. Nodular c. Verrucous d. Fissured

11. Lisch nodules and axillary freckling are features of

a. Multiple myeloma b. Neurofibromatosis c. Fibrous dysplasia d. Osteogenic sarcoma

12. The most common type of cutaneous malignant melanoma in Caucasians is

a. Superficial spreading melanoma b. Nodular melanoma

c. Lentigomaligna melanoma d. Amelanotic melanoma

13. All of the following are histological variants of lipoma except

a. Fibrolipoma b. Pleomorphic lipoma

c. Verrucouslipoma d. Myelolipoma

14. 'Sun Burst' appearance is characteristic radiographic feature of

a. Fibrosarcoma b.Osteoblastoma

c. Osteoma d.Osteosarcoma

15. All of the following are examples of Rhabdomyosarcoma except

a. Alveolar b. Embryonal

c. Plexiform d. Polymorphic

16. Which of the following virus is associated with the development of Squamous papilloma?

a. HSV-1 b. HPV-6, 11

c. HHV-8 d. HIV

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17. A patient reports with the complaint of severe sensitivity on consuming cold food. The tooth responds to a lower current using an electric pulp tester. The most probable diagnosis is-

a. Focal reversible pulpitis
b. Apical periodontitis
c. Irreversible pulpitis
d. Periapical abscess

18. "Dilapidated brick wall appearance" is a characteristic feature of

a. Pemphigus vulgaris
b. Bullous pemphigoid
c. Paraneoplastic pemphigus
d. Familial benign pemphigus

19. According to TNM classification for oral carcinoma T1 N0 M0 stands for-

a. Tumour 2 cm or less without regional lymph node and distinct metastasis
b. Tumour more than 2 cm without regional lymph node and distinct metastasis
c. Tumour 2 cm or less with involvement of ipsilateral regional lymph node and no distantmetastasis.
d. Tumour less than 2 cm with no regional lymph node metastasis and presence of distantmetastasis.

20.Casal's necklace is seen in

a. Riboflavin Deficiency
b. Ascorbic Acid Deficiency
c. Niacin Deficiency
d. Pyridoxine Deficiency

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SECTION - B

1x10=10 M.
(2X10=20 marks)

SAQs

1) Odontome
2) Potential complications of Dentigerous cyst
3) Leukoplakia
4) Histopathology of fibrosarcoma
5) Clinical features of lichen planus
6) Histopathology of fibrous dysplasia
7) Burkitt's lymphoma
8) Self-healing carcinoma
9) Marfan syndrome
10) Haemangioma

LAQs (10x2=20marks)

1) Enumerate mucocutaneous disorders of the oral cavity. Discuss pathogenesis, clinical features and histopathology of Pemphigus vulgaris in detail?
2) Classify odontogenic tumors. Describe the etiopathogenesis, clinical features, radiographic and histopathological features of Adenomatoidodontogenic tumor. (3+1+2+2+3)

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IMPROVEMENT EXAM OF DEPT. OF PUBLIC HEALTH DENTISTRY

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

I st improvement test 1354

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

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 /

18/20

CANDIDATE'S SIGNATURE

Date : 15/10/22

INVIGILATOR'S SIGNATURE

Dr. Vrishali Thakare

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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Q. No.	21	22	23	24	25	26	27	28	29	30
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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

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d ☐	d ☐	d ☐	d ☐

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I st. improvement test , Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1087

Language of Answer : English Sub. Code :

Date : 15 10 2022

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.
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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.
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   B) Candidates suspected to be guilty or any or 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.
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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : I st improvement test

Subject : Public Health Dentistry

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Pradiplakshman Thakur

Q2

a) Pit & fissure sealants

a) Polymerization method

i) Self activation
ii) Light activation

b) Filled / unfilled

c) Clean / tinted

d) Resin System

i) Urethane acrylate

ii) BIS GMA

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1) Duties of dental auxillary

1 Office & chair side assistance

2) Assisting in radiographic exposure

3) Taking impressions

4) Removing sutures

5) Preliminary oral examination

6) Placing & removing rubber dams

7) Applying topical anesthetics

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c) Atraumatic restorative treatment

i) Caries removal of soft, ~~tiss~~ demineralized tooth tissue using hand instruments alone followed by restoration with an adhesive restorative material

Advantages

i) Makes treatment accessible for all population groups

ii) Minimal cavity preparation

iii) Low cost of instruments

iv) less painful

v) Sterilisation of hand instruments is very easy.

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f) Third party payment

Defn: The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

1) The third party is also known as insurer underwriter or administrative agent

2) Premium is the money amount one is to pay on regular basis

3) The term third party refers to

i) Private sector (insurance company)

ii) Public financing of care

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1) Mass media communication

i) Media used for addressing with masses is called as mass media

2) Characteristics

i) Communication is mostly one way

ii) Audience has great deal of choice

iii) Reach large & vast audience

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Q3

1) Approaches to health education

a) Regulatory approach / Legal approach

i) Seeks change in health behaviour & improvement in health through variety of laws placed on people

2) Government intervention is designed which can be direct / indirect.

3) Simplest & quickest way

b) Service approach

1) Also called as administrative approach

2) Aimed to provide all the basic health services needed by people

3) May go failure if not based on needs

c) Health education approach

1) Most effective

2) Achieved by changes in lifestyle

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3) Planned learning experiences, informed, educated and encouragement is needed

4) Results are slow but permanent

d) Primary health care approach

1) Starting from people with their full participation & active involvement in planning & delivery of the services

2) This approach is fundamental shift from earlier approaches.

Principles of health education

1) Credibility

2) Motivation

3) Learning by doing

4) Reinforcement

5) Comprehension

6) Interest

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2) Principles of primary health care

i) Equitable distribution

ii) Community participation

iii) Intersectoral coordination

iv) Appropriate technology

Elements of primary health care

i) Education

ii) Water & sanitation

iii) Nutrition

iv) Immunization

v) Drug availability

vi) Treatment

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Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

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Dr. Pradeep Laxman Gudenahalli

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Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

II nd improvement test

1356

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
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SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

QUESTION BOOKLET VERSION (In Words)

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CANDIDATE'S SIGNATURE

Date : 30/10/22

Thakare

INVIGILATOR'S SIGNATURE

DS. Trushali Thakare

Dept. of Public Health
Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

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IInd improvement test, Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1062

Language of Answer : English Sub. Code :

Date : 30 10 2022

Bar Code

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Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : IInd improvement test

Subject : Public Health Dentistry

Code :

P.R.No.

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Prashali Wales

Q2

1] Dental auxillaries classification

1] Non operating

a] Dental surgery assistant
b] Dental secretary
c] Dental laboratory
d] Dental health educator

2] Operating

a] School dental nurse
b] Dental therapist
c] Dental hygienist
d] Expanded function dental auxillaries

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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3] Usg of biostatistics

1) Study correlation between attributes in same population

2) Evaluate efficacy of vaccines

3) Measure mortality & morbidity

4) Fix priorities in public health programs

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4) Methods of sampling

A] Random sampling

i) Simple random sampling
ii) Stratified random sampling

B) Systemic sampling

C) Multistage sampling

D] Cluster sampling

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6) Third party payment

1) Def": The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

2) The third party is also known as insurer, underwriter or administrative agent

3) Premium is the money amount one is to pay on regular basis so that insurance company could fund your dental plan

4) The term third party refers to

i) Private sector such as insurance company

ii) Public financing of care when the government acts as third party.

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7) Bangalore method

1) Was worked out by L. N. Acharya at Indian institute of science, India

2) It is a method of composting

3) Dry waste material of 25 cm thick is spread in a pit

4) Thick suspension of cow dung in water is sprinkled over for moistening

5) The pit is filled alternatively with dry layers

6) It is left exposed without covering

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8) Nagpur technique

1) Introduced by National Engineering Research Institute (NEERI)

2) Involves addition of aluminium salts, lime & bleaching powder

3) This is followed by rapid mixing, flocculation sedimentation, filtration & disinfection

Advantages

i) Regeneration of media required

ii) Adaptable to domestic use

Disadvantage

i) Large amount of alum needed

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9] Principles of ethics

1] Beneficence

2] Non malfeasance

3] Autonomy

4] Justice

5] Non discriminatory treatment

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Q3 LAQ

1) John M Last - 1988 - "The study of distribution & determinants of health related states or events in specified populations & the application of this study to the control of health problems

Classification

~~Classificatio~~

Epidemiological studies

Observational — Experimental

Descriptive — Analytical

Uses of epidemiology

1) Provide data of magnitude of problem
   - disease load

2) Provide clues for etiology

3) Provide background data for planning, organizing & evaluation

4) Contributes to research

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3) Classification

Fluoride delivery methods

Fluoride

Topical		Systemic
Professional	Self applied	i) Water fluoridation a) Community water
i) Neutral sodium fluoride	i) Dentrifices	b) School water
ii) Stannous fluoride	ii) Mouth washes	ii) Salt fluoridation
iii) APF Gel	iii) Fluoride gels	iii) Milk fluoridation
iv) Varnish		iv) Fluoride tablets

Pit & fissure sealants classification

a) Polymerization method
   i) Self activation
   ii) Light activation
b) Filled / unfilled
c) Clear / tinted
d) Resin system
   i) Urethane acrylate
   ii) BIS - GMA

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School oral health programs

1) Learning about your oral health

2) Tatt le tooth program

3) Askov dental demonstration

4) North Carolina statewide preventive dental health program

5) School health additional referral programme

6) Word health organization global school health initiative

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Name of Examination :
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Subject Code : B.No.:
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Marks allotted by Moderator Name :
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TOTAL : → 24.00

Marks in words :
Marks allotted by I[st] Examiner Name Dr. Vrushali. Thakre

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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IMPROVEMENT EXAM OF DEPT. OF PHYSIOLOGY & BIOCHEMISTRY

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Samruddhi Baviskar

Dept. of
Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.,
Nashik-3.

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION : IInd Improvement Exam.

SUBJECT : General Human Physiology & Biochemistry

PAPER :-

ROLL NO. (In Words)

(II improve.)

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

S Baviskar
CANDIDATE'S SIGNATURE

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Date : 20/12/22

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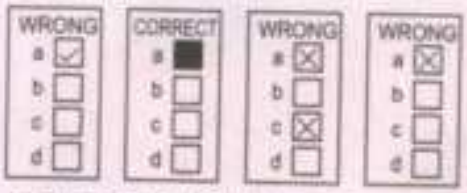

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Sub. Code :

Date : 20 12 2022

Dept. of
Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.,
Nashik-3.

Serial No. : 6346

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-books 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 books, 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 of 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 **cognizable and non-bailable.**
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Section B&C

Seat No. (in Figures)

Seat No. (in words)

Examination IInd Improvement Exam

Subject : General Human Physiology & Biochemistry

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.

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section - B

Short Answer Question

1) Contractile protein in muscles.

i) Contractile protein means the protein which is contracts the muscle fibres

ii) Muscle fibres helps the contraction & Relaxation of protein.

iii) Contractile proteins helps in contraction of muscle muscular & muscles
Skeletal muscles are are tightly bounded muscles present in the muscles

iv) Muscles are less stronger than the bone

v) Muscular muscle fibres are less stronger than the skeletal muscle fibres.

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b] Function of bile

→ i] Bile is the product present in the digestion process

ii] Bile secretes bile juice which keeps the stomach hydrated

iii] Bile is present the small intestine along with pancreatic juice & many more other substances are also present in small intestine

iv] Bile helps the di f

v] The food or bite of food enters into the mouth with the help of saliva & with the help of teeth, the food gets chewed int smaller particles & the saliva form the bolus and enters into the oesophagus

vi] The oesophagus pushes it downward towards the small intestine & their the various enzyme & bile juice & pancreatic juice is also present.

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vii] And the bile makes food, softer & easier to get into the large intestine.

viii] In large instestine, there is presence of Amaylase which also helps the small particles of food to get into the further direction.

viii] The bile plays an important role in maintaining the balance over the food.

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c] Mechanism & indicators of ovulation

→ i] Ovulation means the formation of zygote in the mothers for the first time and fusing with the egg is known as ovulation.

ii] When Indicators of ovulation :-

A] When their is time period of 28 days in a mouth, their is menstural cycle appears this when their no menstrual cycle after 28 days also their is indicator of ovulation

B] iii] Mechanism of ovulation :-

A] Ovulation occurs when the menstrual cycle starts.
ie] Ovulation is the first step of menstrual cycle.

B] It takes place after every 15-2 days in sequence.

C] When this process starts estrogen level starts increasing in the body

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D) Prostagladin harmone level is decreased and their is increase in the level of progesterone ie FSH increases & LH Decreases.

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d) Functions of hypothalamus.

→ i)

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e] Movements of GIT Note on peristalsis

i] GIT means Gastrointestinal tract.

ii] There are various movements in Gastro-intestinal tract

iii] Peristalsis means the movements which occur in the Gastro-intestial tract.

iv] Peristalsis movement occurs all over the body. While taking a bite of food into the mouth the process of peristalsis starts

v] When it enters into the oesophagus, the peristalsis movement gets more faster.

vi] The movements of Gastro-intestial tract is same as that of peristalsis.

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Q3 Long Answer Question

1. Various events in cardiac cycle

→ i) Cardiac cycle is the process when the alternate contraction & relaxation of heart takes places in a definite period of a time.

Events in cardiac cycle are :-
i) Ventral relaxation
ii) Systolic contraction

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Section C

4 Short Answer Question

1. Urea Cycle

→ i] Amino acid is present in urea cycle.

ii] Urea Cycle takes places in human being not in Animals.

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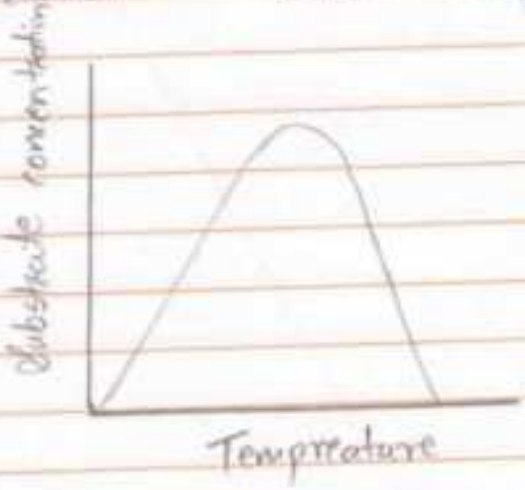
Q) Substrate concentration of rate of enzymes catalysed reaction.

→ i) Enzymes are organic substance, they are biocatalyst. they are insoluble in water & soluble in inorganic solvents

ii) Substrate concentrate on the rate of an enzyme catalzed reaction

A) Substrate concentraction of an enzyme dependent on Tempreature

As the tempreature increases, substrate concentration also increases



The tempreature increases at contain point. After reaching the highest point, the tempreature starts decreasing

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Q] Function of vitamin A & E

→ i] Vitamin are organic in nature, they are in small quantities, they are have biochemical function, they are not formed in our body, they are supplied through the diet

ii] Vitamins are classified into :-
a] Water soluble vitamin
b] Fat soluble vitamin

A] Water soluble vitamins are :-
B complex

B] Fat soluble vitamin are :- A, E, D, K

iii] Vitamin E is fat soluble vitamin

iv] The recommended dietary no is 1000 mg

v] Sources of vitamin E is : green leafy vegetables, pulses, cereals, egg yolk, meat, fish etc

vi] Function of vitamin E are :-
1] Storage
2] Absorption of calcium & phosphorus

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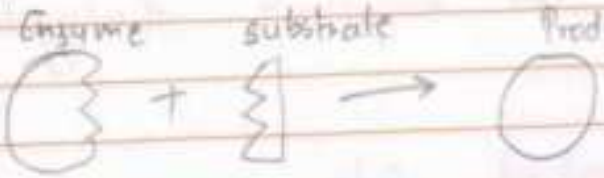
Q5 Long Answer Question

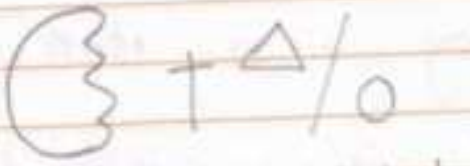
a) Competitive & Non-competitive inhibition

→ i) Competitive inhibition



In competitive inhibition, there is only one substrate is present.
And the substrate is also of the same size and shape.
In competitive inhibition substrate directly attaches to enzyme.
Product will be obtained easily

ii) In Non-Competitive Inhibition



In Non-Competitive inhibition, there are more than one substrate is present.
And the substrate which are present are also not of same sam shape

In Non-competitive inhibition, substrate cannot be attached to enzyme directly
And the product obtained will not be easy as in Non-Competitive inhibition

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b] 3 therapeutic uses of competitive inhibition

→ i] There are various uses of competitive inhibition.

a] Product we get in competitive inhibition will, will directly attached to the

a] In competitive inhibition, product will get ready in short time

b] The substrate which is going to attach the enzyme is only one & the enzyme - substrate complex is formed.

c] As the substrate is only one, there is no competition for binding of substrate

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Name of Examination : 2nd improvement Section
Subect : PMS 10
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
2	2	1	0.5	0	1						4.5
3	1										1
4											
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Marks in words : TOTAL : 5.5
Marks allotted by Moderator Name : Dr. Pradeep Nahar (Reader) Signature :

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Subect : Biochem.
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Marks in words : TOTAL : 00
Marks allotted by IInd Examiner Name : Jamdade Signature :

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Name of Examination : Section
Subect :
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NAME : Shraddha Phonse

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MAHATMA GANDHI VIDYAMANDIR'S

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

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ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION 1st Internal Exam.

SUBJECT : General Human Physiology & Biochemistry

PAPER :

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QUESTION BOOKLET VERSION (In Words)

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Date : 06/12/2022

Q. No.	1	2	3	4	5	6	7	8	9	10
a				■	■		■			
b	■					■				■
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d									■	

Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
d										

7/10

3/10 = 10/20

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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NAME : Shraddha Bhamre

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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvement Exam

Subject : General Human Physiology And Biochemistry

Section : B & C

Language of Answer : English

Sub. Code :

Date : 0 6 | 1 2 | 2 0 2 2

Bar Code

Serial No.

1048

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Section : B & C

Seat No. :

(in Figures)

Seat No. :

(in Words)

Examination : 1st Improvement Exam

Subject : General Human Physiology & Biochemistry.

Code :

P.R.No. :

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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SECTION - B.

Q2) SHORT ANSWER QUESTIONS.

a) Discuss structure of synapse.

Ans:-

1. Space between 2 ganglians is called as synapse.
2. There are 2 types of synapse.
   (i) Pre ganglionic synapse.
   (ii) Post ganglionic synapse.
3. Acetylcolin is used in the synapse of neuron.
4. Acetylcolin helps in the control of synapse.
5. Between two junction or synpase acetylcolin is present.

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b) Intrinsic pathway of blood coagulation.

Ans: There are 2 types of pathway of blood coagulation.

(i) Intrinsic pathway &
(ii) Extrinsic pathway.

i) INTRINSIC PATHWAY OF BLOOD COAGULATION.

1. It is the pathway which take place inside the neuron.

2. Intrinsic pathway is used for blood coagulation in the body

3. Intrinsic pathway is the straight forward pathway used in the blood coagulation.

4. Acetylcholin factor is used in the blood coagulation

5. There are 10 factors ~~used~~ in the pathway.

6. Out of which few factors are used ~~for it~~ in the intrinsic pathway and some are used in extrinsic pathway.

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d) Factors regulating erythropoiesis

Ans:-

1. Erythropoiesis is the ~~diet~~ disease which occurs on RBC's. (Red blood cells)

2. Increase in numbers of Red blood cells (RBC's) it leads to erythropoiesis.

FACTORS AFFECTING ERYTHROPOIESIS:-

1. Increase in temperature of body.

2. Rapid multiplication of RBC's.

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e) Write a note on menstrual cycle.

Ans:- MENSTURAL CYCLE.

1. Normal time period of menstrual cycle is of 28 days to 29 days.

2. Menstrual cycle lasts for 4 days to 7 days.

3. 14 day from the menstrual cycle is the period of ovulation.

4. In the period of 28 to 29 days the process of ovulation is done. It's in the cervix.

5. In menstrual cycle LH hormone is secreted.

6. LH hormone controls all the activities of menstrual cycle.

7. Flow of blood in the cervix for 4 to 7 days is called as menstrual cycle.

8. With LH hormone, Progesterone hormone is also responsible for the menstrual cycle.

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c) Micturition Reflex.

Ans:-

1. Micturition Reflex is seen in the eye.

2. Continuous blinking of eye is called as micturition reflex.

3. Micturition Reflex occurs due to not full development of eye.

4. The cells near the eye are not fully developed so the micturition reflex occurs.

5. Due to micturition reflex continuous water comes out of the eye.

6. The cells near the eye are not developed properly so the blood supply to the eye is also not properly done.

7. So. In some cases size of eye become smaller than the normal eye due to continuous blinking of eye.

8. Also some abnormalities are seen in some cases.

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9. The ~~dipo~~ diopteric power of the reduced eye is +59.

10. +59 is the maximum power of the eye..

11. Micturition reflex occurs only in some cases.

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9 3) LONG ANSWER QUESTIONS.

a) Enumerate various ascending tracts. Discuss pain pathway in detail.

Ans:

There are two types of tracts
i) Ascending Tract
ii) Descending Tract.

i. Ascending Tract is the straight pathway. it
ii. It does not require any intermedium to complete its tract.
iii. Whereas, Descending pathway is not straight forward tract.
iv. It required intermedium or other factor to complete its pathway.

There are various type of ascending tracts in the body.

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PAIN PATHWAY.

1. Pain is the sensation which can be fell by our bodye.
2. Pain pathway is the intrinsic pathway.
3. Sensation of pain to our body is given by brain.
4. Brain controll all the sensations of body.
5. B Brain secretes hormone which is responsible for all the sensations that we are able to feel.
6. Action that we take place after the sensation are also induced by the brain.
7. Due to release of cholin hormone by the brain pain pathway is possible.

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SECTION- C.

Q5) LONG ANSWER QUESTIONS.

a) Give sources & daily requirement of vitamin A.
b) Enumerate the various functions.
c) Wald's Visual cycle.
d) Describe deficiency manifestations of vitamin A.

ANS:- VITAMIN . A .

1. Vitamin A is Fat soluble vitamin.
2. Water Insoluble vitamin.
3. Vitamin A is necessary vitamin for body.

* SOURCES OF VITAMIN A.

1. We get vitamin A from apple, green leafy vegetables curd, butter milk. 0.5
2. Rich cord oil is the but source of vitamin A 0.5
3. We can consume vitamin A from green leafy vegetables also.

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* DAILY REQUIREMENTS OF VITAMIN A.

1. Vitamin A is used in our day to day life.
2. Vision to the eye comes from the source of vitamin A.
3. In our daily routine by green leafy vegetables are the best source of vitamin A.
4. By consuming fruits we can get vitamin A.

* VARIOUS FUNCTIONS OF VITAMIN A.

1. Vitamin A functions in our body daily.
2. Due to proper functioning of vitamin A we can get eye vision properly.
3. Vitamin A controls all the functions of visual cycle

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* DEFICIENCY MANIFESTATIONS OF VITAMIN A..

1. Decrease in level of vitamin A leads to night blindness.

2. Night blindness is the disease caused due to loss of vit. A

3. In night blindness the person suffering from these can see in the day light i.e (morning.) but he is unable to see in the night (darkness.)

0.5

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Q4) SHORT ANSWER QUESTIONS.

(a) Explain absorption, transport & storage of iron.

Ans: ABSORPTION OF IRON. (Fe.)

1. Iron is absorped in the body.

2. Iron (Fe) is absorped by stomach.

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6) Give classification of Jaundice along with its causes.

Ans:- There are 3 types of Jaundice.
1. Hepatic Jaundice.
2.
0.5 3.

1. HEPATIC JAUNDICE.

CAUSES:-

1. Body turns yellowish in colour in hepatic Jaundice.

2. Turning of body in yellowish colour is due to secretion of bile juice.

0.5 3. Bile juice is secreted in more amount by the liver.

1/2 4. Eyes also turn yellow in colour.

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Name of Examination : ~~[illegible]~~ I imp Section B
Subject : Physio
Subject Code : B.No.: S.No.:

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3	2										2
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Marks in words : TOTAL : → 10
Marks allotted by Moderator Name : signature :

Name of Examination 1st Improvement Section C
Subject : Biochem
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks in words : TOTAL : → 2.5
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Dept. of
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Name of Examination : Section
Subject :
Subject Code : B.No.: S.No.:

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Marks in words : TOTAL : →
Marks allotted by I[st] Examiner Name : signature :

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Samruddhi Baviskar

Dec 2022

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R

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
	A 0	0
0	B 1	1
1	M 2	2
2	P 3	3
3	R 4	4
4	S 5	5
5	V 6	6
6	W 7	7
7	8	8
8	9	9
9		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION : 1st Improvement exam

SUBJECT : General Human Physiology & Biochemistry

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 /

Baviskar
CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 6/12/22

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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c										
d										

2/10

05/10 = 07/20

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Samruddhi Baviskar

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Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.
Nashik-3.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvement Exam

Subject : General Human Physiology & Biochemistry

Section : B & C

Language of Answer : English

Sub. Code :

Date : 0 6 1 2 2 0 2 2

Bar Code

Serial No.

1047

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.
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Section B & C

Seat No. 7

(in Figures)

Seat No. (in Words)

Examination : 1st Improvement exam

Subject : General Human Physiology & Biochemistry

Code :

P.R.N.

Dept. of
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& Biochem
MGV's KBH DC & Hosp.

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

Baviskar

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

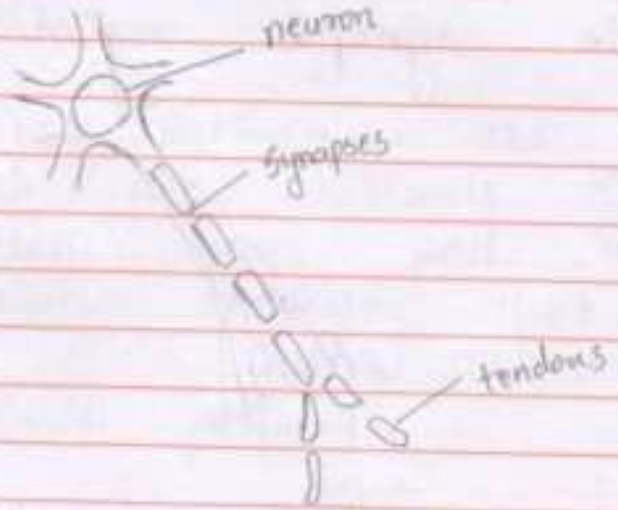
Section B

Q.2 Short Answer Questions

a] Structure of Synapse

→ i] Synapses are the structure present between two neurons.

ii] Synapses are present ~~over~~ the nerve endings.



iii] As the mylein sheath present on the neuron gets ~~degenerated~~ ~~Extinguished~~ there is presence of synapses starts generating

iv] Neurons are the impulse transmitted to the other neuron.

v] And the gap present between twon synapse is called as synaptic cleft.

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b] Intrinsic pathway of blood coagulation.

→ i] There are 2 pathways present on the blood coagulation.
   a] Intrinsic pathway
   b] Extrinsic pathway

ii] Instrinsic pathway is the pathway which takes inside the plasma. There is no involvement of the others molecule present in the outer structure.

iii] Extrinsic pathways are the pathwaye which are travels through the extrinsic ways and as in the intrinsic pathway there is no involvement of inner molecules with the extrinsic pathway.

iv] Blood coagulation has to travel through the intrinsic pathway.

v] After the more secretion of Na^+ in the plasma. The blood ~~starts~~ getting cloat

vi] The plasma has more more K^+ and less Na^+ contant.

vii] As their is increase Na^+, the blood starts getting coagulated.

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d] Factors Regulating erythropoiesis

→ i] Erythropoiesis is the term which erythro means RBC and poiesis means breakdown

ii] Erythropoiesis has the erythropoiesis

iii] Erythropoiesis means the the female parent is having -Rh blood group

iv] And the male parent is having the +Rh blood group

v] The foetus which is developed is -Rh blood group or the mother's blood group has been transferred to the new born baby.

vi] There are 2 changes of i] The new born baby carrying -Rh blood group will be surviving for the few days.

vii] But if the 1st child will survive long and 2nd child with -Rh blood group will die.

viii] And if the male's +Rh is transfered with the new born baby, the child will also survive along

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e] Menstrual cycle.

→ i] Menstrual cycle is the cycle of 28 days.

ii] Menstrual cycle is the cycle with which takes place in female. after 28 days

iii] In menstrual cycle there is a formation of egg in the uterus.

iv] The egg which is formed in uret uterus is th laid down along with unwanted things.

v] The secretion of progesterone increases in the body

vi] The estrogen secretion will increase the Menstrual cycle.

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Q.3 Long Answer Question

a] Various ascending tracts

→ i] Various ascending tracts of nepron are
a] Loop of Henle
b] Collecting duct

a] Loop of Henle

- Loop of Henle is U-shaped Ascending tract

- It is Upin-shaped.

- It collects the Na^+ and then it travels to descending tract of nepron.



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b] Collecting duct

- Glomecular filterate collects all unwanted ions or salts in it
- Collecting duct is the duct which has all the constituents of Ascending & Descending tracts.
- The H_2O molecule present outside the ~~nepron~~ Ascending tract comes into the collecting tubule as it semipermiable.
- Collecting duct has more amount of Na^+ & K^+ which is laid down.

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Section C

Q.4 Short Answer Question

a) Absorption, transport and storage in iron

→ Absorption

Iron is the mineral which is found in scanty amount.

Absorption of iron took place in liver

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c] Enzymes

→ i] Defination :- Enzymes are the biochemical in nature.,

Enzymes are organic in nature, biochemical in function, catalyst & water soluble.

Examples :-

i] Oxidorectuctase : The oxygen molecule is replaced by hydrogen molecule

ii] Lygases :- The covalent bond is formed without requirement of water molecule

1.0 iii] Lysases :- The covalent bond is formed with requirement of H_2O molecule

iv] Insulin

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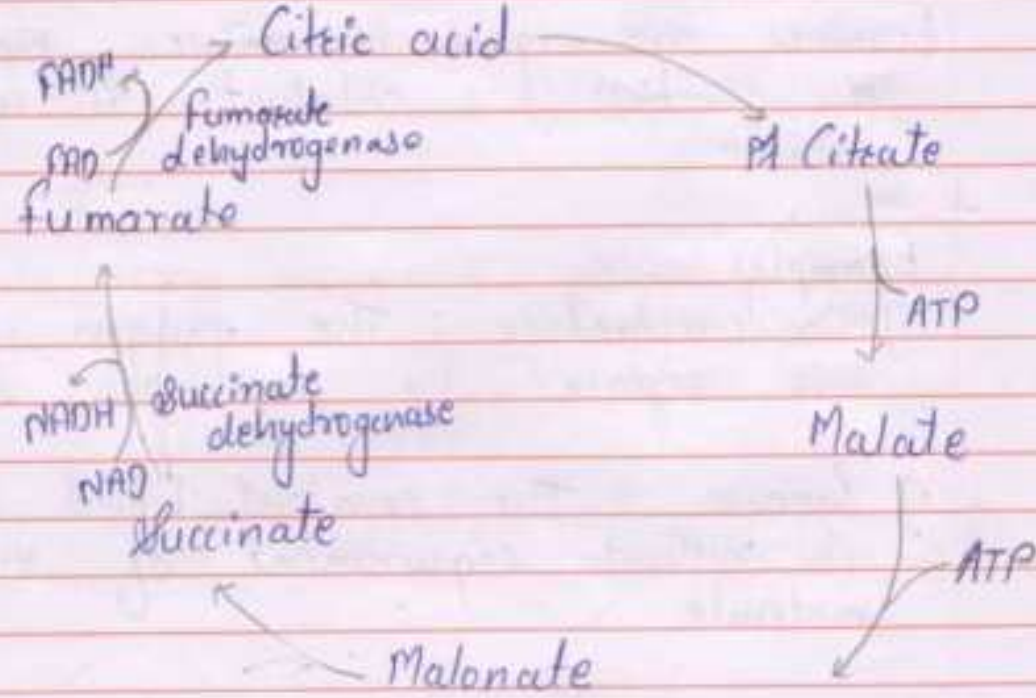
d] Kreb's Cycle

→ i) It is also known as Citric acid cycle



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Q.5 Long Answer Questions

1)

a) Sources & daily requirment of Vitamin A

→ i) Sources :- Leafy vegetables, milk, pulses, & all the dairy products are the source of vitamin A

0.5

ii) Daily Requirement :- 2 RDA per day

b) Various functions :-

a) The function of vitamin A is visual effect.

0.5

ii) To maintain the catract stable.

d) Defficiency Manifestation of vit A

0.5 i) loss of visual

ii) Cataract

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name of Examination : I Imp Section B
Subject : Physio
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks in words : TOTAL : → 7.5
Marks allotted by Moderator Name : signature :

Name of Examination : 1st Improvement Section C
Subject : Biochem
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks in words : TOTAL : → 3.5
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Name of Examination : Section
Subject :
Subject Code : B.No.: S.No.:

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Marks in words : TOTAL : →
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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

IMPROVEMENT EXAM OF DEPT. OF PHARMACOLOGY



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 21/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ)

Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -2Cl^- co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+ ATP^{ase}$
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagonism b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

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11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B_{12}
    c) Vit D
    d) Vit K

Section B

Marks: 3 x 5 = 15

Q. 2 Short Answer Question:

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshma

Q. 3 Long Answer Question: **Marks: 15 x1 = 15**

. Classify Penicillin 4

Describe Penicillin G in respect to

a) Mechanism of action 4
b) Indications 4
c) Contraindications 3

Section C

Q. 4 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.
2) Name four Aminoglycosides.
3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.
4) Mention four adverse effects of Chloramphenicol
5) Pre anesthetic medication

Q. 5 Long Answer Question: **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses 04
(b) Contraindications 04
(c) Justify – Lignocaine-Adrenaline combination 03

Scan verified & checked

27/4/23

11/20

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 0 3

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION: Internal Assessment Exam

SUBJECT: General & Dental Pharmacology

PAPER:

ROLL NO. (In Words): Three

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

INVIGILATOR'S SIGNATURE

Date: 24/04/2023

Dept. of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
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b			■			■		■		
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Q. No.	11	12	13	14	15	16	17	18	19	20
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d			■							

Q. No.	21	22	23	24	25	26	27	28	29	30
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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Seen, verified & checked 29/4/23

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: I st Improvement Test

Subject: General and Dental pharmacology

Section: B & C

Seat No. 2212

Language of Answer: English Sub. Code

Date: 24 04 2023

Bar Code

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Section: B & C

Seat No. 03 (in Figures)

Seat No. Three (in Words)

Examination: I st Improvement Test

Subject: General and Dental pharmacology

N Borkar

Code:

Dept. of Pharmacology
P.R No. 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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Q.3) Long Answer Questions :-

→ Penicillin :-

I) Natural Penicillin -
- Benzyl penicillin.

II) Semisynthetic penicillin-

(a) Acid - resistance alternate to penicillin G:-
- phenoxymethyl penicillin

(b) Penicillinase Resistant Penicillin :-
- methicillin
- cloxacillin
- dicloxacillin

(c) Extended Spectrum Inhibitors :-
① Amino penicillin
- Amoxicillin
- Ampicillin

② Carboxy penicillin -
- Carbenicillin
- Ticarcillin

③ Ureido penicillin-
-

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(8) Synthetic penicillin -

Indications :-

- ~~Before giving Penicilli~~
- Adrenaline & Hydrocortisone should be ready kept before penicillin giving in Anaphylactic

Contraindications :-

- It is contraindicated ~~in~~ during Pregnancy
- It is ~~[illegible]~~ not used in asthma, rhinitis fever patient
- Acid labile - orally not very effective.
- It is short duration action.

- Narrow spectrum in multibacterial

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5 Dentifrices :-

→ Dentifrices are the preparation & use for cleansing of teeth & shiny to preserve

Ingredients ⇒

- Binding agent :-
  Use some Hydrocolloids for Tooth paste ~~& Foot~~

- flavouring agent -
  eg- peppermint oil

- Sweetning agent -
  eg- Saccharine.

Indications :-

- To maintain oral Hygine.
- Prevent tooth decay
- For cleansing teeth & shiny teeth.

(2) Status Asthamaticus -

→ It is severe Acute Asthma.

The drugs used in Treatment -

- Hydrocortisone it is bronchodilator
- Adrenaline
- Sodium Nitroprusside

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② Aspirin :-

→ Therapeutic use :-

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Section - C

Q.5] Long Answer Question:-

→ Classification :

* Sympathomimetic =

(a) Pressor agent-
- Nor adrenaline
- dopamine

(b)
(b) Cardiac Stimulant-
- Adrenaline

(c) Bronchodilators-
- Salbutamol
- Adrenaline

(d) Uterine Relaxant-
- Salbutamol

(e) CNS Stimulant-
- Amphetamine
- dexamphetamine

(f) Nasal decongestant-
- Salbutamol

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Adrenaline :-

a) Therapeutic Uses :-

1) As Anaphylactic shock :
- Adrenaline is a life-saving drug in anaphylactic.
- Adrenaline 1 mg/ml is administered by Intramuscularly.

→ The beneficial effects of Adrenaline in anaphylactic -

β_1 mediated cardiac stimulation → Increase Heart Rate
→ Increase force of Contraction

+

α_1 mediated vasoconstriction → Decrease laryngeal oedema

This is Helps to Increase B.P.

α_1 mediated Vasodilation

+

β_2 mediated bronchodilation

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II) As Bronchodilator-

iii) It is used in Glaucoma-

iv) combination of Adrenaline and Lignocain = Increase the duration of Anaesthesia.

v) As preanesthetic medication-

(b) Contraindications:-

- It is not use in during pregnancy.
-

(c) Lignocaine- Adrenaline Combination :-

→ Combination of Lignocaine & Adrenaline Increase the duration of Anaesthesia.

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Q4) Short Answer Questions:-

(2) Aminoglycosides ⇒

- Streptomycin
- Neomycin
- Gentamycin
- kanamycin

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(5) Pre anesthetic Medication -

→ Pre anesthetic medications are the drugs given before Anaesthesia

Aim :-

- To Reduce Anxiety
- To prevent vomitting during Anaesthesia.
- To prevent vagal bradycardia during Anaesthesia.
- To prevent respiratory, Salivary secretions.

→ Drugs are used in Preanesthetic Medications :-

I) Opioids :- Antiemetics :-
Metoclopramide & domperidone

II) opioids -
diazipines

III) Anticholinergics -
- Adrenaline

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③ Oral Hypoglycemic :-

I) Tolbutamide

II) Glibenclamide

III) Biguanide.

→ Mechanism of Action :-

→ Tolbutamide is the sulfonylureas-

Sulfonylureas
↓
Bind to specific receptor on β-cells of pancreas
↓
Depolarisation & Influx of Ca^{+2} ions into β-cell.
↓
Degeanulation and Increase release of Stored Insulin from β-cells.

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(4) Adverse effects of chloramphenicol

→

Common Side Effects are
- Nausea,
- vomiting,
- Headache,

Hypersensitivity = Photosensitivity
↓
skin rashes

CNS - Hallucination,
dizziness,
convulsion.

Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											11.0
2	NA	1.0	0	NA	2.0						3.0
3	4.5										4.5
4	NA	2.5	2.0	1.5	2.0						8.0
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7											
8											

Marks in words :

Marks allotted by Moderator Name : 32.0 + 0 = 32.0 TOTAL : → 32.0

signature : MB

Verified by Dr. M.A. Bakar MBakar

Name of Examination : Section

Subject :

Subject Code : B.No.:

Dept.of Pharmacology
MGV's K.B.H. Dental
College & Hospital, Nashik

Que.	A	B	C	D	E	F	G	H	I	J	Total
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signature :

Name of Examination : Section

Subject :

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Marks allotted by I[st] Examiner Name : TOTAL : →

signature :

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 27/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ) **Marks: 1x 20 = 20**

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -$2Cl^-$ co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+$ ATPase
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagonism b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

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11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B $_{12}$
    c) Vit D
    d) Vit K

Section B

Q. 2 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

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II

Q. 3 Long Answer Question:

- Classify Penicillin — **Marks: 15 x1 = 15**

Describe Penicillin G in respect to — 4

a) Mechanism of action — 4

b) Indications — 4

c) Contraindications — 3

Section C

Q. 4 Short Answer Question: — **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.

2) Name four Aminoglycosides.

3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.

4) Mention four adverse effects of Chloramphenicol

5) Pre anesthetic medication

Q. 5 Long Answer Question: — **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** — 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses — 04

(b) Contraindications — 04

(c) Justify – Lignocaine-Adrenaline combination — 03

Mahir Khairnar

7/10

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 02

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION – 1st Improvement examination

SUBJECT: Pharmacology

PAPER:

ROLL NO. (In Words): Two

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

INVIGILATOR'S SIGNATURE

Date: 24/04/23

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■			■		■	■			
b		■						■		
c			■		■				■	■
d										

Q. No.	11	12	13	14	15	16	17	18	19	20
a							■			
b				■				■		
c	■				■					
d		■	■			■			■	■

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

Dept. of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

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

Center Code:

Examination : 1st improvement examination

Subject : Pharmacology

Section : B & C

Serial No: 2209

Language of Answer : English Sub. Code :

Date : 2 4 0 4 2 0 2 3

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 of 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 hold, if he/she had not followed this procedure.

Section: B & C

Seat No: 02 (In Figures)

Seat No: Two (In Words)

Examination : 1st improvement examination

Subject : Pharmacology

Code:

Dept of Pharmacology MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Section B

Q.2. 1) Types of drug antagonism:

1. Physical antagonism
2. Chemical antagonism
3. Physiological antagonism
4. Pharmacological antagonism

Examples:

1.
2.
3.
4.

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2. Treatment of Status Asthamaticus:-

① Treatment consists of 2.5mg of albuterol by nebulization every 20 minutes for 60 minutes followed by treatments hourly during the several hours of the injury.

② There are 3 doses of albuterol

3) Therapeutic uses of Aspirin:

① Aspirin is used as an antipyretic and an analgesic.

② It is also used as an anti-inflammatory drug.

③ Prophylaxis of diseases due to platelet aggregation.

④ Pre-eclampsia and hypertension of pregnancy.

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4. Coagulants:

① Heparin
② Warfarin

Uses:

① Prophylaxis of deep vein thrombosis and pulmonary embolism.

② Myocardial infarction.

③ Unstable Angina

5) Ingredients of Dentifrices:

① Strontium
② Oxalates.
③ Fluorides
④ Stannous fluroide.
⑤ Calcium sodium phosphosilicate.

• Indications for tooth paste:

①

Q3 ① Classification of Penicillin:

a) Natural :- Penicillin G, V

b) Anti-staphylococcal :- Methicillin, Oxacillin

c) Extended Spectrum Ampicillin

d) Beta-Lactamase inhibitor :- Sulbactam

② a) Mechanism of action of Penicillin G

①

3) Oral hypoglycemic

① Phenoformin
② Metformin

4) Adverse effect of Chloramphenicol

① Bone marrow depression

② Gray baby syndrome.

③ Hypersensitivity reaction like rashes, fever

④ Super infections.

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5) Pre anesthetic medication

① Opioids

② H_2 blockers

③ Sedatives

④ Neuroleptics

Q.5.

a) Therapeutic Uses of Adrenaline

1. Increases heartbeat
2. Increases the breathing rate.
3. Pupils dialate.

Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

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

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Marks in words : TOTAL : → 24.0
Marks allotted by Moderator Name : signature : MB

Verified by Dr. M.A. Barkar MBarkar

Dept of Pharmacology
[illegible] Section [illegible]
College [illegible], Nashik

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

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Signed By:PRADEEP GUDDENAHALL LAXMAN
Signed By:CN=PRADEEP GUDDENAHALL LAXMAN, E=dr.pradiplaksh

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

II BDS (Odd Batch) — Date: 22/05/2023
II Improvement — Time: 9.00 am to 12.00pm
Sub: GENERAL & DENTAL PHARMACOLOGY — Total Marks: 80

Section – A
(MCQ)

Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1) Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of
   a) It's shorter duration of action b) It's longer duration of action
   c) It's direct action on muscle end-plate d) It's selective inhibition of true cholinesterase
2) The most important factor which governs diffusion of drugs across capillaries other than those in the brain is-
   a) Blood flow through the capillary b) Lipid solubility of the drug
   c) pKa value of the drug d) pH of the medium
3) The antidotal effect of sodium nitrite in cyanide poisoning is dependent upon
   a) Chemical combination of sodium nitrite with cyanide b) vasodilatation caused by sodium nitrite
   c) conversion of hemoglobin to methemoglobin by sodium nitrite
   d) facilitation of cyanocobalamine formation by sodium nitrite
4) Pyridostigmine differs from neostigmine in that-
   a) It is more potent orally b) It is longer acting
   c) It produces less Muscarinic side effects d) It does not have any direct action on N_M receptors
5) Total body iron content (gram) in an adult on an average is
   a) 2.5 b) 1.5 c) 3.5 d) 4.5
6) Parenteral Furosemide is an alternative diuretic to mannitol in the treatment of :
   a) Pulmonary Edema b) Cirrhotic Edema c) Cerebral Edema d) Cardiac Edema.
7) Which one of the following is beta lactam antibiotic
   a) Cephalosporin b) Erythromycin c) Tetracycline d) Chloramphenicol
8) Which of the following thyroid inhibitor interferes with peripheral conversion of thyroxine to triiodothyronine?
   a) Propylthiouracil b) Methimazole
   c) Carbimazole d) RAI
9) Erythropoietin is produced by -
   a) Liver b) Kidney c) Bone marrow d) Spleen
10) Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) Anticonvulsant b) Sedative c) Enzyme induction d) Low lipid solubility
11) Streptokinase is used as-
   a) Fibrinolytic agent b) Coagulants c) Anticoagulants d) Antifibrinolytic agent
12) Pyridostigmine differs from neostigmine in that
   a) It is more potent orally b) It produces less Muscarinic side effects
   c) It is longer acting d) It does not have any direct action on N_M receptors
13) The drug which blocks basal as well as stimulated gastric acid secretion without affecting cholinergic, histaminergic or gastric receptors is
   a) Famotidine b) Loxatidine c) Omeprazole d) Pirenzepine

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14) The route of administration of iron dextran is-
a) Oral b) I.M. c) Topical d) Rectal

15) Long term thiazide therapy can cause hyperglycemia by:
a) Reducing insulin release b) Interfering with glucose utilization in tissues
c) Increasing sympathetic activity d) Increasing corticosteroid secretion

16) Alkalinization of urine hastens the excretion of
a) Weakly basic drug b) Weakly acidic drugs
c) Strong electrolytes d) Nonpolar drugs

17) Anti hypertensive that is contraindicated in pregnancy is:
a) Enalapril b) Hydralazine
c) Clonidine d) Alpha methyl dopa

18) The folic acid antagonist who has antineoplastic activity is -
a) Pentamidine b) Methotrexate
c) Trimethoprim d) Pyrimethamine

19) Which of the following selectively inhibits synthesis of Thromboxane A_2?
a) Aspirin b) Dipyridamole c) Dazoxiben d) Heparin

20) Most common adverse effect of nitroglycerine use is
a) postural hypotension b) throbbing headache c) tremors d) convulsions

Section B

Q. 2 Short Answer Question: **Marks: 3x5 = 15**

1) What is enzyme inhibition? Give two examples.
2) What is Adverse effect of a drug? Write two drugs with their respective side effects.
3) Enumerate three therapeutic uses of Aspirin.
4) Enumerate three drugs used in Hypertensive emergencies.
5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Q. 3 Long Answer Question: **Marks: 15x1 = 15**

Classify **Fluroquinolones.** 04
Write their
(a) Mechanism of Action 04
(b) Therapeutic Uses 04
(c) Adverse Effects 03

Section C

Q. 4 Short Answer Question: **Marks: 3x5 = 15**

1) Mention any three uses of glucocorticoids.
2) Name three drugs used in treatment of Angina Pectoris
3) Mention two drugs used as antiemetics and describe their mechanism of action.
4) Mention three adverse effects of Penicillins.
5) Enumerate three advantages of combination of Levodopa with Carbidopa used in Parkinsonism.

Q. 5 Long Answer Question: **Marks: 15x1 = 15**

Classify **antidiabetic drugs** 04
Write mechanism of action 04
adverse effects of Sulfonyl ureas 03
Add a short note on Newer Insulin preparations. 04

Signed By:PRADEEP GUDDENAHAL LAXMAN
Signed By:CN=PRADE GUDDENAHAL LAXMAN, E=dr.pradiplaks

II Improvement Second written 27/5/23 Anjanda 05/20

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 6

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Current and dental pharmacology

PAPER:

ROLL NO. (In Words) SIX.

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 /

Anjanda
CANDIDATE'S SIGNATURE

MBaskar
INVIGILATOR'S SIGNATURE

Date: 11/5/23

Q. No.	1	2	3	4	5	6	7	8	9	10
a							■	■		■
b		■			■					
c						■			■	
d	■		■	■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■							■
b		■		■	■			■		
c	■					■	■			
d									■	

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

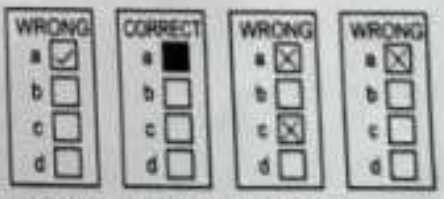
MBaskar

Dept.of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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



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Signed by DN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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27/5/23

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : II nd Improvement

Subject : General and Dental pharmacology.

Section : B & C

Serial No. 2223

Language of Answer : English Sub. Code :

Date : 12 05 2023

Bar Code

SPECIAL INSTRUCTIONS TO CANDIDATE

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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.
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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.
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   B) Candidates suspected to be guilty or any or 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. 6. (in Figures)

Seat No. six (in Words)

Examination : II nd Impro-vement

Subject : Pharmacology

Dept.of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PRADEEP GUDDENAKAR LAXMAN
Signed By:CN=PRADEEP GUDDENAKAR LAXMAN, E=dr.pradip

Section C

Q4

(1)

→ 3 uses of glucocorticoids :

1. Myasthenia crisis / myasthenia gravis.
2. Osteoarthritis.
3. Rheumatoid arthiritis
4. Thypoid fever.
5. Hypoglycemia

(1) myasthenia gravis - In condition reduces swelling and moon face. and destruction of fat.

Signed By:PRADE GUDDENA LAXMAN
Signed By:CN=PR GUDDENA LAXMAN, E=dr.prad

(2)

→ 3 drugs used in treatment of Angina pectoris

1. Isosorbide dinitrate.
2. Nitroglycerine.
3. glycerine trinitrate.
4. Nitrates
5. Nitric oxide.

- for releving the pain of Heart patient which is ~~not~~ adiministered Sublingully
  - 0.5mg tab for 5 min.
    It taken after 5 min if pain is not relived
  - So after 3rd time of 10 - 15 min gap tab take then spit out if pain is relief.
- Not take more than 3 tab at a time in a day.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(3)

→ Antiemetics. - which drugs can produces vomitting. receptor blockers

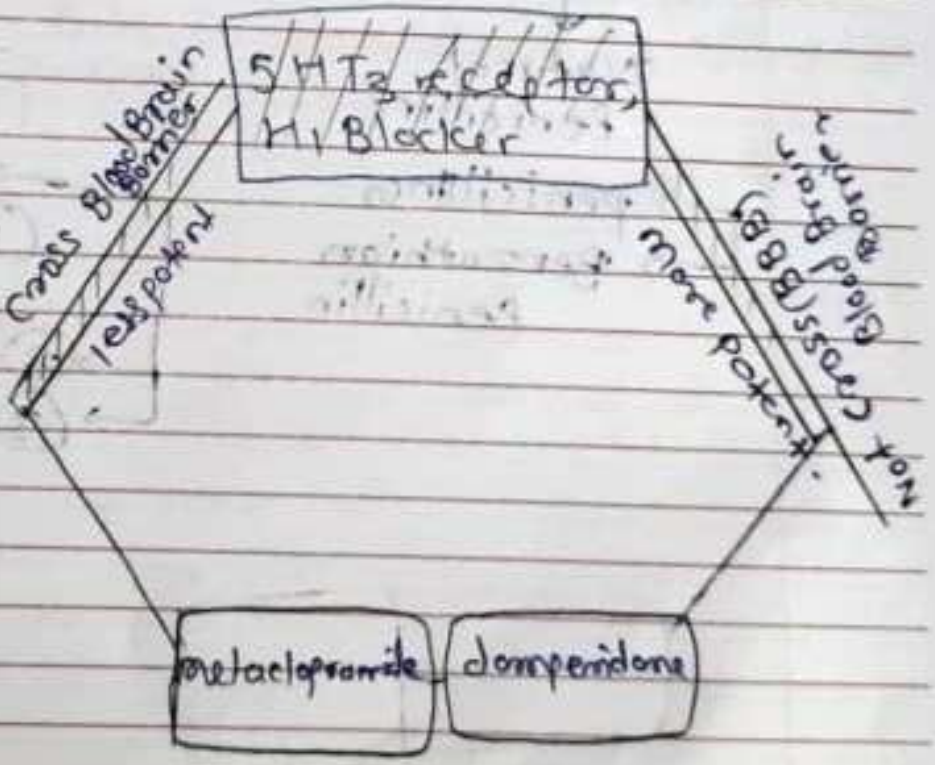
~~Don of~~ Donot produces vomitting.

(1) 5 HT_3 receptor - ondanserton
granisetron.

(2) prokinetic agents - metaclopramide.
domperidone.

~~Antihistamines~~ -

(2) Mechanism of action



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(4)

→ penicillins.

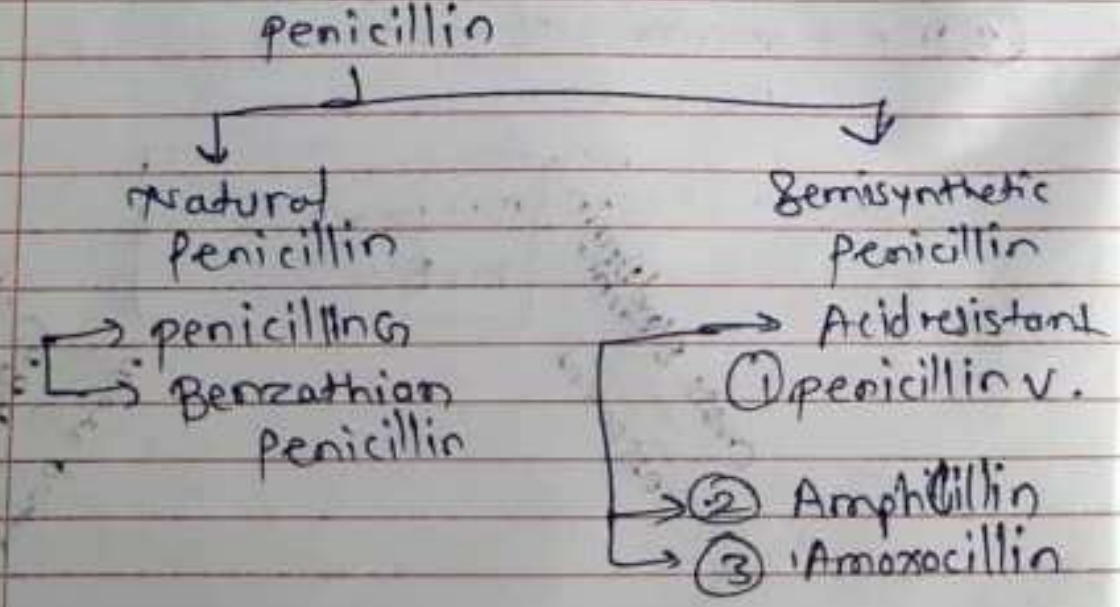
adverse effects.

(1) Hypersensitivity – In higher dose of penicillin causes skin rashes, fever, redness.

(2) Phototoxicity

(3) At higher concentration it may cause death.

(4) ototoxicity.



(5)

→ The combination of Levodopa with carbidopa used in parkinsonism

(1) combination of Levodopa and carbidopa are used in treament of anaesthia.

(2) It can proveds good sufficient time for surgery.

(3) Not any side effects on paticents.

(4) It can reduces pain at that surgical feild.

(5) It reduces the pressure on arteries by vasodilatation so it reduces blood flow from that surgical site it can easy to operation of patient.

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Q5.

→ ① Classification of antidiabetics

- Are used to prevent Dibetics condition.

① Sulphonylurease.

1st generation – sulphonyurease.

2nd generation – glimipride, glicazide gripizide.

② Begunides. – metformin

③ Corticoids – Bethamethason. Hexamethason.

② Mechanism of action.

Sulphonylurease.

↓

Binds to specific receptors on parcreatic β-cells. Islets of langerhan

↓

~~↑ in CGMP.~~ ↑ses in ATPase.

~~Degrogu~~

~~Deg~~

↑

Degranulation of Insulin

Dephosphyration of Insulin

↓

Insulin action

③ adverse effect of Insulin.

① Hypersensitivity - local irritation on site which the insulin can injected skin rashes.
② Hypoglycemia.
③ Weight gain.
④ Hypocalcemia.
⑤ GIT disturbance - vomitting, nausea
⑥ Hepatotoxity.
⑦ CNS effect - convulsion, drowsiness.

④ Newer Insulin preparation.

① Bovine ~~pr~~ Insulin - which is insulin obtain from Beef porcreate which has 3 amino peptide chain.
② procain Insulin - pig pancreas extraction which has one aminoglycoside chain.
③ microsomal Insulin - which is obtain by Biotech erguiring by inserting insulin producing DNA ~~and RNA~~ strand ~~fro~~ into E coli or respective Bacteria. which can produces insulin.

Q2.

(1).

→ Enzyme inhibition

It is condition in which the enzyme acts receptive drug action for inhibiting its certain activity on organ.

(2)

→ Adverse effect of drugs.

The Adverse effect of drugs can be defined as the certain drugs having specific activity on that organ for particular disease and condition but in higher doses of drugs or any ~~tertog~~ teratogenic effect on person due to pregnancy, due to age so it can produces adverse effect of drugs such as vomitting / headache drowsiness, even Hypersensitivity ~~even dead~~ teratogenicity.

eg① Fluroquinolones is teratogenic / Adverse effect in pregnecy women and in children due to cartilage damage.

② tetracylin drugs is having adverse effect on children and pregent women due to deposition of brownish colour on decedious teeth of foetus.

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4

→ Hypertensive emergencies drugs.

1. Angiotensin converting enzyme.
   - → Captropril
   - → Enapril.
2. Angiotension receptor blockers.
   - → valsartan.
   - → eubsprofen
3. Calcium channel blockers.
   - → ~~vera~~ verapamil.
4. Aliskiren.

(5)

→ Dentifrices means it is a agents used to clean and polishing the tooth surface.

Ingredients of Dentifricies: →

1. Glycerine
2. Sodium cellulose
3. Magnesium carborate
4. Sodium carborate
5. Camphor
6. Peppermint oil.

Indication of ~~Dentifrice~~ tooth paste.

→ Gomitis.
→ (Halotosis) Bad breath
→ Gingivitis.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Q3.

→ ① Classification fluroquinolones (FQs).

1st generation — 2nd generation.

- Ciprofloxacin — Mefloxacin.
- Ofloxacin.

② mechanism of action:

DNA Topoisomerase II
⊖ fluroquinolones
DNA gyrase ⊖
↓
formation of negative supercoil of Bacteria.

DNA Topoisomerase IV
⊖ FQs.
⊖.
DNA gyrase
↓
formation of DNA strands of Bacteria for killing purpose.

③ Therapeutic uses.

① used In superinfections of Bacteria
② sexullay transmited infection
  ① Gonococal infection.
③ Prostatitis.
④ Bone infections
⑤ streptococcus infectⁿ.
⑥ Urinary Tract infection

→ (4) Adverse effect

(1) Teratogenicity – In pregnancy men it causes severe death

(3) In children – having teratogenic effect because it affects the premature bone cartilage damages.

(3) Hypersensitivity – skin rashes, redness, fever.

(6) Uticaria

(7) phototoxicity

~~kept~~ due to

(8) hepatotoxicity – accumulation of

(9) Renal toxicity

(10) GIT – Nausea, vomitting

(11) CNS – drowsiness, headache

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1										5.0	5.0
2	0	2.0	2.5	1.5	2.0					8.0	8.0
3	5.0									5.0	5.0
4	3.0	2.5	1.5	1.5	0.5					9.0	9.0
5	7.0									7.0	7.0
6											
7											
8										34.0	NB

Marks in words :
Marks allotted by Moderator Name : 34.0 + 16.0 = 50.0
TOTAL : → 32.0
signature NB

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Dept.of Pharmacology
MGV's K.B.H. Dental
College & Hospital, Nashik

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

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Marks in words :
Marks allotted by IInd Examiner Name :
TOTAL : →
signature :

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

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Marks in words :
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TOTAL : →
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Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 27/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ) **Marks: 1x 20 = 20**

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -2Cl^- co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+$ ATP^{ase}
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagonism b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B_{12}
    c) Vit D
    d) Vit K

Section B

Q. 2 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Signed By:PRADEEP GUDDENAH LAXMAN
Signed By:CN=PRA GUDDENAH LAXMAN, E=dr.pradipl

II

Q. 3 Long Answer Question: **Marks: 15 x1 = 15**

. Classify Penicillin 4

Describe Penicillin G in respect to

a) Mechanism of action 4

b) Indications 4

c) Contraindications 3

Section C

Q. 4 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.

2) Name four Aminoglycosides.

3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.

4) Mention four adverse effects of Chloramphenicol

5) Pre anesthetic medication

Q. 5 Long Answer Question: **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses 04

(b) Contraindications 04

(c) Justify – Lignocaine-Adrenaline combination 03

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

10/20

seen/verified
Saigonde
24/4/23

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 6		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION I st Improvement.

SUBJECT : G. Dental pharmacology

PAPER :

ROLL NO. (In Words) Six

QUESTION BOOKLET VERSION (In Words)

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Saigonde
CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 24/4/23

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■	■	■				■			
b								■	■	
c					■	■				■
d				■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a		■	■				■	■		
b				■						
c	■				■				■	■
d						■				

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

Dept.of Pharmacology
MGV's K.B.H. Dental
College & Hospital, Nashik

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INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

seen and verified
Saigonda 24

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st Improvement Examinations.

Subject : General and Dental pharmacology

Section : B & C

Serial No. 2210

Language of Answer : English. Sub. Code :

Date : 24 04 2023.

Bar Code

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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.
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Section B & C

Seat No. 06 (in Figures)

Seat No. six. (in Words)

Examination : I st Improvement examinations

Subject : General Dental pharmacology.

Code :

Dept. of Pharmacology 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.

Saigonda

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signe
By:PF
GUDI
LAXM
Signe
By:CN
GUDI
LAXM
E=dr.

Section B

Q2

1)

→ Types of drug antagonism.

1. physical antagonism.
2. chemical antagonism.
3. physiological antagonism.
4. Receptor antagonism
   - a. Equilibrium.
   - b. Non equilibrium.
5. Competative antagonism.
6. Non competative antagonism.

1. physical antagonism.
   - It is physical opposition of 2 drug to decreases activity of another drug.

   eg. ① charcal in alkaliod.
   ② alkaloid poisioning.
   ③ belladona poisioning.

2. Chemical antagonism.
   - In this antagonism the chemically different drugs but having same physiological properties are act on same site is called chemical antagonism.

   eg. Atropine and.
   Insulin and aldesteron.

③ Receptor antagonism.
- In this antagonism the drugs acts on recepters site for its actⁿ. agonists and antagonists activity that inhibit or stimulate Receptors.

④ competative antagonist
- the drugs acts on same recep Binding site for its particular and compets or inhibits the ac of drugs

⑤ Non Competative antagonists.
- The drugs acts on receptors for Binding same receptor with no any opposing activity it Can acts same function.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(2)

→ Status Asthaticus · treatment

① Due to chronic use of salbutamol, the patients can causes ~~Hypokal~~ Hypokalemic condition.
- so patients can provide potassium (K^+) suppliment. to reduces that condition.

② · provides the suppliment of peptic ulcer. omeprazol, esmoprazol.

③ opoids are used for status asthmatics

3

→ Therapeutic uses of Asprin.

1. Analgesic and antipyretics.
2. ~~A~~ Hypertesion.
3. Dibetics Neuropathy
4. Non ~~B~~ Dibetic Neuropathy
5. Myocardial infraction.
6.

1. Hypertension
   - Used in all grades of Hypertension. (In ~~Card~~ cardiac congestive Heart Faliure).
   - Mortal ~~and morbid~~ cond^n of Heart Faliure, cardiac arrthimas
   - myocardial infraction
   - ,

2. Analgesic and antipyretics.
   - It is acts as analgesic by reducing pain (Bachache, toothache) Headache)
   - In joint pains.
   - It is also acts and Antifever agent.

3. Dibetic Neuropathy — asprin acts as dibetic Neuropathy.

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4

→ Name of 2 coagulants.

1. pattes of cellulose.
2. styptics. – are the anticoagulant agents used to reduces blood flow from that injurable injure site.
3. ferritin. patches used to coagulates the blood from that sites.
4. Antiplatelets Antiplatelets agents.
5. gentamycin is also spray of anticoagulant.
6.

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(5)

→ Dentifrices.

- Are the agents which can protects the gum and tooth from bacterial at

Ingredients.

→ ~~Tinc~~ glycerine.

→ H_2O, water

→ cellulose

→ Sodium tartarates.

Indication.

- Gigivitis.
- Stomatitis.

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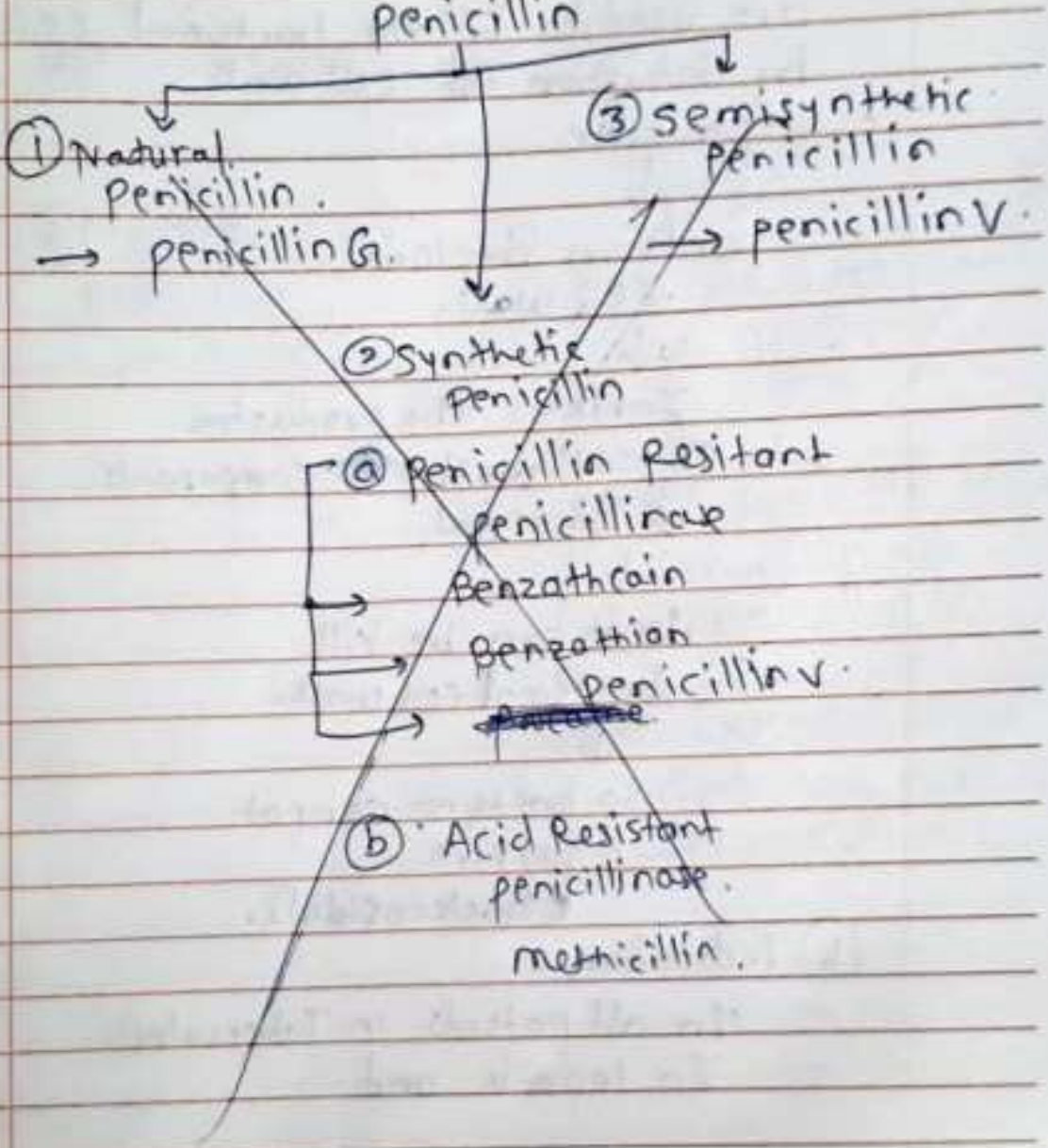
93

→ classify penicillin.



→ (a) Mechanism of actⁿ.

penicillin contain ~~NAG~~ NAG, NAM components.

are used to kill the bacterial cell by distruction of cell wall.

- penicillin
  ↓
  acts on Bacterial cell wall.
  ↓
  Inhibits the production of cell wall ~~comp~~ components of Bacterial.
  ↓
  So it can be kill Bacterial cell wall.
  ↓
  so bacteria cannot survive (Bacteriostidal).

(b) Indication

- In all patents in Tuberculosis.
- In leprotic and

(c) contraindication

- It is safe antimicrobial drug but Having contraindicated in ~~asthma~~ Bronchial asthma patients.

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(b) ~~Indication.~~
and allergic patients such as skin rashes, redness, fever.

→ (c) classification.

(1) Natural penicillin
→ penicillin G.

(2) semisynthetic penicillin

(a) Acid resistants.
→ methacin.
→ clothacin.

→ (b) penicillin resistant penicillinase
→ penicillin V.

(c) Extended broad spectrum penicillin.
→ Benzamethacin.

Section C

94.

(1)

→ 4 newer Insulin delivery devices.

(1) pen devices. - It is pen devices inject is used to injects into thigh and subcutaneously.
It is easily carry to any ~~the~~ pla self administration is possible.

(2) pump - Insulin pump is also ava to taking medication.

(3) Injection - Injection are used to d delivery of insulin. It can self administered

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(3).

→ 2 oral hypoglycemics.

→ Biguanides → Metformine.

→ Metaclopramides.

→ Domperidone.

metaclopramide is act as Oral hypogl
drugs.

Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshma

(4)

→ Adverse effects of chloramphenicol.

(1) Allergic Reaction - Skin rashes, Uticaria, Redness.
(2) Hypersensitivity.
(3) photosensitivity.
(4) CVS - decreases Heart rate.
(5) CNS - drowsiness, CNS depression.
(6) GIT - GI disturbance / Vomitting Nausea.
(7) fever, Chills due to high dose.
(8) teratogenic effects in pregnancy like in Baby having cleft lip, cleft palate.
(9) loss of Apetite. - ~~Due to~~ weight gain in patients.

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(5)

→ preanaesthetic medication.
It is medication can give before the anaesthetic treatments.
It is used for safter the ~~GA~~ General Anaesthetic procedure and effectiveness.

(1) Anticonvulsant and Anxiolytic act
→ It can be reduces anxity befo the medication.
also reduces sweting, palpatation, sa
→ Anticonvulsant can be used as in Patients with Status epilepticus for reduces seizures.

(2) ~~Anti~~ Sedation and hypnosis.
→ opoids like morphine is given to patient for reduction of pain preoperative pain
→ It ~~can~~ can causes patients sleeps during operation.

(3) Antiemetics.
— are used to prevents the vomitting during operation and in severe surg ondonserton, graniserton. are 5HT3 receptors used to reduces the act like vomitting.

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(4) Gastrointestinal tract related.
→ To reduces the acid production used drugs are omeprazol, esmoprazole.
→ H_2 Blockers also used.

(5) Antihypertensive drugs.
→ Angiotensin Converting enzymes like. enalpril / captopril are used to reduces the stress from Heart and also used β Blockers for decreasing Heart rate, Heart contractility. by decresing pressure from Heart and blood vessels.

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Q5.

→ Sympathomimetics.

Describe Adrenaline

a) Therapeutic uses.

(1) Used in myasthenia gravis condition.

(2) adrenaline used with vasodilator. for reduces the blood pressure on heart so it can reduce the blood flow from operative site during Surgery so it can easy to treat

(3) Used for MI, Cardiac cardiac failure patient in congestive cardiac failure myocardial infraction.

(4) used in myocardial infraction patient acts as best drug of choice.

(5) Adrenaline used as in preanaesthetic medication.

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(b) contraindication.
- contraindicated in Bronchial asthma patients.
- also in pregnancy. it has teratogenic effects.
- In patients with gangrane.
- In Heart failure patients.

(c) Justify - Lignocaine — Adrenaline combition.
- Lignocain ~~is~~ is local anaesthetic drugs Used in combination with Adrenaline because it can reduces blood flow towards operative site of anaesthesia. So it can easy to treat that condition.
- reduces Stress from ~~vas~~ Blood vessels acts as vasospasm.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1	10.0										10.0
2	2.0	1.5	1.5	0	2.0					7.0	~~5.5~~
3	5.0										5.0
4	2.5	2.5	2.0	2.0	2.5						11.5
5	2.0										2.0
6											
7											
8											35.5

Marks in words : TOTAL → ~~33.0~~
Marks allotted by Moderator Name : 35.5 + 15 = 50.5 signature : NB

Verified by Dr. M. A. Baskar MBaskar

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MGV's K.B.H. Dental
College & Hospital, Nashik

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Marks in words : TOTAL → signature :
Marks allotted by IInd Examiner Name :

Name of Examination : Section :
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Marks in words : TOTAL → signature :
Marks allotted by I^st Examiner Name :

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 27/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ) Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -$2Cl^-$ co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+$ ATP^{ase}
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagoniam b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

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Signed By:CN=PR GUDDENA LAXMAN, E=dr.pradi

11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B_{12}
    c) Vit D
    d) Vit K

Section B

Q. 2 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Signed
By:PR
GUDD
LAXMA
Signed
By:CN
GUDD
LAXMA
E=dr.p

Q. 3 Long Answer Question: **Marks: 15 x1 = 15**

. Classify Penicillin 4

Describe Penicillin G in respect to

a) Mechanism of action 4
b) Indications 4
c) Contraindications 3

Section C

Q. 4 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.
2) Name four Aminoglycosides.
3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.
4) Mention four adverse effects of Chloramphenicol
5) Pre anesthetic medication

Q. 5 Long Answer Question: **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses 04
(b) Contraindications 04
(c) Justify – Lignocaine-Adrenaline combination 03

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 4

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION 1st Improvment

SUBJECT: G. and Dental pharmacology

PAPER: 1

ROLL NO. (In Words) four

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

INVIGILATOR'S SIGNATURE

Date : 24/04/23

Dept.of Pharmacology
MGV's K.B.H Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■	■								
b						■			■	
c				■			■	■		■
d			■		■					

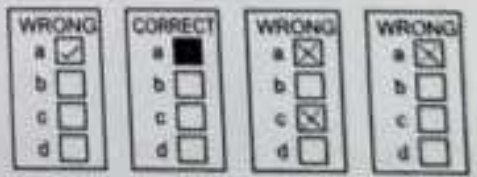
Q. No.	11	12	13	14	15	16	17	18	19	20
a				■			■		■	
b		■	■					■		
c	■									
d					■	■				■

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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



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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=drpradiplakshman

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvment Exam.

Subject : General and Dental Pharmacology Section : B & C

Language of Answer : English. Sub. Code :

Date : 24 04 2023

Bar Code

Serial No. 2211

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.
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Section B & C

Seat No. 53 04 (in Figures)

Seat No. four. (in Words)

Examination : 1st Improvment exam.

Subject : General & Dental Pharmaco-logy.

Code :

P.R.No.

Dept. of Pharmacology MGV's K.B.H. Dental College & Hospital, Nashik

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

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Signature of the JUNIOR SUPERVISOR

2) Treatment of status asthamaticus

3) Therapeutic Uses of Aspirin :-

a) Antipyretic
b) Analgesic
c) Hypertension
4) Diabetic Neuropathy
5) Myocardial Infraction.
6)

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4) 1). 2)

Therapeutic uses :-

1) Haemophillia
2)
3)
4)

Dentifrices :-

Ingredients:-

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b) Indications :-

1) Bactoriosidal
2) Bacterial Infection.
3)

c) contraindications :-

1) Nausea
2) Headache
3) fever.

Section - C

1) four Insulin delivery devices :-

a) Insulin pen
b) Insulin pump
c) Insulin
d)

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3) Oral Hypoglycemic :-

1) Sulphonylureas
2)

Mechanism of Action :-

Sulphonylureas
↓
Inhibit Na^+-K ATPase
↓
Ca depesition ↑es
↓
degranulation of Insulin
↓
Insulin secretion.

Signed By:PRADEEP GUDDENAHAL LAXMAN
Signed By:CN=PRADE GUDDENAHAL LAXMAN, E=dr.pradiplaks

4) Adverse effect of chloramphenicol:-

5) Pre Anesthetic Medication :-

These are the Medications Given Before Anesthesia. It Helps ~~the~~ to Reduce the pain.

And it Also Reduce the Salivation, red cardiac output, stress which are Neccessery during Anesthesia.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

LAQ :

Sympathomimetic

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1	4.0										11 4.0
2	2.0	0	1.0	0	0						3.0
3	2.0										2.0
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Verified by Dr. M.A. Borkar

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MC[illegible]dental
College [illegible]ital, Nashik

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

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IMPROVEMENT EXAM OF DEPT. OF ANATOMY



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Samruddhi Somnath Baviskar

3.5/10 7/20

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ROLL NO	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO

ANSWER SHEET Winter 2022
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION 1st Improvement exam

SUBJECT General Anatomy | PAPER

ROLL NO. (In Words)

QUESTION BOOKLET VERSION (In Words)

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Baviskar
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INVIGILATOR'S SIGNATURE

Date: 5/12/22

Head of Dept.
General Human Anatomy,
M. G. V. Dental College & Hospital
Panchvati Nasik.

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■		✗	■		✗				■ ✗
b			■		■	■				
c							■ ✗		■ ✗	
d	✗	■ ✓		✗	✗			■ ✗		

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■ ✓		✗	■				■ ✓
b	✗	✗		■ ✓				■ ✓		
c	■	■					■ ✓			
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d ☐	d ☐	d ☐	d ☐

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Maharashtra Health Vidyapeeth's

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

Center Code

Examination: 1st Improvement theory exam Winter 22

Subject: General Human Anatomy

Section: B & C

Serial No.

Language of Answer: English

Sub. Code: 722

Date: 0 5 / 1 2 / 2 0 2 2

Bar Code

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Section: B & C

Seat No: (In Figures)

Seat No: (In Words)

Examination: 1st Improvement theory exam

Subject: General Human Anatomy

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.

Baviskar

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PRAD GUDDEI LAXMAN Signed By:CN=P GUDDEI LAXMAN E=dr.pra

Section - B

Q 2 short Answer Questions

a] Lingual Artery

→ i] Lingual Artery is the branch of facial neeve.
ii] Lingual artery supplies the part of face.
iii] Lingual artery is the artery which carries pure blood to the body
iii] As there 5 facial arteries are present, one of them is lingual artery
iv] It is the artery which supplies the facial part

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4) Microscopic structure of pituitary gland :-

→ i) Pituitary gland is the endocrine gland

ii) Endocrine gland is the gland outside which is present outside the cells.



iii) Pituitary gland contains serous as well as mucous gland . so it is mixed type of gland

iv) Pituitary gland also contains connective septum which separates the gland

v) Pituitary gland has collagen fibres with including connective tissue

vi) Pituitary gland endothelium lying the gland

of lateral wall of nose

→ i) Nose is the part of face , which is mainly used for the purpose of smell with we can smell the various types of fragrance .

ii) Nose has the 2 nostrils with which the filtered air comes in the nose

iii) The air which is in surrounding is polluted the nostrils with the helps of ciliary hair present the walls of nose they it does the air filtered and then travel along the nasal chamber.

iv) The nose is separated by the nasal septum through which nostrils also get separated.

v) lateral wall of nose is helpful in the smell

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P.3 [illegible]

1) [illegible]

2) Gross Pathology
- Pancreas contains the Langerhans cells
- Langerhans cells are the cells which are [illegible] a specific type of [illegible]

- Pancreas are the organ present along the stomach

- Lower pancreas are lying on the upside of transverse mesocolon & below that is transverse colon

- Pancreas are the endocrine gland which helps in the secretion of various carbohydrates & proteins

- As the stomach provides the storage of food & helps in the digestion of carbohydrates, proteins & fats

- Whereas pancreas store the carbohydrate proteins & fats

3) Histology



- The pancreas are eosinophilic in nature they contain serous cells as well as mucous cells

- They has the thick band of collagen fibres

- The nucleus which is present in serous cells is rounded & centrally places

- The nucleus which is present in mucous cells is flattened & placed at the bottom of the cells.

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c) Blood supply

- Left gastric artery is the branch of celiac trunk
- Right gastric artery is the branch of proper hepatic artery
- Left gastroepiploic artery is branch of splenic artery
- Right gastroepiploic artery is branch of gastroduodenal artery

- Nerve supply
- Pancreas are supplied by both sympathetic as well as parasympathetic nerve
- Parasympathetic nerve is derived directly from vagus nerve
- Sympathetic nerve is supplied by $T_6 - T_{10}$ & small splanchnic.

d) Applied Anatomy

- i) Pancreatic sweating

ii) Pancreatitis

iii) Turning of pancreatic gland into blackish/greyish colour due to lack of blood supply is called as pancreatitis

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Section C

Q4 Short Answer Questions

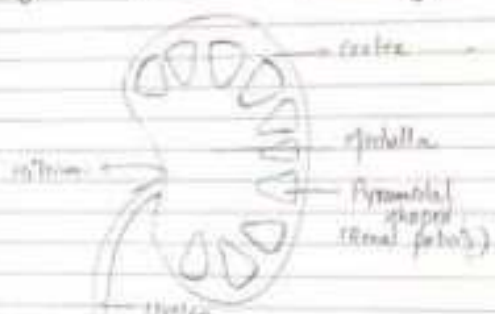
a) Microscopic structure of kidney

→ i) Kidney is known as renal

ii) There are 2 kidneys present in the body

iii) Right kidney & left kidney

iv)



v) As there are two kidneys in normal Human being right kidney is slightly down upper than the left kidney

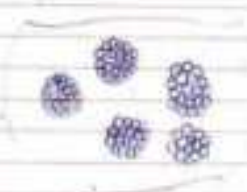
vi) Kidney is divided into 2 parts :-
a) Medulla
b) Cortex

vii) Renal medulla is the part in the centre of kidney

viii) Renal cortex is the part present in the outer border of kidney.

ix) Kidney's main function is it helps in the excretion of unwated stuff

x) Hilum is also the part of kidney which is present near the ureter



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i) Down's syndrome

- i) In down syndrome there are 46 chromosomes present in the normal human being.
- ii) 46 chromosome are divided into 23 are of male & 23 are of female.
- iii) In down's syndrome there are 47 chromosome are present.
- iv) In down's syndrome 1 extra chromosome is present in the patient's or person who is suffering from the down's syndrome.
- v) Down syndrome is the genetical syndrome.
- vi) In down syndrome, the person may be suffering from the loss of apetite. there is not growth of arms & legs.
  There brain is also less developed.
- vii) Due to this there are many changes of death of person is early age.

ii) White matter of brain

→ Brain has 2 types of matter -
  i) Grey matter
  ii) white matter

- Grey matter is present on the outer surface of brain.
  Grey matter contains the hard part of brain.
- White matter is present on the inner surface of brain.
  White matters is present on the empty or space present in the brain.
- White matter contains pia mater of brain.
- White matter is seen in space where no hard part is present.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Q) Black eye

- a) Black eye happens due to the loss of blood supply to the eye

b) Black eye is due to the loss of blood supply to parotid gland which in turn gets blocked

c) The area from ciliary muscles to the area below the eye is totally turned into black

d) Black eye can cause the visual capacity of eye

e) Due to black eye the person suffering from black eye can see the blurness over the eyes & can get affect the lenses present in eye.

Q.5 Long Answer question

a) Hypoglossal nerve

-- Hypoglossal nerve is the terminal branch of Cranial nerve

- Cranial nerve number five is the Hypoglossal nerve. CN-5
- Hypoglossal nerve supplies the tongue
- It helps the tongue to taste (sensation of taste) is provided by the hypoglossal nerve
- Hypoglossal nerve also supplies the parotid gland present near the tongue
- Hypoglossal nerve is originated from the external occipital vessels.
- Hypoglossal nerve is the nerve which supplies the parotid gland

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Name of Examination :

Subject :

Subject Code :

B.No. :

Section

S.No. :

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Marks in words :

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Name of Examination :

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Subject Code :

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Samruddhi Bavishkar

3.5/10 & 7/20 = 2683

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION : IInd Improvement Exam

SUBJECT : General Human Anatomy

PAPER :

ROLL NO. (In Words) Winter 2022

QUESTION BOOKLET VERSION (In Words)

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General Human Anatomy.
M. G. V. Dental College & Hospital
Panchvati Nasik.

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WRONG	CORRECT	WRONG	WRONG
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b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Samruddhi Baviskar

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd Improvement Exam Winter 2022

Subject : General Human Anatomy

Section : B & C

Serial No. 2489

Language of Answer : English Sub. Code :

Date : 19 12 2022

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Head of Dept. General Human Anatomy, M. G. V. Dental College & Hospital Panchvati Nasik.

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Section B & C

Head of Dept. General Human Anatomy, M. G. V. Dental College & Hospital Panchvati Nasik.

(in Figures)

Seat No. (in Words)

Examination IInd Improvement Exam

Subject General Human Anatomy

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.

Baviskar

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PR GUDD LAXM Signed By:CN GUDD LAXM E=dr.p

Section B

Q.2 Short Answer Question

a) Ansa Cervicalis

→ i) Ansa Cervicalis is present in the region of cervicals

ii) Cervicalis is the delicate part present in even a human body

iii) It shows the linear part on its anterior side

Signed By:PRA GUDDE LAXMA Signed By:CN= GUDDE LAXMA E=dr.pra

b] Karyotyping

→ i] Karyotyping is the process where number of ~~Karotes~~ Karyotes are counted

ii] Karyotyping of genes is sh done.

iii] The number of genes present in human body starts getting doubled at a certain times which is called as Karyotyping

iv] When it starts the process is done on large scale in the certified hospitals.

v] The patients when karyotyping gets started the process gets started.

Check, verified, Somruddhi Somnath Saviskar

c] Cleft palate

→ i] The cleft is the gap present between the two structures as cleft is the small gap present which divides the ~~sur~~ cavity surface.

ii] The palatal cleft is the cleft which is present in palatal area which is also divided in two parts

iii] The tongue is muscular organ whereas as palate is the hard part which can be ~~hard~~ more hard than the soft palate like tongue.

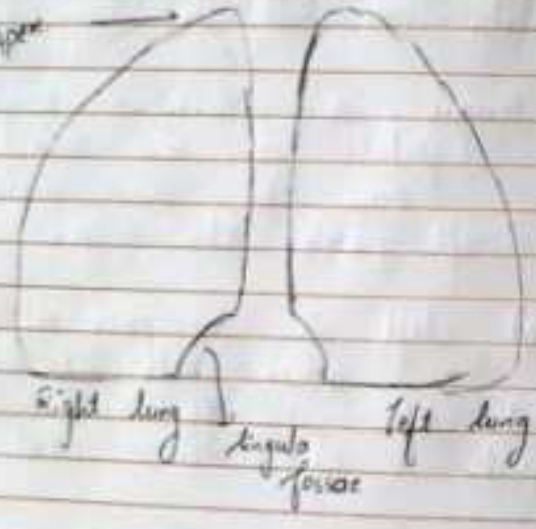
iv] Palatal cleft is the part which is surrounded by the other soft tissues while as palatal cleft is the hard tissue present into the oral cavity.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

d] Microscopic structure of lung

→ i] Lung is the soft organ present in human body.

ii] Lung There are two lungs present in normal human being.



iii] Lung are of 2 types : Right lung
Left lung

iv] Parts of lungs are : Apex, Base

v] Apex is present on top of the lung & Base which acts as the support

vi] In both the lung, there is a fossae present near the base which is known as lingula fossae

vii] There are 2 borders of lungs - i] Anterior border, ii] Posterior border

viii] Lung is the respiratory organ which helps in inhalation and exhalation process
Inhalation is the process where the air from inside outside comes into the body.
Exhalation is the process in which our deoxygenated air from inside the lung which is the comes out from the body

ix] Lungs can be get damage due to smoking, consumption of alcohol & consumption of tobacco

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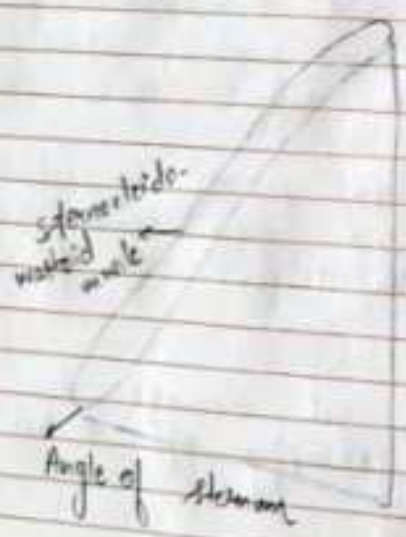
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

e] Boundaries and contents of suboccipital triangle.

→ i] There are 2 types of triangles present in the neck
a] Anterior triangle
b] Posterior triangle

ii] Anterior and posterior triangle is divided by sternocleidomastoid muscle



- Angle of sternum is the base part of sternocleidomastoid muscle.
- Anterior triangle is divide into sub-triangle :- i] Digastric triangle
  ii] Suboccipital triangle
  iii] Carotid triangle

  Posterior triangle is also divided into sub-triangles :- i] omuscular triangle
  ii] suboccipital triangle
- So, the suboccipital triangle is the part of posterior triangle
- Boundaries of suboccipital triangle is :-
  Anteriorly :- inner border of sternocleidom
  Posteriorly :- At the lower side of occipital bone.

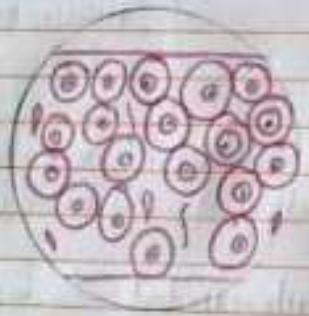
Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3 Long Answer Question

1) Spleen

→ • Spleen is the soft organ present in human body.

• Spleen is the small organ ;



• Relations of spleen :-

There are 3 borders :- Anterior Border
Posterior Border
Lateral Border

There are 2 surface :- Upper surface
Lower surface

• Applied anatomy

- Swelling of spleen
- Reddish colour appearance on spleen

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Q4 Short answer questions

a) Classification of long bone on basis of shape

→ i) Bones are the strongest tissue present in our body

ii) There are various types of bones are present in our body

a) Flat bones :- Flat bones are the bones present in feet

b) Long bones - long bones are the bones present in hand & legs

eg:- radius, ulna.

c) Short bones :- Short bones are present in palm

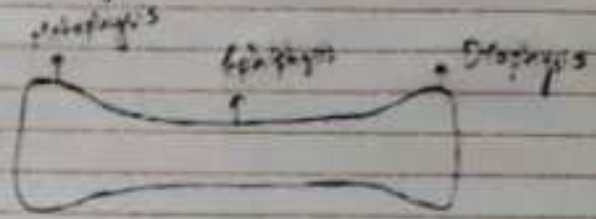
eg:- Tarsals, metatarsals.

d) Sesamoid bone :- Sesamoid bones are present in knee bone

eg:- Patela

e) Thin & Thick bones :- They are present in hip

- There are 3 parts of bone :-
  a) Epiphysis
  b) Metaphysis
  c) Diaphysis



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b] Branches of Maxillary Artery

→ i] Maxillary Artery is the branch of external carotid artery

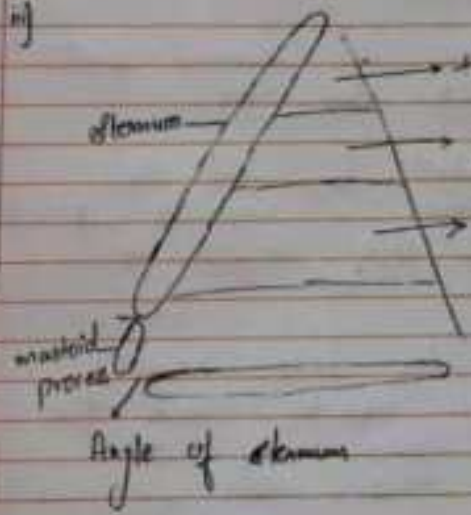
ii] Maxillary artery is supplied to mandible.

d] Sternocleidomastoid muscle

→ i] Sternocleidomastoid muscle is present near the sternum & mastoid process

ii] Sternocleidomastoid muscle divides the sternum from pr mastoid process.

iii]



Angle of sternum

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e] Lumbar puncture

→ i] Lumbar puncture is done when lumbar fature occurs

ii] Lumbar puncture is done at the region of T11 i.e 11th Thoracic vertebra

iii] Lumbar puncture is carried out at the sick then ~~the~~

iv] First the patent is told to slept on the in opposite direction then ie the face should be towards the bed.

v] Then the doctor who is carring the surgery has to check the lumbar area of the patent and then the syrigine the needle is applied on the 11th thoracic vertebrae.

Q.5 Facial Nerve

→ i] Facial nerve is the branch of cranial nerve

ii] Facial nerve is the 5th cranial nerve.

iii] Facial nerve has its five branches which supplies the various parts of face

iv] Maxillary nerve supplies maxilla

v] Mandibular nerve supplies mandible

vi] Facial nerve supplies the maxilla & mandible

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Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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6											0
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ROLL NO. 102

QUESTION BOOKLET VERSION: W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION: 1st Improvement Exam.

SUBJECT: General Pathology and Microbiology.

PAPER:

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Q. No.	11	12	13	14	15	16	17	18	19	20
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d ☐	d ☐	d ☐	d ☐

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Center Code

Examination : 1st Improvement Exam

Subject : General Pathology and Microbiology. Section : B & C

Language of Answer : English Sub. Code : –

Date : 21 04 2023

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Section B & C

Seat No. 102 (in Figures)

Seat No. One hundred two. (in Words)

Examination : General 1st Improvement Exam.

Subject : General Pathology and Microbiology.

Code : Dept.of Gen.Patho & Micro. MGV's K.B.H. Dental College & Hospital, Nashik

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Q.2.

a)

Ans. Thrombosis –

1) Thrombosis is the process of inflamatory fat synthesis in fatty organs like liver, spleen, kidney, heart.
2) It is short occoues in mentally in unstable situations.

b)

Ans.

Metastasis –

The known as growth ration in increased in amyloidosis.?

- They are increased level of degeneration.
- It is changes in body temp.
- Metastasis is the procedure of increased amyloidosis.

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c)

Ans.

Chemical Carcinogenesis –

1) Carcinogenesis is the process of malignancy which occues in long time in some specific parts.
2) Chemical carcinogenesis is the process of prevent the spread of tumours in fastly in body.
3) It is a mainly used in humans some specific part in common, in female it mainly common in ovary, Breast, uterine and in male is prostatic.
4) They method of prevention is cemotherapy and surgery.
5) In chemotherapy their in a dangerous procedure they have some side effects – Hair loss, weight loss, discontrol of brain, loss of apitate, body paining.
6) But the chemotherapy is not a treatment which prevent or cure 100% of disease.
7) But in surgery their are chance to cure the disease is 100%.
8) The carcinogence have mostly formed in malignant tumours, not in benign tumours.
9) They have to chemically changes in body which protect to some kind of internal damage.

d)

Ans.

Cloudy kidney -

1) Grossly- Cloudy kidney is seen in white cover upper normal kidney. They are thick surface form.
The surface are formed from adipose tissue layer. They seen in buffy like structure.
2) The original kidney size is very small They damage internally.
3) When they containing cloudy form starts the kidney work going to be slowly.
4) They filtrate slowly.
5) They not aquire proper blood supply.
6) Sometimes they use suplimantory ~~surr~~ service from any surgery.
7) When in kidney cloudy structure are form they aquire more place and they spread in some parts.
8) Microscopically - They seen in adipose tissues and necrosis.

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e)

Ans.

Fatty liver -

1) The liver get damage for some reasons.
like - More alcohol consumption,
Fat to much fastfood,
smoking,
Bad habbits,
problem to digestion, etc.

2) When liver having pressue on it they get damage.

3) Fatty liver have seen in yellowis sueface, they layer is very thick. they get expand they wanted to more place that the pressure is to heavy for liver ~~they~~ they not doing properly in work.

4) Fatty liver are contain malignancy in some time.

5) In liver removing fat it has a surgical procedue.

Q-3.

Define and Classify hyperanemia. Describe the changes occuring on liver with chronic passive congestion.

Ans. Hyperanemia -

Hyperanemia is the anemia have last step which they contain long term process and more dangerous stage in anemia.

It's a more influensial and more than normal.

Classification.

Sicle-cell anemia	Megaloblastic anemia	Anamia

Hyperanemia.

Changes occuring on liver -

1) When chronic passive congestion have changes occuring on liver. is known as Nutmeg liver.

2) The reasons behind liver has changes -
   (i) Alcohol consumption
   (ii) Smoking

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(iii) Loss of apitate.
(iv) Weight gain.
(v) Back pain.

Section - C.

Q-4.

a)

Gram Positive Bacteria	Gram Negative Bacteria.
1) Gram positive bacteria is seen violet in colour.	1) Gram Negative bacteria are seen in pink / red in colour.
2) Gram postive bacteria look like a rod like structure.	2) Gram negative bacteria look like a round and oval shape.
3) Example - - Streptococcous - staphylococcus - Gonorrea Neisseria.	3) Example- - E. Coli

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b)

Ans: ~~#~~

Type I hypersensitivity reaction (Anaphylaxis) -

1) The anaphylaxis is the I type of hypersensitivity reaction.
2) Anaphylaxis is the process which get relax the body in over ~~sent~~ sensitivity phase.
3) Its get relax and cool.
4) It forms get hyper sensation in some some parts.

c)

Ans. Mycobacteria -

- It also called as mycobacterium huberculosis or primary huberculosis.

- The mycobacateria is a bronchol disease which main cause is pollution and cough.

- It is genetically disorder.

- That main reason is pollution.

- It is not perfectly cureble disease.

Classification -

1) Primary Tuberculosis and
2) Secondary Tuberculosis.

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Q.5.

Classify Hepatitis virus. Describe their morphology and laboratory diagnosis of infection caused by Hepatitis B virus.

Ans:

Hepatitis virus -

They are chronic disease. They divided in two types - i) DNA republicant and ii) RNA republicant. Hepatitis have A, B, C, D, E and K.

Classification.

DNA	RNA.
↓	↓
Hepatitis A	Hepatitis B
Hepatitis C	Hepatitis E.
Hepatitis D	
Hepatitis E	

Hepatitis B virus -

Morphology -

Hepatitis B is spread into a blood, sweat. Its not a chronic disorder. Hepatitis B disease are mostly common in- occupation is - Doctors, Engeneers, Nurse, mostly or in relatated to medical field like syringe, sccissors, surgical knife.

Laboratory diagnosis -

1) Hepatitis B is RNA disorder.
2) It damage internally.
3) They mostly protect in dentist and doctors or health workers.
4) Its transmitted in blood and sweat.

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
102	A	

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION 2nd Improvement Exam.

SUBJECT : General Pathology and Microbiology.

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Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	21	22	23	24	25	26	27	28	29	30
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b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Center Code

Examination : 2nd Improvement Exam

Subject : General Pathology & Microbiology

Section : B & C

Serial No. 1628

Language of Answer : English Sub. Code :

Date : 29 04 2023 (03 05 2043)

Bar Code

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Section B & C

Seat No. 102. (in Figures)

Seat No. One hundred two (in Words)

Examination : 2nd improvement Exam.

Subject : General Pathology & Microbiology.

Code : Dept.of Gen.Patho & Micro.

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Section-B.

Q.2.

A] Etiology of fate of thrombosis.

Ans. Fate of Thrombosis -

1) Thrombosis is the process of inflammation it reacts with muscle.

2) They are going to procedure of hypertension.

B] Define Neoplasm. Mention how it differs from simple hyperplasia.

Ans: Neoplasm - Neoplasm means new growth. Neoplasm it defined as the procedure of new cell body and cell structure are formed is called as Neoplasm.
Neoplasm is the new structure and new carcinogens are get formed.
It caused malignant tumor and bening tumor.
They are such types of neoplasm -
i.e., - Hyperplasia.
Hypoplasia.
metaplasia.

Simple Hyperplasia - Hyperplasia it means the increase rate of plasmodium, which forms high in level.

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c] Difference between apoptosis and necrosis.

Apoptosis.	Necrosis.
1) Apoptosis means cell death and cell suicide.	1) Necrosis means cell growth.
2) Apoptosis has no types.	2) Necrosis has five types - 1) Coagulative Necrosis. 2) Liquifaction Necrosis. 3) Caseous Necrosis 4) Fat Necrosis 5) Collification Necrosis.
3) Apoptosis work on mitochondria. It procedure of cell death.	3) Necrosis are work on muscles. It cause of new begining of cell.
4) Apoptosis is microscopically seen in breakdown the tissue.	4) Necrosis is microscopically new attachment the tissue.

D] Wet gangrene.

Ans:

1) Wet gangrene is mostly formed in swelling on foot.

2) Its enbeged the size of foot.

3) Example of wet gangrene is diabetic foot.

4) It is more septicamia.

5) More pus formation on foot it look like as dangerous injury.

6) Wet gangrene is the 2nd type of gangrene.

7) It is most dangerous than dry and gas gangrene.

8) Wet gangrene patient have surgery for removing the swelling.

9) Its swelling look like yellowish in colour.

E] Sago spleen.

Ans.

1) Its look as small rounded form. Cause of excess fat on liver and abdomen.

2) It getting small.

3) Sago spleen are seen in bluish colour layer on it.

4) Sago spleen is getting to thin.

5) It a part of ~~denera~~ degeneration.

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Q-3. long answer Question.

Define oedema. Discus etiology and pathogenesis of oedema.

Ans:

Oedema -

Oedema is defined as the inflammation of injury its gone to be a septicamia.

Etiology -

1) Its a neorotic inflammation.

2) Oedema is the process of getting high blood pressure.

3) Symptoms -

- High blood pressure.
- pain.
- swelling
- pus formation.
- ₹ fever
- itching.

Pathogenesis -

1) Its a bacterial infection.

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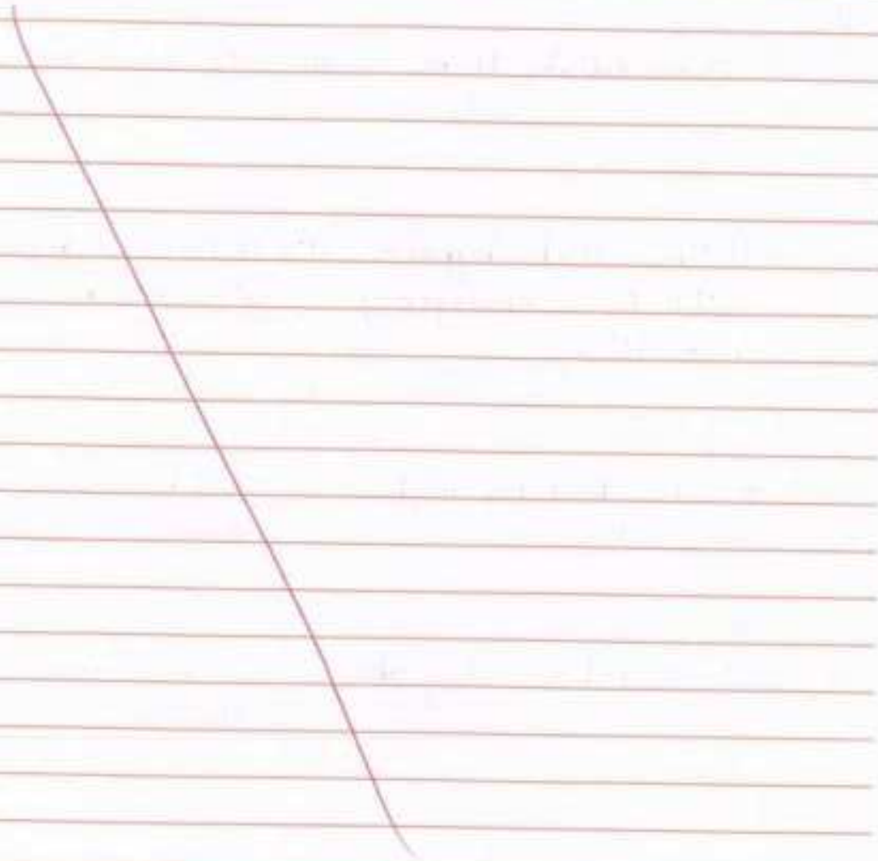
2) Test - CBC
Diabetic test.



Section -C.

Q-4. Short answer question.

b) Differentiate between immediate and delayed type of hypersensitivity.

Ans.

Immediate Hypersensitivity.	Delayed Hypersensitivity.
1) Immediate hypersensitivity is a emergency condition.	1) Delayed hypersensitivity is normal condition it's not emergency.
2) Its feel by high sensetion on body.	2) Its not feel more sensetion.
3) Sensation very strong	3) Sensation very slow.

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c) ~~Nagler's reaction.~~

d)

~~Ans.~~

d) What is opportunistic infection. List opportunistic infection in HIV.

Ans.

1) Opportunistic infection is the infection has ~~reason of~~ infection have opportunity to have it.
2) It means it happened bychance.

Opportunistic infection in HIV. -

1) Cause -
   (i) It transmite into blood.
   (ii) we same seringe in HIV patient to normal.
   (iii) Its sexually spread.
   (iv) Mostly its blood trawsmitted.

Symptoms. - weight loss
- loss of apitate.
- Hair loss.
- wethral infection.
- itiching
- weakness.

Q-5. What is Gas gangrene ? Describe morphology, cultural characteristics of clostridium perfringens. Describe prophylactic measures to avoid gas gangrene.

Ans.

Gas gangrene -

Gas gangrene is the clostridium perfringens bacterial infection. It spread into air.

Clostridium perfringens -

Morphology -

(i) It is gram possitive bacteria.
(ii) It has grape like struchure.
(iii) It is bundle struchure form.
(iv) It seen in pink or red in colour.

Cultural characteristics -

(i) It is pink or red in colour.
(ii) It is bacterial infection.
(iii) It forms swelling. and inflammation.

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Prophylactic measures -

1) Cause -
- Spread into air.
- pain.
- swelling.

2) Symptoms -
- Pain.
- fever
- Swelling
- loss of apitate.

3) Prevention -
- Cover full body parts.
- If injury have they cleane and nit it.
- Pw are always clean.
- Control body heat temp.

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

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Marks in words : TOTAL : →
Marks allotted by Moderator Name : signature :

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$\frac{13}{80} + NA = \frac{13}{100}$

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

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Marks in words : TOTAL : → 13.0
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25	A, B, M, P, R, S, V, W	

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : General pathology & microbiology

PAPER :

ROLL NO. (In Words)
Twenty Five

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

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Date : 21/04/2023

Q. No.	1	2	3	4	5	6	7	8	9	10
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b		■		■					■	
c	■		■		■		■			■
d										

Q. No.	11	12	13	14	15	16	17	18	19	20
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b		■			■					
c	■							■		■
d				■						

Q. No.	21	22	23	24	25	26	27	28	29	30
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P M
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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
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b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

Center Code

Examination : I st Improvement Exam

Subject : General pathology & microbiology

Section : B & C

Serial No. 1617

Language of Answer : English Sub. Code :

Date : 21 04 2023

Bar Code

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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.
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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.
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Section B & C

Seat No. 25 (in Figures)

Seat No. Twenty Five (in Words)

Examination : I st Improvement Exam

Subject : General pathology & Microbiology

Code Dept.of Gen.Patho & Micro.

P.R.No. MGV's K.B.H. Dental College & Hospital, Nashik

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LAXMAN
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Section B

Q.2 SAQ

a Thrombosis

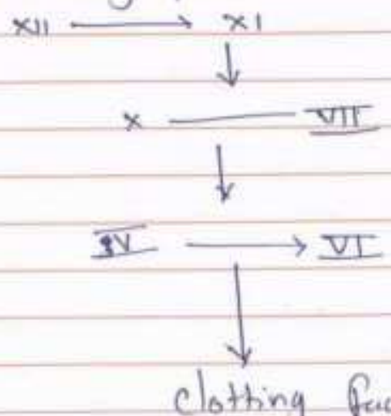
① Thromobosis is the Formation of the solid mass in the blood flow of the arteries

② Thrombosis the coagulation of the blood clotting in the arteriered and the veins

③ They are the injury or the trauma of the cell injury of the blood loss.

④ Clotting factor are the present in the arteriered & the the veins this are the immune response of the immune reaction are the clotting of the factors are the present in the body.

clotting factor



clotting factor are the present formation of the solid mass.

a) This are the formation of the solid mass in the blood flow of arteriered.

b Metastasis

① Metastasis is the meta means transformation and stasis means growth of the cells.

② Metastasis are the two types parenchymal cells and the mesenchymal cells

③ The parenchymal (Epithelial) cells are the two types squamous cells and the columnar cells.

④ Mesenchymal are the osseous cartilagenous cells.

⑤ Mesenchymal cells.

ⓐ mesenchymal cells are the osseous cartilagenous cells.

ⓑ They are the two conditions. physiological & pathological.

physiological :-

① The fractured of the bone.

② the injury of the bone.

pathological

① the injury of the bone marrow tissue cells

② The traumas.

This are the pathological & physical condition of the merenchymal cells.

③ they are the osseous cartilagenous cells of the merenchymal cells of the metastasis.

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⑥ Parenchymal (Epithelial) cells.

① They are the also two types of the cells squamous cells and columnar cells.

ⓐ Squamous cells.

① They are the oval or spherical in shaped thay are the regular in cells.

② they are pathologic & the physiological conditions.

pathologic conditions.

ⓐ In pregnancy Urinary bladder are the large.

ⓑ Trauma.

ⓒ Injury.

physiological conditions.

ⓐ Injury

ⓑ Trauma.

ⓑ columnar cells.

① there are the elongated and the irregular type of the cells

② they are the pathologic & the physiologic conditions.

Pathologic conditions.

① Injury.

physiologic conditions-

① Trauma

② Injury.

c Chemical Carcinogenesis

① chemical carcinogeneris are the type of the neoplasm.

② they are the New growth of the cells are present in the body are know the Neoplasm.

③ Neoplasm are also know the tumor cells they are the two types Benign and malignant tumour

④ chemical carcinogeneris are the type of the malignant tumor

⑤ they are the invaded cells they are the invasions of the the Plemorphism are the present.

⑥ the cells are the irregular and the the Basal polarity are the present.

⑦ they are the Neoplasm of the malignant tumor they are the affected of the Neurons of the tissue cells and the damage the irregular

⑧ they are the carcinoma in-situ are the present in the forming the disorders of the cells.

⑨ this are the chemical carcinogenesis of the tumor cells.

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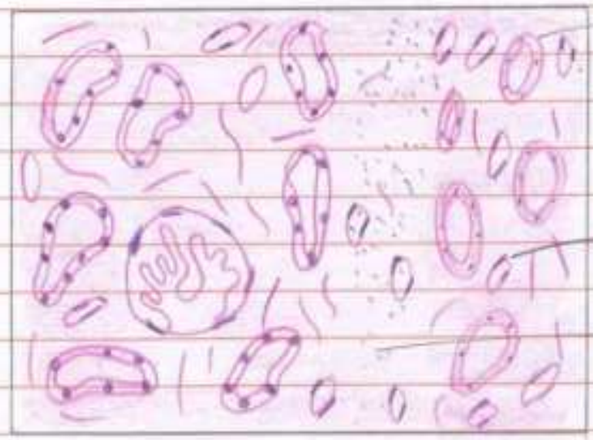
d Cloudy kidney

1) cloudy kidney is the type of the amylodosis, they are the accumulation of fluids and the group of the discased and the extracellularly the fibriller of the cells



2) They are the accumulation of the fluids and the cells are the damayed.

3) They are the affected the filtration of the fluids and the they are infected in the kidney the are not the proper system

4) They are the Not proper the filtration of the fluids and they are the various types of the discard are the present.

5) They are the accumulation of the fluids and the groups of the diseased the extracellularly the fibriller of the cells.

6) They are the types of the amyloidosis of they are the affected the kidney

7) Causes of the cloudy kidney are the in proper diet, water consumption are the less and the do not proper the following diet.

8) The various diseases are the forming the tissue are the damaged. Necrotic tissue are the present, the filtration of the fluid are the Not the proper and the, the diseased are the present kidney stone, infiltration are Not proper. Urinary tract infection.

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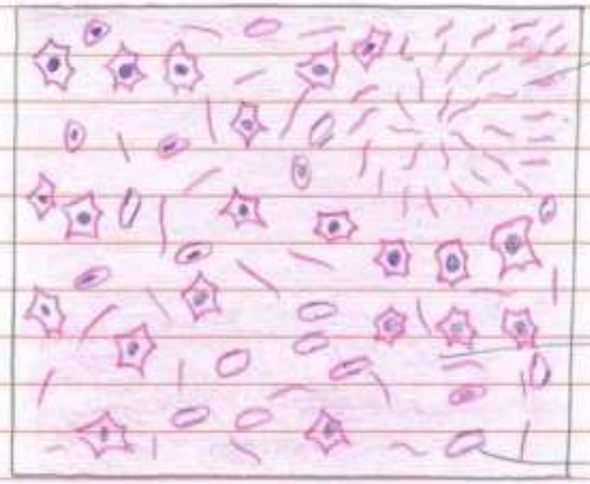
e Fatty liver

1) Fatty liver are the accumulation of the fluid, they various diseased are the forming.



2)

fatty liver
↓
fatty liver
↓
Triglycerides
↓
Apoprotein
↓
lipoprotein

They are the pathogenesis of the fatty liver

g) Fatty liver causes the.
1) Alcohol consumption
2) Do not follow proper diet.
3) various habit.

Q. 3 LAQ

Classify hyperanemia.
(a) loss of blood.
- Post. haemorhage.
- Aute blood haemorhage.
(b) production of the cell
- Iron deficiency Anemia
- Thalasemia
- Megaloblastic Anemia.
(c) Decreared in the metabolic cell
- Congenital
- post haemorhage.
Morphologically.
1) Hypochromic anemia
2) Normochromic anemia
3) Machrochromic anemia

1) Anemia is the loss of the haemoglobin Concentration of the Normal age and the sex of the human.
2) The iron deficiency Anemia are the most common Anemia in the india. becaused of the Do not follow the sufficient diet.
3) Causes of the Anemia is the.
(a) Demanding of the iron in children, in pregnancy
(b) Inadequate the diet.
(c) Do Not follow the proper diet.
this are the causes of the Anemia.

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Changes occuring on liver with chronic passive congestion:-

① The chronic passive congestion of the live is the type of the cirrhosis of the liver. they are the amylodosis of the liver.

② The accumulation of the fluid or group of the diseased and extracellular fibrillations of the cells.

③ The cells are the damage they are various types of the diseased are the present.

Diet → Fatty liver ← peripheral cells

↓

Fatty liver

↓

Triglycerides

↓

Apoprotein

↓

liporotein

They are the accumulation of the fluids and group of the diseased & extracellular fibrillation of the cells.

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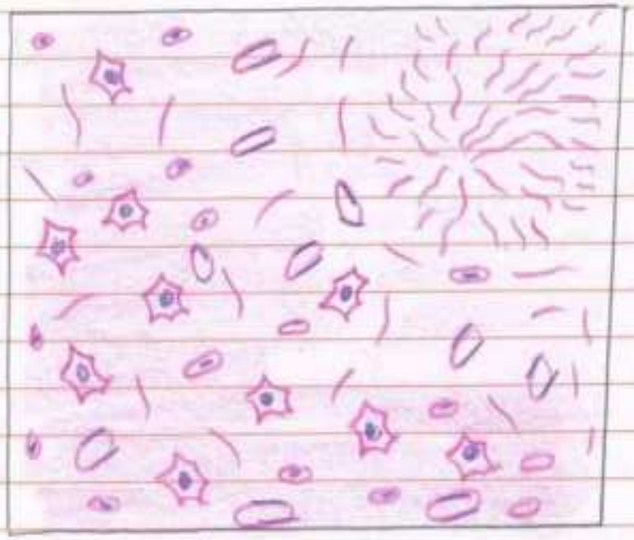
The chronic passive congestion caused by the ⓐ Most common Alcohol consumption largely.
ⓑ Do not follow proper diet.

④ The cells are the irregular and the do not work the properly.



liver

Section C

Q 4 SAQ

a Differenced between gram positive & gram Negative bacteria

Gram positive Bacteria	Gram Negative Bacteria.
1) Gram positive Bacteria are pink	1) Gram Negative Bacteria are violet.
2) The cell wall of the bacteria are thin	2) The cell wall of the bacteria are thik.
3) the peptidoglycan layer are the more	3) The peptidoglycan layer are the less.
4) Gram positive bacteria are the Non-sporing and Non-motile bacteria.	4) Gram Negative bacteria are the Sporing and motile bacteria.
5) They are the easily break the cell wall and the bacteria are the easily seen	5) They are the Not easily break the cell wall & the bacteria are the Not the easily seen
6) They are the Non-motile.	6) They are the motile

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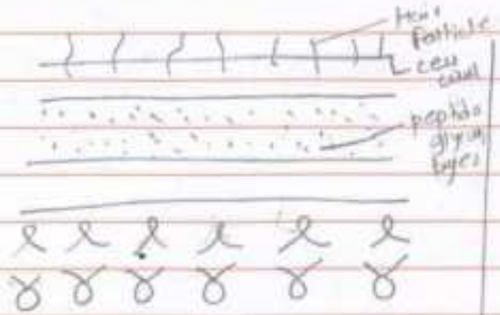
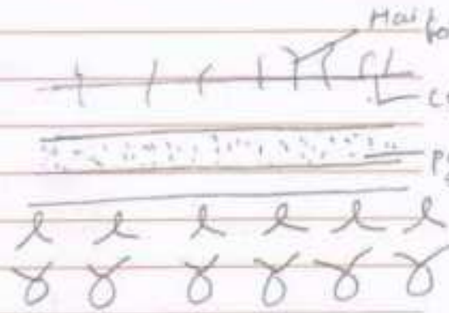


Gram positive bacteria cell layer

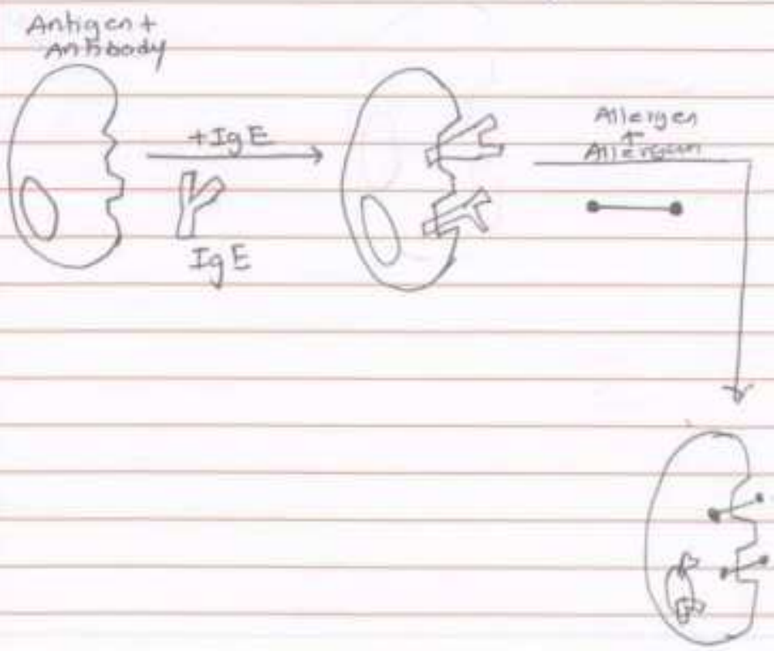


Gram Negative bacteria cell layer.

b Type I Hypersensitivity Reaction:

① Type I Hypersensitivity Reaction are Also know the Anaphalactic Reaction

② The antigen - antibody are present in the IgE they are the forming in the immune of the immune reaction there are the Type I Hypersensitivity Reaction:



Type I Hypersensitivity Reaction (Anaphalactic Reaction)

③ This are the immune reaction of the hypersensitivity I of the reaction:

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⑤ This reaction are present in the 15-20 min

④ The antigen - antibody react to the IgE and forming the Allergen and Allergan they are start the reaction of the immune reaction of the hypersensitivity I Reaction:

c Classify Mycobacteria

1) Mycobacteria are the gram positive bacilli bacteria.
2) they are the Non-Sporing, Non motile bacteria.
3) They are the aerobic and the Anaerobic bacteria.
4) The temperature of the growth is the 37°C.
5) pH is the 7.5 - 7.6

Classification

1) Two Types (A) cultivable.
(B) Non-cultivable.

(A) cultivable.

(a) Tubercle bacilli
- Bovine = M. Bovine
- Human = Tubercle bacilli
- Africun = M. Africum

(b) Atypical mycobacterium
- photochromogens
- Non-photochromogens.

(c) Saprophytic bacteria.
- M. pabeli

(d) Affecting the skin ulcerative bacteria
- Ulcerative
- Necrosis.

(B) Non-cultivable.
- M. leprae

Mycobacteria causing the tuberculosis most commonly Affected in the lung, pulmonary veins, bronchitis, intestine, skin & various type of the body part.

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D Dermatophytes

1) Dermatophytes are the type of the fungii they are also know the ascomycocytes.
2) They are the gram positive bacteria. they are the non-motile Non-sporing bacteria.
3) they are the oval and the elongated the cell structures.
4) they are the aerobic and anaerobic cultivation
5) the temperature is the growth are the 37°C.
6) the Normal pH is the 7.5 - 7.6.
7) This are the most common type of the fungii
8) Dermatophytes are the rounde or oval of the shaped.
9) this are the true yeast

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e Classification of viruses

1) Viruses are the unicellular, uninucleated, cell wall are present.
2) Viruses are the DNA or the RNA. they Not present in the both. only one Nucleated.
3) They are the single structure viruses.
4) They are the core are the present.

Classification

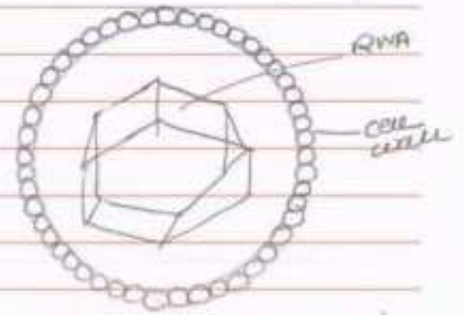
1) single RNA viruses
2) Single DNA viruses



Bacteriophages



Corona viruses



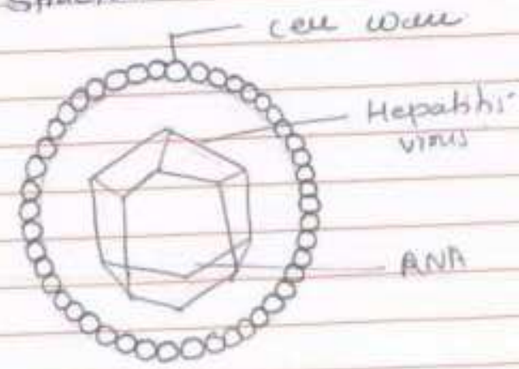
Hepatitis B viruses

Q.5 Hepatitis viruses

1) Viruses are the ~~Uni~~ Uninucleated, Unistructural cell wall.
2) the are the Single Nucleated cell way they RNA either DNA are the present in the viruses both are the Not in the prerent.
3) Hepatitis viruses are the Sexually transmitted diseased.
4) they are also affected the mucous membrane and saliva and the bleeding of the blood.
5) They are the RNA either DNA are the present.

Morphology

1) they are the Uninucleated, Single Nucleated structure.



2) They are the rounded or spherical in shaped.
3) RNA are the prerent.
4) They are the mobile.
5) They are the Aerobically & Anaerobically
6) The temperature is 37°C & PH is 7.3-7.

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laboratory diagnosis

1) specimen collection
The throat swab, saliva, sputum are the collection and the they go the laboratory.
2) They the smear, the take the sample and the the KOH are the dile seen in the under the microscope.
3) They also cultivable the selective the blood agar and the chocolate Agar.
4) the 2-3 hours the under the microscope the organisms are seen in the microscope.
5) They are the acid base bacilli the small colony are the seen in the under the microscope.
6) They are the rounded and the they are the sexually transpitted of the discued.

Infections caused by Hepatitis B viruses:

1) The Hepatitis B viruses are the sexually transmitted discued and also the caused the saliva of the mucous membrane & the blood.
2) The caused of the hepatitis B viruses are the Urinary Infection, bladder disease. Vaginal disease. Syphilis, Herpes and they are the affected the Syphilis.

3) Hepatitis also occur in the feeling Not well. diziness, they also Hernea in male are the affected in the Hepatitis B.

4) This is the infection of the hepatitis B viruses.

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

A	B	C	D	E	F	G	H	I	J	Total
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ords : TOTAL : →
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Name of Examination : Section
Subject :
Subject Code : B.No.: S.No.:

A	B	C	D	E	F	G	H	I	J	Total

rds : TOTAL : →
ed by IInd Examiner Name : signature :

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

29.5/100

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										0
.0	1.5	2.5	0.5	0.5						6.0
.0										4.0

rds : TOTAL : → 19.5
ed by I[st] Examiner Name : DR SUNITA RAVATE signature :

Dept of Gen Patho & Micro.

Name:- Tejasvi Gavit
2nd improvement Exam

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
	A B M P R S V W	

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : General Pathology & Microbiology | PAPER :

ROLL NO. (In Words)

QUESTION BOOKLET VERSION (In Words)

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Date : 29/09/2023

Q. No.	1	2	3	4	5	6	7	8	9	10
a		■								■
b				■					■	
c	■					■		■		
d			■		■		■			

Q. No.	11	12	13	14	15	16	17	18	19	20
a								■		
b	■	■				■				■
c				■	■		■			
d			■						■	

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
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P M

$\frac{5}{10} + \frac{4}{10} = \frac{9}{20}$

USE BLUE BALL POINT PEN ONLY

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MGV's K.B.H. Dental College & Hospital, Nashik

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Name:- Tejasvi Gavit
2nd improvement Exam

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 2nd improvement Exam

Subject : General Pathology & Microbiology

Section : B & C

Serial No. 1624

Language of Answer : English

Sub. Code :

Date : 03 05 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.
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   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.
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Section B & C

Seat No. _____ (In Figures)

Seat No. _____ (In Words)

Examination : 2nd improvement Exam

Subject : General pathology & Microbiology

Code : Dept.of Gen.Patho & Micro.

P.R.No. 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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

NO SUPPLEMENTS SHALL BE PROVIDED
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SPACE FOR ROUGH WORK

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LAXMAN
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Section 'B'

Q.2 SAQ

A Etiology of thrombosis:

1) Thrombosis is defined as the solid mass formation in the continuous blood flow is know the thrombosis.
2) The various factor are helped to the clotting of the blood.
3) The formation of the solid mass of the continuous blood flow is know as the thrombosis helped to the coagulation of the blood. The blood flow are the stopping to helped the stopping of the blood and infection are the stop.

Etiology of Fate:

1) The etiology of the Fate of the thrombosis are the wound, injury and fraumes.
2) The also the Fate of the thrombosis are the open wound & closed wound they are the infectious cell are the present.
3) They are the solid mass formation of the coagulation of the blood is know the thrombosis the various factors are used to helped the clotting of the blood.
4) The thrombosis are seen in the accident care also of the wounds they are the formation of the thrombosis.

5) Thrombosis are seen in the mast of the deep injury or small injury they helped the coagulation of the blood they are stopping of the bleeding.
6) The infection or inflammation are the stopped and healing of the tissue are the properly

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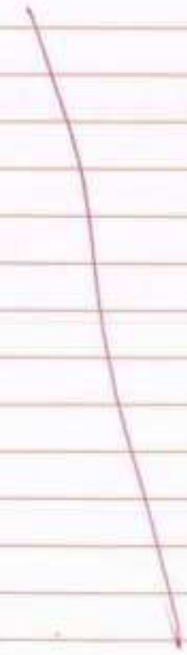
8 Define Neoplasm. Simple hyperplasia.

Neoplasm

1) The new growth of the cells are know the Neoplasm.
2) Neoplasm are the unco-ordination, excessive fluids of the tissue abnormal cell growth and the irregular tissue growth are know the Neoplasm.
3) Neoplasm are also know the tumor cells. they are the two types Benign tumor and the Malignant tumor.
4) Benign tumor
   1) Benign tumor are the small size.
   2) They are cell circumscribed.
   3) The cell are the compressive.
   4) They are the primary stage of the tumor.
   5) They are effective less.
5) Malignant tumor
   1) Malignant tumor are the bigger in size.
   2) They are invaded in cell.
   3) The cells are the compressive.
   4) They are secondary stage of the tumor.
   5) They are the effective more and the they are invaded cells.
   6) Basal polarity are more.
   7) pleomorphism are the present.
   8) They are New growth of cells know the Neoplasm.

Simple hyperplasia:

1) simple hyperplasia is the disorder or destruction of the tissue cells are know the simple hyperplasia.
2) The cell size are the small and the they are the irregular in the shaped destruction of the tissue cell.
3) hyperplasia are the large in size and the no. of the cells.
4) The disorders of the cells and the destruction of the tissue are know the simple hyperplasia.



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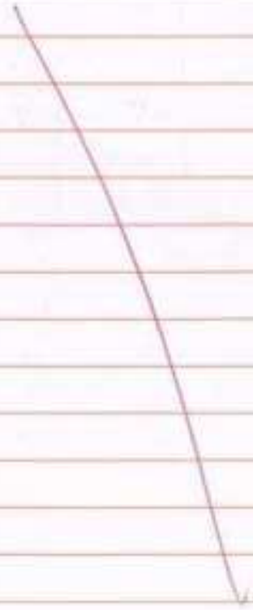
C Differenced between Apoptosis & Necrosis:

Apoptosis	Necrosis
1) It is the co-ordinated and internally death of cell tissue are know the apoptosis.	1) It is the death of the tissue cells causing the any Agents. it is know as Necrosis.
2) Apoptosis are the pathological and physiological both condition are the present.	2) Necrosis are the only pathological condition are the present.
3) Apoptosis are pathological seen in the destruction of the uterine of the embryonic cells.	3) Necrosis are the five types (a) Coagulative Necrosis (b) Fibrous Necrosis (c) fat Necrosis (d) Caseous Necrosis (e) fibrinoid Necrosis.
(4) Apoptosis are the Accumulation of the fluids and the co-ordinated & internally death of the tissue.	4) Necrosis are the accumulation of the fluids and the death of the tissue in the any causing agent of the cells.
(5) Apoptosis are the disorderd and destruction of the tissue cells and the tissue.	5) Necrosis are the irregular and excessive fluids of the cells & the tissue of the cells

5) They are the physiology and pathology both condition are present.	6) They are the only pathologic condition are the present.
7) They are the direct death of the tissue	7) They are the Accumulation of the fluids.



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D Wet gangrene.

1) Wet gangrene are the Necrosed tissue are know the ischemics.
2) They are accumulation of the body fluids in the Atrial and the veins are the forming the wet gangrene.
3) The wet gangrene are mostly seen in the intestine, Atrial & veins and the bowl of the soft tissue.
4) There gangre are the most common in body.



5) The wet gangre are Also ~~know~~ know the second type are the or the special type of the gas gangrene.
6) Wet gangre are the the blood flow are the slow and the necrosed of the tissue cell are know the wet gangrene.
7) They are the red in colour, they are the wet, the tenderness and the swelling are the present.
8) They are the forming in the workers.

8) The wet gangrene are mat commonly seen in the intestine, bowl and the Abical and the veins.
9] They are the Nemred the tissue cells and the the the cheese like fluid are the surrounding in the tissue cells are know the wet gangrene.

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E Sago spleen:
1) Sago spleen are the example of the Amylodonis.
2) Amylodonis are the group of the dicure and the accumulation of the fibillar cells are the deposition are know the Amylodonis.
3) the Sago spleen are the accumulation of the fluids in the tissue are know as the Sago spleen.
4) the tissue cells are the fibillar in the deposition, the swelling are the presrent and the tenderness are the prerent.
5) The pathogenesis of spleen are the
   (a) Alcohal consumption.
   (b) malnutrition.
   (c) improper diet
   (d) They are inadequate.
6) The tissue are the damaged and the enlargement of the tissue cells are the
7] The Sago spleen are the examples of the amylodonis they are the fibillar deposition of the cells are the.
8) The Sago spleen are the enlargement and the various types of the disease are the forming in the tissue cells.

Q.3 LAQ

1) oedema

1) oedema are the Accumulation of the fluid in the tissue cavity are know the oedema
2) They are the Nerored tissue caued the ischemia.
3) They are the various tissue fluids and accumulation of the fluids are know the oedema.

Etiology

1) The etiology of the oedema are the accumulation of the fluids in the various part of the tissue cells are known as the oedema.
2) they are mark common ischemic diseased of the tissue cells are they they are the inflammatory cell are the present in the cells.
3) They are the mark affected in the liver, spleen, kidney and the uterus.
4) they are the accumulation of the body fluids in the tissue and the cavity of the fluids they are the ischemia. Nerored tissue of the oedemes.

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pathogenesis of oedema:

1) The pathogenesis of the oedema are the kidney, liver, & spleen they are most common site of the oedema.
2) Oedema are the fat accumulation of the body fluids.
3) The kidney are the most common accumulation of the fat tissue and the Nerored tissue ischemia are the present.
4) The liver are also the common accumulation of the fat tissue the various type of the disease are the forming the liver cirhosis are the mark common disease of the oedema of necrored tissue.
5) The spleen are also the fat tissue the various type of the disease are the forming the spleen they are enlargement and the accumulation of the tissue cells.
6) they are the Accumulation of the fat cell and the Necrored tissue are the ischemia are the present.
7) The embolism are the also forming the oedema.
8) they are affect the Atrial & Veins accumulation of the body fluids in they tissue are the common site of the pathogenens of the oedema.

oedema are the most common of the Narored tissue of the Whemia

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Section 'C'

Q. 4.9 Shapes & Arrangements of bacteria



Monotrichous



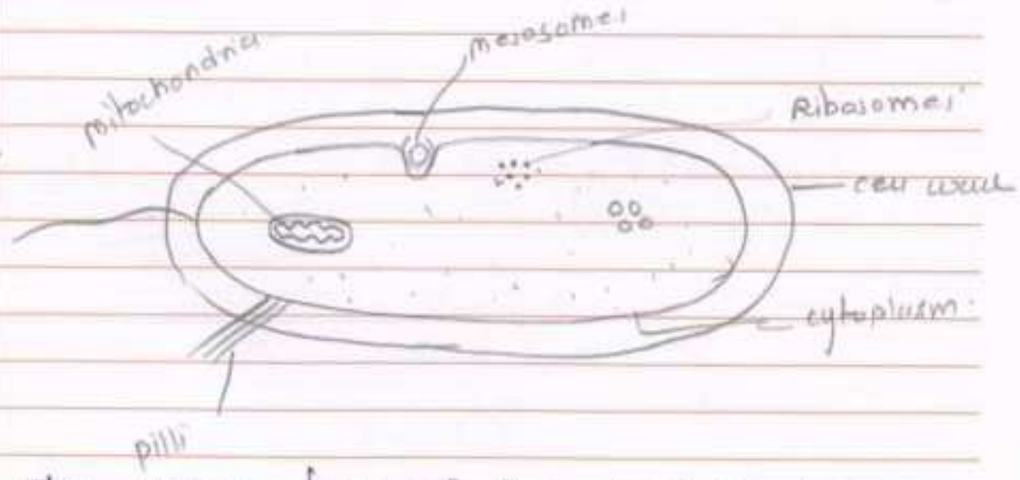
~~Discous~~ Discous



Lophotrichous



Amphitrichous



The various types of the bacteria are present and causing the various diseased.

b Immediate & delayed type hypersensitivity.

Immediate Hypersensitivity	Delayed Hypersensitivity
1) Immediate hypersensitivity are the type I hypersensitivity	1) Delayed hypersensitivity are the type IV
2) They are the reaction of the Antigen and the Antibody of the immune response.	2) They are the reaction of the antigen & Antibody of the immune response.
3) The period of the immediate hypersensitivity is the 10-15 min	3) The period of the delayed hypersensitivity is the 16-24 hrs.
4) This is the short reaction of the immediate hypersensitivity reaction of the immune.	4) This is the long reaction of the delayed hypersensitivity reaction of the immune.
5) The IgE Antigen are the the react the Antibody the Allergen and and Allergan are the present they are forming the immediate hypersensitivity.	5) the IgE Antigen are the react the Antibody the Allergen & Allergan are the react in the antibody forming the delayed hypersensitivity

6) Immediate Hypersensitivity are the type I reaction of the hypersensitivity	6) Delayed hypersensitivity are type IV reaction of the hypersensitivity.
7) They are the reaction of the Antigen & Antibody.	7) They are the reaction of the Antigen & Antibody.

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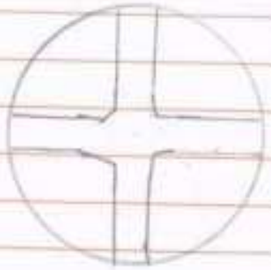
c Nagler's Reaction.

Nagler's test.



1) Nagler's Reaction is the detection of the typhoid test.
2) They are the detection of the bacteria and the infection of the tissue cell.
3) they are the positive and negative test are the detection of the Nagler's test.
4) they are the mart common test of the typhoid test.

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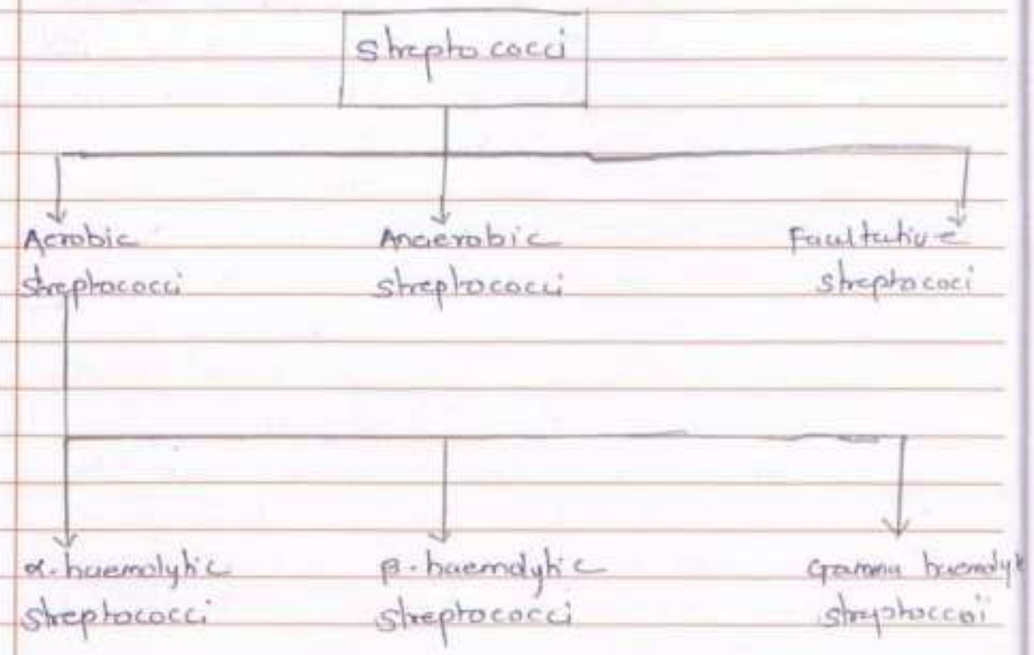
d opportunistic infection

1) opportunistic infection is the sexually transmitted diseased of the bacteria
2) They . opportunistic infection are mostly seen in the male & female of both the gender
3) They are mait commonly seen in the HIV
4) They are the sexually transmitted disease they are also opportunistic infection.
5) they are also infeded in the blood to the blood they are spread in the HIV.
6) This are the opportunistic infection of HIV
7) The opportunistic infection is the inflammation of the cell tissue are the infected in the opportunistic infection.
8) The HIV are also infeted in the blood to the blood contact.

e Classification of streptococci



1) They are the gram positive bacteria.
2) they are violet in coloured.
3) they are chain like structured are the seen.
4) They are the non-sporing, non-mobile bacteria are the seen in the.
5) They are the gram positive bacteria and the they are the violet in coloured.
6) They are the Aerobic, Anaerobic and the obligatory environment are the present.
7) pH is 7.2 - 7.6
8) Cultural growing temperature is the 37°c.

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Q5 Gas gangrene

1) Gas gangrene are the special type of the wet gangrene.
2) Gas gangrene are affected in the clostridium bacteria, this bacteria are forming the gas like structure in the tissue they are forming the gas gangrene.
3) The gas gangre are most common gangren of the wet gangren they are affected in the tissue of the cells.
4) the gas gangrene are seen in the body tissue and various part of the body.

Clostridium perfringens

(A) Morphology

1) Clostridium perfringens are the gram positive bacteria.
2) They are the violet in colours
3) They are the non-sporing, non-mobile bacteria.
4) They are the chinese letter like shaped.
5) The pH of the bacteria are the 7.2-7.6
6) They are grow in the Agar of the cultivation of the enrichment of the media.
7) They are the gram positive bacteria and the they are the violet in the colour.

8) They are the cultivation of the temperature is the 37°C they are pH of the 7.2 - 7.6
9) They are the affect the forming the gas gangrene.

Cultural Characteristic:

(1) collect the specimen:
i) The collection of the swab, pus, saliva.
(2) Laboratory.
i) The taken in laboratory. the culture in the Agar.
2) the blood Agar are most common Used in the culture of the. Clostridium perfringens they are the enriched and the selective media.
4) They are the temperature of the growth is the 37°C
5) The pH is the 7.4 - 7.6
6) they are the cultivation in the proper environment.
7) This are the gram positive bacteria. they are the violet in colour
8) They are the non-sporing Non-motile bacteria.
9) They are the cultivation in the Agar media and they are forming the cultivation of the Agar. in the different environment.

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prophylactic Avoid gas gangrene.
1) The prophylactic Avoid gas gangrene is the cleanliness.
2) The wash in the food eat.
3) this are the prophylactic measures to avoid gas gangrene.

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

A	B	C	D	E	F	G	H	I	J	Total

nda :
ed by Moderator Name :
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Name of Examination :
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Name of Examination :
Subject :
Subject Code : B.No.: Section
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										3.0
	1.0	0.0	0.0	2.0						4.0
										3.0
										4.0

1/4

IMPROVEMENT EXAM OF DEPT. OF DENTAL MATERIAL SCIENCES



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

Class: - II B.D.S SUMMER Odd Batch Repeaters -2021-22
Subject: - Dental Material Science **Date: - 25/04/2023**
Exam: - 1st IMPROVEMENT EXAM **Time: - 9.00 to 12.00**
Marks: - 80

SECTION –A (MCQ'S) (20 x 1 =20Marks)

1. fourth state of matter is:
a. solid b. liquid
c. gas d. colloid

2. the term given to the phenomenon of moisture absorption by an alginate impression in:
a. imbibition b. syneresis
c. hysteresis d. gelation

3. Lanolin is added in ZOE paste to:
a. decrease flow b. increase flow
c. acceleration reaction d. decrease irritation due to eugenol

4. Which of the following gypsum is used as a die material
a. Type I b.Type II c.Type III d. TypeIV

5. The plasticizers used in polyether impression material is:
a. polyether polymer b. colloidal silica
c. glycol ether d. di- vinyl poly(dimethyl siloxane)

6. Deformation that is recovered upon removal of an externally applied force or pressure is known as?
a. young's modulus b. plastic strain
c. elastic strain d. flexural strain

7. Which of the following is used for pickling of casting made with gypsum bonded investments?
a. 100% hydrochloric acid b. sulphuric acid
c. hydrogen peroxided.aluminium oxide

8. setting expansion of casting investment is approximately:
a. 0.1- 0.2% b. 0.1- 0.5%
c. 0.8- 1% d. 1.7- 2%

9. Back pressure porosity is due to:
a. high casting pressure b. inadequate venting of mold
c. small size and improper direction of sprue d. high mold temperature

10. ADA specification no. 18 is for:
a. agar b. ZOE paste

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c. Alginate d. impression compound

11. Minimum thickness for type I zinc phosphate cement should be
a. 15 micron b. 25 micron
c. 50 micron d. 100 micron

12. The cement which is least soluble in oral cavity is
a. Glass ionomer b. resin cements
c. Polycarboxylate cement d.Silico-phosphhate cement

13. Which is the material of choice to be given in class V cavities
a.Silicate cement b.Polycarboxylate cement
c.Glass ionomer cement d.Unfilled resin

14.Cavity varnish is used for
a. To reduce thermal conductivity b. To reduce the permeability of acid into dentinal tubules
c. Action as an obtundent d. all of the above

15. Sandwich technique consist of
a. GIC and composite b. amalgam and GIC
c. Amalgam and composite d. none of the above

16. Concentration of phosphoric acid --------- is preferred as etching agents
a) 30% b) 37%
c) 60% d) 70%

17. Recommended thickness of base is
a) 0.5 to 0.75 mm b) 1 to 2 mm
c) 0.25 to o.5 mm d) 1.5 to 2 mm

18. Mercury is decomposed in
a. Eugenol b. fixer solution c. developer solution d. none of the above

19. Miracle mix is a combination of
a. zinc phosphate + silver amalgam b. eugenol + GIC
c. silver amalgam + GIC d. calcium hydroxide + silver amalgam

20. Inlay casting wax is a type of
a. Pattern wax b. Processing wax c. Registration wax d. None of the above

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

Class: - II B.D.S SUMMER Odd batch Repeaters -2021-22 **Date: - 25/04/2023**
Subject: - Dental Material Science **Time: - 9.00 to 12.00**
Exam: - 1st IMPROVEMENT EXAM **Marks: - 80**

SECTION B (PROSTHODONTICS)

SAQs(5x4= 20Marks)

1. Laminate Impression Technique.
2. Compression molding technique.
3. Hygroscopic expansion.
4. Abrasives used in dentistry
5. Galvanic corrosion

(1x10=10 marks)

LAQ

1.Classify Ceramics. Composition of ceramic and the Methods of Strengthening Ceramic

SECTION C (Conservative Dentistry & Endodontics)

SAQs (5x4=20Marks)

1. Write in brief about amalgamation reaction in Silver amalgam with labeled diagram.
2. Write down the functions of fillers in composite resin.
3. Write a note on recent advances in Glass Ionomer Cement.
4. Describe the property of flow in inlay wax.
5. Write a note on Stress corrosion and how it can be prevented.

LAQ (1x10=10 marks)

1. Define Dental composites. Write down the classification and describe in brief about the properties of nanohybrid composite resin.

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NAME → Vaishnavi Madnurkar
Seen & verified QM

Roll no. 4
Year – Summer Odd

Repeater
Dt Improvement

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
4		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION: Ist Improvment

SUBJECT: Dental Material Science

PAPER:

ROLL NO. (In Words): four

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 /

Madnurkar

CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date: 25/04/25

Q. No.	1	2	3	4	5	6	7	8	9	10
a		■				■		■		
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Q. No.	11	12	13	14	15	16	17	18	19	20
a					■					■
b	■					■		■		
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Q. No.	21	22	23	24	25	26	27	28	29	30
a										
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Prosthe Cons Total

$\frac{04}{10} + \frac{08}{10} = \frac{12}{20}$

Vishwakarma Jagdish

USE BLUE BALL POINT PEN ONLY

Dept. of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H. Dental College & Hospital, Nashik

Dept. of Conservative Dentistry & Prosthodontics-Pre Clinic
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INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Roll No 4 Seen & verified

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

Examination: Ist Improvement Examination

Subject: Dental Material Science.

Section: B & C

Seat No: 2205

Language of Answer: English

Sub Code:

Date: 25/04/2023

Bar Code:

SPECIAL INSTRUCTIONS TO CANDIDATES

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 in 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 cognizable and non-bailable.
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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: 04 (in Figures)

Seat No: four (in Words)

Examination: IST Improvement.

Subject: Dental Material Science

Dept. of Prosthodontics and Crown & Bridge-Pre Clinic MGV's K.B.H. Dental College & Hospital, Nashik

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

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

Vpadnurkar.

Signature of the CANDIDATE

25/04/2023

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshm

AKI

Section- B
(Prosthodontics).

1) Laminate impression technique.

In laminate impression techniqu

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c) Compression Molding technique :-

1) In compression Molding technique, Metal is compressed to form a mould.

2) These ~~moulds are~~ Moulding technique is used to make capping.

3) It is done in high temperature and high pressure.

3) Hygroscopic expansion :-

Due to excess water retention gypsum product expands called as Hygroscopic expansion.

To reduce Hygroscopic expansion :-

1) proper w/p ratio :- It helps to maintain the setting reaction of product

2) Required temperature :- It also helps to regulate the setting reaction of product.

3) Having similar size particle gypsum for retention of equal amount of water by each particle

4) ~~cal~~ By of having proper calcinated gypsum.

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4) Abrasion :- It is the technique in which a final texture is smoothen by some abrasive agents.

- It not only removes surface roughness but reducing surface irregularities.

• Some abrasive agents are as follows

1) Pumice powder
2) Different kinds of burr (Diamond burr, carbide burr)
3) Sand paper
4) Files
5) Sand blasting

5) Galvanic corrosion

Corrosion is the process in which metal comes in contact with environment and it reacts with atmospheric O_2 which results into formation of their oxides

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Section-C

1) ADA specification of Amalgam-1

Types
1) High copper alloy
2) Low copper alloy

Composition :-

1) Copper ~~Cu~~ (Cu)
2) Tin (Sn)
3) ~~Amalgam~~ Silver (Ag)

Amalgamation Reaction of Silver Amalgam :-

$$\underset{(\gamma_2)}{Ag_3Sn} + \underset{(\gamma_3)}{Hg_3Sn} \longrightarrow \underset{(\gamma)}{AgHg} + 2Sn + H_2O$$

γ it is an Strongest phase in amalgamation reaction and γ_2 is is weakest phase in amalgamation reaction

6) Fillers : Are the ~~Materials~~ Particles which strengthen the strength of bonding of composite resin.
1) It increases bonding in restoration.
2) It also provides / act as a intermediate in composite resin
3) It controls setting reaction of following material.
4) It should be small
5) It also act as

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3) GIC (Glass Ionomer cement) is used as Restorative Material in class I and class II Restoration and also in class III where Aesthetic is not a Main concern.

It is used as 1) Luting
2) Restoration
3) Liners and Bases
4) Orthodontic cements
5) core buildup. 5) Fissure Sealant
6) Atraumatic Restoration technique
7) Deciduous teeth.

- It has anticarcinogenic property.
- It has good thermal property.
- It is also non-corrosive.
-

4) Inlay wax:-

It is an type of pattern wax. They are Mainly two types:-
1) Low fusing
2) High fusing

and It is Made up of
1) paraffin wax:- 60-70% → Major constituent of Inlay wax. It Reduces the Melting point of Inlay wax.
2) carnauba wax:- It is extracted from tropical palm tree.
- It adds Soomthening in It.
-

- Inlay wax is used to Make patterns
- The ideal Requirement of Inlay wax is they should be Smooth and Having low Melting point Because of that they easily flow. Because of they are used in casting procedure

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5) stress corrosion :-

It is occur due to applied external forces, or environment forces

2) can be prevented by following methods :-

1) By preventing external / environmental reaction it also reduces deposition of oxides / peroxides it helps to decrease stress over the material.

Section-C

Dental composites :-

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
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TOTAL :
Signature :

Marks in words :
Marks allotted by Moderator Name :

Name of Examination : I st Improvement
Subject : Dental Material Science
Subject Code :
B.No :
Section : B
S.No :

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TOTAL : 12½
Signature :

Marks in words : Twelve & half only
Marks allotted by II Examiner Name : Dr. Devyani Shinde (Lecturer)

Dept. of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H. Dental College & Hospital, Nashik

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
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TOTAL :
Signature :

Marks in words : Twelve only
Marks allotted by I Examiner Name : Dr. Priya Desai

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

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2021-2022



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IMPROVEMENT EXAM OF DEPT. OF PERIODONTOLOGY



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Summer 2021-22
Final Year BDS
Dr. Amit Agrawal

Priya Vekhande

MAHATMA GANDHI VIDYAMANDIR'S

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

2459

ROLL NO.

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

Ist improvement exam

NAME OF EXAMINATION

SUBJECT : Perio

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

INVIGILATOR'S SIGNATURE

Date : 30/04/2022

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	11	12	13	14	15	16	17	18	19	20
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d							■			

Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
d										

15/20

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik

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INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☒	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology (Prelim exam) Date: 05/2022

IV/II B.D.S. (Improvement Exam) Time: 3 hours

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks
Enter the answers in the appropriate answer book

SECTION A:

Q.1 Multiple Choice Questions **Marks: 20 × 1 = 20**

1. The shape of periodontal ligament is
   a. Conical b. Cylindrical
   c. Hourglass d.None of the above

2. Flap technique which increases the width of attached gingiva is:
   a. Modified Widman flap b.Conventional flap
   c. Undisplaced flap d.Apically displaced flap

3. Which of the following scaler is used only by push motion?
   a. Sickle scaler b.Anterior interdental scaler
   c. Hoe scaler d. Zerfing's scaler

4. The most common type of acute gingival infection in childhood is
   a. Puberty gingivitis b .Necrotising ulcerative gingivitis
   c. Primary herpetic gingivostomatitis d .Candidiasis

5. Which of the following is indicated in type I gingival embrasure
   a. Proxa brush b.Dental floss
   c. Unitufted brush d.Woodden wedges

6. The principle cell type in gingiva is
   a. Keratinocyte b.Langerhan's cells
   c. Merkel's cells d.Melonocytes

7. Gingivectomy is contraindicated in cases of
   a. Suprabony pockets b. Infrabony pockets
   c. Suprabony abscess d. Gingival pockets

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8. The predisposing factors (s) for fenestration and dehiscence

a. Prominent root contours
b. Thin bony plate
c. Tooth malposition
d. All of the above

9. The phase of treatment which is not synonymous with phase I therapy

a. Etiotropic phase
b.Hygienic phase
c. Initial phase
d.Maintenance phase

10. The specifically designed probe to explore the furcation is called as

a. Nabers probe
b.WHO probe
c. Goldman fox probe
d.CPITN

11. An example of conditioned gingival enlargement is:

a. Drug induced enlargement
b.Pregnancy tumor
c. False enlargement
d. Neoplastic enlargement

12. The "bone factor" concept was developed by

a. Glickman
b.Grant
c. Newman
d.Goldman

13. The technique (s) used to collect GCF is / are

a. Absorbent paper strips
b.Micropipettes
c. Brill's technique
d.All of the above

14. The stage of gingivitis when bleeding on probing is first evident is

a. Initial stage
b.Early stage
c. Established stage
d.Advanced stage

15. The recommended daily dose of Subantimicrobial dose doxycycline is

a. 2 mg
b.20 mg
c. 10 mg
d.50 mg

16. The periodontal dressing which is eugenol free is

a. Wondr-Pak
b.Coe-Pak
c. Both of the above
d.None of the above

17. The width of attached gingiva in maxillary anterior region is

a 3 – 3.9 mm
b.3.5 – 4.5 mm
c. 1.5- 2.5 mm
d.2.5 – 3.5 mm

18. An example of circular brushing technique is

a. Bass technique
b.Leonard's technique
c. Fones technique
d. Stillman's technique

19. The one wall vertical defect is also called as

a. Hemiseptum
b. Lipping
c. Infrabony defect
d. Intrabony defect

20. The other name (s) of internal bevel incision is / are

a. First incision
b. Reverse bevel incision
c. Both of the above
d. None of the above

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

① Summer 2021-22, Final Year BDS
Dr. Triveni Kale : [signature]

Priya Vekhande

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvment exam

Subject : Periodontology

Section : B & C

Serial No. 3477

Language of Answer : English

Sub. Code :

Date : 30 05 2022

Bar Code

SPECIAL INSTRUCTIONS TO CANDIDATE

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Section : B & C

Seat No. — (in Figures)

Seat No. — (in Words)

Examination : 1st improvment exam

Subject : Periodontology

Dept. of Periodontology
M. G. V. Dental College & Hmo.
Panchvati Nasik.

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.

[signature]
Signature of the CANDIDATE

Signature of the JUNIOR SUP[illegible]

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q.2 Short Answer Question.

h) Principle group of PDL fibers are as follows:-

- PDL is a complex vascular and highly cellular connective tissue.
- The most imp element of PDL are principle fibers.
- The terminal portion of periodontal fiber that are inserted into cementum.
- They are collegen
- They are in bundles of individual fibres
- And they are arranged in bundles
- And it appears to be wavy wavey when observed longitudally.
- The terminal portion of principal fibre that are inserted into cementum
- The ~~terminal~~ fibers are remodelled.
- Sharpey's fibre is a term related to PDL fible
- Fibers are arranged in 6 groups

① Trans-septal group
② Alveolar crest group
③ Horizontal group
④ oblique group
⑤ Apical group
⑥ Inter-radicular group



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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

C) Halitosis :-

- Halitosis is also termed as fetor ex or fetor oris
- ~~Halitosis~~ It is a foul or offensive odor
- Halitosis is one of the factor related with mouth odor oder

Halitosis

genuine halitosis ← → delusional halitosis

- Halitosis can cause to any age group.
- Causes = Bacteria, Dry mouth, food habits, underlying conditions
- Halitosis can be caused due to intra oral defect ore even due to extra oral defect.
- Treatment = Regular dental checkup, oral care
- ~~Appro~~ Appropiate treatment is required to treat halitosis
-
- Chlorohexidin mouthwash can also help in be helpful in halitosis
- Management = ① chemical reduction of oral microbial load.
② Masking the malodor

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9) Trauma from occlusion :-

- When occlusal forces exceed the adaptive capacity of tissue, tissue injury results. It is called trauma from occlusion.
- Trauma from occlusion is one of the important factor in periodontology.

Symptoms = ① periodontal pain ② Pulpal pain ③ Food impaction ④ TMJ pain.

- The term trauma from occlusion is been described in the name itself, itself.

Clinical features = ① Tooth mobility ② Pain in chewing ③ examination

- Incorrect position of occlusion may lead to trauma on the occlusion area.
- Dental caries is also an ~~this~~ etiology
- Proper treatment is needed to the trauma which is cured.

- Aetiology = Malocclusion, TMJ dysfunction, faulty restoration
- Trauma may lead to other tissue tissue defects in the oral cavity.

- Classification = ① Based on duration a) Acute b) chronic

② Based on causative factor a) Primary b) secondary c) combined.

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a) Non eugenol pack

- reaction between metalic oxide and fatty acid.
- Non eugenol pack is me of the important factor in periodontology.

- Eugenol pack → based on reaction of zinc and ~~eugenol~~
- Non eugenol pack is in paste form.

- Eugenol may produce allergic reaction
- It is used in the treatment

- Reaction between metallic oxide and fatty acid
- In eugenol pack there are ~~two~~ two paste which is firmly, ~~triturated~~ mixed. in order to get final paste ~~to~~

~~com~~ contents are as follows =

- zinc oxide
- zinc sulphate
- calcium sulphate
- glycol acetate
- Polyvinyl acetate
- Tirethanolamine
- Red pigments

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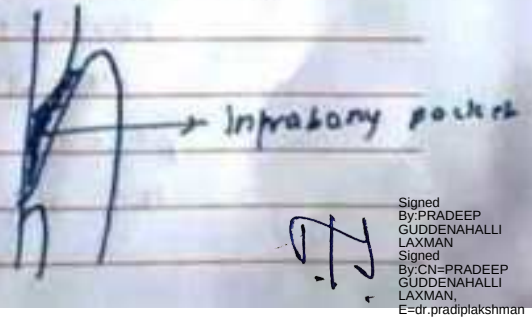
d)

Supra bony pocket	Infra bony pocket
- Supra bony pocket bare n pocket coronal to level n alveolar bone	- Infra bony pocket bare n pocket is apical to the crest n alveolar bone.
- Pattern n bone ~~destruction~~ destruction is horizontal	- Pattern n bone destruction is vertical
- Transeptal fibers severed after disease are arranged horizontally	- Transeptal fibers are severed after disease is arranged obliquely.
- On facial & lingual surface PDL fibers beneath the pocket follow horizontal - oblique pattern.	- On facial & lingual surface PDL fibers beneath the pocket follow angular pattern.





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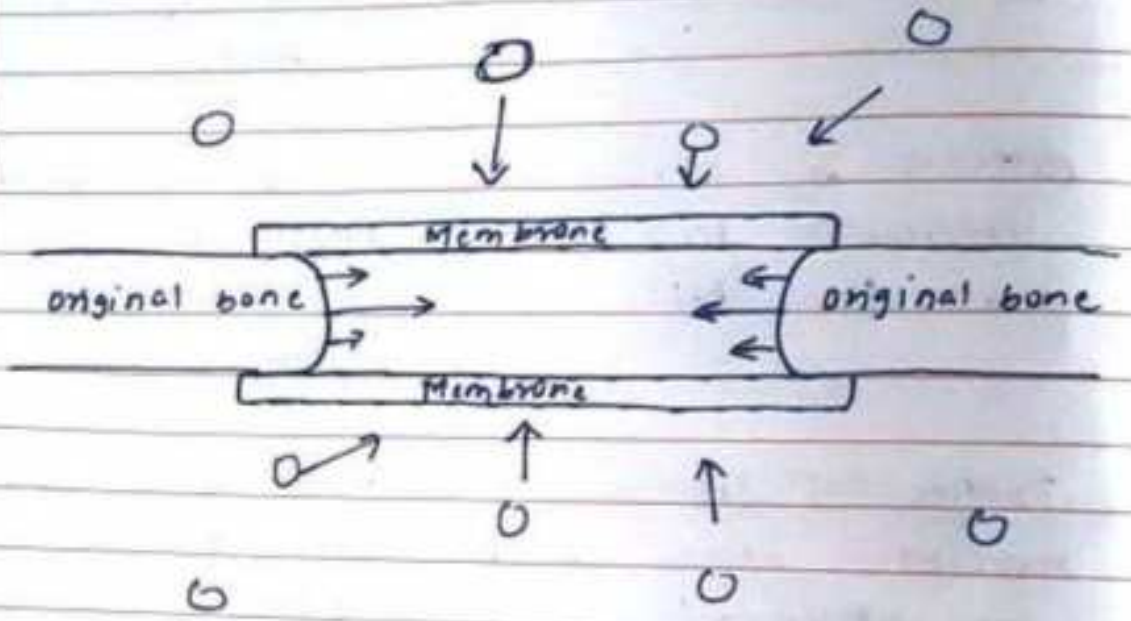
j) Principle of GTR

- The principles of ~~the~~ GTR are as follows :-



- The GBR biological rationale advocated the mechanical exclusion of undesirable cells time for growing into the defect.

- Thereby allowing only osteogenic cell populations derived from parent bone to repopulate the defect wound space.

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e) Dental calculus

- According to booster concept mineralization, mineral calculus is hand precipitation result from and phosphate local rise in degree of saturation of calcium
- Dental calculus is calcified dental plaque, composed primarily of calcium phosphate mineral salts deposited between and within remnants of formerly viable microorganism
- Colloidal protein in saliva bind calcium and phosphate ions and maintain a supersaturated solution
- Theories of calculus formations are

① Booster mechanism = according to this concept mineral precipitation result from a local rise
② Epitaxial concept = According to this concept seeding agent induce small foci of calcification
③ Inhibation theory (site = calcifying, non calcifying)
④ Transformation theory
⑤ Bacterial theory
⑥ Enzymatic theory

- According to epitactic or heterogenous nucleation concept seeding agent induce small foci calcification that enlarge and coalesce to form calcified mass

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ii) Periodontal abscess.

- periodontal abscess is a common and painful dental emergency resulting from bacterial accumulation or foreign body impaction in periodontal pocket.

- They affect both patient with or without active periodontal disease and require prompt management acute and long term.

periodontal abscess	Periapical abscess
• Angular bone defect	• Endodontic filling
• Furcation involvement.	• Endodontic or post perforation

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• Lateral radiolucency	Apical radiolucency
• Pain - dull, constant, less severe	• Pain - severe, throbbing, lasts for long.
• Pulp test = vital	E - Non-vital
• Duration of lesion = chronic	Duration of lesion = Acute
- Responds favorably to subgingival debridement	- Respond poorly to periodontal debridement
- Positive and mild. pain in lateral direction	- Severe pain associated in both movement in vertical direction
- Aetiology = plaque, calculus deep periodontal pocket	- Deep restorative, carious exposure
> spread along the midsection of root	- Frequently present near the apex

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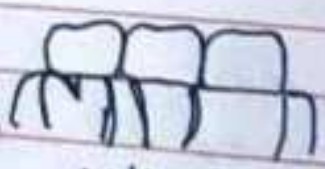
b) Steps of resective osseous surgery

- vertical grooving
- Radicular blending
- Horizontal grooving
- scribing
- gradualizing interproximal bone.

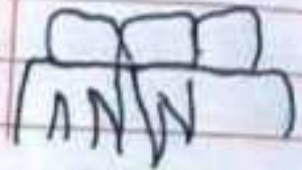
- Vertical grooving = reduce buccal and lingual thickness of bone interdentally.
- creates root prominence, minimum bone removal
- Apical step - reduce width of soft tissue



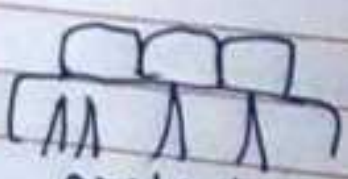
vertical grooving



radicular blending



flattening ridge



gradualizing interproximal

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f)

Interdental aids are as follows:-

Mechanical device		Indication
• Floss	-	Proximal surface of each tooth and line angles
• Wooden dental cleaner	-	Exposed proximal tooth surface.
• Gauze strip	-	Proximal surface of widely spaced teeth, distal and mesial surface and abutment teeth, distal position of denture supported teeth.
• Interdental tip	-	Plaque forming on tooth surfaces or just below gingival margin.

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5) Gaire enlargement

Drug induced gingival enlargement =

Objective =

- Identification the type of drugs associated
- Review the pathophysiology
- summarise the treatment and management

Ethiology =

- Drugs are most common reason behind gingival enlargement
- DIHD is a side effect seen in patient
- patients genetic predisposition

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- Anticovulsants
- Immunosuppressants
- calcium channel blocker

clinical feature =

- firm, painless, nodular enlargement
- In severe case, huge fold of hypertrophied gingival tissue
- Typically it is seen in edentulous area.
- gingival appear smooth and red or bluish-red.
- gingival over growth disappears when teeth extracted.

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Clair ID = Marginal tissue recession which extend to or beyond the MGJ and associated with gross alveolar bone loss in interdental area

Free gingival Autograft =

- Free gingival autograft is used to create a widened zone of attached gingiva

- The clairle technique
- Variant technique
  ① According technique
  ② Strip technique
  ③ combination.

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According technique.

- This technique increase the donor graft by changing configuration of tissue

~~Variant~~ technique.

~~This~~ technique ~~increase~~

Free gingival Autograft

Step IF = It purpose is basically to prepare firm connective tissue

- Existing mucogingival junction with a 15 blade to desire depth

- blending the ingsn on both end with mucogingival line

- Extend the incision.

- The deeper the recipient site greater is the tendency for muscular elevation the graft and reduce final width.

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- graft can also be placed directly on bone time.

Step II :

- Obtain graft from donor site
- conventional free gingival graft technique consist transferring piece of keratinized gingiva of approximately the size of recipient site
- The palate is usual site from which donor tissue is removed
- Proper thickness is important
- If the graft is too thick the peripheral layer is jeopardized.

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Step III =

- Transfer and immobilize the graft

- Suture the graft at the lateral border and to the periosteum to secure its position and clean the recipient bed beneath it with aspirator to remove clots of loose tissue fragment

Step IV =

- protect the donor site

- Periodontal pack for 1 week and repeat if necessary

- facial attached gingive was used the pack may be retained by locking it through the interproximal space into lingual surface.

- modified spawley retained is useful to cover pack palate

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Name of Examination
Subject
Subject Code

Section
S No
B No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2											
3											
4											
5											
6											
7											
8										TOTAL →	

Marks in words
Marks allotted by Moderator Name
signature

Name of Examination
Subject
Subject Code

Section
S No
B No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2											
3											
4											
5											
6											
7											
8										TOTAL →	

Marks in words
Marks allotted by 1st Examiner Name
signature

1st Improvement Exam
Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik.

Name of Examination
Subject
Subject Code

B No
S No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2	2·5	3·0	3·0	3·0	2·0	2·5	3·0	3·0	3·5	2·0	27·5
3	7·6	6·0									13·5
4											
5											
6											
7											
8											

Marks in words
Marks allotted by 1st Examiner Name

TOTAL → 41·0
signature

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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology

Date: 2/5/2022

IV/II B.D.S. Prelim Exam (Improvement exam)

Time: 12.00-3.00 pm

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks.
Draw diagrams wherever necessary.
Answer each section in the respective answer sheets only

SECTION B:

Q.2 Short Answer Questions **Marks: 10x4 =40**

a. Describe the contents of non eugenol pack
b. Describe steps of resective osseous surgery.
c. Write short note on Halitosis.
d. State the differences between suprabony and infrabony pocket.
e. Define Dental calculus. Discuss the theories of calculus formation.
f. Enumerate different interdental aids along with their indications and diagram.
g. Define and classify trauma from occlusion.
h. Write a note on principle group of PDL fibers.
i. Define periodontal abscess. Differentiate between periodontal and periapical abcess
j. Describe the principle of GTR.

SECTION C:

Q.3 Long Answer Questions **Marks: 10x2=20**

1. Classify denuded root surface. Describe the classic technique of free gingival autograft.

2. Classify gingiva enlargement. Write in detail about drug induced gingival enlargement.

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Priya Vekhande

Summer 2021-22
Final Year BDS
Dr. Kunal Sehgal

Priya Vekhande

8150

MAHATMA GANDHI VIDYAMANDIR'S 2nd Additional exam

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

ROLL NO.

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Periodontology

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

INVIGILATOR'S SIGNATURE

Date: 16/6/22.

Q. No.	1	2	3	4	5	6	7	8	9	10
a					■					
b	■								■	
c				■			■			
d		■	■			■		■		■

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■		■		■			■
b										
c	■	■				■				
d				■				■	■	

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

14/20

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik.

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's
K.B.H. DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology (Extra sessional) Date: 15/06//2022

IV/II B.D.S. Time: 3 hours

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks
Enter the answers in the appropriate answer book

SECTION A:

Q.1 Multiple Choice Questions **Marks: 10**

1. Dental plaque is primarily comprised of:
   a. a.Glycoprotein b. Micro-organisms
   c. Polysaccharides d. Calcium/Phosphorus
2. The diagnostic feature of chronic periodontitis is
   a. Periodontal pocket b. Clinical attachment loss
   c. Alveolar bone loss d. All of the above
3. The micro-organism associated with generalized aggressive periodontitis is:
   a. Bacteroides forsythus b. Actinomyces viscosus
   c. Treponema denticola d. None of the above
4. The systemic condition which causes an exaggerated response of gingiva to plaque accumulation is:
   a. Beriberi b. Pellagra
   c. Scurvy d. Rickets
5. The stage I gingivitis is termed as:
   a. Early lesion b. Initial lesion
   c Established lesion d. Advanced lesion
6. The cornerstone of periodontal therapy is the removal of:
   a. Calculus b. Extrinsic stains
   c Supra gingival plaque d. All of the above
7. Pseudomembranous slough covering an ANUG ulcer is removed by:
   a. Sodium hypochlorite b. Betadine
   c. Chlorhexidine d. Hydrogen peroxide

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8. Forceful friction between soft tissues and adjacent tooth is called as:
   a. Attrition
   b. Abrasion
   c. Erosion
   d. Ablation

9. Gingivitis which affects the free gingival margin, attached gingiva and interdental papilla is called as:
   a. Marginal gingivitis
   b. Localized gingivitis
   c. Generalized gingivitis
   d. Diffuse gingivitis

10. Increased tooth mobility can be caused by
   a. Loss of tooth support
   b. Periodontal surgery
   c. Pathologic processes of the jaw
   d. All of the above

11. The prognosis of a patient with gingivitis associated with dental plaque only is:
   a. Poor
   b. Fair
   c. Good
   d. Questionable

12. An example of a circular brushing technique is:
   a. Bass technique
   b. Leonard technique
   c. Fones technique
   d. Stillman technique

13. The indication for splinting is:
   a. Furcation involvement
   b. mobility of teeth
   c. Gingival recession
   d. all of the above

14. The flap surgical technique used to widen the zone of attached gingiva is:
   a. Coronally displaced flap
   b. Laterally displaced flap
   c. Undisplaced flap
   d. Apically displaced flap

15. Chemically modified tetracyclines are:
   a. Locally used antibiotics
   b. Host modulatory agents
   c. Root conditioners
   d. None of the above

16. The angular osseous defect indicated for regenerative osseous surgery is.
   a. One walled defect
   b. Two walled defect
   c. Three walled defect
   d. All of the above

17. An example of a regenerative flap design is
   a. Apically displaced flap
   b. Papilla preservation flap
   c. Undisplaced flap
   d. Lateral sliding flap

18. The modified widman flap accomplishes the following:
   a. Elimination of pocket
   b. Conservation of gingival tissue
   c. Sharp gingival margins
   d. All of the above

19. The extent of depth of a furcation involvement can be identified by:
   a. Walking of the probe
   b. Horizontal probing
   c. Transgingival probing
   d. All of the above

20. The suture used to hold the GTR membrane in place is:
   a. Sling suture
   b. Anchor suture
   c. Mattress suture
   d. Periosteal suture

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K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology

Date: 15/6/22.

IV/II B.D.S 2nd Additional Exam

Time: 12.00-3.00 pm

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks.
Draw diagrams wherever necessary.
Answer each section in the respective answer sheets only.

SECTION B:

Q.2 Short Answer Questions Marks: 10x2= 40

a. Causes of Tooth Mobility
b. Classify Bone Grafts
c. Write a note of Supportive Periodontal Therapy
d. Differentiate between Chronic & Aggressive Periodontitis
e. Stages of Plaque formation
f. What are the effects of aging on the Periodontium
g. Define & Classify furcation involvement
h. Write short note on Pathologic Migration
i. Classify Gingival enlargements
j. Classify Gingival recession & Enumerate its causes

SECTION C:

Q.3 Long Answer Questions Marks: 10x2=20

1. Define & Classify Periodontal Flap surgery. Describe in detail Modified Widman Flap.

2. What is ANUG? Write a note on etiology, predisposing factors and treatment of ANUG.

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Summer 2021-22.
Final Year BDS
Name & Sign of Assesor : Dr. Kunal Priya Vekhande
Seth

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 2nd additional exam

Subject : Periodontology

Section : B & C

Serial No. 3499

Language of Answer : English Sub. Code :

Date : 15 06 2022

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 or 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 : 2nd additional exam

Subject : Periodontology

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik,

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.

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Signature of the JUNIOR SUPERVISOR

Q1

Section - C

long answer question.

(2)

- ANUG - Acute Acute Necrotizing ulcerative gingivitis
- Acute necrotizing ulcerative gingivitis onset is sudden
- It occurs in both adult and chir children
- some times also related with respiratory tract infection.

few clinical features are =

- Extra oral signs and symptoms
- Intra - oral signs and symptoms
- Lateral ulceration is characterized by involvement of buccal wall of papillae
- deep ulceration is also observed and necrosis

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Etiology

- Bacteriology consist of flora composed content flora composed facultative anaerobic spirochetal organism

- Local and systemic factors are predisposing. such as

* Local factors ⇒
  - smoking = vascular and other changes
    direct toxic effect of tobacco
    reflection of stress
  - Pre-existing gingivitis
  - Injury to the gingiva.

* Systemic factors ⇒
  - Psychosomatic factor
  - Nutritional effect
  - Debilitating disease.

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Treatment

- Identification of the cause is important first

- And identification of proper time is also one of the factor to be considered.

- Treatment is done in following way.

- Two to three visit are done to the doctor for proper treatment

- In first visit the treatment is confirmed and the recurrence of ANUG is been observed.
And then treatment is given accordingly.

- Topical anesthesia is applyed and then the area is gently swabbed to remove pseudomembrane

- And superficial calculus is removed.

- Then pt is given proper instruction to maintain oral hygiene by proper mouth rinse in every 2hrs

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- In 2nd visit recalling is done
- In 3rd visit each proper checkup is done, plaque control, root planning is done.

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(1) Periodontal flap surgery

- A periodontal flap is a section of gingiva or mucosa which is surgically elevated from the underlying tissue to provide access to the bone and, visibility and root to the root surface.

Classification.

* According to the thickness of the flap
  1. Full thickness
  2. Partial thickness

* According to the placement of the flap.
  1. Displaced flap.
  2. Non displaced flap

* According to the design of the flap
  1. conventional flap.

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⑤ papilla preservation flap.

* Modified widman flap.

There are 2 majorly known flap

① modified widman flap

② undisplaced flap

③ Apical displaced flap.

- Modified widmon is most common

There are in total seven steps in modified widman flap.

① Step I

Step I is an initial step in which incision is made away from gingival margin.

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incision

① Also vertical ~~incision~~ is made.

② Step II -

Then gingiva is up lifted with periodontal elevator.

③ Step III

In step III cervicular incision is made

④ Step IV

- Now the flap is up lifted and another incision is made in inter dental space with Orban knife

- Also gingival collar is removed

⑤ Step V

- Granulation tissue is removed.
- And root surface is examined and scaling is done.

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⑥ cup VI

Bone architech is corrected

⑦ cup VII

Interrup Interrupted direct nature is placed.

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Section B

Q.2 Short answer question.

(10) Causes of tooth mobility

Causes of tooth mobility are as follows :-

1. Trauma disease
2. Periodontal disease
3. Bone disease
4. Trauma injury
5. Pathological process of the jaw.
6. Periapical pathology
7. ~~Pre Pregnancy~~ Hormonal prob. problems due to pregnancy.

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(i) Gingival enlargement

① According to etiology.

* Inflamatory enlargement
  - Acute
  - chronic

* Drugs induced enlargement

* Enlargement associated with systemic disease
  - condition enlargement
  - pregnancy
  - vit C deficiency
  - puberty
  - plasma cell

* systemic disease causing enlargement
  - Leukemia

* Neoplastic enlargement
  - Begin Benign tumor
  - Acute malignant tumor

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(h) Pathological migration

- Pathologic migration occurs when the balance factors that maintain physiological tooth position is disturbed.
- Pathologic migration is mostly seen in anterior region.
- Few times posterior teeth migration is also observed in the oral cavity.
- Teeth can move in any direction as a result in mobility and migration of the teeth
- Pathologic migration in occlusal area is called as extrusion.

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(c)

Supportive periodontal therapy

- Supportive periodontal therapy is one of the most common chronic infection
- Maintenance therapy is required to maintain proper oral cavity.
- Daily oral hygine is mandatory to maintain.
- In this phase patient should understand the importance of proper oral hygine to avoid further complications.
- Prevention of disease is depend on individual maintainance

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(c)

Dental plaque.

- Plaque is defined as soft deposits that form biofilm on the tooth surface or other hard surface in the oral cavity which also includes removable and fixed restoration.

- Dental plaque is a host modified with biofilm

Types of dental plaque

① supra gingival plaque
- Coronal plaque
- ~~Attached~~ plaque
- ~~unattached~~ plaque
-

② sub gingival plaque
- Attached plaque
- unattached plaque.

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(i) Gingival recession

Miller's classification

① Class I

Marginal tissue recession does not extend beyond the mucogingival junction and no loss of interproximal tissue.

② Class II

Marginal tissue recession that does or does not extend to or beyond mucogingival junction with some loss of interproximal tissue.

③ Class III

Interproximal tissue extend to or beyond mucogingival junction with some loss of interproximal tissue.

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(4) Class IV

Marginal tissue extends to or post mucoginic junction with several loss of ~~bone~~ interproximal tissue and tooth less than 50% less root coverage

Etiology. =

- ~~bone~~ di tooth malposition
- Thin tissue
- Trauma force
- Habits
- Smoking
- tobacco.
- orthodontic treatment

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(f) Aging on periodontium

- Aging on periodontium may lead to various changes
- Tissue Ar aging occur tissue wearing occur which lead to thining of tissue
- Damage of tissue may occur
- Various disease gingival disease may lead
- Also because of improper maintenance of the oral cavity of gingival disease may lead.
- Aging of periodontium it is a process which may lead to discomfort to the patient

Proper treatment at proper time is needed in order to avoid further complication in the patient

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(d) Chronic periodontitis

- Chronic periodontitis is also known as slow progressive periodontitis

- Chronic periodontitis is a result of extension of ~~gingival resistance which may lead to~~ ~~lead to~~ the inflamation of the from gingiva into deeper periodontium tissue.

- It is an inflamatory disease within the supportive tissue

Few clinical features

- 30 - 35 years ~~age~~ age is been affected

- Onset is generalised

- ~~Deep~~ ~~involve~~ lesion deep involved.

- Highly ~~in~~ inflammatory site

- No perticular pattern

- Gingiva appear swollen

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Name of Examination :
Subject :
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Dept. of Periodontology.
M. G. V. Dental College & Hospital.
Panchvati Nasik.
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Summer 2021-22
Final Year BDS
Dr. Amit Agrawal

Priya Vekhande

MAHATMA GANDHI VIDYAMANDIR'S

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

2459

ROLL NO.

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

Ist improvement exam

NAME OF EXAMINATION

SUBJECT : Perio

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

INVIGILATOR'S SIGNATURE

Date : 30/04/2022

Q. No.	1	2	3	4	5	6	7	8	9	10
a										■
b					■		■			
c	■			■						
d		■	■			■		■	■	

Q. No.	11	12	13	14	15	16	17	18	19	20
a		■				■			■	
b	■			■						
c			■		■			■		■
d							■			

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

15/20

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☒	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology (Prelim exam) Date: 05/2022

IV/II B.D.S. (Improvement Exam) Time: 3 hours

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks
Enter the answers in the appropriate answer book

SECTION A:

Q.1 Multiple Choice Questions **Marks: 20 × 1 = 20**

1. The shape of periodontal ligament is
   a. Conical b. Cylindrical
   c. Hourglass d.None of the above

2. Flap technique which increases the width of attached gingiva is:
   a. Modified Widman flap b.Conventional flap
   c. Undisplaced flap d.Apically displaced flap

3. Which of the following scaler is used only by push motion?
   a. Sickle scaler b.Anterior interdental scaler
   c. Hoe scaler d. Zerfing's scaler

4. The most common type of acute gingival infection in childhood is
   a. Puberty gingivitis b .Necrotising ulcerative gingivitis
   c. Primary herpetic gingivostomatitis d .Candidiasis

5. Which of the following is indicated in type I gingival embrasure
   a. Proxa brush b.Dental floss
   c. Unitufted brush d.Woodden wedges

6. The principle cell type in gingiva is
   a. Keratinocyte b.Langerhan's cells
   c. Merkel's cells d.Melonocytes

7. Gingivectomy is contraindicated in cases of
   a. Suprabony pockets b. Infrabony pockets
   c. Suprabony abscess d. Gingival pockets

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8. The predisposing factors (s) for fenestration and dehiscence

a. Prominent root contours
b. Thin bony plate
c. Tooth malposition
d. All of the above

9. The phase of treatment which is not synonymous with phase I therapy

a. Etiotropic phase
b.Hygienic phase
c. Initial phase
d.Maintenance phase

10. The specifically designed probe to explore the furcation is called as

a. Nabers probe
b.WHO probe
c. Goldman fox probe
d.CPITN

11. An example of conditioned gingival enlargement is:

a. Drug induced enlargement
b.Pregnancy tumor
c. False enlargement
d. Neoplastic enlargement

12. The "bone factor" concept was developed by

a. Glickman
b.Grant
c. Newman
d.Goldman

13. The technique (s) used to collect GCF is / are

a. Absorbent paper strips
b.Micropipettes
c. Brill's technique
d.All of the above

14. The stage of gingivitis when bleeding on probing is first evident is

a. Initial stage
b.Early stage
c. Established stage
d.Advanced stage

15. The recommended daily dose of Subantimicrobial dose doxycycline is

a. 2 mg
b.20 mg
c. 10 mg
d.50 mg

16. The periodontal dressing which is eugenol free is

a. Wondr-Pak
b.Coe-Pak
c. Both of the above
d.None of the above

17. The width of attached gingiva in maxillary anterior region is

a 3 – 3.9 mm
b.3.5 – 4.5 mm
c. 1.5- 2.5 mm
d.2.5 – 3.5 mm

18. An example of circular brushing technique is

a. Bass technique
b.Leonard's technique
c. Fones technique
d. Stillman's technique

19. The one wall vertical defect is also called as

a. Hemiseptum
b. Lipping
c. Infrabony defect
d. Intrabony defect

20. The other name (s) of internal bevel incision is / are

a. First incision
b. Reverse bevel incision
c. Both of the above
d. None of the above

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① Summer 2021-22, Final Year BDS
Dr. Triveni Kale : [signature]

Priya Vekhande

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvment exam

Subject : Periodontology

Section : B & C

Serial No. 3477

Language of Answer : English

Sub. Code :

Date : 30 05 2022

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 or 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 : 1st improvment exam

Subject : Periodontology

Dept. of Periodontology
M. G. V. Dental College & Hmo.
Panchvati Nasik.

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.

[signature]
Signature of the CANDIDATE

Signature of the JUNIOR SUP[illegible]

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Q.2 Short Answer Question.

h) Principle group of PDL fibers are as follows:-

- PDL is a complex vascular and highly cellular connective tissue.
- The most imp element of PDL are principle fibers.
- The terminal portion of periodontal fiber that are inserted into cementum.
- They are collegen
- They are in bundles of individual fibres
- And they are arranged in bundles
- And it appears to be wavy wavey when observed longitudally.
- The terminal portion of principal fibre that are inserted into cementum
- The ~~terminal~~ fibers are remodelled.
- Sharpey's fibre is a term related to PDL fible
- Fibers are arranged in 6 groups

① Trans-septal group
② Alveolar crest group
③ Horizontal group
④ oblique group
⑤ Apical group
⑥ Inter-radicular group



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C) Halitosis :-

- Halitosis is also termed as fetor ex or fetor oris
- ~~Halitosis~~ It is a foul or offensive odor
- Halitosis is one of the factor related with mouth odor oder

Halitosis

genuine halitosis ← → delusional halitosis

- Halitosis can cause to any age group.
- Causes = Bacteria, Dry mouth, food habits, underlying conditions
- Halitosis can be caused due to intra oral defect ore even due to extra oral defect.
- Treatment = Regular dental checkup, oral care
- ~~Appro~~ Appropiate treatment is required to treat halitosis
-
- Chlorohexidin mouthwash can also help in be helpful in halitosis
- Management = ① chemical reduction of oral microbial load.
② Masking the malodor

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9) Trauma from occlusion :-

- When occlusal forces exceed the adaptive capacity of tissue, tissue injury results. It is called trauma from occlusion.
- Trauma from occlusion is one of the important factor in periodontology.

Symptoms = ① periodontal pain ② Pulpal pain ③ Food impaction ④ TMJ pain.

- The term trauma from occlusion is been described in the name itself, itself.

Clinical features = ① Tooth mobility ② Pain in chewing ③ examination

- Incorrect position of occlusion may lead to trauma on the occlusion area.
- Dental caries is also an ~~this~~ etiology
- Proper treatment is needed to the trauma which is cured.

- Aetiology = Malocclusion, TMJ dysfunction, faulty restoration
- Trauma may lead to other tissue tissue defects in the oral cavity.

- Classification = ① Based on duration a) Acute b) chronic

② Based on causative factor a) Primary b) secondary c) combined.

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a) Non eugenol pack

- reaction between metalic oxide and fatty acid.
- Non eugenol pack is me of the important factor in periodontology.

- Eugenol pack → based on reaction of zinc and ~~eugenol~~
- Non eugenol pack is in paste form.

- Eugenol may produce allergic reaction
- It is used in the treatment

- Reaction between metallic oxide and fatty acid
- In eugenol pack there are ~~two~~ two paste which is firmly, ~~triturated~~ mixed. in order to get final paste ~~to~~

~~com~~ contents are as follows =

- zinc oxide
- zinc sulphate
- calcium sulphate
- glycol acetate
- Polyvinyl acetate
- Tirethanolamine
- Red pigments

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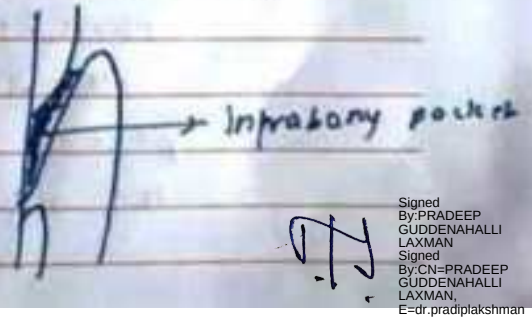
d)

Supra bony pocket	Infra bony pocket
- Supra bony pocket bare n pocket coronal to level n alveolar bone	- Infra bony pocket bare n pocket is apical to the crest n alveolar bone.
- Pattern n bone ~~destruction~~ destruction is horizontal	- Pattern n bone destruction is vertical
- Transeptal fibers severed after disease are arranged horizontally	- Transeptal fibers are severed after disease is arranged obliquely.
- On facial & lingual surface PDL fibers beneath the pocket follow horizontal - oblique pattern.	- On facial & lingual surface PDL fibers beneath the pocket follow angular pattern.





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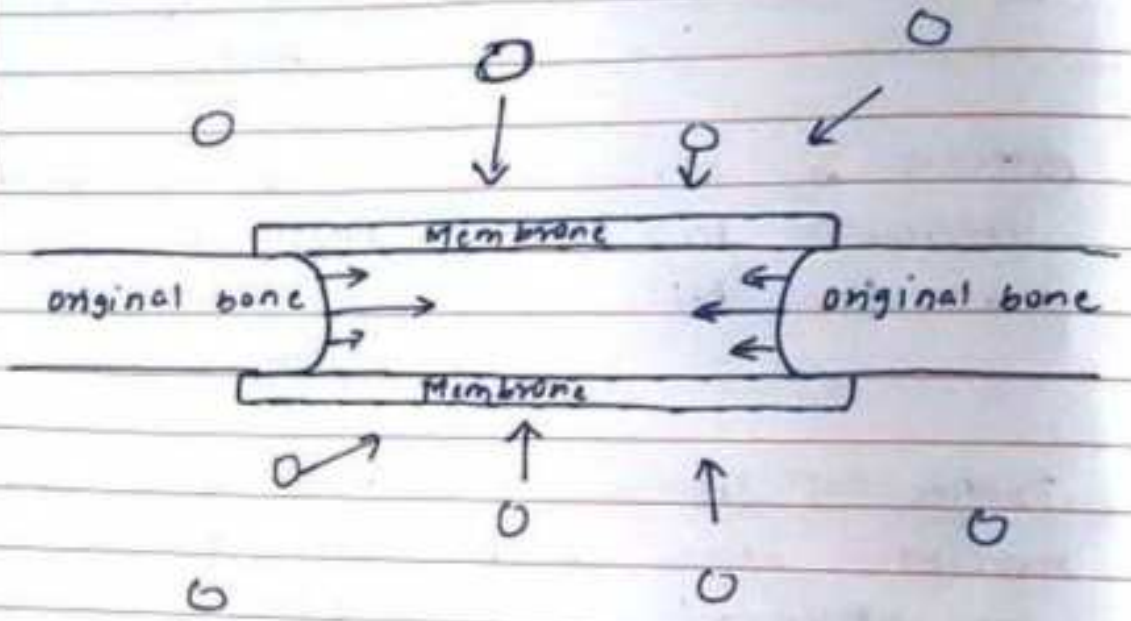
j) Principle of GTR

- The principles of ~~the~~ GTR are as follows :-



- The GBR biological rationale advocated the mechanical exclusion of undesirable cells time for growing into the defect.

- Thereby allowing only osteogenic cell populations derived from parent bone to repopulate the defect wound space.

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e) Dental calculus

- According to booster concept mineralization, mineral calculus is hand precipitation result from and phosphate local rise in degree of saturation of calcium
- Dental calculus is calcified dental plaque, composed primarily of calcium phosphate mineral salts deposited between and within remnants of formerly viable microorganism
- Colloidal protein in saliva bind calcium and phosphate ions and maintain a supersaturated solution
- Theories of calculus formations are

① Booster mechanism = according to this concept mineral precipitation result from a local rise
② Epitaxial concept = According to this concept seeding agent induce small foci of calcification
③ Inhibation theory (site = calcifying, non calcifying)
④ Transformation theory
⑤ Bacterial theory
⑥ Enzymatic theory

- According to epitactic or heterogenous nucleation concept seeding agent induce small foci calcification that enlarge and coalesce to form calcified mass

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• Lateral radiolucency	Apical radiolucency
• Pain - dull, constant, less severe	• Pain - severe, throbbing, lasts for long.
• Pulp test = vital	E - Non-vital
• Duration of lesion = chronic	Duration of lesion = Acute
- Responds favorably to subgingival debridement	- Respond poorly to periodontal debridement
- Positive and mild. pain in lateral direction	- Severe pain associated in both movement in vertical direction
- Aetiology = plaque, calculus deep periodontal pocket	- Deep restorative, carious exposure
> spread along the midsection of root	- Frequently present near the apex

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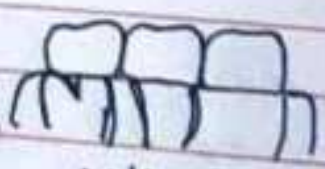
b) Steps of resective osseous surgery

- vertical grooving
- Radicular blending
- Horizontal grooving
- scribing
- gradualizing interproximal bone.

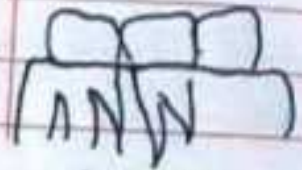
- Vertical grooving = reduce buccal and lingual thickness of bone interdentally.
- creates root prominence, minimum bone removal
- Apical step - reduce width of soft tissue



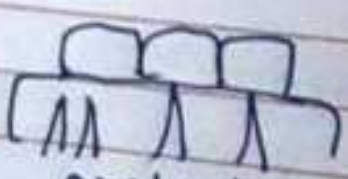
vertical grooving



radicular blending



flattening ridge



gradualizing interproximal

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f)

Interdental aids are as follows:-

Mechanical device		Indication
• Floss	-	Proximal surface of each tooth and line angles
• Wooden dental cleaner	-	Exposed proximal tooth surface.
• Gauze strip	-	Proximal surface of widely spaced teeth, distal and mesial surface and abutment teeth, distal position of denture supported teeth.
• Interdental tip	-	Plaque forming on tooth surfaces or just below gingival margin.

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d.3 LAG

2) Gingival enlargement

① Inflammatory enlargement

- Chronic
- Acute

② Drug induced enlargement

③ Enlargment associated with systemic disease

A) Conditioned enlargement
- Pregnancy
- Puberty
- Vit C deficiency
- Plasma cell gingivitis

④ Neoplastic enlargement
- Benign
- Malignant

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5) Gaire enlargement

Drug induced gingival enlargement =

Objective =

- Identification the type of drugs associated
- Review the pathophysiology
- summarise the treatment and management

Ethiology =

- Drugs are most common reason behind gingival enlargement
- DIHD is a side effect seen in patient
- patients genetic predisposition

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- Anticovulsants
- Immunosuppressants
- calcium channel blocker

clinical feature =

- firm, painless, nodular enlargement
- In severe case, huge fold of hypertrophied gingival tissue
- Typically it is seen in edentulous area.
- gingival appear smooth and red or bluish-red.
- gingival over growth disappears when teeth extracted.

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17)

Denuded root surface classification

Class I = Marginal tissue recession which does not extend to mucogingival junction and is not associated with alveolar bone

Class II = Marginal tissue recession which extends to or beyond the MGJ and not associated with alveolar bone loss in interdental area.

Class III = Marginal tissue recession which extends to or beyond MGJ and is associated with alveolar bone

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Clair ID = Marginal tissue recession which extend to or beyond the MGJ and associated with gross alveolar bone loss in interdental area

Free gingival Autograft =

- Free gingival autograft is used to create a widened zone of attached gingiva

- The clairle technique
- Variant technique
  ① According technique
  ② Strip technique
  ③ combination.

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According technique.

- This technique increase the donor graft by changing configuration of tissue

~~Variant~~ technique.

~~This~~ technique ~~increase~~

Free gingival Autograft

Step IF = It purpose is basically to prepare firm connective tissue

- Existing mucogingival junction with a 15 blade to desire depth

- blending the ingsn on both end with mucogingival line

- Extend the incision.

- The deeper the recipient site greater is the tendency for muscular elevation the graft and reduce final width.

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- graft can also be placed directly on bone time.

Step II :

- Obtain graft from donor site
- conventional free gingival graft technique consist transferring piece of keratinized gingiva of approximately the size of recipient site
- The palate is usual site from which donor tissue is removed
- Proper thickness is important
- If the graft is too thick the peripheral layer is jeopardized.

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Step III =

- Transfer and immobilize the graft

- Reduce the graft at the lateral border and to the periosteum to secure its position and clean the recipient bed beneath it with aspirator to remove clots of loose tissue fragment

Step IV =

- protect the donor site

- Periodontal pack for 1 week and repeat if necessary

- facial attached gingive was used the pack may be retained by locking it through the interproximal space into lingual surface.

- modified spawley retained is useful to cover pack palate

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Name of Examination
Subject
Subject Code

Section
S No
B No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2											
3											
4											
5											
6											
7											
8										TOTAL →	

Marks in words
Marks allotted by Moderator Name
signature

Name of Examination
Subject
Subject Code

Section
S No
B No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2											
3											
4											
5											
6											
7											
8										TOTAL →	

Marks in words
Marks allotted by 1st Examiner Name
signature

1st Improvement Exam
Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik.

Name of Examination
Subject
Subject Code

B No
S No

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2	2·5	3·0	3·0	3·0	2·0	2·5	3·0	3·0	3·5	2·0	27·5
3	7·6	6·0									13·5
4											
5											
6											
7											
8											

Marks in words
Marks allotted by 1st Examiner Name

TOTAL → 41·0
signature

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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology

Date: 2/5/2022

IV/II B.D.S. Prelim Exam (Improvement exam)

Time: 12.00-3.00 pm

Instructions:

All questions are compulsory and carry equal marks
The number to the right indicates full marks.
Draw diagrams wherever necessary.
Answer each section in the respective answer sheets only

SECTION B:

Q.2 Short Answer Questions **Marks: 10x4 =40**

a. Describe the contents of non eugenol pack
b. Describe steps of resective osseous surgery.
c. Write short note on Halitosis.
d. State the differences between suprabony and infrabony pocket.
e. Define Dental calculus. Discuss the theories of calculus formation.
f. Enumerate different interdental aids along with their indications and diagram.
g. Define and classify trauma from occlusion.
h. Write a note on principle group of PDL fibers.
i. Define periodontal abscess. Differentiate between periodontal and periapical abcess
j. Describe the principle of GTR.

SECTION C:

Q.3 Long Answer Questions **Marks: 10x2=20**

1. Classify denuded root surface. Describe the classic technique of free gingival autograft.

2. Classify gingiva enlargement. Write in detail about drug induced gingival enlargement.

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Summer 2021-22. IV BDS Bhavna Patil

Priya Vekhande

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL,

Panchavati, Nashik - 422 003.

No. 1900

Examination : IInd Improvement

Class : Final BDS

Seat No. (In Figures) : —

Seat No. (In Words) : —

Subject : Periodontology

(Jr. Supervisor's Name, Signature & Date)

Day and Date : 19/6/22

Centre :

Language of Answer : English

Section :

Main Answer Book	No. of Supplements	Total	Signature of Student

Q. No.	1	2	3	4	5	6	7	8	9	10	TOTAL	Name, Signature of Examiner & Date
Marks												
Marks Obtained												

(Please start writing from here : Write on both sides)

Q. No.	EXPERIMENT	MARKS
1	CASH HISTORY (25)	17
2	ORAL PROPHYLAXIS (45)	34
3	CHAIRSIDE VIVA (20)	08
4	JOURNAL (10)	09
	TOTAL (OUT OF (100)	68

Name of Assoc
Dr. Triveni Kale

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nashik.

Name = Akash ~~[illegible]~~ Late

Age = 19

Education = Graduation

Date = 14/6/22.

C/O = Pt c/o hypersensitivity in lower right tooth back in region since 5-6 days.

History of present illness = Not reported.

Past dental illness = Pt has a history of root canal and filling of lower back region

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Oral hygiene = Pt use horizontal brushing technique once a day.

Habit = None.

Medical history = None

stain = mild stains are observed.

Examination of gingiva

colour.

brownish pink	brownish pink	brownish pink
brownish pink	brownish pink	brownish pink

contour.

scalloped & shape	scalloped & shape	scalloped & shape
scalloped & shape	scalloped & shape	scalloped & shape

consistency

Firm & resilient	Firm & resilient	Firm & resilient
Firm & resilient	Firm & resilient	Firm & resilient

surface texture

present	present	present
present	present	present

size

Adequate	Adequate	Adequate
Adequate	Adequate	Adequate

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Position

At CEJ	At CEJ	At CEJ
At CEJ	At CEJ	At CEJ

Bleeding

Absent	Absent	Absent
~~Absent~~present	Absent	~~Absent~~ present

Exudate.

Absent	Absent	Absent
Absent	Absent	Absent

Width of attached gingiva

Adequate	Adequate	Adequate
Adequate	Adequate	Adequate

High frenum attachment

Absent	Absent	Absent
Absent	Absent	Absent

Tension test

Negative	Negative	Negative
Negative	Negative	Negative

Other

None	None	None
None	None	None

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Examination of teeth

missing teeth = $\bar{I}$ 36

Filled teeth = $\bar{I}$ 37, 46.

Mobility = mobility is not observed

Food impaction = Not seen.

caries = occlusal caries $\bar{I}$ 16, 14

Hypersensitivity = lower right back tooth region

Pathological migration = Not seen.

Filled teeth = $\bar{I}$ 37, 46, 47

Any other clinical features =>
Calculus = mild
Stain = mild

Provisional diagnosis =
Dental biofilm induced gingivitis
~~Inflammatory factor~~

Treatment plan.

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① ~~Emergency phase =~~

~~- extraction.~~

② Etiotrophic phase =

- Plaque control and pt education.
- scaling and root planing
- restoration

② surgical phase =

surgical flap surgeries

③ Maintaince phase =

Recall after 6 months for rechecking.

Marks : 68/100

Name & Sign of Assesor : Dr. Trivesh Kale.

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

IMPROVEMENT EXAM OF DEPT. OF ANATOMY



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I st Improvement-
2021-22

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION : 1st Improvement Exam

SUBJECT : Dental Anatomy & 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

INVIGILATOR'S SIGNATURE

Date : 7/12/22

Q. No.	1	2	3	4	5	6	7	8	9	10
a							■		■	
b				■	■					
c	■		■			■				
d		■						■		■

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■					■		
b	■				■					■
c		■		■		■				
d							■		■	

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

5/10

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

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b	b	b	b
c	c	c ☒	c
d	d	d	d

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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2021-22

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvement Exam

Subject : Dental Anatomy and Dental Histology

Section : B & C

Seat No. 173

Language of Answer : English

Sub. Code :

Date : 0 7 1 2 2 0 2 2

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 or 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 Centre 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 : 1st Improvement Exam

Subject : Dental Anatomy & 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.

Signature of the CANDIDATE

Signature of the SUPERVISOR

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

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NO SUPPLEMENTS SHALL BE PROVIDED
TO ANY CANDIDATE IN ANY CASE.
USE THE PAPER JUDICIOUSLY

SPACE FOR ROUGH WORK

Q1 Short Answer Question

1] Cementogenesis

→ i] Cementum is the tissue covering the root of the teeth.

ii] Cementum protects the tooth from the outside caveries.

iii] Cementogenesis is the process where cementocytes gets differentiated into small cells.

iv] Cementocytes are the cells which forms the cementum.

v] There are 2 types of cementum :-
a] Cellular cementum
b] Acellular cementum

a] Cellular cementum is the cementum which contain cementocytes whereas in Acellular cementum cementocytes are Absent.

b] Cellular cementum is also called as 2° cementum whereas acellular cementum is called as 1° cementum.

c] Cellular cementum formation process is slow whereas Acellular cementum formation process is fast.

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d) Cellular cementum's incremental lines are far away from each other whereas acellular cementum's, incremental lines are close to each other

e) Cellular cementum is present at the intraradicular & Apical 1/3rd of root

f) Acellular cementum is present at the cervical 1/3rd of root.

g) Cellular cementum's cells derived, cementocytes are derived from dental follicle

h) Acellular cementum's cementocytes are derived from Hertwig's epithelial root sheath (HERS)

g) Difference between woven bone & lamellar bone

→ i) Bone is the hardest tissue in body but in physiologically,

Enamel is hardest tissue present in the tooth and then bone & then dentin
Enamel > Bone > Dentin

ii) Physiological composition of bone :-
There are organic as well as inorganic constituents present in body.

- Organic components are made up hydroxyapatite crystals which consists of 40% of bone and inorganic constituents consists of 60% of bone which is made up of ground substance
- Ground substance which is made up of contains collagen which is collagen type II
- It has insulin like growth factor protein, transporting growth factor, fibroblast growth factors.

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iii] Woven bone is the bone which has its lining the pdl periodontal ligament

iv] woven bone is soften than the lamellar bone

v] Lamellar bone is the harder bone.

3] Age changes in pulp

→ i] Pulp is the tissue present in centre of pulp

ii] Pulp is surrounded by the cement

iii] Cementum protects the pulp from getting distrub from the place where it is, and it also provide protection to the pulp and also saves it from getting deforming

iv] Age changes in pulp:- As the pulp is the soft tissue present in tooth

As the age changes, the pulp also starts getting weakes.

As the age increases, the pulp also also gets weak.

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5] Deglutition

→ There are various functions of saliva :-

but the main function of salivary gland is to secrete saliva in oral cavity

There are various functions of saliva :-
i] Protection & lubrication
ii] Mastication of food
iii] Taste
iv] Deglution & Clegnsing of oral cavity
v] Swallowing of food
vi] Antimicrobial action

• Deglutition

Deglution helps the oral cavity to get rid of micro dust particles which are not haumful to oral cavity

Deglutition contains mucin, water, electrolytes which keeps the oral cavity hygienic

6] Type traits of Mandibular 1st molar

→ There are 4 traits :- Type trait
Class trait
Arch trait
Set trait

i] Type trait :- Type trait is the trait which differentiate permanent tooth from deciduous tooth

Mandibular 1st molar is differentiated from permanent mandibular 1st molar to deciduous mandibular 1st molar

Permanent mandibular 1st molar has 4 cusp whereas in deciduous mandibular 1st molar it has 3 cusp
4 cusp :- Lingual, mesial, buccal, distal
3 cusp :- Mesial, distal, buccal

ii] Class trait :- Class trait is the trait which differentiate lateral tooth & central tooth.

• lateral tooth is canine.

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- It is rombo penta-trapezius in shape

iii] Arch trait :- Arch trait is the trait which differentiate into types

The difference between Mandibular 1st molar is has 4 ridges
4 cuspal ridges
i] Mesio buccal
ii] disto buccal
iii] Mesiolingual
iv] Distolingual

iv] Type set trait :- Set trait is the trait which gives information of itself

- As the Mandibular 1st molar, it is has 4 cusp, 4 cuspal ridges

8] ligaments of TMJ

→ Full form of TMJ is Temporomandibular Joint

- FM Temporomandibular Joint is the joint present between temporal bone & mandible

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Q2 Long Answer Questions

2] Morphology of maxillary 1st molar

→ i] Maxillary 1st molar is divided into root & crown

ii] It is the maxillary 1st molar

iii] Maxillary 1st molar is formed from 4 lobes :-
a] Mesiobuccal lobe
b] Distobuccal lobe
c] Mesiolingual lobe
d] Distolingual lobe

iv] Maxillary 1st molar has 4 cuspal ridges :-
a] Mesiobuccal cuspal ridges
b] Distobuccal cuspal ridges
c] Mesiolingual cuspal ridges
d] Distolingual cuspal ridges

v] Maxillary 1st molar has 3 fossae :-
a] triangular fossae
b] Mesial fossae
c] lingual fossae

vi] Maxillary 1st molar has 4 pits
a] Mesial pit
b] Distal pit
c] Buccal pit
d] lingual pit

vii] Crown is divided into 5 Aspects : Buccal, Mesial, Distal, lingual, Occlusal.

a] Buccal Aspect :-
- It is rhomboidal in shape
- Mesial cusp is shorter than lingual cusp.
- Buccal cusp is concave
- lingual ridge is slightly convex near the buccal surface
- Pits :- 2 pits can be seen in buccal surface :- Buccal, Mesial
- fossae :- Buccal fossae is seen in the buccal surface

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b] Mesial surface :- Aspect :-

. It is rhomboidal in shape
. It is convex
. Mesial surface is has convexity.
. Pits are also seen :-
pits are the depression present on the occlusal surface of the tooth

. Fissures are also seen :-
Fissures are the elevations present on the occlusal surface of the tooth.

c] Distal surface aspect

. It is triangular is shape
. It also shows concavity in the some areas

. They shows the lingual ridges or lingual cusp present on the occlusal surface.

.

d] lingual surface aspect

→ . lingual surface also shows the triangular shape

. It shows lingual cusp which is sharp & pointed

. It also shows mesial cusp which is flattened & not that much sharp.

. lingual pit can be seen

e] Occlusal aspect

. Occlusal aspect shows the diamond shape

. In occlusal aspect we can see all the 4 cusp, all the 4 cuspal ridges, all the 4 pits & all the 3 fossae.

. lingual cusp is pointed.

.

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Roots

- It has 2 root
- Mesial & distal roots are seen

LAQ

1] Functions of Periodontal ligaments

→ Periodontal ligaments are has various functions :-

a] Nutritive
b] Supportive
c] Protection
d] Adaptation
e] Repair

a] Nutritive :- As the periodontal ligament is surrounding the tooth.

- The nutrition which is required for the tooth for the growth is all provided by the PDL
- Nutrition is provided to the ~~ten~~ tooth through the PDL

b] Supportive :- As the tooth is embedded in the tooth socket.

The tooth should not get loose, so the pdl act as supports so that tooth will not loose it shape & size.

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c] Protection

The tooth should not come in contact with outside micro-organisms, periodontal ligament protects it from the same

So the tooth should not get caries

d] Adaptation

The tooth has to adapt with surrounding environment

Due to high growth amount of any substance present in the body should not harm the tooth

So the PDL provides Adaptation function

e] Repair

When the tooth is injured or damaged due to any accident then the tooth has to recover it

So, the repair function is provided by PDL

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Name of Examination : Section

Subject :

Subject Code : B.No. : S.No. :

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Marks in words :

Marks allotted by Moderator Name :

TOTAL : → 15 1/2 / 60

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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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IMPROVEMENT EXAM OF DEPT. OF PUBLIC HEALTH DENTISTRY

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I st improvement test 1354

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

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 /

18/20

CANDIDATE'S SIGNATURE

Date : 15/10/22

INVIGILATOR'S SIGNATURE

Dr. Vrishali Thakare

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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I st. improvement test , Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1087

Language of Answer : English Sub. Code :

Date : 15 10 2022

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.
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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.
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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.
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   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.
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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : I st improvement test

Subject : Public Health Dentistry

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Pradiplakshman Thakur

Q2

a) Pit & fissure sealants

a) Polymerization method

i) Self activation
ii) Light activation

b) Filled / unfilled

c) Clean / tinted

d) Resin System

i) Urethane acrylate

ii) BIS GMA

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1) Duties of dental auxillary

1 Office & chair side assistance

2) Assisting in radiographic exposure

3) Taking impressions

4) Removing sutures

5) Preliminary oral examination

6) Placing & removing rubber dams

7) Applying topical anesthetics

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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c) Atraumatic restorative treatment

i) Caries removal of soft, ~~tiss~~ demineralized tooth tissue using hand instruments alone followed by restoration with an adhesive restorative material

Advantages

i) Makes treatment accessible for all population groups

ii) Minimal cavity preparation

iii) Low cost of instruments

iv) less painful

v) Sterilisation of hand instruments is very easy.

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f) Third party payment

Defn: The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

1) The third party is also known as insurer underwriter or administrative agent

2) Premium is the money amount one is to pay on regular basis

3) The term third party refers to

i) Private sector (insurance company)

ii) Public financing of care

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2) Epidemiological triad

The triad consists of

i) Agent

ii) Host

iii) Environment

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h) Duties of public health dentist

i) Health promotion

ii) Disease prevention

iii) Delivering dental treatment

iv) Conducting field activites

v) Conducting school health programme

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1) Mass media communication

i) Media used for addressing with masses is called as mass media

2) Characteristics

i) Communication is mostly one way

ii) Audience has great deal of choice

iii) Reach large & vast audience

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Q3

1) Approaches to health education

a) Regulatory approach / Legal approach

i) Seeks change in health behaviour & improvement in health through variety of laws placed on people

2) Government intervention is designed which can be direct / indirect.

3) Simplest & quickest way

b) Service approach

1) Also called as administrative approach

2) Aimed to provide all the basic health services needed by people

3) May go failure if not based on needs

c) Health education approach

1) Most effective

2) Achieved by changes in lifestyle

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3) Planned learning experiences, informed, educated and encouragement is needed

4) Results are slow but permanent

d) Primary health care approach

1) Starting from people with their full participation & active involvement in planning & delivery of the services

2) This approach is fundamental shift from earlier approaches.

Principles of health education

1) Credibility

2) Motivation

3) Learning by doing

4) Reinforcement

5) Comprehension

6) Interest

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2) Principles of primary health care

i) Equitable distribution

ii) Community participation

iii) Intersectoral coordination

iv) Appropriate technology

Elements of primary health care

i) Education

ii) Water & sanitation

iii) Nutrition

iv) Immunization

v) Drug availability

vi) Treatment

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Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

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Marks in words :

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TOTAL : 23.0

Marks in words :

Marks allotted by I[st] Examiner Name : Signature :

Dr. Pradeep Laxman Gudenahalli

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Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

II nd improvement test

1356

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION II nd improvement test

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

QUESTION BOOKLET VERSION (In Words)

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CANDIDATE'S SIGNATURE

Date : 30/10/22

Thakare

INVIGILATOR'S SIGNATURE

DS. Trushali Thakare

Dept. of Public Health
Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
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IInd improvement test, Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1062

Language of Answer : English Sub. Code :

Date : 30 10 2022

Bar Code

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : IInd improvement test

Subject : Public Health Dentistry

Code :

P.R.No.

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Prashali Wales

Q2

1] Dental auxillaries classification

1] Non operating

a] Dental surgery assistant
b] Dental secretary
c] Dental laboratory
d] Dental health educator

2] Operating

a] School dental nurse
b] Dental therapist
c] Dental hygienist
d] Expanded function dental auxillaries

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3] Usg of biostatistics

1) Study correlation between attributes in same population

2) Evaluate efficacy of vaccines

3) Measure mortality & morbidity

4) Fix priorities in public health programs

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4) Methods of sampling

A] Random sampling

i) Simple random sampling
ii) Stratified random sampling

B) Systemic sampling

C) Multistage sampling

D] Cluster sampling

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

6) Third party payment

1) Def": The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

2) The third party is also known as insurer, underwriter or administrative agent

3) Premium is the money amount one is to pay on regular basis so that insurance company could fund your dental plan

4) The term third party refers to

i) Private sector such as insurance company

ii) Public financing of care when the government acts as third party.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

7) Bangalore method

1) Was worked out by L. N. Acharya at Indian institute of science, India

2) It is a method of composting

3) Dry waste material of 25 cm thick is spread in a pit

4) Thick suspension of cow dung in water is sprinkled over for moistening

5) The pit is filled alternatively with dry layers

6) It is left exposed without covering

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

8) Nagpur technique

1) Introduced by National Engineering Research Institute (NEERI)

2) Involves addition of aluminium salts, lime & bleaching powder

3) This is followed by rapid mixing, flocculation sedimentation, filtration & disinfection

Advantages

i) Regeneration of media required

ii) Adaptable to domestic use

Disadvantage

i) Large amount of alum needed

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

9] Principles of ethics

1] Beneficence

2] Non malfeasance

3] Autonomy

4] Justice

5] Non discriminatory treatment

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3 LAQ

1) John M Last - 1988 - "The study of distribution & determinants of health related states or events in specified populations & the application of this study to the control of health problems

Classification

~~Classificatio~~

Epidemiological studies

Observational — Experimental

Descriptive — Analytical

Uses of epidemiology

1) Provide data of magnitude of problem
   - disease load

2) Provide clues for etiology

3) Provide background data for planning, organizing & evaluation

4) Contributes to research

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3) Classification

Fluoride delivery methods

Fluoride

Topical		Systemic
Professional	Self applied	i) Water fluoridation a) Community water
i) Neutral sodium fluoride	i) Dentrifices	b) School water
ii) Stannous fluoride	ii) Mouth washes	ii) Salt fluoridation
iii) APF Gel	iii) Fluoride gels	iii) Milk fluoridation
iv) Varnish		iv) Fluoride tablets

Pit & fissure sealants classification

a) Polymerization method
   i) Self activation
   ii) Light activation
b) Filled / unfilled
c) Clear / tinted
d) Resin system
   i) Urethane acrylate
   ii) BIS - GMA

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

School oral health programs

1) Learning about your oral health

2) Tatt le tooth program

3) Askov dental demonstration

4) North Carolina statewide preventive dental health program

5) School health additional referral programme

6) Word health organization global school health initiative

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

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TOTAL : →

Marks in words :
Marks allotted by Moderator Name :
signature :

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S.No :

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S.No.:

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
2	2	NA	2	3	NA	3	2	2	2	NA	16.00
3	400	400									8.00
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8											

TOTAL : → 24.00

Marks in words :
Marks allotted by I[st] Examiner Name Dr. Vrushali. Thakre

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

I st improvement test 1354

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

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 /

18/20

CANDIDATE'S SIGNATURE

Date : 15/10/22

INVIGILATOR'S SIGNATURE

Dr. Vrishali Thakare

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
a			■	■		■		■		■
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Q. No.	11	12	13	14	15	16	17	18	19	20
a			■			■		■		
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Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

I st. improvement test , Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1087

Language of Answer : English Sub. Code :

Date : 15 10 2022

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.
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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.
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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.
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   B) Candidates suspected to be guilty or any or 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.
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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : I st improvement test

Subject : Public Health Dentistry

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Pradiplakshman Thakur

Q2

a) Pit & fissure sealants

a) Polymerization method

i) Self activation
ii) Light activation

b) Filled / unfilled

c) Clean / tinted

d) Resin System

i) Urethane acrylate

ii) BIS GMA

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1) Duties of dental auxillary

1 Office & chair side assistance

2) Assisting in radiographic exposure

3) Taking impressions

4) Removing sutures

5) Preliminary oral examination

6) Placing & removing rubber dams

7) Applying topical anesthetics

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

c) Atraumatic restorative treatment

i) Caries removal of soft, ~~tiss~~ demineralized tooth tissue using hand instruments alone followed by restoration with an adhesive restorative material

Advantages

i) Makes treatment accessible for all population groups

ii) Minimal cavity preparation

iii) Low cost of instruments

iv) less painful

v) Sterilisation of hand instruments is very easy.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

f) Third party payment

Defn: The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

1) The third party is also known as insurer underwriter or administrative agent

2) Premium is the money amount one is to pay on regular basis

3) The term third party refers to

i) Private sector (insurance company)

ii) Public financing of care

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2) Epidemiological triad

The triad consists of

i) Agent

ii) Host

iii) Environment

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

h) Duties of public health dentist

i) Health promotion

ii) Disease prevention

iii) Delivering dental treatment

iv) Conducting field activites

v) Conducting school health programme

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1) Mass media communication

i) Media used for addressing with masses is called as mass media

2) Characteristics

i) Communication is mostly one way

ii) Audience has great deal of choice

iii) Reach large & vast audience

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3

1) Approaches to health education

a) Regulatory approach / Legal approach

i) Seeks change in health behaviour & improvement in health through variety of laws placed on people

2) Government intervention is designed which can be direct / indirect.

3) Simplest & quickest way

b) Service approach

1) Also called as administrative approach

2) Aimed to provide all the basic health services needed by people

3) May go failure if not based on needs

c) Health education approach

1) Most effective

2) Achieved by changes in lifestyle

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3) Planned learning experiences, informed, educated and encouragement is needed

4) Results are slow but permanent

d) Primary health care approach

1) Starting from people with their full participation & active involvement in planning & delivery of the services

2) This approach is fundamental shift from earlier approaches.

Principles of health education

1) Credibility

2) Motivation

3) Learning by doing

4) Reinforcement

5) Comprehension

6) Interest

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2) Principles of primary health care

i) Equitable distribution

ii) Community participation

iii) Intersectoral coordination

iv) Appropriate technology

Elements of primary health care

i) Education

ii) Water & sanitation

iii) Nutrition

iv) Immunization

v) Drug availability

vi) Treatment

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

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TOTAL : 23.0

Marks in words :

Marks allotted by I[st] Examiner Name : Signature :

Dr. Pradeep Laxman Gudenahalli

Signed By:PRADEEP GUDDENAHALLI LAXMAN Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

II nd improvement test

1356

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 23

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION II nd improvement test

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twenty three

QUESTION BOOKLET VERSION (In Words)

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11/20

MG.

CANDIDATE'S SIGNATURE

Date : 30/10/22

Thakare

INVIGILATOR'S SIGNATURE

DS. Trushali Thakare

Dept. of Public Health
Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

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IInd improvement test, Muskan Gupta

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd improvement test

Subject : Public Health Dentistry

Section : B & C

Serial No. 1062

Language of Answer : English Sub. Code :

Date : 30 10 2022

Bar Code

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Section B & C

Seat No. 23 (in Figures)

Seat No. Twenty three (in Words)

Examination : IInd improvement test

Subject : Public Health Dentistry

Code :

P.R.No.

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Dr. Prashali Wales

Q2

1] Dental auxillaries classification

1] Non operating

a] Dental surgery assistant
b] Dental secretary
c] Dental laboratory
d] Dental health educator

2] Operating

a] School dental nurse
b] Dental therapist
c] Dental hygienist
d] Expanded function dental auxillaries

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

6) Third party payment

1) Def": The party to a dental prepayment contract that may collect premiums, assume financial risk pay claims & provide administrative services

2) The third party is also known as insurer, underwriter or administrative agent

3) Premium is the money amount one is to pay on regular basis so that insurance company could fund your dental plan

4) The term third party refers to

i) Private sector such as insurance company

ii) Public financing of care when the government acts as third party.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

7) Bangalore method

1) Was worked out by L. N. Acharya at Indian institute of science, India

2) It is a method of composting

3) Dry waste material of 25 cm thick is spread in a pit

4) Thick suspension of cow dung in water is sprinkled over for moistening

5) The pit is filled alternatively with dry layers

6) It is left exposed without covering

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

8) Nagpur technique

1) Introduced by National Engineering Research Institute (NEERI)

2) Involves addition of aluminium salts, lime & bleaching powder

3) This is followed by rapid mixing, flocculation sedimentation, filtration & disinfection

Advantages

i) Regeneration of media required

ii) Adaptable to domestic use

Disadvantage

i) Large amount of alum needed

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

9] Principles of ethics

1] Beneficence

2] Non malfeasance

3] Autonomy

4] Justice

5] Non discriminatory treatment

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3 LAQ

1) John M Last - 1988 - "The study of distribution & determinants of health related states or events in specified populations & the application of this study to the control of health problems

Classification

~~Classificatio~~

Epidemiological studies

Observational — Experimental

Descriptive — Analytical

Uses of epidemiology

1) Provide data of magnitude of problem
   - disease load

2) Provide clues for etiology

3) Provide background data for planning, organizing & evaluation

4) Contributes to research

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3) Classification

Fluoride delivery methods

Fluoride

Topical		Systemic
Professional	Self applied	i) Water fluoridation a) Community water
i) Neutral sodium fluoride	i) Dentrifices	b) School water
ii) Stannous fluoride	ii) Mouth washes	ii) Salt fluoridation
iii) APF Gel	iii) Fluoride gels	iii) Milk fluoridation
iv) Varnish		iv) Fluoride tablets

Pit & fissure sealants classification

a) Polymerization method
   i) Self activation
   ii) Light activation
b) Filled / unfilled
c) Clear / tinted
d) Resin system
   i) Urethane acrylate
   ii) BIS - GMA

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

School oral health programs

1) Learning about your oral health

2) Tatt le tooth program

3) Askov dental demonstration

4) North Carolina statewide preventive dental health program

5) School health additional referral programme

6) Word health organization global school health initiative

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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Marks allotted by I[st] Examiner Name Dr. Vrushali. Thakre

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

IMPROVEMENT EXAM OF DEPT. OF DENTAL MATERIAL SCIENCES



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Class: - II B.D.S SUMMER Odd Batch Repeaters -2021-22
Subject: - Dental Material Science **Date: - 25/04/2023**
Exam: - 1st IMPROVEMENT EXAM **Time: - 9.00 to 12.00**
Marks: - 80

SECTION –A (MCQ'S) (20 x 1 =20Marks)

1. fourth state of matter is:
a. solid b. liquid
c. gas d. colloid

2. the term given to the phenomenon of moisture absorption by an alginate impression in:
a. imbibition b. syneresis
c. hysteresis d. gelation

3. Lanolin is added in ZOE paste to:
a. decrease flow b. increase flow
c. acceleration reaction d. decrease irritation due to eugenol

4. Which of the following gypsum is used as a die material
a. Type I b.Type II c.Type III d. TypeIV

5. The plasticizers used in polyether impression material is:
a. polyether polymer b. colloidal silica
c. glycol ether d. di- vinyl poly(dimethyl siloxane)

6. Deformation that is recovered upon removal of an externally applied force or pressure is known as?
a. young's modulus b. plastic strain
c. elastic strain d. flexural strain

7. Which of the following is used for pickling of casting made with gypsum bonded investments?
a. 100% hydrochloric acid b. sulphuric acid
c. hydrogen peroxided.aluminium oxide

8. setting expansion of casting investment is approximately:
a. 0.1- 0.2% b. 0.1- 0.5%
c. 0.8- 1% d. 1.7- 2%

9. Back pressure porosity is due to:
a. high casting pressure b. inadequate venting of mold
c. small size and improper direction of sprue d. high mold temperature

10. ADA specification no. 18 is for:
a. agar b. ZOE paste

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c. Alginate d. impression compound

11. Minimum thickness for type I zinc phosphate cement should be
a. 15 micron b. 25 micron
c. 50 micron d. 100 micron

12. The cement which is least soluble in oral cavity is
a. Glass ionomer b. resin cements
c. Polycarboxylate cement d.Silico-phosphhate cement

13. Which is the material of choice to be given in class V cavities
a.Silicate cement b.Polycarboxylate cement
c.Glass ionomer cement d.Unfilled resin

14.Cavity varnish is used for
a. To reduce thermal conductivity b. To reduce the permeability of acid into dentinal tubules
c. Action as an obtundent d. all of the above

15. Sandwich technique consist of
a. GIC and composite b. amalgam and GIC
c. Amalgam and composite d. none of the above

16. Concentration of phosphoric acid --------- is preferred as etching agents
a) 30% b) 37%
c) 60% d) 70%

17. Recommended thickness of base is
a) 0.5 to 0.75 mm b) 1 to 2 mm
c) 0.25 to o.5 mm d) 1.5 to 2 mm

18. Mercury is decomposed in
a. Eugenol b. fixer solution c. developer solution d. none of the above

19. Miracle mix is a combination of
a. zinc phosphate + silver amalgam b. eugenol + GIC
c. silver amalgam + GIC d. calcium hydroxide + silver amalgam

20. Inlay casting wax is a type of
a. Pattern wax b. Processing wax c. Registration wax d. None of the above

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

Class: - II B.D.S SUMMER Odd batch Repeaters -2021-22 **Date: - 25/04/2023**
Subject: - Dental Material Science **Time: - 9.00 to 12.00**
Exam: - 1st IMPROVEMENT EXAM **Marks: - 80**

SECTION B (PROSTHODONTICS)

SAQs(5x4= 20Marks)

1. Laminate Impression Technique.
2. Compression molding technique.
3. Hygroscopic expansion.
4. Abrasives used in dentistry
5. Galvanic corrosion

(1x10=10 marks)

LAQ

1.Classify Ceramics. Composition of ceramic and the Methods of Strengthening Ceramic

SECTION C (Conservative Dentistry & Endodontics)

SAQs (5x4=20Marks)

1. Write in brief about amalgamation reaction in Silver amalgam with labeled diagram.
2. Write down the functions of fillers in composite resin.
3. Write a note on recent advances in Glass Ionomer Cement.
4. Describe the property of flow in inlay wax.
5. Write a note on Stress corrosion and how it can be prevented.

LAQ (1x10=10 marks)

1. Define Dental composites. Write down the classification and describe in brief about the properties of nanohybrid composite resin.

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NAME → Vaishnavi Madnurkar
Seen & verified QM

Roll no. 4
Year – Summer Odd

Repeater
Dt Improvement

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
4		

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION: Ist Improvment

SUBJECT: Dental Material Science

PAPER:

ROLL NO. (In Words): four

QUESTION BOOKLET VERSION (In Words):

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INVIGILATOR'S SIGNATURE

Date: 25/04/25

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a		■				■		■		
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Prosthe Cons Total

$\frac{04}{10} + \frac{08}{10} = \frac{12}{20}$

Vishwakarma Jagdish

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Dept. of Conservative Dentistry & Prosthodontics-Pre Clinic
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c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Roll No 4 Seen & verified

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

Examination: Ist Improvement Examination

Subject: Dental Material Science.

Section: B & C

Seat No: 2205

Language of Answer: English

Sub Code:

Date: 25/04/2023

Bar Code:

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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.
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   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 cognizable and non-bailable.
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Section: B & C

Seat No: 04 (in Figures)

Seat No: four (in Words)

Examination: IST Improvement.

Subject: Dental Material Science

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

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Signature of the CANDIDATE

25/04/2023

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshm

AKI

Section- B
(Prosthodontics).

1) Laminate impression technique.

In laminate impression techniqu

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c) Compression Molding technique :-

1) In compression Molding technique, Metal is compressed to form a mould.

2) These ~~moulds are~~ Moulding technique is used to make capping.

3) It is done in high temperature and high pressure.

3) Hygroscopic expansion :-

Due to excess water retention gypsum product expands called as Hygroscopic expansion.

To reduce Hygroscopic expansion :-

1) proper w/p ratio :- It helps to maintain the setting reaction of product

2) Required temperature :- It also helps to regulate the setting reaction of product.

3) Having similar size particle gypsum for retention of equal amount of water by each particle

4) ~~cal~~ By of having proper calcinated gypsum.

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4) Abrasion :- It is the technique in which a final texture is smoothen by some abrasive agents.

- It not only removes surface roughness but reducing surface irregularities.

• Some abrasive agents are as follows

1) Pumice powder
2) Different kinds of burr (Diamond burr, carbide burr)
3) Sand paper
4) Files
5) Sand blasting

5) Galvanic corrosion

Corrosion is the process in which metal comes in contact with environment and it reacts with atmospheric O_2 which results into formation of their oxides

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Section-C

1) ADA specification of Amalgam-1

Types
1) High copper alloy
2) Low copper alloy

Composition :-

1) Copper ~~Cu~~ (Cu)
2) Tin (Sn)
3) ~~Amalgam~~ Silver (Ag)

Amalgamation Reaction of Silver Amalgam :-

$$\underset{(\gamma_2)}{Ag_3Sn} + \underset{(\gamma_3)}{Hg_3Sn} \longrightarrow \underset{(\gamma)}{AgHg} + 2Sn + H_2O$$

γ it is an Strongest phase in amalgamation reaction and γ_2 is is weakest phase in amalgamation reaction

6) Fillers : Are the ~~Materials~~ Particles which strengthen the strength of bonding of composite resin.
1) It increases bonding in restoration.
2) It also provides / act as a intermediate in composite resin
3) It controls setting reaction of following material.
4) It should be small
5) It also act as

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3) GIC (Glass Ionomer cement) is used as Restorative Material in class I and class II Restoration and also in class III where Aesthetic is not a Main concern.

It is used as 1) Luting
2) Restoration
3) Liners and Bases
4) Orthodontic cements
5) core buildup. 5) Fissure Sealant
6) Atraumatic Restoration technique
7) Deciduous teeth.

- It has anticarcinogenic property.
- It has good thermal property.
- It is also non-corrosive.
-

4) Inlay wax:-

It is an type of pattern wax. They are Mainly two types:-
1) Low fusing
2) High fusing

and It is Made up of
1) paraffin wax:- 60-70% → Major constituent of Inlay wax. It Reduces the Melting point of Inlay wax.
2) carnauba wax:- It is extracted from tropical palm tree.
- It adds Soomthening in It.
-

- Inlay wax is used to Make patterns
- The ideal Requirement of Inlay wax is they should be Smooth and Having low Melting point Because of that they easily flow. Because of they are used in casting procedure

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5) stress corrosion :-

It is occur due to applied external forces, or environment forces

2) can be prevented by following methods :-

1) By preventing external / environmental reaction it also reduces deposition of oxides / peroxides it helps to decrease stress over the material.

Section-C

Dental composites :-

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Subject Code :
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Section :
S.No :

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TOTAL :
Signature :

Marks in words :
Marks allotted by Moderator Name :

Name of Examination : I st Improvement
Subject : Dental Material Science
Subject Code :
B.No :
Section : B
S.No :

Que.	A	B	C	D	E	F	G	H	I	J	Total
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TOTAL : 12½
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Marks in words : Twelve & half only
Marks allotted by II Examiner Name : Dr. Devyani Shinde (Lecturer)

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Name of Examination :
Subject : Core
Subject Code :
B.No :
Section : C
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TOTAL :
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Marks allotted by I Examiner Name : Dr. Priya Desai

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IMPROVEMENT EXAM OF DEPT. OF PHYSIOLOGY & BIOCHEMISTRY

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IInd Improvement

Somruddhi S Baviskar

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ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
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NAME OF EXAMINATION

SUBJECT : General Human Physiology & Biochemistry

PAPER :

ROLL NO. (In Words)

QUESTION BOOKLET VERSION (In Words)

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INVIGILATOR'S SIGNATURE

Date : 17/6/22

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Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
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5/10 (11) + 3/10 = 8/20

Samruddhi S. Baviska

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 2nd improvement exam

Subject : General Human Physiology & Biochemistry

Section : B & C

Language of Answer : English

Sub. Code :

Date : 17 06 2022

Bar Code

Serial No. 3737

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Section B & C

Seat No. (in Figures)

Seat No. (in Words)

Examination : IInd Improvement exam

Subject : General Human Physiology & Biochemistry

Code :

P.R.No. Dept. of Gen. Human Physio & Biochem MGV's KBH DC & Hosp., Nashik-3

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Baviskar

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section B

Q:2 Short Answer Question

1. Acromegaly

→ i) Acromegaly is the teem which defines the amount of mercury present in the mixture which is known as Acromegaly.

ii) Acromegaly can be define as the mercury present in the mixture of which is form made to form the mixture of mercury.

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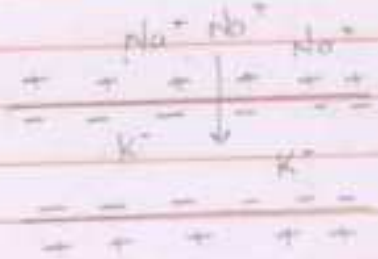
2. Intrinsic pathway of Regulation

→ i] There are 2 pathways :- a] Intrinsic pathway
b] Extrinsic pathway

ii] Intrinsic pathway of Regulation means the proteins, ions, minerals present outside the membrane, has to come inside the membrane for this process some energy is required to for the flow of energy from in outside to inside

iii] 

iv] Transfer of Na^+ molecule into the inside membrane is known as Intrinsic pathway : i.e transfer cation to high amount anion containing membrane is called as intrinsic pathway.

v] It requires
vi] At one time, 3 Na^+ ions can move inside the membrane but in the same $2K^-$ ions has to come outside to maintain the membrane concentration.

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vii) Transfer of $2K^-$ ions from inside the membrane to outside is know as Extrinsic pathway of regulation

viii) From high concentration to low concentration is called as active transport.

viii) The flow of $3Na^+$ ion into the inner membrane is known as intrinsic pathway of regulation.

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3 Define GFR

→ i) GFR means Glomerulas filterate rate

ii) Glomerulas filterate rate is the amount of urine present in the glomerulas which filters the urine if any wanted substance like protins, minerals anything which is necessary for body glomerulas does not allow it go forwood in urine, it returns wanted thing to our body.

iii) Glomerulas filterate rate is the amount of substance which is move out from the body.

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4. Active transport across the cell Membrane.

→ i) Cell Membrane is Semi-periable membrane. Semi periable membrane means the membrane does not anything to flow as its name indicates semi-periable

ii) Active transport means transport of molecule from high concentration to low concentration

iii) Cell Membrane has inside the membrane there is presence negative ion / anion & outside the membrane there is presence of positive ~~cation~~ / cation

iv) To maintain the concentration in the cell membrane, 3 cation moves inside the membrane & 2 anion move outside the membrane.

v) This is how active transport occur across the cell membrane.

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5. Function of bile salts in fat digestion & absorption

→ i) Bile salts helps in fat digestion & absorption.

ii) Bile salt break the fats in simple water substance.

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Q.3 Long Answer Question

1. Function of Hypothalamus

→ i) Function of Hypothalamus is

ii) Hypothalamus is part of mid brain.

iii) As we know brain is divided into 3 parts :-
Fore brain
Mid brain
Hind brain

iii) Hypothalamus is a part of mid brain.

iv) Hypothalamus function is to send sensory reflex.

v) Whenever we touch hot object, the sensory impulse is immediately sent by Hypothalamus.

vi) Whenever we get injured the sensory impulse is immediately sent by the hypothalamus.

vii) Whenever we get infected by anything, then the sensory impulse immediately sent by the Hypothalamus

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b Nutritional classification of ammino acids

→ Amino acids are classified

i) There are 20 amino acid are present.
Essential amino acids
Non. essential amino acids

ii) 10 essesential Amino acids are present.

iii) Sulphur containing ammino acid - Cystiene
Cy Systine
Cystiene

iv)

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c Explain flurosis, function of flurosis

→ i) Flurosis means the fluroide ion present in our body helps in flurosis

ii) In our tooth, the yellowish layer is present which is removed by flurosis

iii) The whitish layer on tooth, is because of flurosis

iv) White coating on tooth is due to the action of flurosis.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

a. Role of Vitamin A in visual Cycle.

→ i) Vitamin A ⇒ We get due to cereals, pulses, leafy vegetables.

ii) Vitamin A perform a role in visual cycle

iii) As we known if we are not having enough vitamin A then it may lead to nightblindness.

iv) Vitamin A is due to cereals, pulses & leafy vegetables if it is less in our diet then it affects our retina

v) Rods & Cone cells are are present in Retina this is how vitamin A perform a role in visual cycle.

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks in words :
Marks allotted by Moderator Name : Dr. Pradeep Nahar (Reader) TOTAL : → 11
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Name of Examination : Section
Subject :
Subject Code : B.No.: S.No.:

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Marks in words :
Marks allotted by II" Examiner Name : TOTAL → 3.5
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Name of Examination : Section
Subject :
Subject Code : B.No.:

Dept. of Gen. Human Physio & Biochem MGV's KBH DC & Hosp., Nashik-3.

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Marks in words :
Marks allotted by I" Examiner Name : TOTAL : →
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IInd Improvement

NAME: Shraddha Bhamre
EXAMINATION : 2nd Improvement Exam.

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
	A B M P R S V W	
0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : General Human Physiology & Biochemistry | 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 | INVIGILATOR'S SIGNATURE

Date : 17/06/2022

seen

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b	b	b	b
c	c	c ☒	c
d	d	d	d

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4/10 (17) +2/10 = 6/20

Name: Shraddha Bhamre.

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Center Code

Examination: 2nd Improvement Examination.

Subject: General Human Physiology and Biochemistry Section: B & C

Language of Answer: English Sub. Code:

Date: 17 06 2022

Bar Code

Serial No. 3735

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 or 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: 2nd Improvement Exam

Subject: General Human Physiology & Biochemistry

Code:

P.R.No.

Dept. of Gen. Human Physio & Biochem MGV's KBH DC & Hosp. Nashik-3.

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

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

SECTION - B.

Q2]

* 1) Acromegaly

Ans: a. Acromegaly is the disease which is called due to less amount of secretion of growth hormone.

b. Due to decrease in secretion of growth hormone the height of person does not increase.

c. Person has very less height.

d. Acromegaly does not occur in each and every person.

e. Secretion of growth hormones depends on the secretion of LH hormone in the body.

f. LH Hormones secrete all the hormones in the body.

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2.) Intrinsic Pathway of Regulation-

Ans: a. There are 2 types of pathway of regulation

(i) Intrinsic Pathway
(ii) Extrinsic Pathway.

INTRINSIC PATHWAY

a. Intrinsic pathway does take place directly

b. the mechanism of these Pathway is in first stage line without any help of other co-factor

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3) Definition of GFR :-
GFR is defined as the

FACTORS AFFECTING GFR.

(1) Temperature.

⇒ As the temperature increases GFR also increases & as it decreases GFR also decreases
∴ Temperature ∝ GFR

(2) Heat.

⇒ GFR is inredivectly proportional to Heat.

$$GFR \propto \frac{1}{Heat}$$

(3) According to the pH.

⇒

(4) Time.

⇒ ∝ GFR ∝ Time.
Activities of GFR takes place according to the time.

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4) Active Transport Across cell membrane

Ans: a. There are 2 types of transport taking place in cell membrane

(i) Active Transport.

(ii) Passive Transport

b. At a time only 1 transport can take place in cell membrane i.e. Active transport or passive transport.

(i) Active transport.

- It is the direct transport which takes place in the cell membrane.
- All the enzymes act direct on the walls & all the reactions takes places directly without the help of any other enzyme.
- Active transport takes place in a time limit

5) Functions of Bile salts in Fat digestion & absorption.

Ans:-

IN FAT DIGESTION :-

a. Bile is formed in liver.
b. By formation of Bilirubin & Biliverdin juice.
c. By these formation of juices both bile juice & Bile salts are formed.
d. Bile salt help in many other functioning of body.
e. It helps in digestion of fats.
f. Bile salts digest of types of fats in stomach.
g.

ABSORPTION OF FAT :-

a. ~~The~~ digestion of fat by bile salts it also helps in absorption of fat in body.
b. It helps in absorption of carbohydrate, protein, vitamin etc.
c. ~~Both formation of fat~~ Both digestion & absorption of fat in the body takes place due to bile salts.
d. Bile salts play major role in both of these activity taking place in body.

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Q3)

(1). Name different nuclei of Hypothalamus Explain various functions of Hypothalamus.

Ans:-

FUNCTIONS OF HYPOTHALAMUS :-

a. Hypothalamus is situated near pituitary gland in the brain.
b. Main function of hypothalamus is memory.
c. Our memory depends on the functioning of hypothalamus.
d. Hypothalamus also helps in the secretion of hormones in the body.
e. Hypothalamus gives signal to the LH hormone when to secrete each hormone.
f. Other function is of sensation.
g. sensation takes place due in our body when hypothalamus reacts on the activity that has been taken place in our body.
h. For example:
When an mosquito bites our hand, Hypothalamus that sensation. 1st reaches to hypothalamus & then we feel it. That also tell us whether to kill it or [illegible] away

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DIFFERENT NUCLEI of HYPOTHALAMUS.

a. there are different nuclei present in hypothalamus.

b. Each nuclei has it own significance and function for acting or human body.

c. Without the presence of the nuclei Hypothalamus cannot work in the body for all its Important activities.

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SECTION: C.

Q4)

a) Discuss role of vitamin A in visual cycle.

ANS:-

VITAMIN A

1. vitamin A has very important role in our body.
2. It also has role in visual cycle which takes place in our body.
3.

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b) Nutritional classification of Amino Acids.

Ans: 1.

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4) Explain fluorosis. Add note of function of fluorine.

Ans:-

FLUOROSIS :-

1. Fluorosis is a disease which occurs due to more amount of fluorine in body.
2. These depends on the formation of fluorine in our body.
3. Dental fluorosis is one type of caries which is occured due to more amount of fluorine in body.

DENTAL FLUOROSIS.

1. Dental fluorosis occurs in our oral cavity.
2. symptoms of dental fluorosis are.
   - Yellowing of teeth
   - Brownish - black colour in the upper rite of gingiva
3. Due to more amount of fluorine oral cavity gives out bad odur sometimes.
4. conclusion Dental fluorosis can be cured by the treatment of fluorosis in the body.

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FUNCTION OF FLUORINE :-

1. Fluorine & fluoride has their own role in functioning of body organs.
2. Fluorine aids on oral caving functioning & of many other body parts.
3. Fluorine helps in the functioning of skeletal muscles.
4. Increase amount of fluorine in skeletal muscles can cause skeletal fluorosis.

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d) Describe fates of Pyruvate.

Ans:- FATES OF PYRUVATE.

1. Pyruvate is formate by aerobic reaction of glucose i.e. Glycolis cycle
2. Pyruvate has 6 carbon in it.
3. Pyruvate is formation of energy in our body in the form of ATP molecules
4. there are 32 ATP molecules formed in the formation of Pyruvate in glycolysis.
5. There are 3 irreversible reactions in fates of pyruvate.

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e) Define and classify enzymes with examples.

Ans: DEFINATION OF ENZYMES :-

Enzymes are defined as the precursors of each hormone which acts on the body.

CLASSIFICATION OF ENZYMES :-

There are total 6 classes of enzymes.

Each class of enzyme is recognised by EC i.e. Enzyme class.

CLASS	ENZYME.
EC1 :	oxidoreductases
EC2 :	Transferases
EC3 :	lyases
EC4 :	Hydrolases
EC5 :	ligases.
EC6 :	

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

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Marks in words : TOTAL : → 12
Marks allotted by Moderator Name : Dr. Pradeep Nahar (Reader) signature : 1/5

Name of Examination : 2nd Improvement Section C.
Subject : Biochemistry
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks allotted by IInd Examiner Name :

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

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IMPROVEMENT EXAM OF DEPT. OF PHARMACOLOGY



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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 27/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ) **Marks: 1x 20 = 20**

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -$2Cl^-$ co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+$ ATPase
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagonism b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

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11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B $_{12}$
    c) Vit D
    d) Vit K

Section B

Q. 2 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

II

Q. 3 Long Answer Question:

- Classify Penicillin — **Marks: 15 x1 = 15**

Describe Penicillin G in respect to — 4

a) Mechanism of action — 4

b) Indications — 4

c) Contraindications — 3

Section C

Q. 4 Short Answer Question: — **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.

2) Name four Aminoglycosides.

3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.

4) Mention four adverse effects of Chloramphenicol

5) Pre anesthetic medication

Q. 5 Long Answer Question: — **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** — 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses — 04

(b) Contraindications — 04

(c) Justify – Lignocaine-Adrenaline combination — 03

Mahir Khairnar

7/10

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 02

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION – 1st Improvement examination

SUBJECT: Pharmacology

PAPER:

ROLL NO. (In Words): Two

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

INVIGILATOR'S SIGNATURE

Date: 24/04/23

Q. No.	1	2	3	4	5	6	7	8	9	10
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Dept. of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

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INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Center Code:

Examination : 1st improvement examination

Subject : Pharmacology

Section : B & C

Serial No: 2209

Language of Answer : English Sub. Code :

Date : 2 4 0 4 2 0 2 3

Bar Code:

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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.
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   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.
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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 of 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 hold, if he/she had not followed this procedure.

Section: B & C

Seat No: 02 (In Figures)

Seat No: Two (In Words)

Examination : 1st improvement examination

Subject : Pharmacology

Code:

Dept of Pharmacology MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Section B

Q.2. 1) Types of drug antagonism:

1. Physical antagonism
2. Chemical antagonism
3. Physiological antagonism
4. Pharmacological antagonism

Examples:

1.
2.
3.
4.

Signed By:PRA GUDDE LAXMA Signed By:CN=I GUDDE LAXMA E=dr.pra

2. Treatment of Status Asthamaticus:-

① Treatment consists of 2.5mg of albuterol by nebulization every 20 minutes for 60 minutes followed by treatments hourly during the several hours of the injury.

② There are 3 doses of albuterol

3) Therapeutic uses of Aspirin:

① Aspirin is used as an antipyretic and an analgesic.

② It is also used as an anti-inflammatory drug.

③ Prophylaxis of diseases due to platelet aggregation.

④ Pre-eclampsia and hypertension of pregnancy.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4. Coagulants:

① Heparin
② Warfarin

Uses:

① Prophylaxis of deep vein thrombosis and pulmonary embolism.

② Myocardial infarction.

③ Unstable Angina

5) Ingredients of Dentifrices:

① Strontium
② Oxalates.
③ Fluorides
④ Stannous fluroide.
⑤ Calcium sodium phosphosilicate.

• Indications for tooth paste:

①

Q3 ① Classification of Penicillin:

a) Natural :- Penicillin G, V

b) Anti-staphylococcal :- Methicillin, Oxacillin

c) Extended Spectrum Ampicillin

d) Beta-Lactamase inhibitor :- Sulbactam

② a) Mechanism of action of Penicillin G

①

Section C

Q.4.1) Newer Insulin delivery devices:

1. Insulin syringe
2. Insulin pen
3. Jet injector
4. Insulin pump

Q.7) Aminoglycosides

1. Streptomycan
2. Tobramycin
3. Kanamycin
4. Amikacin

3) Oral hypoglycemic

① Phenoformin
② Metformin

4) Adverse effect of Chloramphenicol

① Bone marrow depression

② Gray baby syndrome.

③ Hypersensitivity reaction like rashes, fever

④ Super infections.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

5) Pre anesthetic medication

① Opioids

② H_2 blockers

③ Sedatives

④ Neuroleptics

Q.5.

a) Therapeutic Uses of Adrenaline

1. Increases heartbeat
2. Increases the breathing rate.
3. Pupils dialate.

Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1	7.0										7.0
2	1.0	1.0	1.0	0	1.0						4.0
3	4.0										4.0
4	2.0	2.5	1.0	2.5	1.0						9.0
5	0										0.0
6											
7											
8											

Marks in words : TOTAL : → 24.0
Marks allotted by Moderator Name : signature : MB

Verified by Dr. M.A. Barkar MBarkar

Dept of Pharmacology
[illegible] Section [illegible]
College [illegible], Nashik

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

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Marks in words : TOTAL : →
Marks allotted by IInd Examiner Name : signature :

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

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Marks in words : TOTAL : →
Marks allotted by I[st] Examiner Name : signature :

Signed By:PRADEEP GUDDENAHALL LAXMAN
Signed By:CN=PRADEEP GUDDENAHALL LAXMAN, E=dr.pradiplaksh

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 21/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ)

Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -2Cl^- co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+ ATP^{ase}$
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
6. Clonidine acts as an antihypertensive due to
   a) alpha receptor antagonism b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B_{12}
    c) Vit D
    d) Vit K

Section B

Marks: 3 x 5 = 15

Q. 2 Short Answer Question:

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshma

Q. 3 Long Answer Question: **Marks: 15 x1 = 15**

. Classify Penicillin 4

Describe Penicillin G in respect to

a) Mechanism of action 4
b) Indications 4
c) Contraindications 3

Section C

Q. 4 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.
2) Name four Aminoglycosides.
3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.
4) Mention four adverse effects of Chloramphenicol
5) Pre anesthetic medication

Q. 5 Long Answer Question: **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses 04
(b) Contraindications 04
(c) Justify – Lignocaine-Adrenaline combination 03

Scan verified & checked

27/4/23

11/20

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 0 3

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION: Internal Assessment Exam

SUBJECT: General & Dental Pharmacology

PAPER:

ROLL NO. (In Words): Three

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

INVIGILATOR'S SIGNATURE

Date: 24/04/2023

Dept. of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■	■			■		■			
b			■			■		■		
c				■					■	■
d										

Q. No.	11	12	13	14	15	16	17	18	19	20
a	■					■		■		
b		■		■					■	
c					■		■			■
d			■							

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Seen, verified & checked 29/4/23

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination: I st Improvement Test

Subject: General and Dental pharmacology

Section: B & C

Seat No. 2212

Language of Answer: English Sub. Code

Date: 24 04 2023

Bar Code

SPECIAL INSTRUCTIONS TO THE 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.
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Section: B & C

Seat No. 03 (in Figures)

Seat No. Three (in Words)

Examination: I st Improvement Test

Subject: General and Dental pharmacology

N Borkar

Code:

Dept. of Pharmacology
P.R No. 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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Q.3) Long Answer Questions :-

→ Penicillin :-

I) Natural Penicillin -
- Benzyl penicillin.

II) Semisynthetic penicillin-

(a) Acid - resistance alternate to penicillin G:-
- phenoxymethyl penicillin

(b) Penicillinase Resistant Penicillin :-
- methicillin
- cloxacillin
- dicloxacillin

(c) Extended Spectrum Inhibitors :-
① Amino penicillin
- Amoxicillin
- Ampicillin

② Carboxy penicillin -
- Carbenicillin
- Ticarcillin

③ Ureido penicillin-
-

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(8) Synthetic penicillin-

Indications :-

- ~~Before giving Penicilli~~
- Adrenaline & Hydrocortisone should be ready kept before penicillin giving in Anaphylactic

Contraindications :-

- It is contraindicated ~~in~~ during Pregnancy
- It is ~~pregnant~~ not used in asthma, rhinitis fever patient
- Acid labile - orally not very effective.
- It is short duration action.

- Narrow spectrum in multibacterial

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshma

5 **Dentifrices :-**

→

Dentifrices are the preparation & use for cleansing of teeth & shiny to preserve

Ingredients ⇒

- Binding agent :-
  Use some Hydrocolloids for Tooth paste ~~& Foot~~

- flavouring agent -
  eg- peppermint oil

- Sweetning agent -
  eg- Saccharine.

Indications :-

- To maintain oral Hygine.
- Prevent tooth decay
- For cleansing teeth & shiny teeth.

(2) Status Asthamaticus -

→ It is severe Acute Asthma.

The drugs used in Treatment -

- Hydrocortisone it is bronchodilator
- Adrenaline
- Sodium Nitroprusside

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

② Aspirin :-

→ Therapeutic use :-

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section - C

Q.5] Long Answer Question:-

→ Classification :

* Sympathomimetic =

(a) Pressor agent-
- Nor adrenaline
- dopamine

(b)
(b) Cardiac Stimulant-
- Adrenaline

(c) Bronchodilators-
- Salbutamol
- Adrenaline

(d) Uterine Relaxant-
- Salbutamol

(e) CNS Stimulant-
- Amphetamine
- dexamphetamine

(f) Nasal decongestant-
- Salbutamol

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Adrenaline :-

a) Therapeutic Uses :-

1) As Anaphylactic shock :
- Adrenaline is a life-saving drug in anaphylactic.
- Adrenaline 1 mg/ml is administered by Intramuscularly.

→ The beneficial effects of Adrenaline in anaphylactic -

β_1 mediated cardiac stimulation → Increase Heart Rate
→ Increase force of Contraction

+

α_1 mediated vasoconstriction → Decrease laryngeal oedema

This is Helps to Increase B.P.

α_1 mediated Vasodilation

+

β_2 mediated bronchodilation

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

II) As Bronchodilator-

iii) It is used in Glaucoma-

iv) combination of Adrenaline and Lignocain = Increase the duration of Anaesthesia.

v) As preanesthetic medication-

(b) Contraindications:-

- It is not use in during pregnancy.
-

(c) Lignocaine- Adrenaline Combination :-

→ Combination of Lignocaine & Adrenaline Increase the duration of Anaesthesia.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q4) Short Answer Questions:-

(2) Aminoglycosides ⇒

- Streptomycin
- Neomycin
- Gentamycin
- kanamycin

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(5) Pre anesthetic Medication -

→ Pre anesthetic medications are the drugs given before Anaesthesia

Aim :-

- To Reduce Anxiety
- To prevent vomitting during Anaesthesia.
- To prevent vagal bradycardia during Anaesthesia.
- To prevent respiratory, Salivary secretions.

→ Drugs are used in Preanesthetic Medications :-

I) Opioids :- Antiemetics :-
Metoclopramide & domperidone

II) opioids -
diazipines

III) Anticholinergics -
- Adrenaline

Signed By:PRADEEP GUDDENA LAXMAN
Signed By:CN=PRADEEP GUDDENA LAXMAN, E=dr.pradip

③ Oral Hypoglycemic :-

I) Tolbutamide

II) Glibenclamide

III) Biguanide.

→ Mechanism of Action :-

→ Tolbutamide is the sulfonylureas-

Sulfonylureas
↓
Bind to specific receptor on β-cells of pancreas
↓
Depolarisation & Influx of Ca^{+2} ions into β-cell.
↓
Degeanulation and Increase release of Stored Insulin from β-cells.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(4) Adverse effects of chloramphenicol

→

Common Side Effects are
- Nausea,
- vomiting,
- Headache,

Hypersensitivity = Photosensitivity
↓
skin rashes

CNS - Hallucination,
dizziness,
convulsion.

Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											11.0
2	NA	1.0	0	NA	2.0						3.0
3	4.5										4.5
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5	5.5										5.5
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7											
8											

Marks in words :

Marks allotted by Moderator Name : 32.0 + 0 = 32.0 TOTAL : → 32.0

signature : MB

Verified by Dr. M.A. Bakar MBakar

Name of Examination : Section

Subject :

Subject Code : B.No.:

Dept.of Pharmacology
MGV's K.B.H. Dental
College & Hospital, Nashik

Que.	A	B	C	D	E	F	G	H	I	J	Total
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Marks in words :

Marks allotted by IInd 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[st] Examiner Name : TOTAL : →

signature :

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL

Panchavati, Nashik-422 003

II BDS (Odd Batch) Date: 27/04/2023

I Improvement Exam Time: 09.00 am to 12.00pm

Sub: GENERAL & DENTAL PHARMACOLOGY Total Marks: 80

Section – A

(MCQ) Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1. Which of the following route of drug administration is preferred for the treatment of acute attack of angina pectoris
   a) Sublingual b) Transdermal
   c) Inhalational d) Nasal insufflation
2. Pilocarpine is used for -
   a) Glaucoma b) Paralytic ileus
   c) Urinary retention d) Carcinoma stomach
3. Furosemide acts on renal tubular cell by inhibiting
   a) $Na^+ - K^+$ -$2Cl^-$ co- transporter b) $Na^+ - K^+$ symporter
   c) $Na^+ - H^+$ antiporter d) $Na^+ K^+$ ATP^{ase}
4. Which of the following corticosteroid is preferred for the replacement therapy in Addison's disease?
   a) Aldosterone b) Fludricortisone
   c) Hydrocortisone d) Betamethasone
5. The ultra-short acting barbiturate is
   a) Phenobarbitone b) Secobarbitone
   c)Thiopentone d) Pentobarbitone
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   a) alpha receptor antagoniam b) alpha receptor agonist activity
   c) beta receptor agonist activity d) beta receptor
7. The specific antidote of acute iron poisoning is
   a) Desferrioxamine b) B.A.L.
   c) E.D.T.A. d) d- penicillamine
8. Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) anticonvulsant b) Sedative
   c)Enzyme induction d) Low lipid solubility
9. The folic acid antagonist who has antineoplastic activity is -
   a) Pentamidine b) Methotrexate
   c) Trimethoprim d) Pyrimethamine
10. Megaloblastic anaemia should be treated with
    a) Folic acid b) Vit B_{12}
    c) Combination of folic acid and Vit B_{12} d) Pyridoxine

Signed By:PRADE GUDDENA LAXMAN
Signed By:CN=PR GUDDENA LAXMAN, E=dr.pradi

11. Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of its-
    a) Shorter duration of action
    b) Longer duration of action
    c) Direct action on muscle end-plate cholinesterase
    d) Selective inhibition of true
12. The major pharmacologic effect of digitalis on the heart is to
    a) Increase velocity of conduction
    b) increase force of contraction
    c) Increase refractory period
    d) reduce AV nodal delay
13. Iron is transported in blood in combination with which of the following glycoprotein
    a) Transferrin
    b) Apoferritin
    c) Ferritin
    d) Hemosiderin
14. Which aminoglycoside can be used as anti TB drug?
    a) Gentamycin
    b) Streptomycin
    c) Tobramycin
    d) Kanamycin
15. Platelet aggregation is caused by
    a) TXA_2
    b) PGD_2
    c) PGI_2
    d) PGE_2
16. The combination of amoxicillin and clavulanic acid is used because –
    a) It broadens spectrum of amoxicillin
    b) It decrease side effects of amoxicillin
    c) It decreases toxicity of clavulanic acid
    d) It increases oral bioavailability of amoxicillin
17. The most efficacious drug for inhibiting gastric acid output round the clock is
    a) Omeprazole
    b) Cimetidine
    c) Pirenzepine
    d) Misoprostol
18. The primary site of action of thiazide diuretics is
    a) Proximal Tubule
    b) Ascending limb of loop of Henle
    c) Cortical diluting segment
    d) Collecting ducts
19. Anti-hypertensive that is contraindicated in pregnancy is:
    a) Enalapril
    b) Hydralazine
    c) Clonidine
    d) Alpha methyl dopa
20. Which of the following vitamins is commonly administered to a premature infant soon after birth?
    a) Vit A
    b) Vit B_{12}
    c) Vit D
    d) Vit K

Section B

Q. 2 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention types of drug antagonism with example of each.

2) Write treatment of Status Asthamaticus.

3) Enumerate four therapeutic uses of Aspirin.

4) Name two coagulants and two therapeutic uses of each.

5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Signed
By:PR
GUDD
LAXMA
Signed
By:CN
GUDD
LAXMA
E=dr.p

Q. 3 Long Answer Question: **Marks: 15 x1 = 15**

. Classify Penicillin 4

Describe Penicillin G in respect to

a) Mechanism of action 4
b) Indications 4
c) Contraindications 3

Section C

Q. 4 Short Answer Question: **Marks: 3 x 5 = 15**

1) Mention any four newer Insulin delivery devices.
2) Name four Aminoglycosides.
3) Mention two oral hypoglycemic and describe their mechanism of action of one of them.
4) Mention four adverse effects of Chloramphenicol
5) Pre anesthetic medication

Q. 5 Long Answer Question: **Marks: 15 x 1 = 15**

Classify **Sympathomimetic.** 04

Describe **Adrenaline** under the following headings:

(a) Therapeutic Uses 04
(b) Contraindications 04
(c) Justify – Lignocaine-Adrenaline combination 03

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 4

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET (WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION 1st Improvment

SUBJECT: G. and Dental pharmacology

PAPER: 1

ROLL NO. (In Words) four

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

INVIGILATOR'S SIGNATURE

Date : 24/04/23

Dept.of Pharmacology
MGV's K.B.H Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■	■								
b						■			■	
c				■			■	■		■
d			■		■					

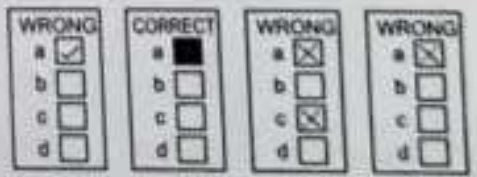
Q. No.	11	12	13	14	15	16	17	18	19	20
a				■			■		■	
b		■	■					■		
c	■									
d					■	■				■

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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



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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=drpradiplakshman

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvment Exam.

Subject : General and Dental Pharmacology Section : B & C

Language of Answer : English. Sub. Code :

Date : 24 04 2023

Bar Code

Serial No. 2211

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 or 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.
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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. 53 04 (in Figures)

Seat No. four. (in Words)

Examination : 1st Improvment exam.

Subject : General & Dental Pharmaco-logy.

Code :

P.R.No.

Dept. of Pharmacology MGV's K.B.H. Dental College & Hospital, Nashik

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

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Signature of the JUNIOR SUPERVISOR

2) Treatment of status asthamaticus

3) Therapeutic Uses of Aspirin :-

a) Antipyretic
b) Analgesic
c) Hypertension
4) Diabetic Neuropathy
5) Myocardial Infraction.
6)

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4) 1). 2)

Therapeutic uses :-

1) Haemophillia
2)
3)
4)

Dentifrices :-

Ingredients:-

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Indications for tooth paste :-

1) Tooth debris
2) plaque
3) Bleeding gums

Q.3 LAQ.

classification of penicillin

Bread spectrum penicillin.

a) Mechanism of Action :-

It Binds to Receptor present on Bacteria

↓

Inhibit synthesis of glycoprotein

↓

Inhibit cell wall Synthesis.

b) Indications :-

1) Bactoriosidal
2) Bacterial Infection.
3)

c) contraindications :-

1) Nausea
2) Headache
3) fever.

Section - C

1) four Insulin delivery devices :-

a) Insulin pen
b) Insulin pump
c) Insulin
d)

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshm

2) Aminoglycosides :-

1)
2)
3)
4)

3) Oral Hypoglycemic :-

1) Sulphonylureas
2)

Mechanism of Action :-

Sulphonylureas
↓
Inhibit Na^+-K ATPase
↓
Ca depesition ↑es
↓
degranulation of Insulin
↓
Insulin secretion.

Signed By:PRADEEP GUDDENAHAL LAXMAN
Signed By:CN=PRADE GUDDENAHAL LAXMAN, E=dr.pradiplaks

4) Adverse effect of chloramphenicol:-

5) Pre Anesthetic Medication :-

These are the Medications Given Before Anesthesia. It Helps ~~the~~ to Reduce the pain.

And it Also Reduce the Salivation, red cardiac output, stress which are Neccessery during Anesthesia.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

LAQ :

Sympathomimetic

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1	4.0										11 4.0
2	2.0	0	1.0	0	0						3.0
3	2.0										2.0
4	1.0	0	0.5	0	0.5						00
5	0										19.0
6											
7											
8											

TOTAL : → 19.0

Marks in words :
Marks allotted by Moderator Name : 19.0 + 0 = 19.00 signature : MB

Verified by Dr. M.A. Borkar

Dept of [illegible]ology
MC[illegible]dental
College [illegible]ital, Nashik

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

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TOTAL : →

Marks in words :
Marks allotted by IInd Examiner Name : signature :

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

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TOTAL : →

Marks in words :
Marks allotted by I[st] Examiner Name : signature :

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

II BDS (Odd Batch) — Date: 22/05/2023
II Improvement — Time: 9.00 am to 12.00pm
Sub: GENERAL & DENTAL PHARMACOLOGY — Total Marks: 80

Section – A
(MCQ)

Marks: 1x 20 = 20

All questions are compulsory.
Indicate (with tick mark) the correct choice.

1) Edrophonium is more suitable for differentiating myasthenic crisis from cholinergic crisis because of
   a) It's shorter duration of action b) It's longer duration of action
   c) It's direct action on muscle end-plate d) It's selective inhibition of true cholinesterase
2) The most important factor which governs diffusion of drugs across capillaries other than those in the brain is-
   a) Blood flow through the capillary b) Lipid solubility of the drug
   c) pKa value of the drug d) pH of the medium
3) The antidotal effect of sodium nitrite in cyanide poisoning is dependent upon
   a) Chemical combination of sodium nitrite with cyanide b) vasodilatation caused by sodium nitrite
   c) conversion of hemoglobin to methemoglobin by sodium nitrite
   d) facilitation of cyanocobalamine formation by sodium nitrite
4) Pyridostigmine differs from neostigmine in that-
   a) It is more potent orally b) It is longer acting
   c) It produces less Muscarinic side effects d) It does not have any direct action on N_M receptors
5) Total body iron content (gram) in an adult on an average is
   a) 2.5 b) 1.5 c) 3.5 d) 4.5
6) Parenteral Furosemide is an alternative diuretic to mannitol in the treatment of :
   a) Pulmonary Edema b) Cirrhotic Edema c) Cerebral Edema d) Cardiac Edema.
7) Which one of the following is beta lactam antibiotic
   a) Cephalosporin b) Erythromycin c) Tetracycline d) Chloramphenicol
8) Which of the following thyroid inhibitor interferes with peripheral conversion of thyroxine to triiodothyronine?
   a) Propylthiouracil b) Methimazole
   c) Carbimazole d) RAI
9) Erythropoietin is produced by -
   a) Liver b) Kidney c) Bone marrow d) Spleen
10) Which property of phenobarbitone is useful in the treatment of kernicterus?
   a) Anticonvulsant b) Sedative c) Enzyme induction d) Low lipid solubility
11) Streptokinase is used as-
   a) Fibrinolytic agent b) Coagulants c) Anticoagulants d) Antifibrinolytic agent
12) Pyridostigmine differs from neostigmine in that
   a) It is more potent orally b) It produces less Muscarinic side effects
   c) It is longer acting d) It does not have any direct action on N_M receptors
13) The drug which blocks basal as well as stimulated gastric acid secretion without affecting cholinergic, histaminergic or gastric receptors is
   a) Famotidine b) Loxatidine c) Omeprazole d) Pirenzepine

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplaksh

14) The route of administration of iron dextran is-
a) Oral b) I.M. c) Topical d) Rectal

15) Long term thiazide therapy can cause hyperglycemia by:
a) Reducing insulin release b) Interfering with glucose utilization in tissues
c) Increasing sympathetic activity d) Increasing corticosteroid secretion

16) Alkalinization of urine hastens the excretion of
a) Weakly basic drug b) Weakly acidic drugs
c) Strong electrolytes d) Nonpolar drugs

17) Anti hypertensive that is contraindicated in pregnancy is:
a) Enalapril b) Hydralazine
c) Clonidine d) Alpha methyl dopa

18) The folic acid antagonist who has antineoplastic activity is -
a) Pentamidine b) Methotrexate
c) Trimethoprim d) Pyrimethamine

19) Which of the following selectively inhibits synthesis of Thromboxane A_2?
a) Aspirin b) Dipyridamole c) Dazoxiben d) Heparin

20) Most common adverse effect of nitroglycerine use is
a) postural hypotension b) throbbing headache c) tremors d) convulsions

Section B

Q. 2 Short Answer Question: **Marks: 3x5 = 15**

1) What is enzyme inhibition? Give two examples.
2) What is Adverse effect of a drug? Write two drugs with their respective side effects.
3) Enumerate three therapeutic uses of Aspirin.
4) Enumerate three drugs used in Hypertensive emergencies.
5) What are the ingredients of Dentifrices? Mention indications for tooth paste.

Q. 3 Long Answer Question: **Marks: 15x1 = 15**

Classify **Fluroquinolones.** 04
Write their
(a) Mechanism of Action 04
(b) Therapeutic Uses 04
(c) Adverse Effects 03

Section C

Q. 4 Short Answer Question: **Marks: 3x5 = 15**

1) Mention any three uses of glucocorticoids.
2) Name three drugs used in treatment of Angina Pectoris
3) Mention two drugs used as antiemetics and describe their mechanism of action.
4) Mention three adverse effects of Penicillins.
5) Enumerate three advantages of combination of Levodopa with Carbidopa used in Parkinsonism.

Q. 5 Long Answer Question: **Marks: 15x1 = 15**

Classify **antidiabetic drugs** 04
Write mechanism of action 04
adverse effects of Sulfonyl ureas 03
Add a short note on Newer Insulin preparations. 04

Signed By:PRADEEP GUDDENAHAL LAXMAN
Signed By:CN=PRADE GUDDENAHAL LAXMAN, E=dr.pradiplaks

II Improvement Second written 27/5/23 Anjanda 05/20

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 6

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Current and dental pharmacology

PAPER:

ROLL NO. (In Words) SIX.

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 /

Anjanda
CANDIDATE'S SIGNATURE

MBaskar
INVIGILATOR'S SIGNATURE

Date: 11/5/23

Q. No.	1	2	3	4	5	6	7	8	9	10
a							■	■		■
b		■			■					
c						■			■	
d	■		■	■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■							■
b		■		■	■			■		
c	■					■	■			
d									■	

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

MBaskar

Dept.of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

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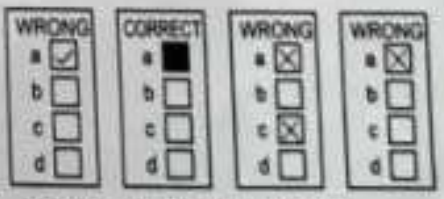
INSTRUCTION

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



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

Signed by PRADEEP GUDDENAHALLI LAXMAN
Signed by DN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Seen and verified

27/5/23

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : II nd Improvement

Subject : General and Dental pharmacology.

Section : B & C

Serial No. 2223

Language of Answer : English Sub. Code :

Date : 12 05 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.
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Section B & C

Seat No. 6. (in Figures)

Seat No. six (in Words)

Examination : II nd Impro-vement

Subject : Pharmacology

Dept.of Pharmacology
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PRADEEP GUDDENAKAR LAXMAN
Signed By:CN=PRADEEP GUDDENAKAR LAXMAN, E=dr.pradip

Section C

Q4

(1)

→ 3 uses of glucocorticoids :

1. Myasthenia crisis / myasthenia gravis.
2. Osteoarthritis.
3. Rheumatoid arthiritis
4. Thypoid fever.
5. Hypoglycemia

(1) myasthenia gravis - In condition reduces swelling and moon face. and destruction of fat.

Signed By:PRADE GUDDENA LAXMAN
Signed By:CN=PR GUDDENA LAXMAN, E=dr.prad

(2)

→ 3 drugs used in treatment of Angina pectoris

1. Isosorbide dinitrate.
2. Nitroglycerine.
3. glycerine trinitrate.
4. Nitrates
5. Nitric oxide.

- for releving the pain of Heart patient which is ~~not~~ adiministered Sublingully
  - 0.5mg tab for 5 min.
    It taken after 5 min if pain is not relived
  - So after 3rd time of 10 - 15 min gap tab take then spit out if pain is relief.
- Not take more than 3 tab at a time in a day.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

(3)

→ Antiemetics. - which drugs can produces vomitting. receptor blockers

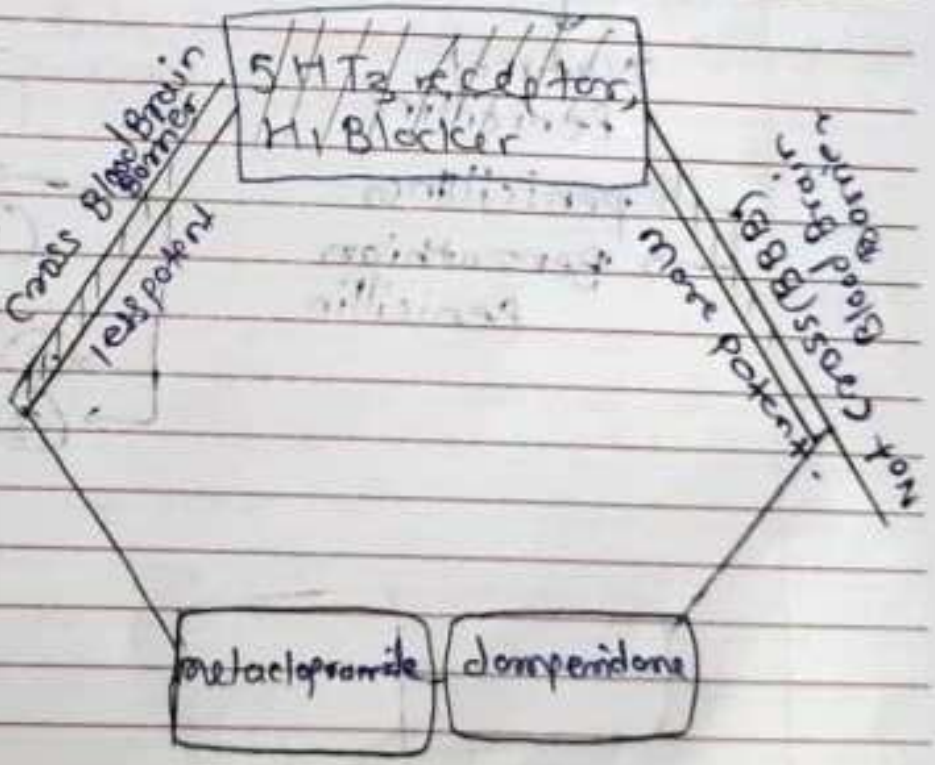
~~Don of~~ Donot produces vomitting.

(1) 5 HT_3 receptor - ondanserton
granisetron.

(2) prokinetic agents - metaclopramide.
domperidone.

~~Antihistamines~~ -

(2) Mechanism of action



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(4)

→ penicillins.

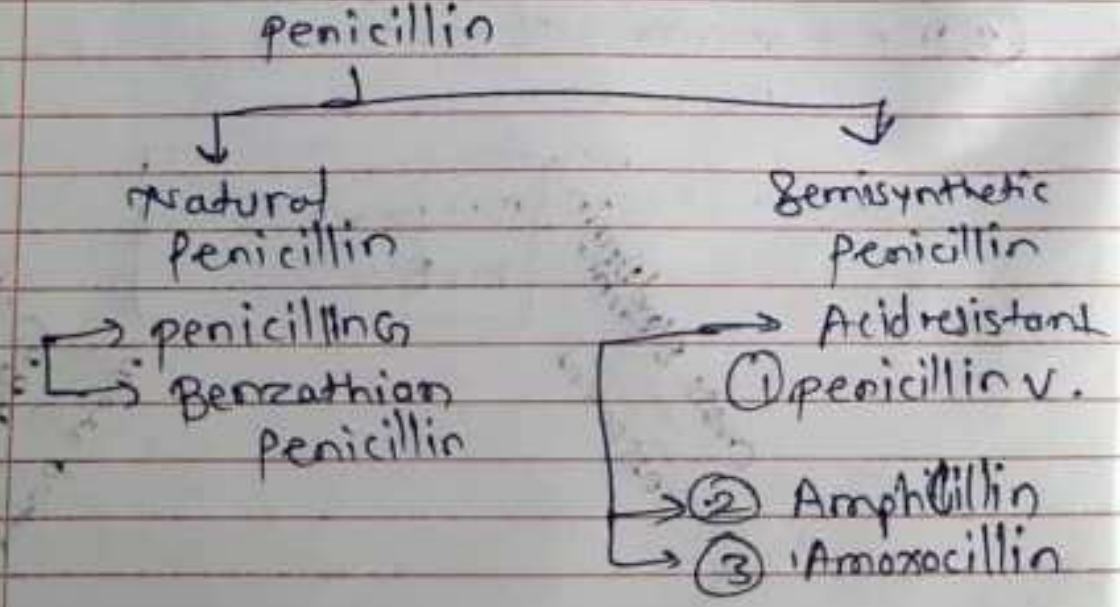
adverse effects.

(1) Hypersensitivity – In higher dose of penicillin causes skin rashes, fever, redness.

(2) Phototoxicity

(3) At higher concentration it may cause death.

(4) ototoxicity.



(5)

→ The combination of Levodopa with carbidopa used in parkinsonism

(1) combination of Levodopa and carbidopa are used in treament of anaesthia.

(2) It can proveds good sufficient time for surgery.

(3) Not any side effects on paticents.

(4) It can reduces pain at that surgical feild.

(5) It reduces the pressure on arteries by vasodilatation so it reduces blood flow from that surgical site it can easy to operation of patient.

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Q5.

→ ① Classification of antidiabetics

- Are used to prevent Dibetics condition.

① Sulphonylurease.

1st generation – sulphonyurease.

2nd generation – glimipride, glicazide gripizide.

② Begunides. – metformin

③ Corticoids – Bethamethason. Hexamethason.

② Mechanism of action.

Sulphonylurease.

↓

Binds to specific receptors on pancreatic β-cells. Islets of langerhan

↓

~~↑ in CGMP.~~ ↑ses in ATPase.

~~Degrau~~

~~Deg~~

↑

Degranulation of Insulin

Dephosphyration of Insulin

↓

Insulin action

③ adverse effect of Insulin.

① Hypersensitivity - local irritation on site which the insulin can injected skin rashes.
② Hypoglycemia.
③ Weight gain.
④ Hypocalcemia.
⑤ GIT disturbance - vomitting, nausea
⑥ Hepatotoxity.
⑦ CNS effect - convulsion, drowsiness.

④ Newer Insulin preparation.

① Bovine ~~pr~~ Insulin - which is insulin obtain from Beef porcreate which has 3 amino peptide chain.
② procain Insulin - pig pancreas extraction which has one aminoglycoside chain.
③ microsomal Insulin - which is obtain by Biotech erguiring by inserting insulin producing DNA ~~and RNA~~ strand ~~fro~~ into E coli or respective Bacteria. which can produces insulin.

Q2.

(1).

→ Enzyme inhibition

It is condition in which the enzyme acts receptive drug action for inhibiting its certain activity on organ.

(2)

→ Adverse effect of drugs.

The Adverse effect of drugs can be defined as the certain drugs having specific activity on that organ for particular disease and condition but in higher doses of drugs or any ~~tertog~~ teratogenic effect on person due to pregnancy, due to age so it can produces adverse effect of drugs such as vomitting / headache drowsiness, even Hypersensitivity ~~even dead~~ teratogenicity.

eg① Fluroquinolones is teratogenic / Adverse effect in pregnecy women and in children due to cartilage damage.

② tetracylin drugs is having adverse effect on children and pregent women due to deposition of brownish colour on decedious teeth of foetus.

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4

→ Hypertensive emergencies drugs.

1. Angiotensin converting enzyme.
   - → Captropril
   - → Enapril.
2. Angiotension receptor blockers.
   - → valsartan.
   - → eubsprofen
3. Calcium channel blockers.
   - → ~~vera~~ verapamil.
4. Aliskiren.

(5)

→ Dentifrices means it is a agents used to clean and polishing the tooth surface.

Ingredients of Dentifricies: →

1. Glycerine
2. Sodium cellulose
3. Magnesium carborate
4. Sodium carborate
5. Camphor
6. Peppermint oil.

Indication of ~~Dentifrice~~ tooth paste.

→ Gomitis.
→ (Halotosis) Bad breath
→ Gingivitis.

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Q3.

→ ① Classification fluroquinolones (FQs).

1st generation — 2nd generation.

- Ciprofloxacin — Mefloxacin.
- Ofloxacin.

② mechanism of action:

DNA Topoisomerase II
⊖ fluroquinolones
DNA gyrase ⊖
↓
formation of negative supercoil of Bacteria.

DNA Topoisomerase IV
⊖ FQs.
⊖.
DNA gyrase
↓
formation of DNA strands of Bacteria for killing purpose.

③ Therapeutic uses.

① used In superinfections of Bacteria
② sexullay transmited infection
  ① Gonococal infection.
③ Prostatitis.
④ Bone infections
⑤ streptococcus infectⁿ.
⑥ Urinary Tract infection

→ (4) Adverse effect

(1) Teratogenicity – In pregnancy men it causes severe death

(3) In children – having teratogenic effect because it affects the premature bone cartilage damages.

(3) Hypersensitivity – skin rashes, redness, fever.

(6) Uticaria

(7) phototoxicity

~~kept~~ due to

(8) hepatotoxicity – accumulation of

(9) Renal toxicity

(10) GIT – Nausea, vomitting

(11) CNS – drowsiness, headache

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1										5.0	5.0
2	0	2.0	2.5	1.5	2.0					8.0	8.0
3	5.0									5.0	5.0
4	3.0	2.5	1.5	1.5	0.5					9.0	9.0
5	7.0									7.0	7.0
6											
7											
8										34.0	NB

Marks in words :
Marks allotted by Moderator Name : 34.0 + 16.0 = 50.0
TOTAL : → 32.0
signature NB

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Dept.of Pharmacology
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 :
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signature :

Name of Examination : Section
Subject :
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TOTAL : →
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2020-2021



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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

IMPROVEMENT EXAM OF DEPT. OF ANATOMY



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II A9 Improvement-Exam
(2020-2021) 3349

Mahatma Gandhi Vidyamandir's

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

ROLL NO. 01

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Oral Pathology

PAPER:

ROLL NO. (In Words): One

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

INVIGILATOR'S SIGNATURE

Date: 29/09/21

Q. No.	1	2	3	4	5	6	7	8	9	10
a										
b	■				■					
c			■					■		
d	■			■		■	■		■	■

Q. No.	11	12	13	14	15	16	17	18	19	20
a	■								■	
b		■	■	■						■
c							■	■		
d					■	■				

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

3.5/10

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

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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IInd Improvement Exam (2020 – 2021)

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL,

Panchavati, Nashik - 422 003.

(Supervisor's Name, Signature & Date)

Day and Date : Wed 29/09/2021

Seat No. (in figures) : 0r 01 Class : IIIrd

Seat No. (in words) : One. Centre : –

Examination : 1st Sessional Paper : – Section : –

Subject : Oral Pathology. Language of Answer : English.

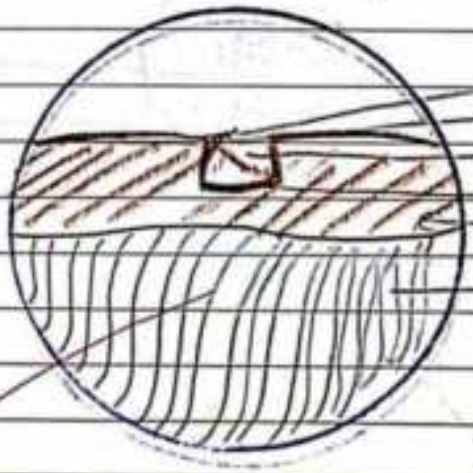
Main Answer Book	No. of Supplements	TOTAL	Signature of Student

Q. No.	1	2	3	4	5	6	7	8	9	10	TOTAL	Name, Signature of Examiner & Date
Marks											12/60	
Marks Obtained												

(Please start writing from here : Write on both sides)

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

1) Pit and fissure caries



3

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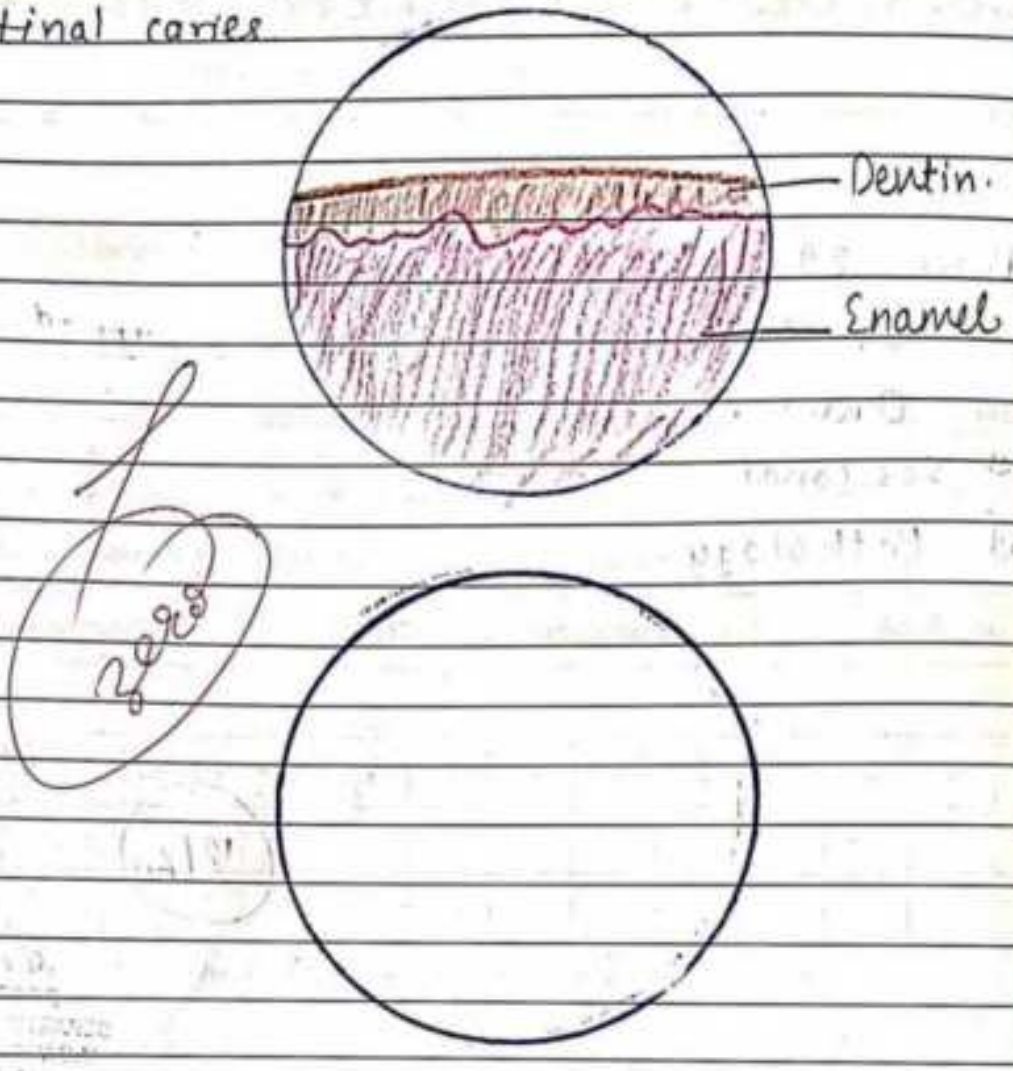
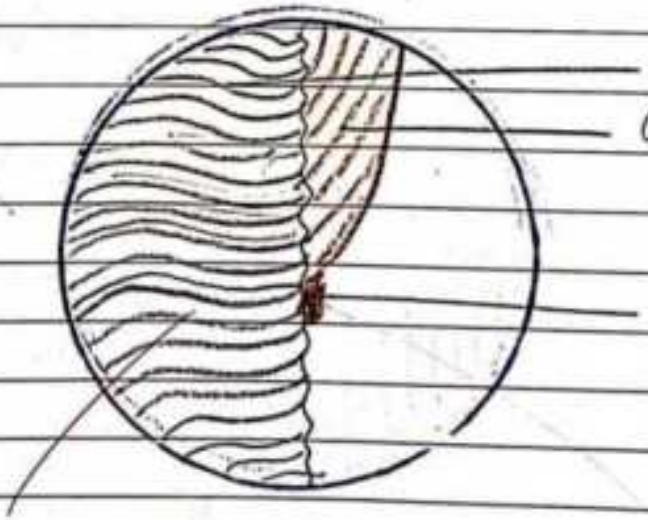
2) Dentinal caries



3) Cemento-enamel junction caries



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K.B.H. DENTAL COLLEGE & HOSPITAL,

Panchavati, Nashik - 422 003.

(Supervisor's Name, Signature & Date)

Day and Date : Wed 29/09/2021

Seat No. (in figures) : 01. Class : III rd yr.

Seat No. (in words) : One. Centre : —

Examination : 1st Sessional Paper : _____ Section : —

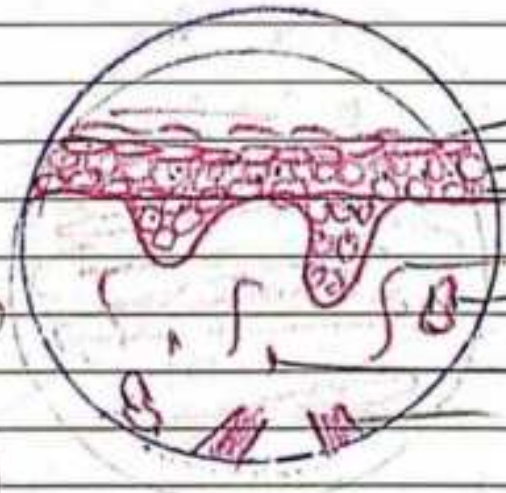
Subject : Oral pathology. Language of Answer : English.

Main Answer Book	No. of Supplements	TOTAL	Signature of Student

Q. No.	1	2	3	4	5	6	7	8	9	10	TOTAL	Name, Signature of Examiner & Date
Marks												
Marks Obtained												

(Please start writing from here : Write on both sides)

4) PAS stain.



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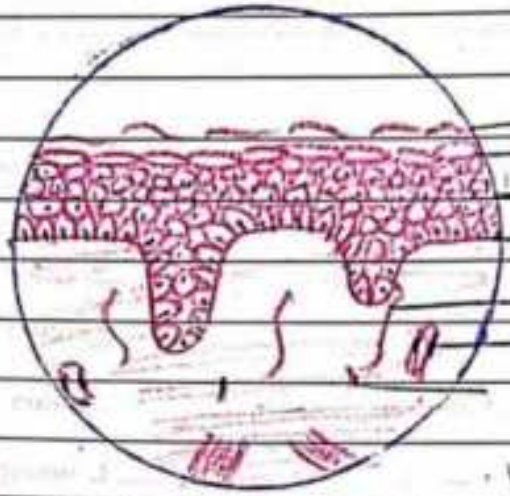
5)



6)

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Panchavati, Nashik - 422 003.

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Day and Date : Wed 29/09/25

Seat No. (in figures) : 01 Class : III

Seat No. (in words) : One Centre :

Examination : 1st Sessional Paper : II Section :

Subject : Oral Pathology. Language of Answer : English.

Main Answer Book	No. of Supplements	TOTAL	Signature of Student

Q. No.	1	2	3	4	5	6	7	8	9	10	TOTAL	Name, Signature of Examiner & Date
Marks												
Marks Obtained												

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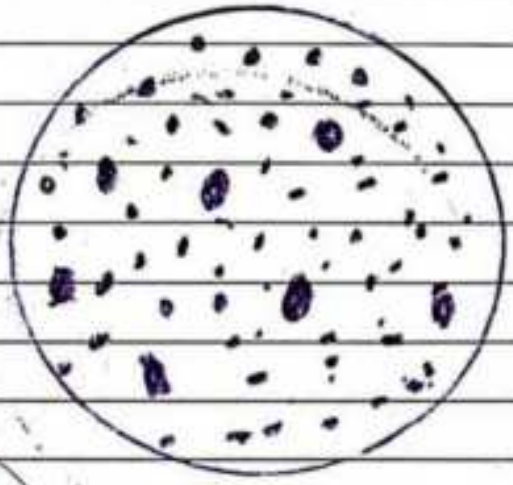
7).



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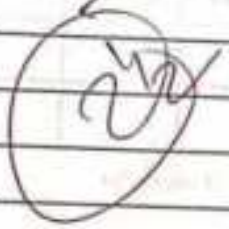
8) Abrasion.

- Abrasion is pathological wearing of tooth structure.
- Cervical Abrasion is present.
- Abrasion is present on cervical third of crown.
- Their is wearing of tooth surface region.



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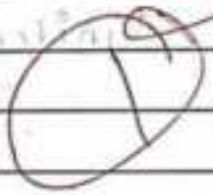
9) Dicalcifications

- It is slightly bend or curved ~~root~~ root of tooth.
- Root becomes curved.



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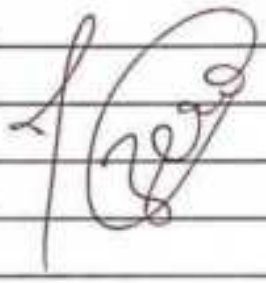
10)

- Their is fusion of root into single roots of tooth.

-

- The root gets united.

-



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ii) Cleft palate:

- Their is cleft in both hard and soft palate.
- It is congenital anamoly.
- Their is fusion of naral & maxillary process.

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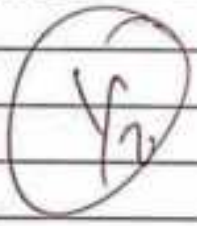
12) Natal caries -

- It is also known as baby-bottle syndrome.
- Milk bottle use for feeding causes this caries.
- It is form of rampant caries.
- Juice, sweetning agent causes this type of caries is children.
- All maxillary incisor all affected by this type of caries.
- This caries mostly affect decidous teeth.



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IInd Improvement Exam (2020-2021)

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : First Sessional Examination. Sep. 2021.

Subject : Oral Pathology.

Section : B & C

Serial No. 2766

Language of Answer : English. Sub. Code :

Date : 29 09 2021

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 or 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. 01 (in Figures)

Seat No. One (in Words)

Examination : First sessional examination Sept 2021

Subject : Oral Pathology.

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.

Signature of the CANDIDATE

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

Signature of the JUNIOR SUPERVISOR

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN
E=dr.pradiplakshman

Section B

c) Erosion

(i) Erosion is pathological wearing of tooth surface.

ii) In erosion enamel mainly gets eroded.

(iii) There are generalized erosion and localized erosion.

iv) Erosion takes place on all anterior and posterior surface of tooth.

v) Erosion is not cause by bacteria.

vi) Excessive brushing of teeth can lead to erosion.

vii) Bruxism does not causes erosion

viii) There is permanent destruction of enamel layer of tooth.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

D) Dry socket.

(i) After extraction of tooth space is created an Aleolar socket.

(ii) Their is clot formation

(iii) There is enzymatic activity which causes dissolution of clot.

(iv) This dissolution of clot leads to dryness in tooth extuated epace.

(v) This ~~pto~~ phenomenon is called Dry socket.

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I) Ludwig's Angina.

(i) Ludwig's Angina is life-theartning condition.
(ii) Timily treatment is necessary.
iii) It is infection which affect submandibular area and then sublingual and submental area. which form triangular area.
iv) Neck and lower posterior part of face get swollonen.
v) This cancer and suffocation for patient.
vi) It should be treated with 10 - 12 days.
vii) Swelling lead to blockage of ~~oxygo~~ oxygen supply to from nose.
viii) This ~~can~~ can be very lethal.

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I) Supernumerary teeth.

(i) It is addition tooth present in normal set of tooth full

ii) Supernumerary tooth arises from third bnd of teeth surface

iii) They can be present anywhere in normal tooth set.

iv) They dont have any use is oral cavity.

v) They are not used during mastication.

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Section C

1) Following are developmental disturbances affecting tongue -

i) Hairy tongue.

ii) Tongue tie

iii) Aglossia.

iv) Microglossia.

v) Macroglossia.

vi)

- Hairy tongue

- In Hairy tongue, their is hypertrophy of filiform papilla

- Tesion are present on tongue.

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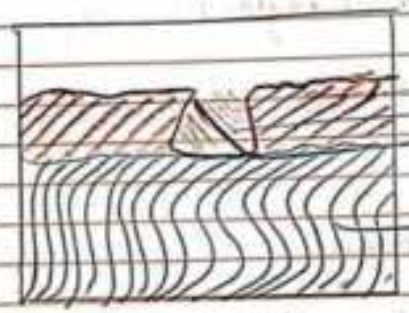
2) Dental Caries -

Dental caries is ~~mier~~ irreversible microorganism caused process in which there is decalcification of inorganic tissue and destruction of organic tissue which lead to cavitation

i) Pit and fissure caries.



This caries occur on the ~~pit~~ of occlusal surface of posterior teeth such as molar and premolar and lingual surface of anterior

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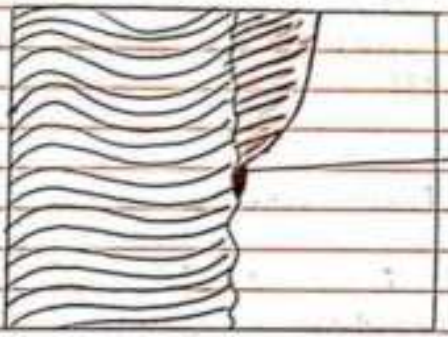
ii) Cement CEJ caries.



This caries is ~~ee~~ present on cemento-enamel junction of tooth.

iii) Rampant caries.

- Their is ~~seeve~~ severe damaged of tooth.

iv) Nursing caries -

This is also known as baby-bottle syndrome.

- It mainly occur in childhood./ natal.
- Juice, sweetning agent causes this caries.

v) Smooth surface caries.

- This caries occur on smooth / proximal surface of tooth.

vi) Cervical caries.

- This caries occur in cervical region ie cervical 3rd of tooth region.

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Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
2	NA	NA	1/2	0	NA	NA	NA	NA	0	0	3 1/2
3	2 1/2	3									5 1/2
4											
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Marks in words :

Marks allotted by Moderator Name :

TOTAL : → 09

signature :

Name of Examination : Section

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TOTAL : →

signature :

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Roll

MCQ 1
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Head of Dept.
General Human Anatomy.
M. G. V. Dental College & Hospital
Panchvati Nasik.

MCQ 1

Total points 10/10

Dept of Anatomy; KBH dental college, Nashik

I st Improvement
Summer 2020
online Exam

Email address *

pvpachpole22@gmail.com

NAME *

Pankaj Pachpole

Roll no *

101

✓ Deep cervical fascia are * 1/1

- prevertebral
- pretracheal

✓ Deep cervical fascia are * 1/1

- ○ prevertebral
- ○ pretracheal
- ○ investing
- ◉ all ✓

✓ Haversian cannals are consist of * 1/1

- ○ Bone Marrow
- ◉ Blood venules & nerves ✓
- ○ periosteum
- ○ endosteum

✓ Epithelium present in artery is..... * 1/1

- ○ simple cuboidal epithelium
- ○ mesothelium
- ◉ endothelium ✓

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✓ Cristra Terminalis is present in-- * 1/1

- (●) rt atrium ✓
- ( ) left atrium
- ( ) rt ventricle
- ( ) left ventricle

✓ following muscle is known as laughing muscle * 1/1

- ( ) levator anguli oris
- (●) zygomaticus major ✓
- ( ) zygomaticus minor
- ( ) levator labi superioris

✓ vertebral level of hyoid bone * 1/1

- ( ) C1
- ( ) C2
- (●) C3 ✓
- ( ) C4

- levator labi superioris

✓ vertebral level of hyoid bone * 1/1

- C1
- C2
- C3 ✓
- C4

✓ Dorsal ramus of.....is called as suboccipital nerve * 1/1

- C1 ✓
- C2
- C3
- C4

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Google Forms

- triceps
- biceps
- deltoid ✓
- pectoralis major

✓ Right gastro-epiploic artery is branch of ..... * 1/1

- left gastric
- splenic
- gastroduodenal ✓
- coeliac trunk

✓ The Length of duodenum is about .....cm * 1/1

- 10
- 20
- 15
- 25 ✓

Head of Dept.
General Human Anatomy,
M. G. V. Dental College & Hospital
Panchvati Nasik.

Pankaj Pachpole

5 6 20

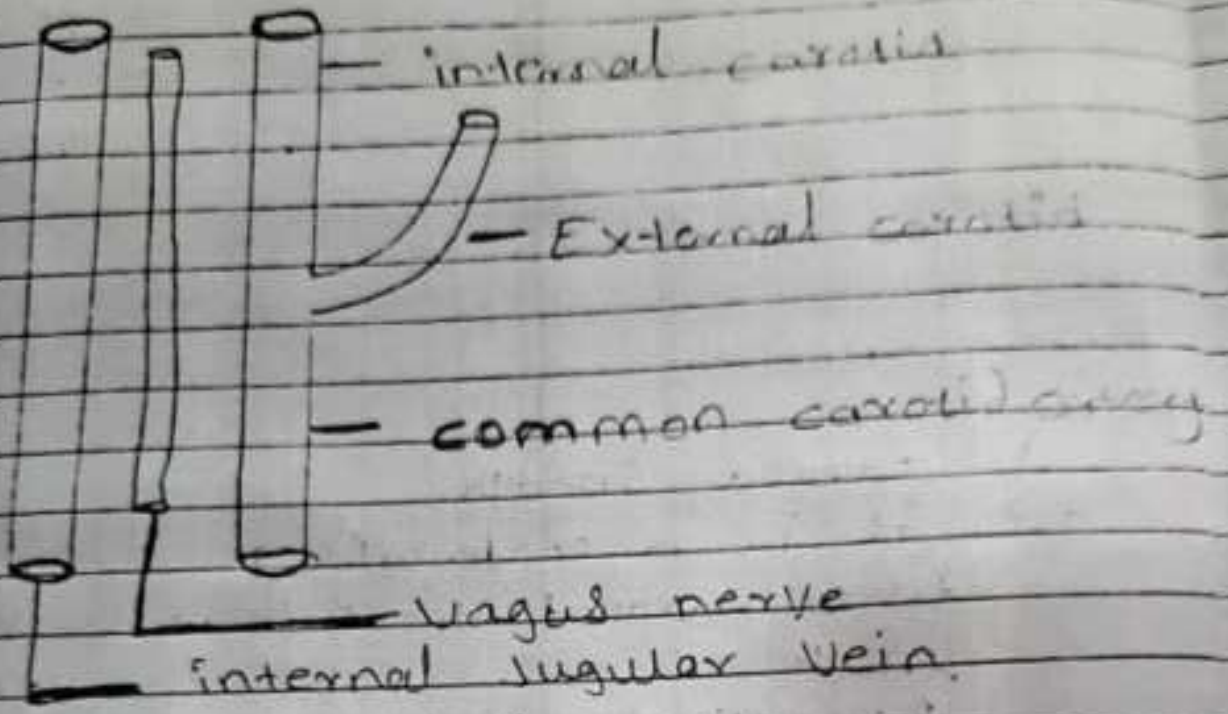
Pt BDS (New)
Preliminary Exam
General human Anatomy
Ist Improvement Exam
Winter 2022
Online exam

Section - B

Qr. 2) SAQ

1) Carotid Sheath
→ it is a condensation of the fibroareolar tissue around the vein vessels of the neck.
Formation:- it is formed on anterior aspect by Pretracheal fascia and on posterior aspect by Prevertebral fascia.
Contents:- The contents are the common or internal carotid arteries, internal jugular vein and the vagus nerve it is thin over the vein in the uppear part of sheath there are IX, XI, XII nerves also these nerves pierce the sheet of different points.
Relations:- ① the ansa cervicalis lies embedded in the anterior wall of the carotid sheath.
② The cervical sympathetic chain lies behind the sheath plastered to the prevertebral fascia.
③ The sheath is overlapped by the anterior border of the sternocleidomastoid and is fused to the layers of the deep cervical fascia.

2)



Buccopharyngeal fascia:- this fascia covers the Superior constrictor muscle externally and extends on to the superficial Aspect of the buccinator muscle.

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2) Draw & label arteries & nerves of nasal
→ The fleshy external end of the nasal septum is called the columella or columella nasi, and is made up of cartilage and soft tissue the nasal septum contains bone and hyaline cartilage it is normally about 2 mm. thick.

Arterial supply :- ① Anterosuperior part is supplied by the anterior ethmoidal artery.

② Anteroinferior part is supplied by the superior labial branch of facial artery

③ posteroinferior part is supplied by the sphenopalatine artery.

④ posterior part is supplied by the posterior ethmoidal artery.

The vestibule of the nasal septum or it's anteroinferior part contains anastomoses between the septal branch of the superior labial branch of the facial Artery, branch of sphenopalatine artery, and of anterior ethmoidal artery which form a large capillary network called the kisselbach's plexus (this is known as little's area is the common site of bleeding from the nose or epistaxis.

Venous drainage :- the veins form a plexus in the lower part of the septum or little's area. the plexus drains anteriorly into the facial vein, posteriorly through the sphenopalatine vein to pterygoid venous plexus.

3) Write relations of thyroid gland.

→ The lobes are conical in shape having
a) An apex
b) A Base
c) Three surfaces: lateral, medial, and Posterolateral.
d) Two borders:- Anterior & posterior

The apex is directed upwards and slightly laterally it is limited superiorly by the attachment of the sterno thyroid muscle to the oblique line of thyroid cartilage which is medial to apex the apex is related to superior thyroid artery and the external laryngeal nerve.

The base is at level with the 4th or 5th tracheal ring.

The lateral or superficial surface is convex, and is covered by
a) the sternohyoid
b) The superior belly of omohyoid
c) The sternothyroid
d) The anterior border of the sternocleidomastoid

The medial surface is related to
a) two tubes, trachea & oesophagus
b) two muscles: inferior constrictor and cricothyroid
c) two nerves, external laryngeal and recurrent laryngeal.

The posterolateral or posterior surface is related to the carotid sheath and overlaps the common carotid artery

Scanned with CamScanner

4) circle of willis

→ circle of willis is formed by union of posterior cerebral of vertebral artery and posterior communicating branch of internal carotid arteries on each side

it gives

a) central branches:- these are long thin numerus end arteries with supply deeper structures like internal capsule and basal ganglia.

b) choroidal branches:- of internal carotid and posterior cerebral supply choroid plexuses of the ventricles

c) cortical branches:- these are

i) Anterior cerebral:- chief artery on the medial surface of cerebral hemisphere till parieto-occipital sulcus it also supplies 1cm wide area on the superolateral surface along the superomedial border the area includes motor and sensory areas of lower limb and perineum.

ii) middle cerebral:- main artery of the superolateral surface. supplying major parts of motor and sensory areas. It also supplies motor speech area auditory and vestibular areas

iii) posterior cerebral:- chief artery of the tentorial surface of occipital lobe, this is the artery of visual cortex

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) ligaments of temporo-mandibular joint.
1) the fibrous capsule is attached above to the articular tubercle the circumference of the mandibular fossa in front and the sallatnotympanic fissure behind and below to the neck of the mandible.
2) the lateral temporomandibular ligament reinforces and strengthens the lateral part of the capsular ligaments. It's fibres are directed downwards and backwards.
3) the sphenomandibular ligament is an accessory ligament that lies on a deep plane away from the fibrous capsule.
The ligament is related laterally to:-
a) lateral pterygoid muscle
b) Auriculotemporal nerve
c) maxillary artery
the ligament is related medially to
a) chorda tympani nerve.
b) wall of the pharynx near its lower end; it is pierced by the mylohyoid nerve and vessels.
4) the Stylomandibular ligament is another accessory ligament of the joint

Q. 3) LAQ.

Describe Right kidney under following headings.

a) external features. c) blood supply
b) relations d) applied Anatomy.

⇒ a) external features:- each kidney is bean shaped it has upper and lower poles medial and lateral borders, and anterior and posterior surfaces.

Two poles:- The upper poles is broad and is in close contact with the corresponding suprarenal gland. the lower pole is pointed

Two Surfaces:- the anterior is said ~~surface flat~~ to be irregular and the posterior surface flat but it is often difficult to recognize the anterior and posterior aspects of the kidney by looking at the surfaces

Two borders:- the lateral border is convex, the medial border is concave, its middle part shows a depression the hilus or hilum.

Hilum:- 1) the renal vein
2) the renal artery
3) the renal pelvis which is the expanded upper end of the ureter.

Relations:- the kidneys are retroperitoneal organs and are partly covered by peritoneum anteriorly.

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Section-C

Q.4) SAQs.

1) Applied anatomy of lung.

→ 1) the lung which is the organ for respiration is a paired cone shaped organs lying in the thoracic cavity separated from each other by the heart and other structures in the mediastinum.

2) each lung has a base resting on the diaphragm and an apex extending superiorly to a point approximately 2-5 cm superior to clavicle it also has a medial surface and with three borders : anterior posterior and inferior.

3) the right lung is larger and weighs more than the left lung since the heart tilts to the left the left lung is smaller than the right and has an indentation called the cardiac impression to accommodate the heart this indentation shapes the inferior and anterior parts of the superior lobe into a thin tongue-like process called the lingual.

4) the lungs receives the bronchus blood vessels, lymphatic vessels and nerves through a slit in the medial surface called the hellum, and the structure entering the helium

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IMPROVEMENT EXAM OF DEPT. OF DENTAL MATERIAL SCIENCES



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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE &Hospital
Panchavati, Nashik -422003.

Subject- Dental Material Science. **Date- 08/09/2021**
CLASS - II - BDS Regular Batch **Time-9.00 to.11.30am**
Exam- Ist Improvement exam **Marks-80**

SECTION- A (MCQ's). **(20×0.5=10 Marks)**

1)Which of the following is a Micro- hardness test
a) Brinnel b) Knoop c)Vickers's d) Rockwell

2) In the setting lime is primarily altered by
a) Altering P/L ratio b) Speed & length of hand Spatulation
c) Altering temp of mixing water d) Addition of accelerator &retarders

3) Self cure acrylic resin activator is
a) Benzoyl peroxide b) hydroquinone c) Dimethy l- P-toluidine d)Polymethyl- methacrylate

4) To decrease the flow of inlay wax at room temperature.....is added
a)candellia wax b)gum dammar c) ceresin d) boxing wax

5) Resistance of a liquid to flow is termed as
a) Viscosity b) Rheology c) Fluidity d) Pseudoplasticity

6) The primary indication of impression compound is
a) Primary impression of edentulous patien b) Secondary impression of edentulous patient
c) Primary impression of dentulous patient d) Secondary impression of dentulous patient

7) The maximum setting expansion seen with type V dental stone at 2hrs is
a) 0.15% b) 0.10% c) 0.30% d) 0.20%

8) The boiling point of methyl methacrylate is.
a) 48degrees b.100.8 degre c. 100 degrees d. 98.6degree

9) Most popular separating medium used between dental stone and denture base resin is
a) Tin foil b) Water soluble alginate solution c) Waxes d)Starches

10) The Flow exhibited by inlay waxes at a temperature of 37 °c is
a) 70% b) 90% c)50% d) 1%

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11. The cement of choice for temporary restoration is

a. Calcium hydroxide b. Zinc Oxide Eugenol c. Polycarboxylate Cement d. GIC

12) Which of the following is used as a pulp capping agent?

a. Zinc Oxide Eugenol b. Calcium hydroxide c. GIC d. Zinc Phosphate

13) The minimal thickness required for adequate thermal insulation is estimated to be

a. 0.25 mm b. 0.5 mm c. 0.75 mm d. 0.9 mm

14) Inlay casting wax is a type of

a. Pattern wax b. Processing wax c. Registration wax d. None of the above.

15) The metal which causes delayed expansion in amalgam restoration is

a. Silver b. Tin c. Zinc d. Mercury

16. Weakest phase in dental amalgam is

a. Gamma 1 b. Gamma 2 c. Gamma 3 d. Eta phase.

17) ---------- cement shows exothermic reaction.

a. Zinc phosphate b. GIC c. Calcium hydroxide. D. All of the above.

18) Which cement has anticariogenic action

a. Calcium hydroxide b. GIC c. ZOE d. All of the above

19) ------ is the thin suspension of calcium hydroxide.

a. Liner b. Varnish c. Base. d. None of the above.

20. Main ingredient in guttapercha is

a) Zinc oxide b) guttapercha c) resin d) zinc acetate

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SECTION B (Prosthodontics)

SAQs **(5x5=25Marks)**

1. Tissue conditioners with composition & indication.
2. Mention porosities of denture base resins & give its reasons.
3. Define stress & strain. Give various types of it.
4. Mention composition of addition silicon impression material & mention its 4 properties .
5. Composition of alginate impression material & discuss about syneresis & imibition

LAQ **(10x1=10 Marks)**

1. Classify Gypsum product and discuss in detail setting reaction of gypsum.

SECTION C (Conservative Dentistry & Endodontics)

SAQs (5x5=25Marks)

1. Write in brief about different Phases of Dental amalgam.
2. Write down various abrasive and polishing agents.
3. Write a note on Acid etching.
4. Define Tarnish and corrosion. Write down the classification of corrosion.
5. Advantages and disadvantages of Glass Ionomer cement.

LAQ(1*10 mark each) = 10 Marks

1. Classify dental cements. Write in detail about Composition, setting reaction, factors affecting setting reaction) Zinc phosphate cement

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1st Improvement Exam

Name - Yash Ghumre Roll No - 2726

Batch - IInd BDS odd (winter).

Mahatma Gandhi Vidyamandir's

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

ROLL NO.

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : DMS

PAPER :

ROLL NO. (In Words)
One

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 /

Yash

CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 15/01/2022.

Q. No.	1	2	3	4	5	6	7	8	9	10
a		■			■	■				■
b							■	■		
c	■		■							
d				■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■	■			■		■	■
b		■				■		■		
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d					■					

Q. No.	21	22	23	24	25	26	27	28	29	30
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Q. No.	31	32	33	34	35	36	37	38	39	40
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Q. No.	41	42	43	44	45	46	47	48	49	50
a										
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c										
d										

Prostho + Cons = Total

07 / 10

08 / 10

15 / 20

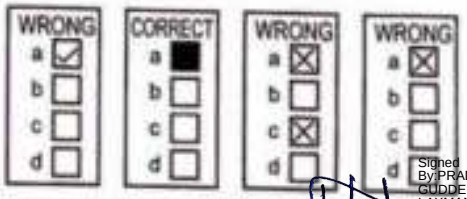
Dept.of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H Dental College & Hospital, Nashik

Dept.of Conservative Dentis & Endodontics-Pre Clin
MGV's K.B.H Dental College & Hospital, Nashi

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

1. CROSS 'X' THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY.
2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.



3. CROSS ONLY BLOCK PROVIDED. DO NOT MAKE ANY SETRAY MARKS ON THE ANSWER SHEET.
4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name - Yash Ghumre.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvement test.

Subject : DMS

Section : B & C

Serial No. 286

Language of Answer : English Sub. Code :

Date : 15 01 2022

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 or 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. 01 (in Figures)

Seat No. one. (in Words)

Examination : 1st Improvement

Subject : DMS

Dept.of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H. Dental College & Hospital, Nashik

Dept.of Conservative Dentistry & Endodontics-Pre Clinic
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.

Yash

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed by:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Signature of the JUNIOR SUPERVISOR

SECTION - B

SAQs

Ans 1] **Tissue conditioners**

Tissue conditioners are the tissue lining materials that permit wider dispersion of forces and hence, aid to decrease the force per unit area transmitted to the supporting tissue.

Composition of tissue conditioners:

i] They are are composed of polyethyl-methacrylate & a mixture of aromatic ester & ethyl alcohol.

ii] They are available as three component systems:

a] Polymer (Powder)
b] Monomer (liquid)
c] Liquid plasticizer (flow control).

Indications of tissue conditioners:

i] Tissue treatment
ii] Temporary obturator
iii] Baseplate stabilization
iv] To diagnose the outcome of resilient liners
v] Liners in surgical splints.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Ans 2] Porosities of denture based resins:

i] Granular porosity:

Proportioning of powder & liquid is carried out by placing liquid in the clean dry vessel

Powder is added slowly. The loss of monomer during this stage can cause granular porosity.

ii] Contraction porosity:

After placing dough in the mould pressure is applied.

Voids are dispersed all along the mass of the denture base.

This leads to contraction porosity.

iii] Gaseous porosity

Its polymerization is an exothermic reaction. If the temperature increases before the polymerization process is completed gaseous monomer is formed.

This causes gaseous porosity.

Ans 3] Stress & strain:

i] Stress - The force per unit area acting on millions of atoms or molecules in a given plane of a material is called stress

ii] Types of stress:

a] Tensile stress - Tensile stress occurs when 2 sets of forces are directed away from each other in the same straight line.

b] Compressive stress - It occurs when 2 sets of forces are directed towards each other in same straight line

c] Shear stress - It occurs when 2 sets of forces are directed parallel to each other but not along the same straight line.

iii] Strain - It is defined as the change per in length per unit original length.

iv] Types of strain:

a] Elastic strain - It is reversible i.e. it disappears when force is removed.

b] Plastic strain - represent permanent deformation of material which never recovers when force is removed.

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Ans 4] Composition of addition silicon impression material

i] Base paste

Ingredients:
Silicone siloxane
- Polymethyl hydrogen - siloxane or prepolymer with terminal silane groups fillers

ii] Accelerator paste:
- Vinyl siloxane
- Polydimethyl divinyl siloxane.
- fillers (powdered silica)
- Chloroplatinic acid (H_2PtCl_6)

Properties

1] Elastic recovery = 99.5%.

2] Good tear strength

3] Flexibility is less than polysulphides

Ans5] Composition of alginate impression material:

i] Soluble alginate - 15%.

ii] Calcium sulphate - 16%.

iii] Zinc oxide - 4%.

iv] Potassium titanium fluoride 3%.

v] Diatomaceous earth - 60%.

vi] Sodium phosphate - 2%.

vii] Colouring & flavouring agents - traces

- Alginate has a tendency, after it sets to lose (syneresis) or absorb (imbibition) water, depending on the atmospheric conditions surrounding it.

- If conditions are dry it loses water & shrinks.

- If immersed in water, it imbibes moisture or swells.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

LAB

One:] Gypsum is a mineral found in various parts of world. The mineral used for dental purpose is nearly pure calcium sulphate dihydrate ($CaSO_4 \cdot 2H_2O$)

Gypsum is also an industrial by product.

* Classifications

i] Based on applications

Type I - Impression plaster - used to make impression of edentulous flabby ridges

Type II - Dental plaster / model plaster / plaster of paris - used to prepare casts where high strength and adhesion is not enough.

Type III - Dental stone / medium strength stone / hydrocal - used to prepare casts where high strength and abrasion resistance is required.

Type IV - Improved stone or high strength stone / Densite - used to prepare dies.

Type V - Dental stone, high strength, high expansion - used to compensate the casting shrinkage of iron metal alloys.

ii] Based on calcinations

a] Dry calcination - Type I & III

b] Wet calcination - Type III, IV, V

iii] Based on crystal structure

a] β - hemihydrate :
Large, irregular, spongy

b] α - hemihydrate :
Small, regular in shape, more uniform prismatic, dense & needle like crystals.

* Setting time

The time that elapses form the beginning of mixing until the material hardens is known as setting time.

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* Setting reactions

When plaster is mixed with water, it takes up 2½ molecules of water i.e. it regains its water.

It.

$Ca(SO_4)_2 H_2O + 3H_2O \longrightarrow 2CaSO_4 \cdot 2H_2O +$ unreacted hemihydrate

SECTION - C

SAQs

Ans:] Phases of dental amalgam.

γ - strongest phase

γ_2 - It is the weakest phase. The hardness of γ_2 is approx 10% of hardness of γ_1. It is also least stable in corrosion attack especially in "crevice" of restorations.

ε (epsilon)

η (eta) - They are seen as layer of crystals around unconsumed silver - copper alloy particles.

Phase	Stoichiometric formula
β	$Ag-Sn$
γ	Ag_3Sn
γ_1	Ag_2Hg_3
γ_2	Sn_8Hg
ε	$Sn Cu_3 Sn$
η	& εCu_6Sn_5

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Ans2] Various abrasive & polishing agents :

i] Emery -
It consists of a natural oxide of aluminium called corundum.

ii] Aluminium oxide :
Pure aluminium oxide is manufactured from bauxite

iii] Garnet :
It is composed of different minerals which possess similar physical properties & crystalline form.

iv] Pumice :

v] Kieselguhr :
It is composed of the siliceous remains of minute aquatic plant known as diatoms.

vi] Chromic oxide :
It is relatively hard abrasive which is capable of polishing a variety of metals.

vii] Sand :
Sand as well as other forms of quartz are used as an abrasive agent.

Ans3] Acid Etch technique

i] The acid etch technique is one of the most effective ways of improving the bond and marginal seal between the resin & enamel.

ii] It creates microporosities by and discrete etching of the enamel.

iii] There is a selective dissolution of the enamel rod centres or peripheries or both.

iv] Etching increases the surface area.

v] Etched enamel has a high surface energy, allowing the resin to wet the tooth surface better & penetrate into the microporosities upto 10-20 mm.

vi] When the resin is applied it penetrates into the microporosities & when polymerized, forms resin "tags", which form a mechanical bond to the enamel.

vii] The bond strength to etched enamel range from 17 MPa to 22 MPa.

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Ans4] i] Tarnish:

It is a surface discolouration or a metal or even a slight loss or alteration of the surface finish or lustre due to the chemical action, forming a thin surface film called tarnish

ii] Corrosion:

It is not a surface discolouration, but actual deterioration of a metal by the reaction with the environment.

iii] Classification of corrosion

a] Chemical or Dry corrosion.

b] Electrolytic corrosion:

1] Galvanic corrosion

2] Heterogeneous composition corrosion

3] Stress corrosion

4] Concentration cell corrosion or crevice corrosion.

Ans5] Glass ionomer cement

i] Advantages

1] Better properties due to controlled P/L ratio.

2] Less mixing time required.

3] Convenient delivery system

ii] Disadvantages

1] The amount of cement needed is limited by the manufacturer.

2] The number of shades provided is limited, colours cannot be blended.

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LAB 3

Date 1] Dental cements are materials of comparitively high strength but they are used extensively in dentistry, when strength is not a prime consideration.

Non-metallic material used for luting filling of permanent or temporary restoration properties made by mixing components into plastic mass that sets as an adhered sealer is attaching various tooth restoration in or on tooth.

Composition of Zinc phosphate cement

i] Powder
ii] Ingredient
iii] ZnO
iv] MgO
v] Other oxides (bismuth trioxide), calcium oxide, barium oxide, etc).
vi] Silica

Liquid

i] Phosphoric acid
ii] Water
iii] Aluminium phosphate or zinc phosphate
iv] Aluminium
v] Zinc

Setting reaction

ZnO + phosphoric acid → Acid Zn phosphate

Al + Acid Zn phosphate → Zn aluminium phosphate gel

factors - affecting setting time of Zinc phosphate cement.

i] Temperature

ii] Powder - liquid ratio

iii] Rate of addition of powder to liquid

iv] Mixing time

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Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE &Hospital
Panchavati, Nashik -422003.

Subject- Dental Material Science. **Date- 08/09/2021**
CLASS - II - BDS Regular Batch **Time-9.00 to.11.30am**
Exam- Ist Improvement exam **Marks-80**

SECTION- A (MCQ's). (20×0.5=10 Marks)

1)Which of the following is a Micro- hardness test
a) Brinnel b) Knoop c)Vickers's d) Rockwell

2) In the setting lime is primarily altered by
a) Altering P/L ratio b) Speed & length of hand Spatulation
c) Altering temp of mixing water d) Addition of accelerator &retarders

3) Self cure acrylic resin activator is
a) Benzoyl peroxide b) hydroquinone c) Dimethy l- P-toluidine d)Polymethyl- methacrylate

4) To decrease the flow of inlay wax at room temperature.....is added
a)candellia wax b)gum dammar c) ceresin d) boxing wax

5) Resistance of a liquid to flow is termed as
a) Viscosity b) Rheology c) Fluidity d) Pseudoplasticity

6) The primary indication of impression compound is
a) Primary impression of edentulous patien b) Secondary impression of edentulous patient
c) Primary impression of dentulous patient d) Secondary impression of dentulous patient

7) The maximum setting expansion seen with type V dental stone at 2hrs is
a) 0.15% b) 0.10% c) 0.30% d) 0.20%

8) The boiling point of methyl methacrylate is.
a) 48degrees b.100.8 degre c. 100 degrees d. 98.6degree

9) Most popular separating medium used between dental stone and denture base resin is
a) Tin foil b) Water soluble alginate solution c) Waxes d)Starches

10) The Flow exhibited by inlay waxes at a temperature of 37 °c is
a) 70% b) 90% c)50% d) 1%

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11. The cement of choice for temporary restoration is

a. Calcium hydroxide b. Zinc Oxide Eugenol c. Polycarboxylate Cement d. GIC

12) Which of the following is used as a pulp capping agent?

a. Zinc Oxide Eugenol b. Calcium hydroxide c. GIC d. Zinc Phosphate

13) The minimal thickness required for adequate thermal insulation is estimated to be

a. 0.25 mm b. 0.5 mm c. 0.75 mm d. 0.9 mm

14) Inlay casting wax is a type of

a. Pattern wax b. Processing wax c. Registration wax d. None of the above.

15) The metal which causes delayed expansion in amalgam restoration is

a. Silver b. Tin c. Zinc d. Mercury

16. Weakest phase in dental amalgam is

a. Gamma 1 b. Gamma 2 c. Gamma 3 d. Eta phase.

17) ---------- cement shows exothermic reaction.

a. Zinc phosphate b. GIC c. Calcium hydroxide. D. All of the above.

18) Which cement has anticariogenic action

a. Calcium hydroxide b. GIC c. ZOE d. All of the above

19) ------ is the thin suspension of calcium hydroxide.

a. Liner b. Varnish c. Base. d. None of the above.

20. Main ingredient in guttapercha is

a) Zinc oxide b) guttapercha c) resin d) zinc acetate

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SECTION B (Prosthodontics)

SAQs **(5x5=25Marks)**

1. Tissue conditioners with composition & indication.
2. Mention porosities of denture base resins & give its reasons.
3. Define stress & strain. Give various types of it.
4. Mention composition of addition silicon impression material & mention its 4 properties .
5. Composition of alginate impression material & discuss about syneresis & imibition

LAQ **(10xl=10 Marks)**

1. Classify Gypsum product and discuss in detail setting reaction of gypsum.

SECTION C (Conservative Dentistry & Endodontics)

SAQs (5x5=25Marks)

1. Write in brief about different Phases of Dental amalgam.
2. Write down various abrasive and polishing agents.
3. Write a note on Acid etching.
4. Define Tarnish and corrosion. Write down the classification of corrosion.
5. Advantages and disadvantages of Glass Ionomer cement.

LAQ(1*10 mark each) = 10 Marks

1. Classify dental cements. Write in detail about Composition, setting reaction, factors affecting setting reaction) Zinc phosphate cement

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Ist Improvement Exam

Name - Harshada Wankhede Roll No - 02

Batch - IInd BDS odd (winter) 2727

Mahatma Gandhi Vidyamandir's

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

ROLL NO.

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: DMS

PAPER:

ROLL NO. (In Words) Two

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

INVIGILATOR'S SIGNATURE

Date: 15/01/2022.

Q. No.	1	2	3	4	5	6	7	8	9	10
a		■			■	■				■
b	■						■	■		
c			■						■	
d				■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■	■			■		■	■
b		■				■		■		
c	■									
d					■					

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

Q. No.	31	32	33	34	35	36	37	38	39	40
a										
b										
c										
d										

Q. No.	41	42	43	44	45	46	47	48	49	50
a										
b										
c										
d										

Prostho + cons = Total

07/10 + 08/10 = 15/20

Dept.of Prosthodontics and Crown & Bridge-Pre Clinic MGV's K.B.H. Dental College & Hospital, Nashik

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

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

1. CROSS 'x' THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY.
2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. CROSS ONLY BLOCK PROVIDED. DO NOT MAKE ANY SETRAY MARKS ON THE ANSWER SHEET.
4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name - Harshada Wankhede.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Improvement.

Subject : DMS

Section : B & C

Serial No. 261

Language of Answer : english Sub. Code :

Date : 15 01 2022

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 or 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-baitable.
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. 02 (in Figures)

Seat No. Two. (in Words)

Examination : 1st Improvement

Subject : DMS

Dept.of Prosthodontics and Crown & Bridge-Pre Clinic MGV's K.B.H. Dental College & Hospital, Nashik

Dept.of Conservative Dentistry & Endodontics-Pre Clinic 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.

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Signature of the JUNIOR SUPERVISOR

Section - B.

SAQ :-

① .

→ Tissue conditioners or temporary soft liners are material whose useful function is very short generally a matter of a few days Certain conditions of health debilitation or ill-fitting dentures can cause oral tissue to become inflamed and distorted - Relining the ill-fitting denture with a tissue conditioner allows the tissue to return to normal of which time a new denture can be made

Composition -

These are highly plasticised acrylic resins supplied as a powder and liquid.

powder - poly (ethyl methyl acrylate) or one its component

Liquid - Aromatic ester (butyl phthalate, butyl glycolate) in ethanol or an alcohol of high molecular weight.

The denture base is relieved on the tissue surface powder & liquid are mixed together to form a gel and it is inserted on the tissue surface of denture and denture is placed in the mouth.

- The gel flows readily to fill the space between the denture base & oral tissue.

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(2)

→ porosity is the processing error in acrylic resins. when porosity is present on surface it makes the appearance of denture base unsightly.

when it appears as internal porosity in form of pores or blebs, it weakens the denture base and pores are areas of stress concentration thus denture weaps as stresses relax.

types of porosities - internal porosity
external porosity

1. Internal porosity.

It is in the form of voids or bubbles within the mass of polymerised acrylic

Reason - due to the vaporisation of monomer when the temperature of resin increase above boiling point of monomer or very low mol. weight

2. External porosity.
- Occurs due to two reasons.

1. Lack of homogeneity - If dough is not homogeneous at time of polymerisation the portions containing more monomer.
2. Lack of adequate pressure -
- due to it bubbles occurs, which are not spherical.

(3)

→ stress -

when a force act on a body, tending to produce deformation is developed to this external force.

stress is internal reaction to external force.

$$\text{stress} = \frac{\text{force}}{\text{area}}$$

Types of stress -
1. compressive stress.
2. tensile stress
3. shear stress
4. complex stress.

Strain -
If the stress produced is not sufficient to withstand the external force the body undergoes deformation.

Strain is expressed as change in length per unit length of body when a stress is applied.

$$\text{strain} = \frac{\text{deformation}}{\text{original length}}$$

Types of strain -
1. elastic strain.
2. plastic strain
3. viscoelastic strain

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6.

» Composition of addition silicon impression material

(a) base paste.

- Ingredients
  Silicone siloxane.
(1) polymethyl hydrogen siloxane or prepolymer with terminal silane groups fillers

(b) Accelerator paste.
- Vinyl siloxane
- polydimethyl divinyl siloxane
- fillers (powdered silica)
- chloroplatinic acid (H_2PtCl_6)
- low mol. wt liquid.
- platinum
- colour pigments.

properties -

(1) pleasant odour and colour this may also cause allergic reaction so dissimilar skin colours should be avoided
(2) Excellent reproduction of surface details
(3) working time - 2.1 min at 23°C
  1.8 min at 37°C.
(4) setting time - 8.9 min at 23°C
  6.9 min at 37°C

5.

→ Composition of alginate impression material -

Ingredients	percentage by weight
1. ester salts of algenic acid Na or K or triethanol amine alginate	15
2. Calcium sulphate dehydrate insoluble	16.
3. Zinc oxide	4
4. potassium titanium fluoride	3.
5. diatomaceous earth	60.
6. trisodium phosphate (retarder)	2.
7. colouring and flavouring agent	
8. [illegible]	

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Syneresis -

- The gel may lose water by evaporation from its surface or by exuding of fluid by a process known as syneresis.

- Syneresis results in formation of small droplets of exudate on the surface of hydrocolloid and process occurs irrespective of humidity of surrounding atmosphere.

Imbibition -

As hydrocolloids are based on water as dispersion medium they are prone for dimensional change resulting from either loss or gain of water

- If the material is immersed in water any such loss is recovered by a process known as imbibition.

LAQ :-

1.

- Gypsum is a mineral in various parts of world. The mineral used for dental purpose is nearly pure calcium sulphate dihydrate ($CaSO_4 \cdot 2H_2O$).

- Gypsum is also an industrial by-product

Classification -

① based on application

Type I - Impression plaster - used to make impression of edentulous flabby ridges

Type II - dental plaster / model plaster / plaster of paris
- used to prepare casts where high strength and abrasion resistance is not enough

Type III - Dental stone or medium-strength stone / Hydrocol
- used to prepare casts where high strength and abrasion resistance is required.

Type IV - Improved stone or high-strength stone / Densite
- used to prepare dies

Type V - Dental stone, high strength, high expansion
- used to compensate the casting shrinkage of bare metal alloys

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Based on calcination -

1. Dry calcination - type I and II
2. Wet calcination - type III, IV, V

Based on crystal structure -

1. β-hemihydrate -

Large, irregular, spongy & monoclinic crystals

2. α-hemihydrate -

Small, regular in shape, more uniform prismatic, dense & needle-like crystals.

Setting time -

- The time that elapses from the beginning of mixing until the material hardens is known as setting time.
- It is measured by various methods.
- The initial setting time is about 8-10 min.
- When hemihydrate is mixed with water the chemical reaction begins & eventually all hemihydrate is converted into dihydrate.

The time elapsing from the beginning of the mixing until the material hardens is called setting time

setting reaction -

When plaster is mixed with water it takes up 1 1/2 molecules of water i.e. it regains its water

i.e. it regains its water of crystallization and becomes calcium sulphate dihydrate

$$Ca(SO_4)_2H_2O + 3H_2O \rightarrow 2CaSO_4 \cdot 2H_2O + \text{unreacted}$$

hemihydrate (3900 cal/gm m

The reaction is exothermic. This reaction takes place whenever a gypsum material is used.

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section c - SAQ

(1) → An amalgam is defined as a special type of alloy in which mercury is one of component.

amalgamation occurs when mercury comes into contact with surface of silver - tin alloy particles.

when alloy powder & mercury are triturated. the silver and tin in the outer portion of particles dissolves into mercury. At same time mercury diffuses into alloy particles & starts reacting with silver & tin present in it forming silver - mercury & tin - mercury compounds - the silver tin compound is known as gamma (γ) phase the silver mercury compound is gamma (γ1) phase. tin - mercury as gamma two (γ2) phase.

while the more unconsumed Ag-Sn particles that are retained in final structure stronger the amalgam. Hence,

γ - strongest phase
γ2 - it is weakest phase - hardness of γ2 is approx. 10% of hardness of γ1. whereas γ phase hardness is some what higher than that of γ2
- it is also least stable in corrosive environment and may suffer corrosion attack especially in cervices of restoration.

ε - epsilon
η (eta) - they are seen as layer of crystals around unconsumed silver - copper alloy particles.

(2) → abrasion -
it is the smoothening of rough surface before preparing it for polishing

types of abrasive -

(1) finishing abrasive
(2) polishing abrasive
(3) cleansing abrasive.

finishing abrasive -
- generally hard. coarse abrasive. which are used initially to develop desired contours & removal of gross irregularities

polishing abrasives
finer particle size & are less hard than abrasive used for finishing. the polishing abrasives are used for smoothening surfaces that have been roughed typically by finishing abrasive

cleansing abrasives
- are materials with small particles sizes & are intended to remove softer material that adhere to enamel or restorative material

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Types of abrasive -

1. emery
2. Aluminium oxide
3. pumice
4. garnet
5. Kieselguhr
6. tripoli
7. Rouge
8. tin oxide
9. chalk
10. chromic oxide
11. sand
12. carbides

9

Acid etch technique is one of most effective ways of improving the bonds and marginal seal between resin and enamel.

- it forms basis for many other dental procedures like resin-bonded fixed fixtures procedure composite veneers & orthodontic bracket

- Mode of action -

1. it creates microporosities by enamel discrete etching of enamel.
2. etching increases surface area
3. increases retention
4. etched enamel has a high surface energy

When resin is applied it penetrates into microporosities and when polymerised forms resin tags which form a mechanical bond to enamel

The most commonly used etchant is 37% phosphoric acid Concentrations greater than 50% result in formation of monocalcium phosphate monohydrate that interfere with further dissolution.

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④

→ It is a surface discolouration on a metal or even a slight loss or alteration of surface finish or luster due to chemical action, forming a thin surface called tarnish.

Corrosion -

It is not a surface discolouration but actual deterioration of a metal by the reaction with environment.

Tarnish is often forerunner of corrosion.

classification of corrosion

I) Chemical or dry corrosion.

By this diff erent metals reacts to form oxides Sulphides in absence of electrolytes due to oxidate sulphurisation or halogenation

II) electrolytic or electrochemical or wet corrosion -

This requires the presence of water or atherfluid electrolyte there is formation of free electrons and electrolyte provides the pathway for transport of electrons

⑤

→ glass ionomer cements

glass ionomer cements & adhesive tooth coloured restorative material. Which were originally used for restoration of eroded areas.

advantages -

① powder & liquid mixed mechanically
② Reduced mixing time.
③ Convenient delivery. System as mix can be directly injected into cavity.

disadvantages -

- selection of shade is limited.
- As prewelghet the quantity of cement is limited by manufacturer.

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ZnO

(1)

→ dental cements are materials of comparitively low strength but they are used extensively in dentistry when strength is not a prime consideration.

- non-metallic material used for luting & filling of permanent or temporary restorative purposes made by mixing components into plastic mass that sets as an adherent sealer in attaching various tooth restorative in or on tooth.

Composition of zinc phosphate cement -

powder
ingredient
ZnO
MgO
other oxides (bismuth trioxide) calcium oxide
barium oxide etc)
Silica

liquid
phosphoric acid
water
Aluminium phosphate
or sometimes Zinphosphate
Aluminium
zinc

Setting Reaction -

ZnO + phosphoric acid → Acid zinc phosphate
Al → Add zinc phosphate → zinc Aluminium phosphate gel

factors - affecting setting time of zinc phosphate cement -

(1) temperature -
Higher temperature accelerate the reaction.

(2) powder / liquid ratio -
more the liquid employed slower reaction.

(3) Rate of addition of powder to liquid -
The reaction is slower if the powder is incorporated into the liquid slowly.

(4) mixing time -
The longer the mixing time the slower is rate of reaction.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2020 21

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

Subject: - Dental Material Sciences
Exam: - II Improvement Test

Date: - 15/09/2021
Time: - 9.00 to 11.30am

Class: - II B.D.S Regular Batch

Marks: - 80

SECTION -A (MCQ'S) (20x0.5=10Marks)

1) An example of rigid reversible impression materials is
a) Agar agar b) Impression plaster c)Impression compound d) alginate

2) Which of the following is the best method of prolonging setting time of zinc oxide eugenol impression paste
a) Changing the ratio of base and catalyst
b) Cooling the mixing glass slab and spatula
c) Addition of retarders while mixing
d) Addition of a drop of water while mixing

3) Which of the following gypsum is used as a die material
a) Type I b) Type II c) Type III d) Type IV

4) Binder in phosphate bonded investment is
a) Cristobalite b) Magnesium oxide and mono-ammonium phosphate
c) Magnesium dioxide and phosphoric acid d) hemihydrates

5) The propet zone used of acetylene flame used for melting gold alloy is
a) Reduction zone b) Oxidizing zone c) Red flame d) Combustion zone

6) Ring liner in casting ring aids in
a) Expansion of mold b) confinement of mold
c) Ease of removal d) All of the above

7) Sprue should be attached on the wax pattern on the
a) Thinnest point of the waxpattern
b)Pointof greatest bulkofwaxpattern
c)function between proximal and occlusal surface of the wax pattern
d) At any suitable fine angle of the wax pattern

8) Green shrinkage is associated with which type of investments
a) Gypsum bonded investments
b) Phosphate bonded investments

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplaksh

c) Ethyl silicate bonded investments
d) All of the above

9) The process of removing the surface oxide from the surface of casting before polishing is known as
a) Quenching b) Passivation c) Investing d)Pickling

10) Back pressure porosity is due to
a) High casting ppressure b) Low investment permeability
c) Small size and improper direction of sprue d) High mold temperature

11. Main ingredient in guttapercha is- a) Zinc oxide b) guttapercha c) resin d) zinc acetate

12. Which cement has anti cariogenic action?
a. Calcium hydroxide b. GIC c. ZOE d. All of the above

13. Which of the following acts as scavenger?
b a) Copper b) Silver c) Tin d) Zinc

14. Peritectic alloy is which generation of amalgam alloys
a. 1st b. 2nd c. 3rd d. None of the above

15. Passivation of metals prevent
a) Tarnish b) corrosion c) galvanism d) all of the above

16. Mercury is decomposed in
a. Eugenol b. fixer solution c. developer solution d. none of the above

17. Miracle mix is a combination of
a. zinc phosphate + silver amalgam b. eugenol + GIC
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a. folding methods b. surement method
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a. 1 b. 3 c. 4 d. 6

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SECTION B (Prosthodontics)

AQs (5x5=25Marks)

1) Composition and uses of inlay wax.
2) Requirements of a sprue.
3) Gypsum bonded investments.
4) What is a die? Classify die materials.
5) Give the composition and setting reaction of zinc oxide eugenol impression paste.

LAQ (1×10=10Marks)

1. Classify casting defects. Describe the different porosities in detail.

SECTION C (Conservative Dentistry and Endodontics)

25 marks

SAQs (5*5marks each)

1. Define varnish. Write its uses.
2. Write in detail manipulation of zinc phosphate cement.
3. Describe Creep in dental amalgam.
4. Which tooth colored cement binds to tooth structure and has fluoride releasing property? Write setting reaction of this cement.
5. Classify Direct filling Gold.

10 marks

LAQ

1. Define Composite. Write classification, composition & role of each ingredient of composite resin in detail.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
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IInd Improvement exam

Name - Yash Ghumre Roll NO-01

Batch - IInd BDS odd (winter)

2725

Mahatma Gandhi Vidyamandir's

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

ROLL NO

0 1 2 3 4 5 6 7 8 9

QUESTION BOOKLET VERSION

A B M P R S V W

0 1 2 3 4 5 6 7 8 9

QUESTION BOOKLET SR. NO.

0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION IInd improvement

SUBJECT | PAPER

ROLL NO. (In Words)

01

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 | INVIGILATOR'S SIGNATURE

Date 21/01/2022

Q.No.	1	2	3	4	5	6	7	8	9	10
a		■						■		
b				■			■			■
c	■		■			■			■	
d					■					

Q.No.	11	12	13	14	15	16	17	18	19	20
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Q.No.	21	22	23	24	25	26	27	28	29	30
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d										

prostho + cons = Total

08/10 | 08/10 | 16/20

Dept of Prosthodontics and Crown & Bridge Pre Clinic MGV's K.B.H. Dental College & Hospital, Nashik

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

INSTRUCTION

1. CROSS 'x' THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY
2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW

WRONG	CORRECT	WRONG	WRONG
a ☒	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. CROSS ONLY BLOCK PROVIDED. DO NOT MAKE ANY SETRAY MARKS ON THE ANSWER SHEET.
4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name - Yash Ghumre

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd Improvement

Subject : DMS

Section : B & C

Serial No. 3349

Language of Answer : English Sub. Code :

Date : 21 01 2022

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 of any or 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 16th Oct 1982. Every offence under this Act is cognizable 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 is 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. 01 (in Figures)

Seat No. One (in Words)

Examination IInd Improvement

DMS.

Dept of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H. Dental College & Hospital, Nashik

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

PR No.

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

Yash

Signature of the CANDIDATE

Signature of the Junior Supervisor

Signed By:PRADEEP GUDDENAHAL LAXMAN
Signed By:CN=PRADEEP GUDDENAHAL LAXMAN, E=dr.pradiplaks

Section B

SAQ

1. composition of inlay wax & its uses :-

① Paraffin wax -
- 40 - 60 %.
- used to establish the melting point

② Gum oammar :-
- Natural derivative from pine tree.
- It improves the smoothness in moulding & increases toughness of the wax & enhances the luster of the surface.

③ carnauba wax -
- It is a fine powder.
- It is quite hard with high melting point.

④ candelilla wax -
- It can replace carnauba wax.
- It's melting is lower & is not as hard as carnauba wax.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2. Requirements of sprue :-

1. should be large enough.
2. should allow easy flow of molten metal.
3. should be attached to the thickest part of the wax pattern.
4. should be clean & free of investment or other debris.

3 Gypsum - bonded investment :-

→ They are used for casting gold alloys. They can withstand temperature up to 700°C.

Classification :-

① Type I - Those wed for casting of inlays & crowns & major compensation of casting shrinkage is accomplished principally by thermal expansion of the investment.

② Type II -

They are used for casting of inlays or crowns & major mode of compensation is by hygroscopic expansion of investment.

③ Type III -

These are utilized for construction of partial dentures with gold alloys.

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4. Dye -

Definition:

Dye is a reproduction of a prepared tooth made from a gypsm product epoxy resin, a metals / a refractory materials.

classifying dye materials:

① Gypsm - Dental stone, high-strength type IV.

② Metals - electro formed sprayed metals amalgams.

③ Polymers - metals-filled resins or inorganic-filled resins.

④ cements - silicophosphate ~~→~~ acid bonded cements.

⑤ ceramic

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5. zinc oxide - Eugenol impression paste

composition -
It is available commercially in paste form in two tubes -
① Base paste
② Accelerator paste / reactor paste / catalyst paste.

Reaction (setting) :-
1. Hydrolysis -

$$ZnO + H_2O \longrightarrow Zn(OH)_2$$

2. Acid - base reaction

$$Zn(OH)_2 + 2HE \longrightarrow ZnE_2 + 2H_2O$$

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LAB.

1. Defect in casting.
① Dimensionally inaccurate.
② Have a rough surface.
③ Porous.

Defective casting & its causes -
& classification -
① Distorsion
② Surface roughness
③ Porosity
④ Incomplete casting

Porosity -
This can be present internal / external surface of the casting
(I) solidification shrinkage porosities.
(i) Microporosity.
(ii) Shrink-spot or localized shrinkage porosity.
(iii) Hot spot or suck back porosity.

(II) Air / Gas Inclusion porosities.
It leads to regular voids.
(i) Pin hole porosity.
(ii) Subsurface porosity.
Too bright & shiny casting with short & rounded margins.

Signed By:PRAD GUDDE LAXMAN Signed By:CN=P GUDDE LAXMAN E=dr.pra

casting with Gas Blow Holes or Stuck Back casting :-

(III) Back Pressure porosity.

When mounting the sprue pattern on the crucible former it should be adjusted so that there is not ~~not~~ more than $\frac{1}{4}^{th}$ thickness of the investment between the bottom of the casting ring and the nearest part of the wax pattern.

Avoid by -

① Using adequate casting force.
② Using investment of adequate porosity.
③ Placing pattern not more than 6-8 mm away from the end of the ring.
④ Providing vents in large casting.

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section C

SAQ

1. varnish-

varnishes provide protective coatings for wooden surfaces, painting & various decorative objects.

definition-

varnish may be defined as a homogenous liquid containing essentially a resinous substance dissolved in a suitable oil or a volatile liquid.

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2. Manipulation of zinc phosphate cement.

① A cool thick glass slab is used to delay the setting reaction & allow more powder to be incorporated before the matrix formation occurs.
cooling glass slab should not be below the dew point.

② The liquid should be dispensed just before mixing.

③ The powder is added in small increments.

④ A large area is covered during mixing to dissipate the exothermic heat.

⑤ Max. amount of powder should be incorporated in the liquid to ensure minimum strength.

⑥ Appropriate consistency is attained by addition of more powder to the liquid & not by allowing a thin mix to thicken.

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Signed By:CN=PR GUDDENA LAXMAN, E=dr.pradi

3. Creep:
Creep is defined as a time - dependent plastic deformation.

Significance of creep to Amalgam performance-
Creep rate has been found to correlate with marginal breakdown of traditional low-copper amalgams i.e. the higher the creep the greater is the degree of marginal deterioration.
The margins of high creep amalgam are severely ditched and the marginal breakdown is greater

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4. Glass ionomer cements are tooth-coloured materials that bond chemically to dental hard tissue & release fluoride for a relatively long period.

They have therefore been suggested as the materials of choice for the restoration of caries primary teeth.

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5. classification of direct filling gold.

① Foil (Fibrous gold)
- sheet
  - cohesive
  - non cohesive
- ropes
- cylinders
- Laminated
- Platinized
- carbonized

② electrolytic ppt.
(crystalline gold)
- Mat.
- Mat foil
- Alloyed - Gold - calcium alloy.

③ powder → Granulated gold.
(encapsulated powder)

LAR.

" Composite -
Composite may be defined as compound of two or more distinctly different material with properties that are superior or intermediate to those of the individual components with are chemically bounded by another interface.

- Classification of composite resins :-
① Acc to filler particle size -
Macrofilled composite :- 8 - 12 mm
small particle composite :- 1 - 5 mm
Microfilled " " :- 0.04 - 0.4 mm
Hybrid composite :- 0.6 - 1 mm.
② Acc. to method of activation -
chemical activated composites
Light activated composites.
UV light curved.
Visible light curved.
③ Acc. to method of dispension -
Single paste system -
UV light curved
visible light curved

Two paste system -
Base & catalyst -
chemical activated composites

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composition -
Essential of a composite are -

① organic resin matrix.
Most composite resins are monomers that are aromatic / aniphatic diacrylates of these, bis - bisphenol - A - glycidyl methacrylate is most commonly used urethane dimethacrylate is also used frequently.

② Inorganic filler -
- To increase the filler loading of resin it is necessary to add fillers in a range of particle sizes.
- If a single particle size is used as space will exist between the particles small particles can then fill up these spaces.

③ coupling agent -
- It b filler particle to the resin matrix
- This allows the more plastic resin matrix to transfer stresses to the stiffer filler particles.

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Marks in words : TOTAL → signature
Marks allotted by Moderator Name :

Name of Examination : IInd Improvement Section B
Subject : DMS
Subject Code : B.No. S.No.

Que	A	B	C	D	E	F	G	H	I	J	Total
1	04	04	04	03	04						19
2	05										05
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8											

Marks in words : TOTAL → 24
Marks allotted by II" Examiner Name : Dr. Vishakha Tangale. Lecturer

Dept of Prosthodontics and Crown & Bridge Pre Clinic MGV's K B H Dental College & Hospital Nashik

Name of Examination : IInd Improvement Section C
Subject : DMS
Subject Code : B.No. S.No.

Que	A	B	C	D	E	F	G	H	I	J	Total
1	03	03	03	02	04						15
2	05										05
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Marks in words : Dr. Pohini Karad (Lecturer)
Marks allotted by I" Examiner Name :

Dept of Conservative Dentistry & Endodontics Pre Clinic MGV's K B H Dental College & Hospital Nashik

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2020

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

Subject: - Dental Material Sciences **Date: - 15/09/2021**
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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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LAQ 10 marks

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IInd Improvement Exam.
Name - Harshada Wavhude Roll No- 02
Batch - IInd BDS odd (winter)

2724

Mahatma Gandhi Vidyamandir's

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: DMS

PAPER:

ROLL NO. (In Words): Two

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

INVIGILATOR'S SIGNATURE

Date: 21/01/2022

Q. No	1	2	3	4	5	6	7	8	9	10
a										
b		■		■			■			
c	■		■			■		■		
d					■				■	■

Q. No	11	12	13	14	15	16	17	18	19	20
a	■			■				■		
b		■			■	■			■	
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d			■							■

Q. No	21	22	23	24	25	26	27	28	29	30
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Q. No	31	32	33	34	35	36	37	38	39	40
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Q. No	41	42	43	44	45	46	47	48	49	50
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prostho + cons = Total

04/10 + 04/10 = 08/20

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Dept of Conservative Dentistry & Endodontics-Pre Clinic
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INSTRUCTION

1. CROSS X THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY.
2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. CROSS ONLY BLOCK PROVIDED. DO NOT MAKE ANY SETRAY MARKS ON THE ANSWER SHEET.
4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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Name - Harshada Wanthede.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd Improvement

Subject : DMS

Section : B & C

Serial No. 3048

Language of Answer : Sub. Code :

Date : 21 01 2022

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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.
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Section : B & C

Seat No : 02 (in Figures)

Seat No : Two (in Words)

Examination : IInd Improvement

Subject : DMS

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Signature of the JUNIOR SUPERVISOR

Section- B
(Prosthodontics)

SAQ's

Ans 1) Composition of inlay wax & it's uses :-

(i) Paraffin wax -
40-60%.
Used to establish the melting point.

(ii) Gum Dammar -
Natural derivative from pine tree.
It improves the smoothness in moulding and increases toughness of the wax and enhances the luster of the surface.

(iii) Carnauba wax -
- It is a fine powder
- It is quite hard with high melting point.

(iv) Candelilla wax -
- It can replace carnauba wax.
- It's melting is lower & is not as hard as carnauba wax.

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2. Requirements of sprue :-

1. should be large enough
2. should allow easy flow of molten metal.
3. should be attached to the thickest part of the wax pattern
4. should be clean & free of investment or other debris.

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3) Gypsum- bonded investment:-

→ They are used for casting gold alloys. They can withstand temperature up to 700°C.

Classification:-

i) Type I - Those used for the casting of inlays & crowns & major compensation of casting shrinkage is accomplished principally by thermal expansion of the investments.

ii) Type II -
They are used for casting of inlays or crowns & major mode of compensation is by hygroscopic expansion of investment.

iii) Type III -
These are utilized for construction of partial dentures with gold alloys.

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4) Dye -

Defination -

Dye is a reproduction of a prepared tooth made from a gypsum product, epoxy resin, a metal / a refractory material.

Classifying dye materials

(i) Gypsum - Dental stone, high-strength type IV

(ii) Metals - Electroformed sprayed metals and alloys.

(iii) Polymers - Metals-filled resins or inorganic-filled resins

(iv) Cements - Silicophosphate or polyacrylic acid-bonded cements.

(v) Ceramic.

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5) Zinc oxide - Eugenol impression paste.

Composition -
It is available commercially in paste form in two tubes -
1. Base paste
2. Accelerator paste / reactor paste / catalyst paste.

Reaction (setting) :-

1. Hydrolysis -

$$ZnO + H_2O \longrightarrow Zn(OH)_2$$

2. Acid - base reaction

$$Zn(OH)_2 + 2HE \longrightarrow ZnE_2 + 2H_2O.$$

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LAB.

→ 1. Defects in casting
(1) Dimensionally inaccurate
(2) Have a rough surface
(3) Porous.

Defective casting & its causes -
4 classification -
(i) Distortion
(ii) Surface roughness
(iii) Porosity
(iv) Incomplete casting.

Porosity -
This can be present internal / external surface of the casting -
(I) Solidification shrinkage porosities.
(i) Microporosity
(ii) Shrink-spot or localized shrinkage porosity.
(iii) Hot spot or suck back porosity.

(II) Air / Gas Inclusion porosities.
It leads to regular voids.
(i) Pin hole porosity
(ii) subsurface porosity.
Too Bright & Shiny casting with short & Rounded Margins.

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Casting with Gas Blow Holes or Suck Back casting :-

(II) Back Pressure Porosity.

When mounting the sprue pattern on the crucible former, it should be adjusted so that there is not more than 1/4th thickness of the investment between the bottom of the casting ring and the nearest part of the wax pattern.

Avoid by -
1. Using adequate casting force.
2. Using investment of adequate porosity.
3. Placing pattern not more than 6.8mm away from the end of the ring.
4. Providing vents in large castings.

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Section C
[. Conservative Dentistry & Endodontics]

SAQs

1. Varnish -
Varnishes provide protective coatings for wooden surfaces, painting & various decorative objects

Defn -
Varnish may be defined as a homogenous liquid containing essentially a resinous substance dissolved in a suitable oil or a volatile liquid.

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2. Manipulation of zinc phosphate Cement -

1. A cool thick glass slab is used to delay the setting reaction & allow more powder to be incorporated before the matrix formation occurs.
Cooling glass slab should not be below the dew point.
2. The liquid should be dispensed just before mixing.
3. The powder is added in small increments.
4. A large bowl is covered during mixing to dissipate the exothermic heat.
5. Max. amount of powder should be incorporated in the liquid to ensure minimum solubility and maximum strength.
6. Appropriate consistency is attained by addition of more powder to the liquid & not by allowing a thin mix to thicken.

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4. Creep -
Creep is defined as a time-dependent plastic deformation.

Significance of Creep to Amalgam performance -
Creep rate has been found to correlate with marginal breakdown of traditional low-copper amalgams i.e. the higher the creep, the greater is the degree of marginal deterioration. The margins of high creep amalgam are severely ditched and the marginal breakdown is greater.

According to ADA specification No 1, selection of amalgam alloys should be such that their creep rate is below 3%.

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5. Classification of Direct Filling gold.

1. Foil (Fiboous gold)
   - sheet
     - Cohesive
     - Noncohesive
   - Ropes
   - cylinders
   - Laminated
   - Platinized
   - Carbonized

2. Electrolytic ppt.
   (Crystalline gold)
   - Mat
   - Mat foil
   - Alloyed - Gold - calcium alloy.

3. Powder - granulated gold
   [Encapsulated powder]

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4.5)

Glass ionomer cements are tooth-coloured materials that bond chemically to dental hard tissue & release fluoride for a relatively long period.
They have therefore been suggested as the materials of choice for the restoration of carious primary teeth.

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LAQ.

1. Composite -
Composite may be defined as the compound of two or more distinctly different materials with properties that are superior or intermediate to those of the individual components with are chemically bonded by another interface.

- Classification of composite resins :-
1. Acc. to filler particle size -
Macrofilled composite :- 8-12 mm
Small particle composite :- 1-5mm
Microfilled " :- 0.04 - 0.4mm
Hybrid composite :- 0.6-1mm

2. Acc. to method of activation -
Chemical activated composites
Light activated composites
UV light cured
Visible light cured.

3. Acc. to method of dispensing -
Single paste system -
UV light cured
Visible light cured

Single paste & liquid
Chemical activated composites.

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Two paste system
Base & catalyst -
Chemical activated composites

Composition :-
Essentials of a composite are -
1. Organic Resin matrix
Most composite resins use monomers that are aromatic / aliphatic diacrylates of these, Bis- bisphenol - A - glycidyl methacrylate (Bis-GMA) is most commonly used. Urethane dimethacrylate is also used frequently.

2. Inorganic filler -
To increase the filler loading of resin it is necessary to add fillers in a range of particle sizes.
If a single particle size is used as space will exist between the particles. Small particles can then fill up these spaces.

3. Coupling agent -
It bond the filler particles to the resin matrix.
This allows the more plastic resin matrix to transfer stresses to the stiffer filler particles.

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They also contain :-

Hydroquinone -
Inhibitor, to prevent premature polymerization.

UV absorbers -
To improve color stability.

Opacifiers -
Eg - titanium dioxide &
aluminium oxide.

Colour pigments -
To match tooth colour.

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

Que	A	B	C	D	E	F	G	H	I	J	Total
1											
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TOTAL : →
Marks in words :
Marks allotted by Moderator Name :
signature :

Name of Examination : IInd Improvement Section : B
Subject : OMS
Subject Code : B.No : S.No :

Que	A	B	C	D	E	F	G	H	I	J	Total
1	04	03	04	04	04						19
2	04										04
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6											
7											
8											

Marks in words :
Marks allotted by IInd Examiner Name : Dr. Vishakha Tagade Lecture
TOTAL : → 23
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Name of Examination : IInd Improvement Section : C
Subject : OMS
Subject Code : B.No : S.No :

Que	A	B	C	D	E	F	G	H	I	J	Total
1	03	02	03	03	03						14
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Marks in words :
Marks allotted by Ist Examiner Name : Dr Rohini Kasad (Lecturer)
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IMPROVEMENT EXAM OF DEPT. OF ORAL PATHOLOGY

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I st Improvement [2020-21]

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : Bhamre Shradha Sanjay

Subject : DADH

Section : B & C

Serial No. 4961

Language of Answer : English Sub. Code :

Date :

Bar Code

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Section B & C

Seat No. 13 (in Figures)

Seat No. One Three (Word)

Examination :

Subject : Dental Anatomy Dental Histology

Code :

P.R.No.

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Signature of the CANDIDATE

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

Signature of the JUNIOR SUPERVISOR

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SECTION B:

1) Primary dentin :-

1) primary dentin is the first stage of the dentin formation

2) Primary dentin is formed before the Root completion

3) Primary dentin are of two types mantle and circumpalpal dentin

4) Mantle Dentin which is ~~formed~~ first-formed dentin in the crown underlying the dentinoenamel junction.

5) The fibrils formed in this zone are perpendicular to the dentinoenamel junction

6) And the organic matrix is composed of larger collagen fibres they are argyrophilic and are known as von Korff's fibers.

7) The circumpulpal dentin forms the remaining primary dentin or the bulk of the tooth.

8) The circumpulpal dentin may contain more mineral than mantle dentin.

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2)

Maxillary canine	Mandibular canine
1) it has bigger mesiodistal dimensions than Mandibular canine	1) It has smaller lesser mesiodistal dimension than Maxillary canine
2) The crown of the mandibular canine is longer than Maxillary canine	2) It has little lesser Root than of Maxl
2) The Maxillary canine erupts at the age of 10-12 years	2) The Mandibular canine erupts at the age of 9-10 years
3)	3)

3) Early bell stage of tooth Development

1) Invagination and cleaping of the inner enamel epithelium results in the bell stage of tooth development.
2) four different cells are identified at a light microscopic level namely.
   1) Stratum intermedium
   2) Stellate reticulum
   3) outer enamel epithelium
   4) inner enamel epitheliom

1) Stratum intermedium are 2 to 4 rows of squamous cells which helps in enamel formation.
2) this cells are closely attached by desmosomes and gap junction.

2) Stellate reticulum:-
1) It expands further mainly by an increased amount of intracellular fluid.
2) The cells are star shaped, with long Processes that anastomose with those of adjecent cell.

3) outer & inner enamel epithelium:-
1) Inner enamel epithelium consists of a single layer of cells that differentiate prior to amelogenesis into tall columnar cell are 4 to 5 micrometers.
2) outer enamel epithelium flatten to a low cuboidal form. At the end of the bell stage, the [illegible] to and during formation of enamel.

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4) Enamel lamellae

1) Enamel lamellae are thin, leaf like structures that extend from the enamel surface towards the Dentinoenamel junction

2) sometimes they penetrate through dentin

3) They consist of organic material, but with little mineral content

4) Lamellae may develop in planes of tension. Where rods cross such a plane a short segment of the rod may not be fully calcified

5) If a disturbance is more severe, a crack may develop that is filled either by surrounding cells, if the crack occured in unerupted tooth, or by the organic substance of the oral cavity

6) If the crack developed after eruption. The three type of lamellae can be differentiated

A) lamelle composed of poorly calcified rod segments

B) lamelle consisting of degenerated cells

C) lamelle consisting Feeled with arising from a erupted teeth where the crack are Feeled with organic matter.

5) Osteoclasts

1) It is a type of bone cell that Removes bone tissue by removing the mineralized matrix of bone.

2) Osteoclasts lie in resorption bays called Howship's lacunae.

3) Osteclasts is a large cell approximately 40-100 μm in diameter with 15 to 20 closely packed nuclei

4) Osteoclasts are derived from hemopoietic cells of monocyte macrophage lineage.

5) The cytoplasm of the osteoclast shows acid phosphatase containing vesicles and vacuoles

6) The formation of osteoclast requires the presence of RANK ligand (receptor activator of nuclear factor kB) and M-CSF (macrophage colony stimulating factor.

7) These two membrane bound proteins are produced by neighboring Stromal cells and osteoblast.

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6) Muscles of Mastication :-

1) The muscle of Mastication are associated with movements of the jaw. They are the one of the major group of muscles in the head.

There are four muscles of Mastication

1) Masseter
2) Temporalis
3) Medial pterygoid
4) Lateral pterygoid.

2) Muscle of Mastication develops from first branchial Pharyngeal arch.

1) Masseter :-

1) Masseter is the strongest muscle in the human body.

2) It is quadrangular in shape; and can be split into two parts, deep and superficial.

3) The entirety of the muscle lies superficially to the pterygoids and temporalis covering them.

4) It Elevates the mandible, closing the mouth.

Temporalis :-

1) The Temporalis muscle originates from the temporal fossa.

2) It condenses into a tendon, which inserts onto the coronoid process of the mandible

3) It elevates the mandible, Also retracts the mandible, pulling the jaw posteriorly.

Medial pterygoid

1) It has two heads, superficial, and deep. It is located inferiorly to the lateral pterygoid.

2) It helps in elevation of mandible, closing of mouth.

13

lateral pterygoid

1) It has a triangular shape, with two heads superior and inferior.

2) Acting bilaterally, the lateral pterygoids protect mandible, pushing the jaw Forwards.

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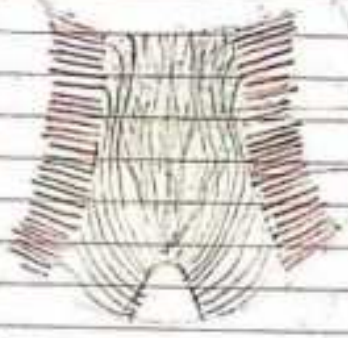
7) Occlusal aspect of Maxillary II premolar

→ 1) on the second premolar the outline of the crown is more rounded or oval
2) Rather than angular.
2) There are central developmental groove is shorter and more irregular and there is a tendency towards multiple supplementary grooves radiating from the central groove
3) This arrangement makes for an irregular occlusal surface and gives the surface a very wrinkled appearance.

→ 8) Enamel knots: clusters of non dividing epithelial cells in sections of molar cap stage tooth germs.
Enamel cords: The vertical. At the same time vertical extension of of enamel knot is called as Enamel cords.
enamel septum: when the enamel cord extends to meet the outer enamel epithelium it is termed as enamel septum.
than it would divide the stellate reticulum into two parts.
The outer Enamel Epithelium at the point of meeting shows a small depression and this is termed enamel Navel as it resembles the umbilicus.

9)
Dead Tracts



1) In dried ground sections of normal dentin the odontoblast processes disintegrate and the empty tubules are filled with air.
2) They apper white in reflected light and black transmitted light.
3) There degeneration is often observed by the in the Area of narrow pulpal horns.
4) Dead tracts are probably the initial step in the formation of Sclerotic dentin.

Reparative dentin
1) If by extension abrasion, erosion, caries or operation produces the odontoplast process are exposed or cut, the odontoblasts die or survive / d
2) depending on the intensity of the injury
3) Irritated dentin is formed if the odontoplast ser

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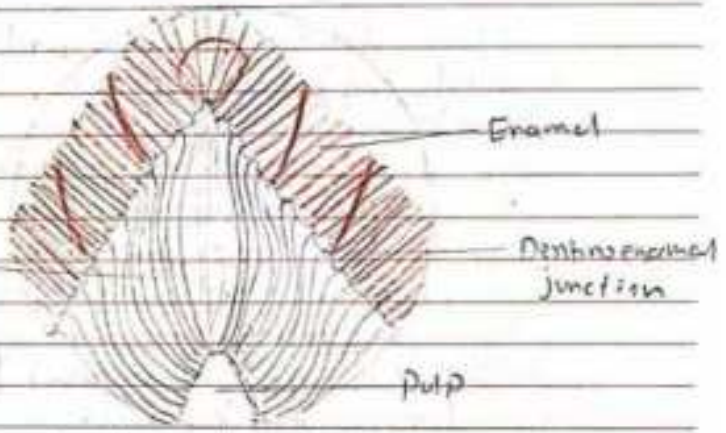
4) Dentin forming cells are often included in the rapidly produced intercellular substance termed osteoclintin.
5) Reparative dentin is characterized as having fewer and more twisted tubules than normal dentin.

b) Pulp Stones
1) They are Nodular, calcified masses appearing in either or both the coronal and root portion of the pulp organ.
2) Pulp Stones are also called as Denticles.
3) They often develop in teeth that appear to be quite normal in other respects.
4) They usually are asymptomatic in unless they impinge on nerves or blood vessels.
5) They have been functional as well as embedded unerupted teeth.
6) Pulp stone are classified accordingly to their structure as true denticles or false denticles
7) True dentin are comparatively rare and are usually located close to the apical foramen
8) These epithelial remnants induce the cell of pulp to differentiate into odontoblast which often form the dentin masses called true pulp Stones.

SECTION C:

1) Enamel

Physical characteristics



1) Physical Characteristics

① Enamel forms a protective covering of variable thickness over the entire surface of the crown
② on the cusps of human molars and premolars the enamel attains a maximum thickness of about 2 to 2.5 mm. thining down to almost a knife edge at the neck of the tooth
③ The shape and contour of the cusps receive their final modeling in the enamel

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④ Because of its high content of mineral salts and their crystaline arrangement, enamel is the hardest calcified tissue in the Human body.
⑤ The function of the enamel is to form a resistant covering of the teeth, rendering them suitable for mastication.
⑥ The structure and hardness of the enamel renders it brittle, which is particularly apparent when the enamel loses its foundation of sound dentin
⑦ The complex microstructure of enamel leads to large variations in mechanical behavior
⑧ These are particularly pronounced when comparing the mechanical properties of the occlusal surface, to those close to the dentinoenamel junction.

Chemical Properties
① The enamel consists mainly of inorganic material and only small amount of organic substance and water
② The organic material consists of some unique proteins found exclusively in the enamel and lipids. The proteins found in the enamel are of two main groups the amelogenins and the nonamelogenins.
③ Amelogenins, are a heterogenous group of lower molecular weight proteins, accounting for about 90% of the enamel proteins.

④ They are hydrophobic and are rich in proline, histidine glutamine and leucine
⑤ Nonamelogenins constitute about 10% of enamel matrix proteins.
⑥ Enamelin, amelobiastin and tuftelin are the important proteins of this group.

Amelogenesis:-

Formation of the enamel matrix
1) The ameloblasts begin their secretory activity when a small amount of dentin has been laid down.
2) The ameloblasts lose the projections that had penetrated the base lamina separating them from the predentin, and islands of enamel matrix are deposited along the predentin.
③ As enamel depositions proceeds a thin, continuous layer of enamel is formed along the dentin.
④ During early amelo~~blasts~~, ameloblast transiently express dentin sialoprotein and dentin phosphoproteins
⑤ These proteins localized to DEJ suggest that the DEJ may be regarded as a transition zone between dentin and enamel
⑥ Amelogenins are also found in the cellular cementum.

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lingual Aspect

- The gross outline of the Maxillary first Premolar is the reverse of the gross outline from the buccal aspect.
- The crown tapers towards the lingual portion of the crown is convex at all points.
- Sometimes the crest of smooth lingual portion that terminates at the point of the lingual cusp is called the lingual ridge
- The mesial and distal outlines of the lingual portion of the crown are convex; these outlines are continuous with the mesial and distal slopes of the lingual cusp and straighten out as they join the mesial and distal sides of the lingual root at the cervical line.

Mesical Aspect:

Mesial Aspect of the crown of the maxillary first premolar is also roughly trapezoidal.

The longest of the uneven sides is towards the cervical portion, and the shortest is towards the occlusal portion.

Another characteristic that is representation of all Posterior maxillary teeth

The cervical line may be regular in outline. In either case curvature occusally is less than the cervical curvature on the mesial of any of the anterior teeth.

well defined developmental groove in the enamel of the mesial marginal ridge

Distal Aspect

- The crown surface is convex all points except for a small, flattened arc just cervical to the contact area and buccal to the center of distal surface
- A deep developmental groove crossing the distal marginal ridge of the crown is not evident.
- The root trunk is flattened on the distal surface above the cervical line with no outstanding developmental signs
- The bifurcation of the roots is abrupt near the apical third with no development groove leading to it such as that found mesially.

6

occlusal Aspect

- It is roughly a six-sided or hexagonal figure.

Six sides are made up of the mesiobuccal which is mesial to the buccal ridge: mesial mesiobuccal which is mesial to the lingual ridge: distolingual; distal and distobuccal.

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Marks in words : TOTAL : →
Marks allotted by Moderator Name : signature :

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

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Name of Examination : Section
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Marks in words : TOTAL : →
Marks allotted by I[st] Examiner Name : signature :

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3061

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 1 2 3 4 5 6 7 8 9	A B M P R S V W / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : _____ PAPER : _____

ROLL NO. (In Words)
One, Three

QUESTION BOOKLET VERSION (In Words)

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CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date :

Q. No.	1	2	3	4	5	6	7	8	9	10
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c							■		■	
d						■				■

Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
d										

6/10

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

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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IMPROVEMENT EXAM OF DEPT. OF PERIODONTOLOGY



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Ritu chavan Winter 20-21. Final BDS Seen & verified

Mahatma Gandhi Vidyamandir's

K.B.H. DENTAL COLLEGE & HOSPITAL,

Panchavati, Nashik - 422 003.

No. 1745

(Jr. Supervisor's Name, Signature & Date)

Examination : 1st professional exam

Class : IV odd

Day and Date : 3 9 21

Seat No. (In Figures) : 17

Centre : M G V dental college

Seat No. (In Words) : Seventeen

Language of Answer : English

Subject : Periodontics

Section :

Main Answer Book	No. of Supplements	Total	Signature of Student

Q. No.	1	2	3	4	5	6	7	8	9	10	TOTAL	Name, Signature of Examiner & Date
Marks												
Marks Obtained												

(Please start writing from here : Write on both sides)

Q. No	EXPERIMENT	MARKS
1	CASE HISTORY (15)	08
2	ORAL PROPHYLAXIS (20)	12
3	CHAIRSIDE VIVA (15)	05
4	JOURNAL (10)	09
	TOTAL (OUT OF 60)	34

Name & Sign of Assessor : Dr. Trivenikale.

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchvati Nasik

Name - Komal nandu matale
Age - 28
Sex - Female
Address - Ambad link road
education - M.S.W
Income - none

Date -
chief complaints -
Patient complains of pain during chewing, and sensitivity to cold water in upper arch. o/o cleaning of teeth.

History of Present illness :-
Sensitivity to cold water
unclean teeth

Present dental history -
only sensitivity is present for upper and
dental plaque is present.

Past dental history - none

Medical history - none

Habits - none
Stain - mild
Calculus - mild

Examination of Gingiva

Colour :-

Pale Pink	Pale Pink	Pale Pink
Pale Pink	Pale Pink	Pale Pink

Contour :-

scalloped & Knife edge	Scalloped & Knife edge	Scalloped Knife edge
scalloped & knife edge	Scalloped Knife edge	Scalloped Knife edge

Consistency -

firm & resilient	firm & resilient	firm & resilient
firm & resilient	firm & resilient	firm & resilient

Size

Normal	Normal	Normal
Normal	Normal	Normal

Surface texture

Stippling present	Stippling present	Stippling present
Stippling present	Stippling present	Stippling present

Position

at CEJ	at CEJ	at CEJ
at CEJ	at CEJ	at CEJ

Bleeding

not present	not present	not present
not present	not present	not present

Exudate

not present	not present	not present
not present	not present	not present

Width of attached gingiva

adequate	adequate	adequate
adequate	adequate	adequate

High Frenum attachment

not present	not present	not present
not present	not present	not present

Tension test

Negative	Negative	Negative
Negative	Negative	Negative

Examination of teeth
Pocket depth measuring

M	1	1	1	1	2	1	1	2	2	1	1	1	1	1	1	2	1
F	1	1	1	1	1	1	1	2	2	1	1	2	1	1	1	2	1
D	1	2	1	1	1	1	1	2	3	1	2	1	1	2	2	2	1
L	1	2	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	47	46	45	43	42	41	31	32	33	34	35	36	37	38
M	1	2	1	1	1	1	2	2	1	2	1	1	1	1	1	M
F	1	2	1	1	1	1	2	1	1	1	1	1	1	1	1	M
D	1	1	1	2	2	1	1	1	1	1	2	1	1	1	1	M
L	1	1	1	2	2	1	2	1	1	1	1	1	1	1	1	M

Radiological investigation - none
Lab investigation non -
Etiological factor
primary - plaque
Predisposing - calculus

Provisional diagnosis -
chronic marginal gingivitis.

Prognosis - good
Individual teeth prognosis good.

→ Teeth examination

missing teeth - 38 is missing
malocclusion - none anterior filling of teeth, Class II malocclusion
mobility - none
Pathological migration - none
Furcation involvement - none
Food impaction - on occlusal surface no pits on 48, 37.
Caries - none
filled tooth - none.

Winter 20-21

Dept. of Periodontology
G. V. Dental College & Hospital
Panchvati Nagar

Marks : 34/60 — [signature]
Name & sign of Assessor : Dr Triveni Kale

Wasting disease — none

Hyper sensitivity — mild sensitivity is seen on upper arch teeth while to cold coater

Appliance :— none

Radiological Investigation — none
Lab investigation — none
Etiologic factor — Primary — Plaque.
Predisposing — Calculus

Provisional diagnosis
Chronic marginal gingivitis.

Prognosis — Good.
Individual prognosis — good.

Treatment plan :-

Emergency phase — none.
Etiotrophic phase.
Patient is given instruction for ~~bas~~ modified bass technique for plaque & calculus control.
Scaling is done on patient.
Patient is given knowledge for ~~oral~~ maintaining oral hygiene.
0.2% of chlorhexidine mouthwash is advice to patient for 20 days.
Surgical phase — not relevant.
restoration phase — not relevant.
maintaining phase.
Patient is given aware for regular checkup for about 6 month interval for overall ~~hy~~ oral hygiene maintainance.

Ritu chavan Winter 2021 (Final BDS)
Dr. Kunal Gehlot

2427

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 17

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION: First Sessional Examination.

SUBJECT: Periodontology

PAPER:

ROLL NO. (In Words): Seventeen

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

INVIGILATOR'S SIGNATURE

Date: 23.11.21

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5/10

Dept. of Periodontology
K. B. H. Dental College & Hosp.
Panchvati Nashik.

Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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INSTRUCTION

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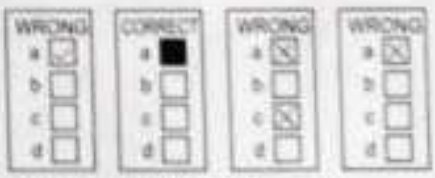
2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.



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4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradipl

Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology

Date: 23/11/2021

IV/II B.D.S. 2nd Sessional Examination

Time:2 & half hours

Instructions:
All questions are compulsory and carry equal marks
The number to the right indicates full marks
Enter the answers in the appropriate answer book

SECTION A:

Marks: 10

Q.1 Multiple Choice Questions

1. The chemical used for root bio-modification during non graft associated regenerative periodontal surgery is:
   a. Citric Acid
   b. Tetracycline
   b. Fibronectin
   d. All of the above
2. In the healing after gingivectomy the complete connective tissue repair takes:
   a. 7 days
   c. 4 weeks
   b. 14 days
   d. 7 weeks
3. The angular osseous defect indicated for regenerative osseous surgery is:
   a. One walled defect
   c. Three walled defect
   b. Two walled defect
   d. All of the above
4. The flap surgical technique used to widen the zone of attached gingiva is.
   a. Coronally displaced flap
   c. Undisplaced flap
   b. Laterally displaced flap
   d. Apically displaced flap
5. The modified widman flap accomplishes the following:
   a. Elimination of pocket
   c. Sharp gingival margins
   b. Conservation of gingival tissue
   d. All of the above
6. The indication for splinting is:
   a. Furcation involvement
   c. Gingival recession
   b. mobility of teeth
   d. all of the above
7. Chemically modified tetracyclines are:
   a. Locally used antibiotics
   b. Host modulatory agents

c. Root conditioners
d. None of the above

8. Complications of pericoronitis include:
a. Peri-tonsillar abscess
b. Ludwig's angina
c. None of the above
d. Both of the above

9. The interdental aid indicated in type III embrasure is
b. Dental floss
b. Multitufted brush
c. Unitufted brush
d. Woodden wedges

10. Coronoplasty may be performed by the following techniques:
a. Pointing
b. Grooving
c. Spheroiding
d. All of the above

11. The indication of free gingival autograft with root bio-modification is:
b. Widening attached gingiva
b. Covering denuded roots
c. None of the above
d. All of the above

12. The drug used to substitute Cyclosporine in case of drug induced gingival enlargement is:
a. Tracolimus
b. Azithromycin
c. Diltiazem
d. Valproic acid

13. The phase of treatment which is not synonymous with Phase I therapy is :
a. Etiotropic Phase
b. Hygienic Phase
c. Initial Phase
d. Maintenance Phase

14. The suture used to hold the GTR membrane in place is:
a. Sling suture
b. Anchor suture
c. Mattress suture
d. Periosteal suture

15. The scaler which is not an ultrasonic instrument is:
a. Magnetostrictive scaler
b. Piezoelectric scaler
c. Sonic scaler
d. All of the above

16. The periodontal knife used during surgical gingivectomy is:
c. Orban knife
b. Kirkland knife
c. Buck knife
d. All of the above

17. The curettes which are not area specific are:
a. Gracey's Curettes
b. After Five Series
c. Langer's Curettes
d. Colombia Curettes

18. U.S.Naval Dental Corps advocated the following surgery for non graft associated new attachment:
a. Subgingival curettage
b. Gingivectomy
c. Flap operation
d. None of the above

19. The specially designed probe to explore the furcation is called as:
b. Naber's Probe
b. WHO Probe
c. Goldman Fox Probe
d. CPITN Probe

20. An example of a pressure sensitive probe is:
a. William's Graduated Probe
b. Michigan 'O' Probe
c. Florida Probe
d. UNC-15 Probe

Ritu chavan Winter 20-21 (Final BDS)

Dr. Kunal Sekri :

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination IInd sessional Examination

Subject Periodontology

Section : B & C

Serial No. 5131

Language of Answer : English Sub. Code :

Date : 23 / 11 / 2021

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 or 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 16th Oct. 1982. Every offence under this Act is cognizable 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 of 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. 17 (in Figures)

Seat No Seventeen (in Words)

Examination IInd sessional Examination

Subject Periodontology

Dept of Periodontology
K. G. V. Dental College & Hospital
Panchvati Nasik.

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.

Phavan.

Signature of the CANDIDATE

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplaksh

Signature of the JUNIOR SUPERVISOR

Q2) short answer Question

a) GTR Technique

→ 1) GTR Technique is called as Guided tissue regeneration.

2) In this technique GTR membrane is placed on the surface of bone where there is osteogenic cells are present

3) GTR membrane guide the formation and laying of bone cells

4) It is mostly used for correction of osseous defects

5) It guide the newly formed tissue in proper sequence and order.

6) It is placed between the bone and connective tissue interface

7) GTR technique helps to eliminate pocket depth and bony defects by laying the bone cells in correct manner.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradipla

b) Management of Grade II furcation involvement.

→ Grade II furcation Management.

1) firstly, the area is debride and cleaned.

2) Grade II furcation is to and for involvement of multirooted tooth.

3) saline irrigation is done properly.

4) then, scaling and root planning is done.

5) This ensure, removal of etiotrophic factor.

6) to patient is motivated for plaque control.

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c) Risk factors for chronic periodontitis :-

→

1) If chronic periodontitis, is untreated, it can lead to several complications.

2) If patient is old. et and diabetic, the healing capacity is reduced and the inflammation persist for longer duration.

3) Still if it's not treated, the inflammation may reach to the underlying connective tissue and underlying bone.

4) Bone / osseous defects arises leading to formation of craters, and other bony defects.

5) If oral hygiene is still not well, it worsens the condition.

6) Accumulation of plaque and formation of calculus, is an aggravating factors.

7) In extreme cases, the bacteria can lead into the blood stream, leading to bacteremia, and infections.

8) Further the periodontal health is worsen, the mobility of teeth happens and disturbs the whole dental architecture.

Signed By:PRADEEP GUDDENA LAXMAN
Signed By:CN=PRADEEP GUDDENA LAXMAN, E=dr.pradi

d) Pathologic migration:

- Pathologic migration is the change the position of the teeth due to some changes in occlusal load.

- The position of teeth is disturbed due to pathological interferences in the oral cavity.

- This leads to formation of space between teeth and food impaction takes place.

- Poor oral hygiene leads to further formation of gingivitis.

- Gingivitis if untreated leads to periodontitis.

- The pathologic migration disturbs the whole architecture of the teeth in the oral cavity.
- halitosis occurs due to it.

- occlusal loads is altered and it gives injuries unnecessarily to the oral tissue.

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e) Treatment of Necrotising ulcerative gingivitis :-

→ 1) Necrotising ulcerative Gingivitis (ANUG) is an acute type of Gingivitis.

2) It is sudden in origin, and ulcerative caused by viral entity.

3) Antiviral drugs ~~like~~ Acyclovir is prescribed

4) Aetiological factors is ~~removed~~. Identified and removed

5) Scaling and root planning is done.

6) Saline irrigation is done

7) Antibiotic is given. Amoxicillin 500mg every 8 hours.

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f) Gingival recession & its Classification

Gingival recession :-

The pathological loping of gingival sulcus is called gingival recession.

Gingival recession is classified as

1] By Sullivan & Atkin as

a) Shallow Narrow

b) Shallow Wide

c) Deep Narrow

d) Deep Wide.

2) By Miller Classification.

Class I :-
The marginal gingiva is apically placed and does not reach the mucogingival junction. No bone loss or teeth migration seen.

Class II :-
When gingival margin is reached to mucogingival junction.

The interdental bone is intact.
There is no pathological migration of teeth seen.

Class III :-

When the marginal gingiva reached beyond the muco gingival Junction.
The interdental bone loss is present.
Migration of teeth is some.

Class IV :-

When the marginal gingiva reached beyond the mucogingival Junction.
There is severe bone loss present.
Severe migration and mobility of teeth present.

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9) Gingival curettage :-

1) Gingival curettage is the procedure where the gingival and overlying necrosed epithelium is scratched and removed

2) Gingival curettage helps in debridement of pocket

3) Thus, it helps in fastens the healing process

4) It reduce the depth of the pocket

5) Removes the aetiological factors that may be present

6) Gingival curettage is easy way to helps eliminating of pocket

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h e) Indication of root resection :-

→ 1) Root resection means resecting or cutting down the root.

2) The necrossed root is resected so as to perform the further surgery and helps to arrest the worsening situation.

3) It is done in implant surgery where implant is done in the patient mouth.

4) Root resection is also indicated when it leads to injection and

5) Root resection is done in osseous surgery where it is interfering the site of treatment.

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1) Surgeries done to increase the width of attached gingiva are

1) Flap surgery.

2) ~~Gingivectomy~~ Gingivoplasty.

3) Repositioned Flap Surgery.

4) Semilunar plap Surgery.

5) Modified Widman Flap Surgery.

6) Connective tissue advancement surgery.

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3) Local drug delivery agents

→ 1) Drug delivery agent are the substance which is placed within the graft to ensure proper delivery of drugs from time to time

2) It releases the drug required during the healing process

3 Local drug delivery agents paste like periodontal pack is helpful for healing process.

4) Perio Periodontal pack is of two types eugenol and non-eugenol contain

5) Eugenol pack is perio Pak
Non-eugenol pack is Coe-Pak

6) This packs releases the drugs require for healing the mucosa and helps the diseased site isolated and protected from the unwanted occlusal forces

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(Q2)

LAQ.

a) Gingivectomy

* Indication of Gingivectomy :-

1) Pocket formation is present.
2) Suprabony pocket formation.
3) Gingival sulcus
4) Gingival frenum
5) High frenal attachment
6) Epulis,
7) Gingival enlargement.
8) abnormal Gingival overgrowth
9) Esthetic purpose
10) like lengthening of crown ie(for gummy smile)

* Contra-indication of Gingivectomy :-

1) If the defect is intrabony

2) Bone involvement is present

3) Angular defects of periodontal pocket

4) When periodontal pocket depth is near the bone

5) When periodontal pocket depth is near the vital anatomic organ.

6) Where there is aesthetic concern.

7) Uncontrolled diabetic and old patient

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Technique of Gingivectomy :-

1) Gingivectomy means removing or cutting of Gingiva.

2) Gingiva is cut off directly

3) The excess part of Gingiva is removed under aseptic condition.

4) The periodontal pocket defect is treated by eliminating the tooth side of pocket

5) Thus gingivectomy, helps in eliminating of pocket depth.

6) It gives an access to the scaling and root planning procedure, which is very important steps for removing plaque, calculus deposit

7) Thus, Gingivectomy helps us to remove etiological factors too.

b) Periodontal flap

when the oral mucosa of thickness of connective tissue, is pulled up, its called periodontal flap

Periodontal flap is classified as

1) According to this thickness.

i) full thickness periodontal flap
ii) Partial thickness periodontal flap

2) According to the position.

i) Re-positioned periodontal flap Surgery
ii) non- repositioned periodontal flap Surgery

3) According to
→ Conventional type
i) Simple periodontal flap
ii) modified widman flap
iii) - coronally displaced flap
- apically displaced flap
- lateral displaced flap

→ Modified widman flap

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Modified widman flap Surgery :-

1) the modified widman flap surgery is ~~indicated~~ Surgery where the margin of the gingiva is raised and repositioned to thickened the connective tissue

2) The exposed root or denuded rod is treated by this modified widman flap Surgery.

3) ~~the~~ It helps to increase the ~~dep~~ thickness of underlying connective ~~of~~ tissue of gingiva.

4) Modified widman flap surgery helps to eliminate pocket depth

5) The gingival margin is rolled on and helps to restore ~~the~~ it after healing.

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

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Marks in words : Dept. of Periodontology
Marks allotted by I Examiner Name : M. G. V. Dental College & Hospital
Panchvati Nasik.
TOTAL → 10
signature

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Signed By:CN=PRADEEP GUDDENAH LAXMAN, E=dr.pradipl

Mahatma Gandhi Vidyamandir's
K.B.H DENTAL COLLEGE & HOSPITAL
Panchavati, Nashik 422003

Subject: Periodontology
IV/II B.D.S. 1st. Sessional Examination

Date: 22/9/2021
Time: 9:30 am – 12:00 pm

Instructions:
All questions are compulsory and carry equal marks
The number to the right indicates full marks
Enter the answers in the appropriate answer book

SECTION A:

Q.1 Multiple Choice Questions **Marks: 10**

1. The non-keratinized part of the gingival epithelium is:
   a. Junctional Epithelium
   b. Sulcular Epithelium
   c. Interdental "Col"
   d. All of the above
2. The inner socket wall of comprising of thin compact bone is called as:
   a. Alveolar bone proper
   b. Bundle bone
   c. Cribriform plate
   d. All of the above
3. Amount of collagen in a tissue is determined by
   a. Glycine
   b. Proline
   c. Hydroxylysine
   d. Hydroxyproline
4. Saw-toothed shaped rete-pegs are present in
   a. Pemphigus
   b. Lichen planus
   c. Bullous phemphigoid
   d. Cicatrical Pemphigoic
5. Calcified masses in the periodontal ligament which are adherent to or detached from root surfaces are called
   a. Cementicles
   b. Epithelial rests of malassez
   c. Enamel pearls
   d. Indifferent fiber plexus
6. The gingival enlargement affecting the papilla and marginal gingiva is graded as:
   a. Grade 0
   b. Grade I
   c. Grade II
   d. Grade III
7. Primary herpetic gingivo-stomatitis is caused by:
   a. HIV
   b. HZV
   c. EBV
   d. HSV 1

8. Patients who are unresponsive to any treatment provided, whatever the thoroughness or frequency are known to have
   a. Aggressive periodontitis
   b. Chronic periodontitis
   c. Refractory periodontitis
   d. Prepubertal periodontitis

9. The effect of smoking on periodontal disease is:
   a. Reduced gingival inflammation
   b. Reduced bleeding on probing
   c. Increased pocket depth
   d. All of the above

10. An ill defined zone of cementum near the cemento-dentinal junction that may contain remnants of Hertwig's epithelial root sheath is called as
   a. Intermediate Cementum
   b. Acellular Cementum
   c. Cellular Cementum
   d. Afibrillar Cementum

11. Periodontitis can be considered localized when
   a. < 30% sites have attachment loss
   b. >30% sites have attachment loss
   c. <40% sites have attachment loss
   d. >40% sites have attachment

12. Only microorganisms that increase significantly during pregnancy is
   a. Porphynomonas gingivalis
   b. Prevotella intermedia
   c. Bacteroids
   d. Fusobacter

13. The nutritional deficiencies that by themselves cause periodontal disease and/or pocket formation are:
   a. Vit. A deficiency
   b. Vit. B deficiency
   c. Vit. C deficiency
   d. None of the above

14. The stage of gingivitis in which localized gingival anoxemia is seen is:
   a. Initial stage
   b. Early stage
   c. Established stage
   d. Advanced stage

15. According to Listgarten the coating on the tooth of developmental origin is
   a. Reduced enamel epithelium
   b. Coronal cementum
   c. Dental cuticle
   d. All of the above

16. The postulated range of effectiveness within which bacterial plaque can induce loss of bone is:
   a. 0 to 1.5 mm
   b. 1.5 to 2.5 mm
   c. 1 to 2 mm
   d. 2.5 to 3.5 mm

17. An example of non-plaque induced gingival disease of genetic origin is:
   a. Gingival fibromatosis
   b. Periodontosis
   c. Gingivosis
   d. All of the above

18. Organisms which transform inactive sites of periodontitis into active sites are:
   a. Motile organisms
   b. Gram -ve organisms
   c. Anaerobic organisms
   d. All of the above

19. Hypercementosis of entire dentition may occur in patients with
   a. Peutzjegher's syndrome
   b. Albinism
   c. Paget's disease
   d. Albright's disease

20. Living PMNs in saliva are sometime referred as
   a. Granulocyte
   b. Orogranulocyte
   c. Orolymphocyte
   d. Neutrophil

Ritu chavan –
Batch – (Winter 20-21)
Examiner Name – DR. Triveni Kale

2511

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 17

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION: 1st Sessional exam

SUBJECT: Periodontology | PAPER:

ROLL NO. (in Words): Seventeen

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: Chavan

INVIGILATOR'S SIGNATURE

Date: 22.9.21

Q. No.	1	2	3	4	5	6	7	8	9	10
a		■	■		■					
b				■			■			
c						■		■	■	■
d	■									

Q. No.	11	12	13	14	15	16	17	18	19	20
a	■			■			■			
b		■				■				■
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Q. No.	21	22	23	24	25	26	27	28	29	30
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c										
d										

6/10 – Fab 2

Dept. of Periodontology
M. G. V. Dental College & Hospital
Panchavati Nasik.

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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



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

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Ritu chavan (Winter 20-21 (Final BDS)
Dr. Triveni Kale :

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st sessional Exam

Subject : Periodontology

Section : B & C

Serial No. 813

Language of Answer : English

Sub. Code :

Date : 22 09 2021

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. Neither 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 mismatch 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 1) bring book, notes, mobile phone electronic gadgets or scribbling papers into the examination hall. 2) speak or communicate in any manner to other candidates while the examination is in progress and 3) take with them any answer book (written or blank) while leaving the exam hall.
   B) Candidates suspected to be guilty of any or 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 prevailing mal practices at University, Board and other specified examinations, published in the Maharashtra Government gazette, dated 14th Oct. 1983. Every offence under this Act is cognizable 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 note or disobedient is liable for disciplinary action to be taken against his/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 hold, if he/she had not followed this procedure.

Section : B & C

Seat No. : 17 (in Figures)

Seat No. : Seventeen (in Words)

Examination : 1st Sessional Exam

Subject : Periodontology

Dept. of Periodontology,
M. G. V. Dental College & Hospital,
Panchvati Nasik.

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.

Chavan

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Q2)

a) Define and classify cementum

→ Cementum :-

It is a avascular calcified structure that covers the anatomical root surface of the tooth.

Cementum classification :-

Cementum is classified as

1) Acellular ~~extrinsic fiber~~ afibrillar Cementum
2) Acellular intrinsic fibre Cementum
3) cellular extrinsic fibre Cementum
4) Intermediate cementum.

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b. Defference between :-

Supra Gingival calculus	Subgingival calculus
1) It is present at the coronal and cervical portion of the tooth surface	1) It is present at below the gingival sulcus,
2) It is yellowish in colour	2) It is greenish or pale yellow-green in colour
3) It is further divided as (i) Coronal Supra gingival calculus (ii) Marginal Supra gingival calculus.	3) It is further divided as (i) tooth side Subgingival (ii) tissue side Subgingival Calculus
4) It is easily detectable and seen through naked eye.	4) It is difficult to be seen in naked eye
5) Removal of Supra gingival calculus is easy comparably	5) Scaling of Subgingival calculus is rather difficult and inaccessible.
6) Scaling instrument used for Supra gingival calculus is rather sharp	6) Scaling instrument used for Subgingival calculus is blunt working end to minimize tissue injury.

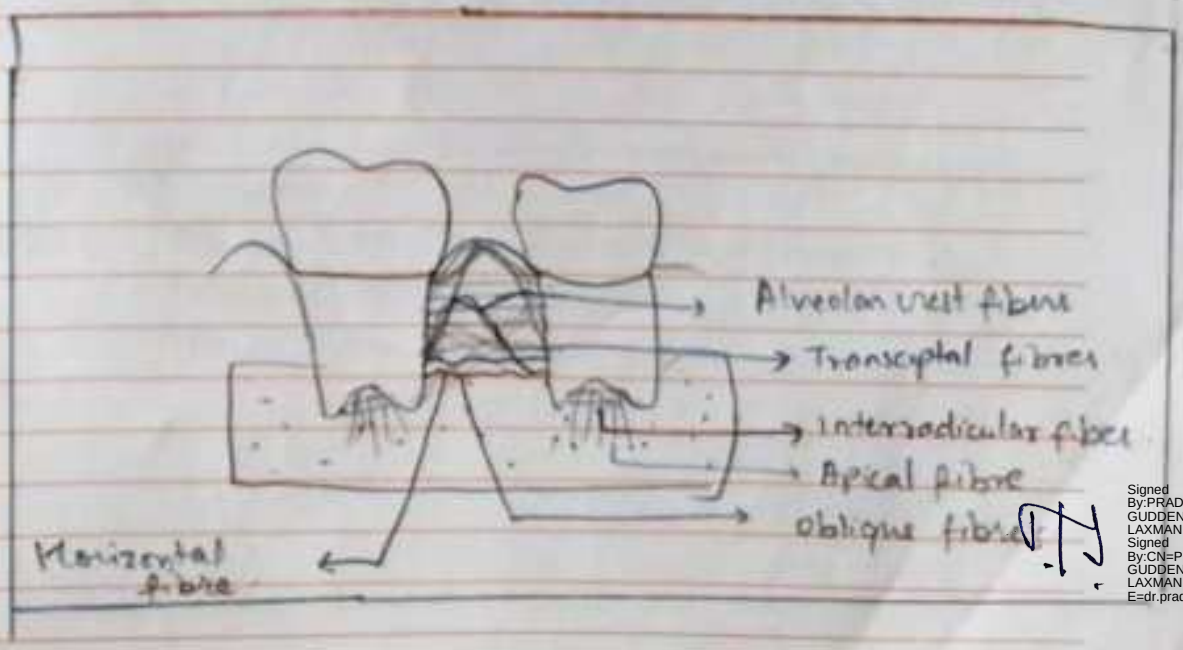
c. Periodontal Ligament Fibers :-

Periodontal Ligament Fibers are classify as
1) principal fibers
2) Secondary fibers

Principal fibers are

i) Transeptal Fibre group
ii) Alveolarcrest fibre group
iii) Apical fibre group
iv) Horizontal fibre group
v) Oblique fibre group
vi) Interradicular fibre group

Secondary fibres are
i) Oxytalan fibre
ii) Elunin fibre



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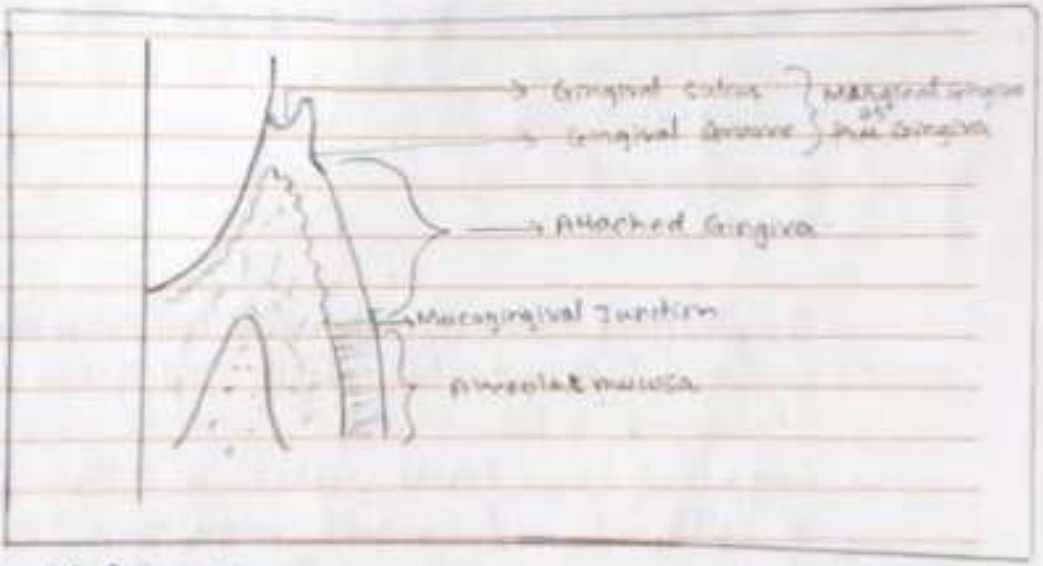
- Trasceptal fibers runs from cementum to the cementum of adjacent tooth. They resist tipping tooth movement.
- Alveolar crest fibers run from cementum and over the crest of alveolar bone. They resist drifting tooth movement
- Apical fiber are present at the apical position of the root ~~sand~~. They ~~absorb~~ maintain
- ~~Horizontal~~ the tooth at ~~a~~ position in the arch.
- Horizontal fibers fans parallel from coronal third of cementum to the adjacent alveolar bone
- Oblique fibres makeup for maximum strength of Periodontal fibers.
- They runs obliquely from the outer cementum of tooth to other cementum in apically way
- They resist the occlusal force and transfer it equally to the underlying periodontium
- Inter-radicular fibers are present on multirooted tooth between the root of the tooth. They resist rotation movement of tooth (molars, premolars)

d Gingiva.

Definition of Gingiva by Carranza

- Gingiva is a part of oral mucosa that covers the alveolar process of Jaw and surrounds the neck of the teeth.



Part of Gingiva

1) Marginal Gingiva (unattached / Free Gingiva)
2) Attached Gingiva
3) Papillary Gingiva.

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e) Define and classify Periodontal pocket.

Periodontal pocket :-
Pathological deepening of Gingival Sulcus is defined as periodontal pocket.

It is classified as
- Based on nature of Pocket
1) Gingival pocket / [illegible] / Absolute Pocket.
2) Periodontal pocket / Real pocket.

- Based on the Side involved as

1) Simple
2) Compound
3) Complex

- Simple periodontal pocket includes only one side
- compound periodontal pocket includes more than one side.
- Complex periodontal pocket is rather Spiral in shaped and involved more than one sides at the base of the pocket while only one side at the Side of pocket formation. Hence the name "Complex".

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f)

When the occlusal force exceeds the ~~capa~~ physiological capacity of the underlying periodontium, tissue injury occurs.
These injury is termed as Trauma from occlusion.

Clinical features of trauma from occlusion.
1) Mobile teeth
2) Loosening of teeth
3) Bleeding on probing.
4) ~~[illegible]~~ Gingival inflammation
5) Sensitivity due to gingival recession and exposure of cementum to atmospheric pressure and stimulus
6) osseous defect
7) crater formation
8) buttressing of bone
9) Pain while eating
10) Food impaction on the interproximal space created by shift in occlusion of teeth

Radiographic feature :-

1) Widening of Periodontal ligament space
2) radio opaque lamina dura is seen which is ~~not~~ distorted
3) Bone loss is seen which ~~may be horizon~~ may be horizontal or vertical. mostly (angular defect).
4) Periodontal ligament become taunt and widened.
5) Alveolar crest of bone is disturbed.

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9) Intraoral causes of halitosis are :-

→ 1) Gingival inflammation causes gingival bleeding
2) Plaque induced bacteria harbours and further damages the architecture of the gingiva and tooth supporting structure.
3) They are acidicophilic bacteria which causes halitosis ie bad breathing.
4) sometimes, patient experience xerostemia or drying of mouth due to some ~~dis~~ systemic disease which causes b halitosis.
5) ~~Drying of Reduced Salivation~~ give rise to systemic disease like diabetes melitus, aggravate the condition.
6) Saliva helps in keeping check of bacteria in oral cavity.
Reduced salivation is main cause of halitosis.
7) gingivitis and consequently periodontitis harbours bacteria that are anaerobic and gram -ve, +ve, acidophile which further give rise to halitosis if proper oral hygiene is taken.

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h)

Acute Necrotising ulcerative Gingivitis (ANUG)	Acute Herpetic Gingivitis (AHG)
1) It is mostly experienced by adults	1) It is mostly seen in children and pediatric patient.
2) The onset may be of more than 35 years	2) Onset may be of less than 2 years to 20 years later ages are less likely to develop.
3) Cause by Fusobacteria and oral ~~spirochaetes~~ Spirochaetes	3) Caused by Herpes zooster virus
4) It is bacterial origin	4) It is virulent origin
5) clinical Appearance remains moreover same but healing is done at ~~[illegible]~~ 2-3 weeks (16 day)	5) Healing ~~[illegible]~~ Takes 3 bys 10-12 days.
6) Prescription drug can be antibiotic like amoxicillin or erythromycin	6) ~~[illegible]~~ Prescription drug can be antiviral like acyclovir and topical antiviral drugs and pain relieving ~~[illegible]~~ solution.
7) Lesion is necrotising in nature	7) Lesion is not necrotising but it appears bulbous blister all over gingiva, vestibule, buccal mucosa.

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i) Various osseous dyects seen in periodontitis

→ Periodontitis is the inflammation of Periodontium.
It is sequeles of Gingivitis accompanied with loss of attachment and bone loss
various bone dyects seen in periodontitis are as :-
1) osseous crater
2) ~~Interseptal dyect~~ It is seen interdentally where interdental bone concavity is seen with facial and lingual plate being intact.
2) Horizontal bone Loss :-
It is a loss of bone which is perpendicular to the long axis of the teeth.
3) Vertical bone loss :-
It is a loss of bone which is rather angular than perpendicular to the long axis of teeth.
4) Reversed architecture :-
Bone loss interdentally occurs with concom without concomitant loss of radicular bone.
5) Positive architecture :-
Recession interdental bone remains intact and there is loss of radicular bone.

3) Describe fenestration & dehiscence.

Fenestration :-

An isolated area of root which is denuded of bone and only periosteum and overlying gingiva is present while the gingival margin is intact is called as fenestration.

Dehiscence :-

It is a defect at which root surface is denuded of bone and only periosteum and overlying gingiva is present and also marginal gingiva is absent, such defect or loss is called as dehiscence.



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Q3)

1) Define Plaque and different stages of Plaque formation

Plaque :-

Plaque is highly variable but specific structural entity that result from the growth and colonisation of micro-organisms of various species and strains on the surface of teeth and is embedded into an intercellular matrix.

Different stages of plaque formation are :

i) ~~Pellicle formation~~ (i) Formative stage.
ii) ~~Adsorption of micro-organism to that pellicle~~
iii) ~~Forming an acidic environment~~
iv) ~~plaque induced bacteria and pellicle interaction~~ ii) Initiation of plaque formation.
v) ~~Formation of~~
iii) Organization and plaque maturation

Formative Stage :-

- It is stage in which pellicle is formed on tooth surface.
- on pellicle, the plaque induced bacteria actinomycetam bacteria and other species harbour in it.

ii) Initiation of plaque formation :-
- this phase, the plaque inducing bacteria starts to colonising in its nidus.
- The initiation of plaque formation takes place
- The plaque is sticky entity of micro-organism that tenaciously sticks the tooth surface and remains fixed over it the tooth as other hard intra-oral restoration.

iii) Organisation and plaque maturation :-
The bacteria starts dividing and colonising forming a zone of colonization and organisation. the surface is fill with plaque and later stage the maturation phase where the plaque gets matured and its ~~highly~~ ~~ion~~ intercellular matrix is filled with bacterial colony.

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b) Gingival enlargement & drug induced gingival enlargement.

→ Gingival enlargement.

Gingival enlargement means increase in size of gingiva.

Classification of gingival enlargement.

Based on time of occurence as.

1) Acute
2) Chronic

Based on side & Location of occurence :-

1) Localised
2) Generalised

Based on Area involved :-

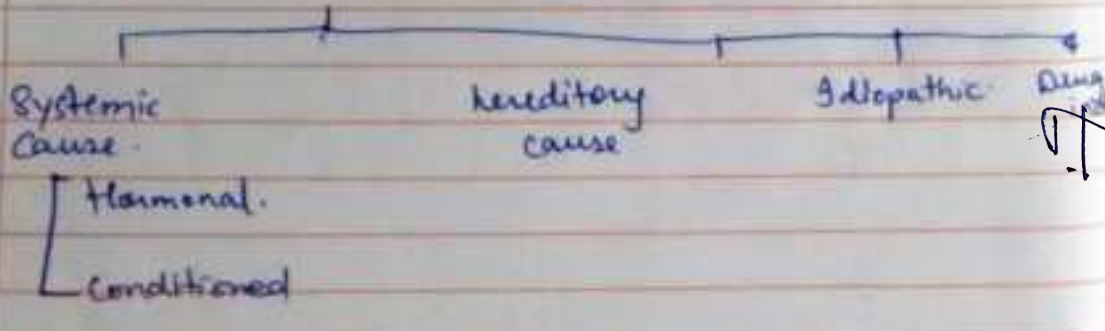
1) Diffuse.
2) Pedunculated.

~~Based on area :-~~

~~1) Papillary~~

2)

Gingival enlargent.



Systemic Cause of Gingival enlargement.

1) Gingival enlargement due to systemic factors include
   a) Diabetes Mellitus
   b) Leukemia
   c) Papillon - lefevre Syndrome
   d) Higashi - Chidiak Syndrome
   ~~e) Vitamin C deficiency~~ d) Use of Contraceptive drugs
   e) Scorbutic gingival enlargement

2) Gingival enlargement due to Conditioned
   → ~~a) Pubertal gingival enlargement~~
   ~~b) Due~~ Pregnancy
   → Due to pregnancy, the hormonal changes giving rise to enlargement of gingiva.

   b) Pubertal
   → Due to change in hormonal level, the enlargement of gingiva is occured in some patient

~~3) Due~~
3) Hereditary Gingival enlargement
   - Papillon lefevre Syndrome
   - Higashi chidiak syndrome
   - Downs Syndrome

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4) Drug induced gingival enlargement.

Drugs like ~~pike~~ anticonvulsive, ~~and~~ immuno-suppressant, ~~calci~~ Hypertensive calcium channel blocker are some drugs that causes gingival enlargement.

Anticonvulsant like phenytoin.
Immunosuppressant like cyclosporine
Hypertensive calcium channel blockers like nifedipine, felodipine, nimodipine, are some drugs that causes gingival enlargement.

All the above drugs are different origin and action but it has same interaction to host at cellular level.
hence they cause same effect of gingival enlargement to the selected patient.

use of contraceptive drugs, also show the enlargement of Gingiva
as gingival enlargement is hormonally affected contraceptive pills is an hormonal pills hence gingival enlargement occurs.

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

Section
S.No. :

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Name of Examination :
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Section
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Dept. of Periodontology.
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Name of Examination :
Subject :
Subject Code : B.No. :

Section
S.No. :

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3	60	70									130
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Marks allotted by I^st Examiner Name : Dr Triveni Kale

TOTAL → 270
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LAXI
E=dr

2019-2020



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Dept of Anatomy.
M.G.V Dental College & Hospital
Nashik-422 003.

4877

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

ROLL NO.

QUESTION BOOKLET VERSION

A B M P R S V W

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION Akansha

SUBJECT: Anatomy

PAPER:

ROLL NO. (In Words)
(Repeter)
1st Improvement
Summer 2019

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 /

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Date: 16/04/2018

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b		■		■					■	
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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INSTRUCTION

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st Sessional

Subject : Anatomy

Section : B & C

Language of Answer : English

Sub. Code :

Date : 16 04 2019

Bar Code

Serial No. 1308

Dept. of Anatomy
K.B.H. Dental College & Hospital
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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 or 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.
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Section B & C

Seat No. (in Figures)

Seat No. Repeter (in Words)

Examination : 1st Sessional Improvement

Subject : Anatomy Summer 2019

Code :

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section B.

- The Cavernous Sinus are Situated in the Vault of Skull.
- There are four paranasal Sinus present in the facial part of ~~They~~ they are Such as.
  - frontal air Sinus.
  - Ethmoidal air Sinus.
  - Sphenoidal air Sinus.
  - Maxillary air Sinus.

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Section B

1) Describe cavernous under the following heading.

- Situation
- formation & Relation
- Tributaries & Draining channels
- Applied Anatomy.

Introduction

The cavernous sinus is a large venous sinus.
It is mainly present in the skull.

Situation.

1. The cavernous sinuse is situated in the midal cranial fossa.
2. They postically situated in the petrosal temporal nerve.
3. They are 2 mm in size.
4. The anterior cavernous sinus is formed at the apex of medially of superior orbital.
5. The are in skull

The Relation.

1) They There are superior, inferior, middle, anterior and posterior relation of the cavernous sinus.

- The superior relation of cavernous sinus is.
  - Infra orbital tissue
  - Mandibular Nerve.
- The inferior relation of cavernous sinus is.
  - Nasal lactrimal duct.
  - foramen cecum
- The anterior relation is.
  - The stylo hyoid bone. meatus.
  - foramen cecum
- The posterior relation of cavernor sinus.
  - Cranial fossa.
  - Temporal petrosal nerve.

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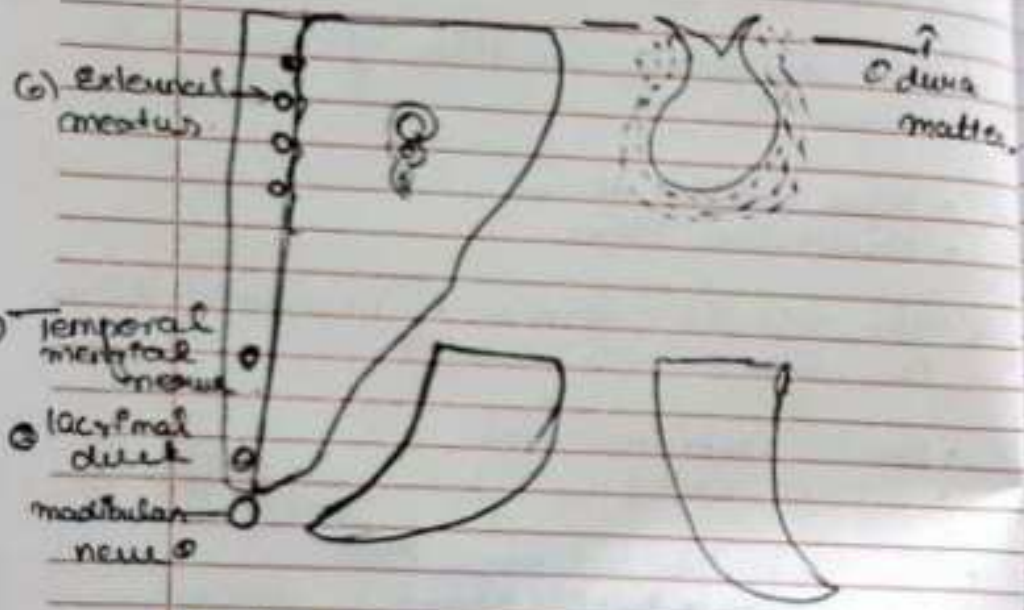
- Diagram

Relation of cavernous sinus



(1) dura matter

(2) mandibular nerve.

(3) lacrimal duct.

(4) Temporal meningial nerve.

(5) External meatus.

- The Relation of the canal nerve and the ligament.

- The occulomotor nerve:-

The anterior nerve situated in The optic and occulomotor nerve.

- Middial nerve.

- They are formed in the anteriorly in Carinal fossa in the interal meatus.

- Olfactory nerve.

The anteriorly and Superiorly external meatus and omentum.

- Naso lacrimal Duct.

inferiorly and nasopharynx. lucerum foramen.

- Terigonal spetier.

inferiorly and Superiorly. alveolar nerve and nasopharynx nerve.

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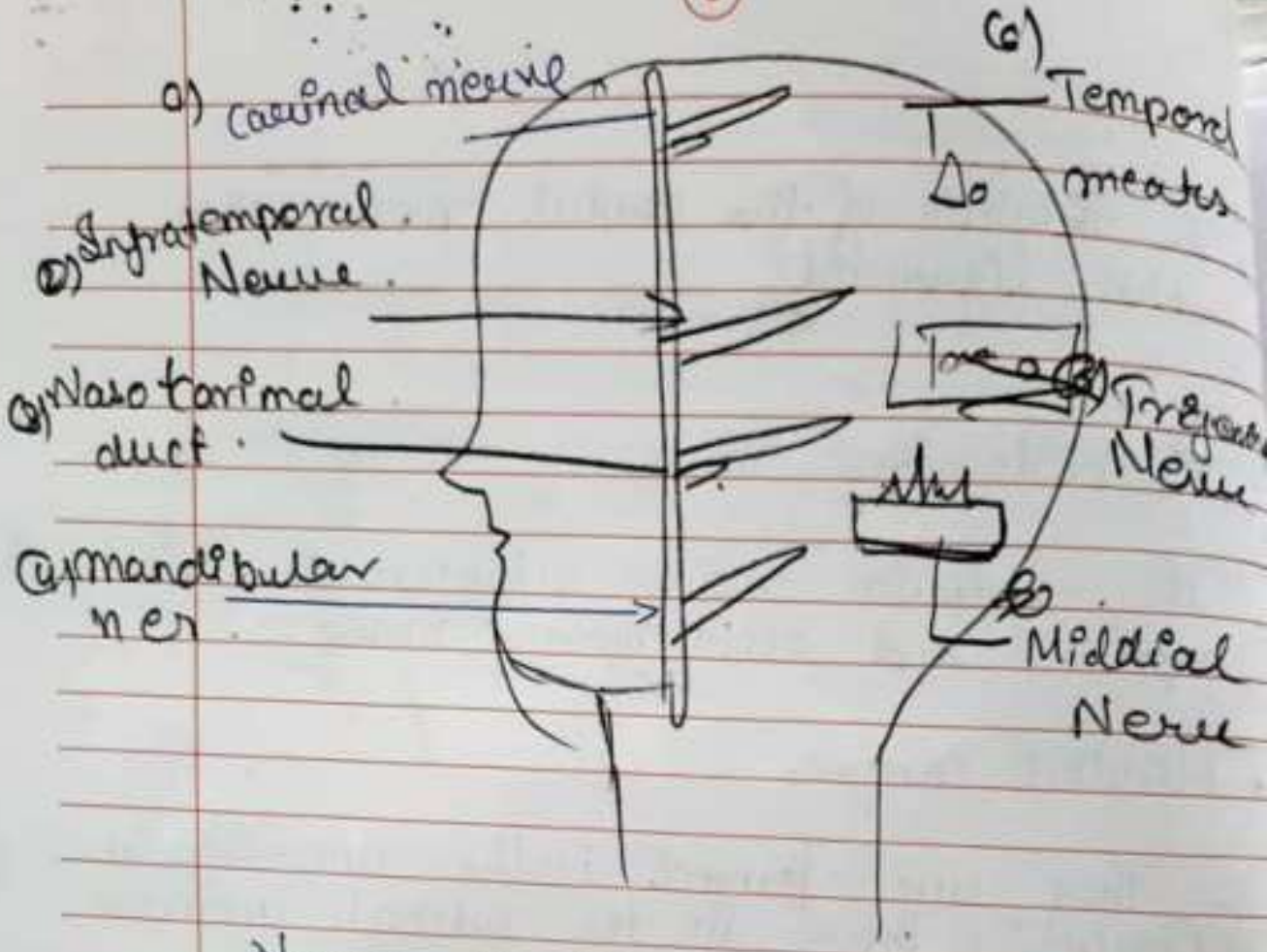


Nerve of the cavernous sinus.

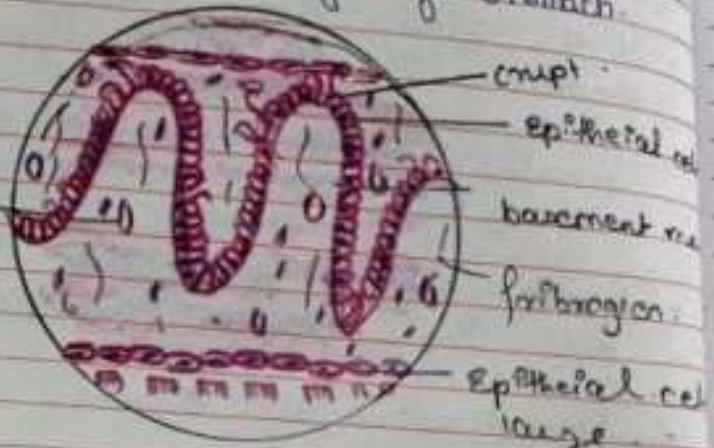
1) Cavinal nerve.
2) Infratemporal Nerve.
3) Naso lacrimal Nerve
4) Mandibular Nerve.
5) Temporal meatus.
6) Trigeminal Nerve.
7) Middial Nerve.

Applied Anatomy.

- If the sinus got damage the mental disorder can happen.
- paralisis if the damage of the nerve
- Brain will stop showing the symtoms and the person can die.
- hypertension can occure.
- funtion of the body will not work. and the person can go to truma or comma.

Q3 SAQ (Each 4 marks)

1) Microscopic anatomy of stomach



(4)

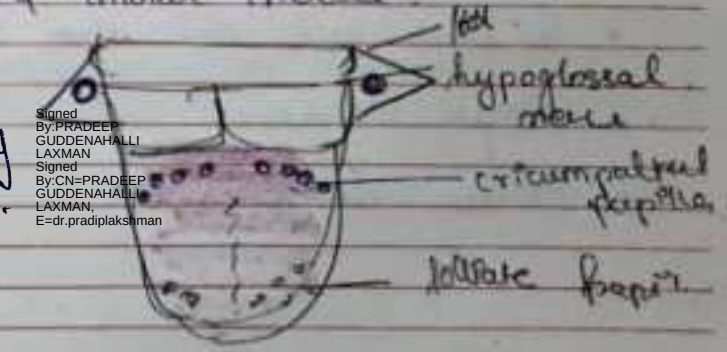
Microsopic structure of stomach.

1) crupt
2) Epithelal Cell
3) basmentmembran
4) fribrogen.
5) Blood vessel.
6) Epithelal cell layer.

2) Nucle & function component of XII nerve with diagram.

- The XII nerve is also known as hypoglossal nerve.
- hypoglossal nerve is from the 4th brachial arch.
- functional component
- The hypoglossal nerve suppic to all the muscle of the tongue.
- All the intrisic & Extrinsic nerve except the palatoglossal nerve
- The hypoglossal nerve is situated in 2/3 of the nerve.
- The hypoglossal nerve is both secreat & motar nerve.

(3)



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Qs 3RD

4) Enumrate extra Ocular muscle of eyeball with nerve supple.

- The eyeball is supplied by the oriculotemporal nerve.
- branch of the facial nerve
- occipital nerve
- Vagus nerve.
- Applied anatomy
- If the Eyeball get damge the person can lose there eyes
- In cornea of the Eye can have (Motti bindu)
- & black eye can also occuler.
- Night blindness.
- Colour disorder.

Section - C

1) Turner's Syndrome

- The turner syndrome is 23 pairs chromosomes
- In turner Syndrome the person is mentaly retarded
- The person is metalaly unstable
- The turner syndrom people have moon shap face and eyes are small mostly all the turner Syndrome people look same by there look.
- In turner syndrom the vocablary language is not clear.
- They can't do there work by own
- They turner syndrom people metaly slow by the work or to understand things.

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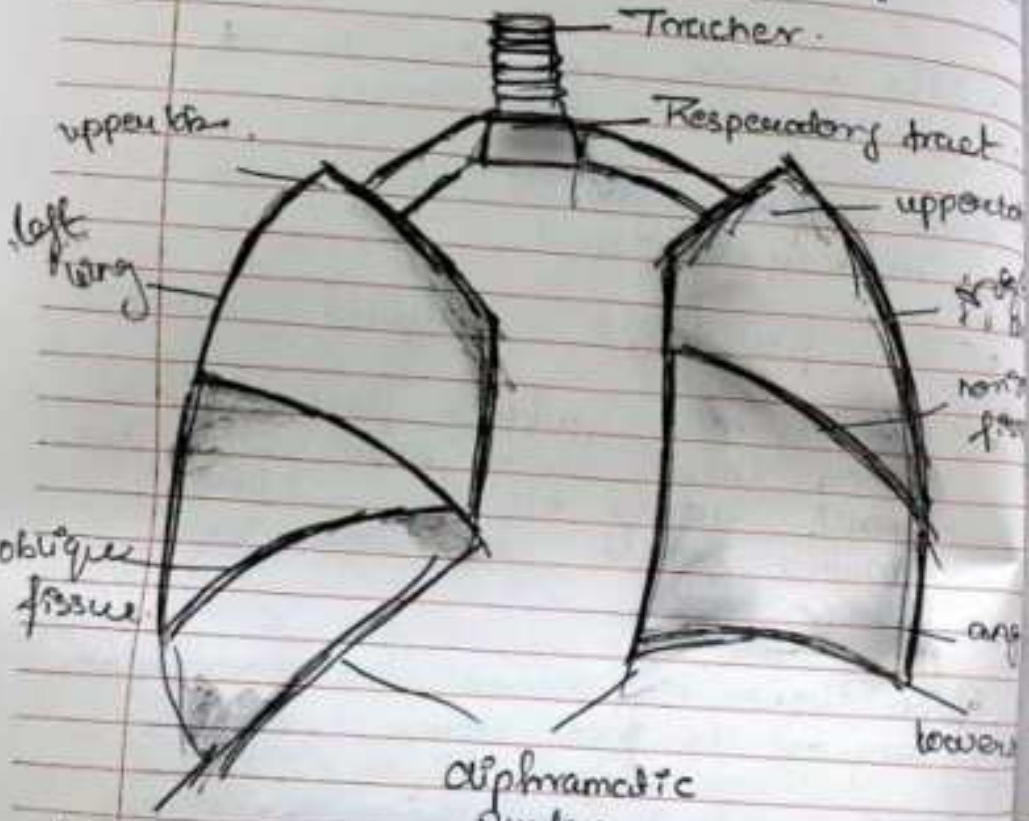
2) Draw & labeled relation of mediastinal surface of right



diaphramatic surface.

lower one.

lung structure

Right
upper lobe.
horizontal fissure.
angular notch
lower lobe.
Clinical notch
diaphramatic

left.
upper lobe
horizontal
oblique fi
diaphramatic
surface

- The right lung is from by two lobe.

middle and apical lobe.

- The right lung have only one fissure.
- Right lung from the angular notch and the clinical notch.
- the left lung have 2 fissure.

such as oblique fissure and the

(3) horizontal fissure.

- Two lobe upper lobe and the lower lobe.
- both the lower lobe is connected to the diaphram.

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(5) Classification of joint

~~The joint~~

Defination

The two ~~joint~~ bone attach together with the fibrous part is known as joint. for movable action

The joint are classify into 4 type.

- Hinge joint - albow join. Toes joint
- synovial joint. pettela
- Cornicullous joint - shoulder joint. spin cord, ~~cord~~ vertebra.
- Socket joint : knee joint.
- prowial joint - long bone.

These are the main classification of joint

Q3/

4 Enumerate extra ocular muscles of eyes ball with nerve supre.

Extra ocular muscles

1) Supera orbital fissur.
2) orbital fissur
3) Superior optic Nerve.
4) Inferior optic Nerve.

Nerve supply:-

1) superior optic ganglion
2) Acoustic Meatus.
3) foramen orbital.
4) Spenoidal foramen with passage of spenoidal nerve
5) Infraorbital nerve.

LAQ Larynx?

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

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Marks allotted by Moderator Name :
TOTAL : → 27½
signature : SJ

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[illegible] (Deptt)
Nesbit 422 013.

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Pankaj Pachpole (odd batch)

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Dept. of Anatomy, K.B.H. Dental College & Hospital

Summer 2019

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

ANSWER SHEET I improvement
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Anatomy

PAPER :

ROLL NO. (In Words)
1st Improvement
Summer 2019

QUESTION BOOKLET VERSION (In Words)

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INSTRUCTION

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Pankaj Pachpole (odd batch)

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st sessional.

Subject : Anatomy

Section : B & C

Serial No. 1316

Language of Answer : English Sub. Code :

Date : 16 04 2019

Bar Code

Dept. of Anatomy, K.B.H. Dental College & Hospital Dev'd ... Nashik - 422 003.

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Section B & C

Seat No. (in Figures)

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Examination : I st Improvement sessional.

Subject : Anatomy

Code :

P.R.No.

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Section-8

Q.8. SAQs.

→1) XII nerve is a hypoglossus nerve the hypoglossus nerve supplied by tongue. the tongue is derived from the plexus and the XII nerve is cranial nerve the the hypoglossus are 12th cranial nerve and the four types of intrinsic muscle styloglossus hypoglossus hyoglossus etc the 12th nerve are the cranial nerve and the most of the hypoglossus nerve at the 12th nerve Neurovascular

→3) external carotid artery supplied the parotid gland the external carotid artery supplied by the parotid gland the parotid gland the human body of most of the part of human body the parotid gland is neck nearest the external carotid artery and is branches of the tympanic branches in the plexus are thirteen branches of external carotid artery are the external carotid artery.

- facial
- lingual
- occipital

Digg.

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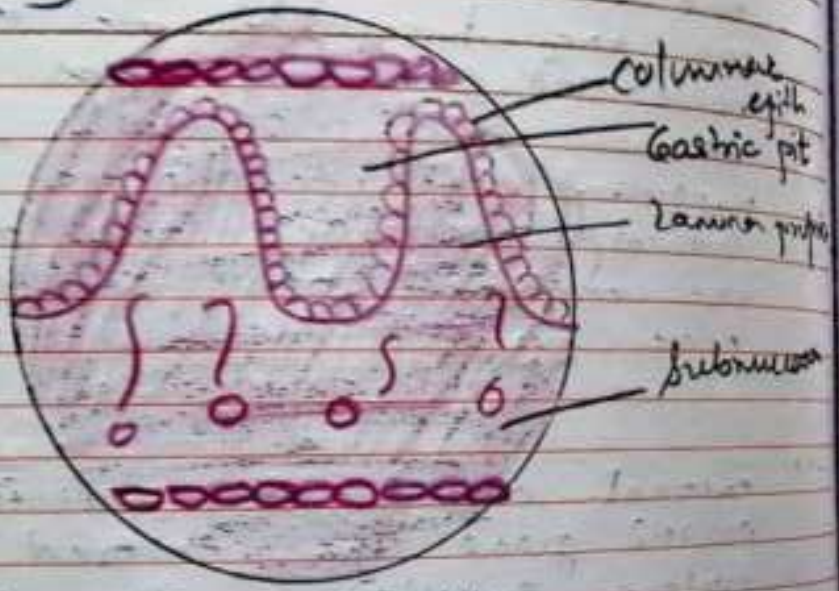
1) Stomach. the important part of human body are the stomach of the [redacted] human of eating the food and other stored the stomach and stomach is the [redacted] upper side of the kidney.



Stomach

Q12 LAOX.

1) Describe cavernous sinus under following headings.

a) situation
b) formation
c) tributaries & draining channels
d) Applied Anatomy

a) Situation - the cavernous sinus are the present in human body and situation in body are cavernous sinus in the midsgittal section and are the midmembrane are is the located the cerebrum and mid sagittal section

b) formation the cavernous sinus are the formation of in the midsagittal section and midmembrane are is the help to the formation and the derived from the cavernous sinus and are the the cerebrum are the [redacted] formation

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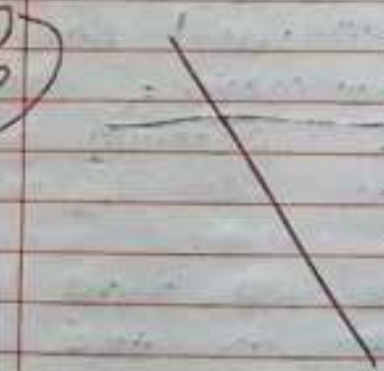
c) tributaries & draining channels the cavernous sinus is a inner side of cerebrum. and the the tributaries draining the sinus and the midsaggital section and the derived from the cerebrum and the midmembrane and a cavernous sinus.

d) Applied Anatomy-



Section. C

Q.5 SAQs.

1) Turner's Syndrome.

→ the turner's Syndrome is 23 cromosomes

in turner syndrome the person is mentaly retaired

the person is mentaly unstable.

the turner syndrome people have moon snap and the eyes are small

mostly all the turner syndrome people look same by these looks.

in turner syndrome the Vocabulary language is not clear

they cant do work by they turner syndrome people mentaly slow by the work to understand things

→ 1) Draw & labeled relations of mediastinal surface of right lung.

the right lungs is from by two lobe.

~~lungs~~ medial and apical lobes.

the right have only one.

right lung from the angular mater and the noter

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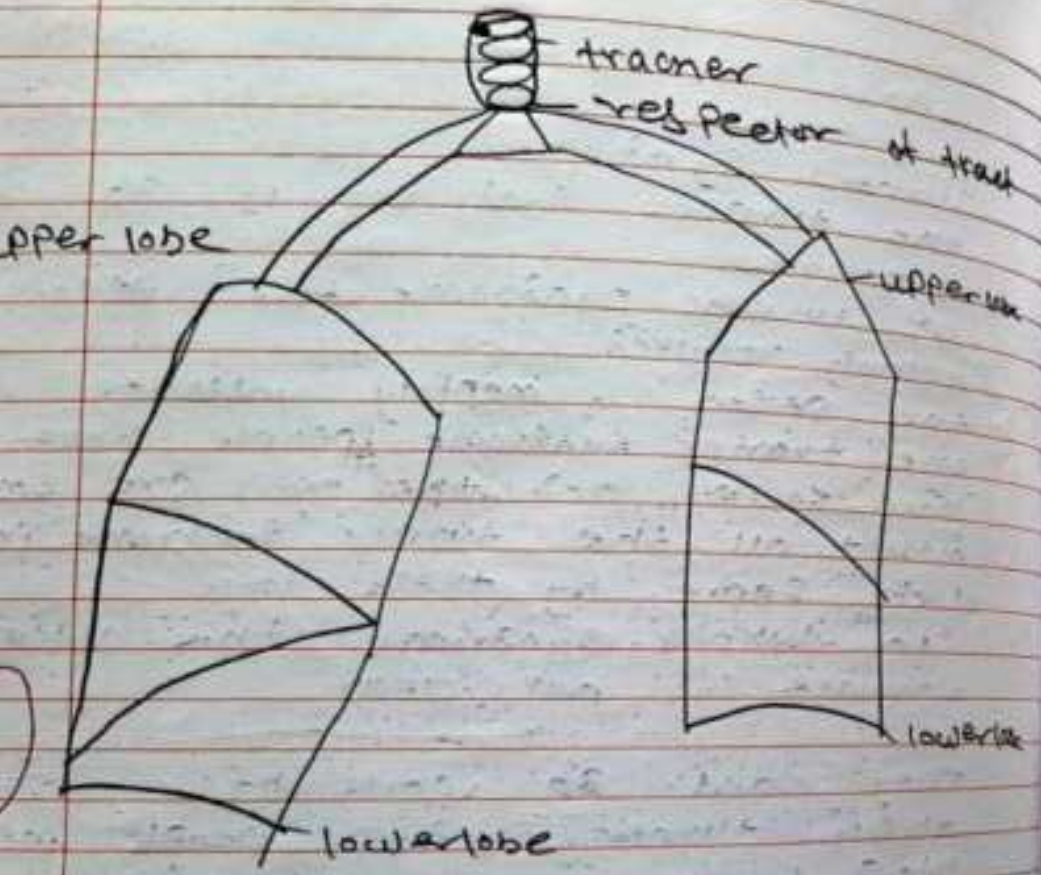

⇒ classification of joint.

the two bone attach with the fibrous part is know as joint for movable part

the joint is classify into fs type

Hinge joint - ~~elbow~~ elbow joint

pivot joint

1½



LHR Larynx ?

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Subject Code : B.No.:
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1											
2		5									
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IMPROVEMENT EXAM OF DEPT. OF DENTAL MATERIAL SCIENCES



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IInd Improvement Exam
Name - Shaikh Saba Roll No. 04.
Batch - IInd BDS Regular (Summer).

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 1 2 3 4 5 6 7 8 9	A B M P R S V W / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : DMS.

PAPER :

ROLL NO. (In Words)
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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.

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b	■						■			
c			■	■				■	■	
d						■				■

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d	■					■			■	

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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Name - Shaikh Saba.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : IInd Improvement Exam

Subject : DMS.

Section : B & C

Serial No. 283

Language of Answer : English Sub. Code :

Date : 13 06 2020

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 or 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. 04 (in Figures)

Seat No. four. (in Words)

Examination : IInd Improvement

Subject : DMS.

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Page No. RR No.

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

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Section C

SAQ.

1)

- Glass ionomer cements are composed of Powder and liquid.

1) Powder:

- The powder is acid soluble calcium Fluoro-alumino silicate glass.
- It has a higher alumina-silica ratio. This increases its reactivity with liquid.
- The Fluoride component acts as ceramic flux whereas lantharum, strontium, barium or zinc oxide additions provide radiopacity.

2) Liquid:

- The liquid contains the following:

a) Polyacrylic acid; Copolymerizing with Maleic acid., decrease viscocity and reduce tendency for gelation.

b) Tartaric acid:

Improves handling characteristics, increases working time, and shortens setting time.

c) Water:

- Water is the most important constituent of the cement liquid.

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2)

- Direct filling gold is a direct filling restorative material.

Classification:

1) Foil:
   a) Sheet:
      i) Cohesive
      ii) Non cohesive
   b) Ropes
   c) Cylinders
   d) Laminated foil
   e) Platinized foil

2) Electrolytic precipitate:
   a) Mat gold
   b) Mat foil
   c) Gold-calcium alloy.

3) Granulated gold.

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9)

- Varnishes are composed of natural gums - such as copal, rosins, or synthetic resins - dissolved in an organic solvent.
- The varnish forms a thin coating on the tooth as the solvent evaporates.
- Varnishes ~~have~~ have a high solvent content and at least two thin layers should be applied to produce a continous coating.
- Brush or small pledget of cotton may be used as applicator.
- Varnish reduces the infiltration of irritating fluids through marginal crevices.
- Varnish also prevent penetration of corrosion products of amalgams into the dentinal tubules, reducing tooth discolouration.
- Varnish is not indicated when adhesive materials such as GIC's or bonding agents for resin-based composite are used.

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4)

- There are 2 types of high-copper alloy.

- The first high-copper alloy was formulated by mixing one part of silver-copper particles to two parts of AgSn.
- This modification raises the copper content to 11.8% by weight.
- This is often called as 'dispersed-phase alloy'
- Second type of high-copper alloy was made by melting all components of the dispersed phase alloy. This process yields a single composition system.
- The presence of higher copper content makes mechanical cutting of ingots into particles difficult.

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5)

- The oral cavity, because of saliva with its salts, provides a weak electrolyte.
- Ga Galvanic corrosion is an important type of electrolytic ~~er~~ corrosion, which occurs when combination of dissimilar metals lies in direct physical contact with each other.
- If a gold restoration comes in contact with an amalgam restoration, the amalgam can form the anode of an electrical cell and starts corroding.
- The electric couple created causes sharp pain called galvanic shock.
- The pain usually ~~oc~~ occurs immediately after insertion and can be minimized by painting a varnish on the surface of the amalgam restoration.
- However, the best procedure is to avoid dissimilar metals to be in contact

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LAQ.

1)

Based on

There are mainly classified as on

1) Based on curing mechanism:

a) Chemically activated composite resins
b) Light-activated composite resins

2) Based on size of filler particles:

a) Conventional composite resins : 8-12 μm
b) Small particle filler composite resins : 1-5 μm
c) Microfilled composite resins : 0.04-0.4 μm
d) Hybrid composite resins : 0.6-1.0 μm.

Composition :

The essential components of a composite resin are as follows:

- Resin-matrix binder :

BIS-GMA or urethane dimethylacrylate.

- Filler :

Quartz, colloidal silica of heavy metal glasses.

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- Coupling agents : Organosilanes.

They also contain the following:

- Hydroquinone:
  Inhibitor to prevent premature polymerization.

- UV absorbers:
  To improve colour stability.

- Opacifiers:
  Titanium dioxide and aluminium oxide.

- Colour Pigments:
  To match tooth colour

Structure:

Composite resin set by addition polymerization reaction.
Dental composites are made up of three structurally different phases as follows:

1) Organic phase or resin phase is the matrix.

2) Inorganic phase or filler particles are dispersed in resin matrix to increase the strength.

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3) Interfacial phase or coupling or keying agent act as adhesive agent that promotes adhesion between filler particles and resin matrix by chemical bonding.

Advantages:

1) Easy manipulation, no mixing is required.

2) Infinite working and short-controlled setting time.

3) Amount of finish and polish required is very less.

4) Less waste of material.

Disadvantages:

1) Use has declined because of depth of curing, health hazards & slow decrease in intensity of UV light.

2) Degree of Polymerization is not uniform.

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Section - B

1. Composition of inlay wax :

→ Composition of inlay wax is as follows

1] Paraffin wax — 40-60%.
2] Ceresin — 10%.
3] Gum dammar — 1%.
4] Carnuba or Candelilla — 25%.
5] Coloring agent

① Paraffin wax (40-60%.)

i] It is the main ingredient used to establish the melting point

ii] Paraffin wax flakes when trimmed and does not give a smooth surface, so other waxes are added to modify

② Ceresin (10%.)

i] Partially replaces paraffin

ii] It increases toughness and is easy to carve

③ Gum dammer (1%.)

i] It is natural derivative from pine tree improves the smoothness in moulding & makes it more resistant to cracking and flashing

ii] It also increases toughness of wax and enhances the lustre of surface

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④ Carnuba wax (25%)

i) This wax is quite hard, and it has high melting point

ii) Candelilla wax can be added to replace carnuba wax. It contributes the same qualities as carnuba wax, but its melting is lower

⑤ Synthetic waxes

On modern inlay waxes, Carnuba wax often replaced partly by certain synthetic waxes like Thontan

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2] Requirements of sprue

→ sprue - The mould channel through which molten metal or ceramic flows into the mold cavity is known as sprue

Sprue former - A sprue former is made of wax, plastic or metal. Thickness is in proportion to the wax pattern.

A reservoir is attached to the sprue or the attachment of sprue to the wax pattern is flared.

Functions of sprue former are as follows:-
1] To form a mount for a wax pattern
2] To create a channel for the elimination of wax during burnout
3] forms a channel for entry of molten alloy during casting
4] Provides a reservior of molten metal which compensates for alloy shrinkage during solidification.

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3] Gypsum bonded investments

→ i] Classification

According to ADA specification No-2 for casting of investments for dental gold alloys, gypsum bonded investments are of 3 types as follows :-

Type-1 = Those used for the casting of inlays and crowns and major con principally by thermal expansion of investment

Type-2 = Those are used for casting of inlays or crowns and major mode of compensation is by hygroscopic expansion of investment

Type-3 = These are utilised for construction of partial decture with gold alloy

ii] Composition

Silica - 60-65%.

Alpha-hemihydrate / dental stone - 30-35%.

Chemical modifiers - 5%.

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iii) Refractory Material

i) They are form of silica such as quartz, tridymite, cristobalite or a mixture of these

ii) They serve as 2 functions as follows
a) Provide refractory material during heating
b) Regulate the thermal expansion

iv) Binder

Since the refractory materials alone do not form a coherent solid mass, some kind of binder is needed. The common binder used for dental casting gold alloy is dental stone.

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4] What is dye? Classify dye materials?

→ i] Dye - It is a reproduction of a prepared tooth made from a gypsum product, epoxy resin, a metal or refracting material

ii] Classification

1] Gypsum - Dental stone, high strength type IV

Dental stone, high strength, high expansion type II

Dental stone + lignosulphonates requirements of a stone and thus water enhances the production of a harder, stronger & more dense set gypsum.

2] Metals - Electroformed / electroplated sprayed metals, amalgams

3] Polymer - Metal-filled resin or inorganic filled resins,

4] Cements - Silicophosphate or polyacrylic acid - bonded cements.

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5] Ceramic → For direct baking of porcelain refractory crown or preparation of wax pattern, die material for casting

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5] Give composition & setting reactions of zinc oxide eugenol impression paste.

→ Powder - Composition of zinc oxide eugenol cement as powder

Components	Approx wt.	Functions
1] Zinc oxide	69	Principal ingredient
2] White resin	29·3	To reduce brittle ness of set cement
3] Zinc sterate	1	Accerator plasticizer
4] Zinc acetate	0·7	Accelerator, improves strength
5] Magnesium oxide		As added in some powder

ii] Liquid- Composition of zinc oxide eugenol cement as liquid.

Eugenol	85%	Reacts with zinc oxide
Olive oil	15%	Plasticizer

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Setting Reaction

i] The setting reaction & microstructure of ZoE cement are same as that of zinc oxide eugenol impression paste

ii] On the first step, hydrolysis of zinc oxide to its hydroxide takes place

Water is essential for reaction

$$ZnO + H_2O \rightarrow Zn(OH)_2$$

iii] The reaction procedes as a acid-base reacⁿ

$$Zn(OH)_2 + 2HE \rightarrow ZnE_2 + 2H_2O$$

(Zinc hydroxide eugenol — Zinc eugenolate

The chelate formed is an amorphous gel that tends to crystallize imparting strength to the set mass.

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LAQ

↔ The casting may have some defects if procedure is not followed properly and results in poor desthetic & mechanical properties.

Casting defects are classified by Coombe as follows :-

1] Distribution
2] Surface roughness
3] Porosity
4] Complete casting
5] Contamination of casting due to oxidation.

Porosity -
It may be internal or external. External porosity can cause dis-coloration of the casting. Internal porosity weakens the restoration.

Acc^{n} to phillips,

1] Those caused by solidification shrinkage
a] localised shrinkage porosity
b] duck buck porosity
c] Tiny porosity

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2] Those caused by gas
a] Pinhole porosity
b] Gas inclusion
c] Surface porosity

1. a] Localized shrinkage

i] It occurs when the cooling sequence is incorrect and sprue freezes before the rest of casting

ii] These are large irregular voids usually found near the sprue-casting junc

b] Suck-Back Porosity

It is varaiation of shrinkage spot porosity.
This an external void usually seen in the inside of crown opposite the sprue

c] Thro. porosity

These are fine irregular voids within the casting. It is seen when the casting freeze to rapidly

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2.a Pinhole porosity

Many metals dissolve gases when molten. upon solidification the dissolved gases are expelled causing tiny voids. ex-platinum and palladium absorb hydrogen

2.b Gas Inclusion Porosities

Gas inclusion porosities are also spherical voids but are larger than pinhole type. The are more likely due to gases carried in or trapped by molten metal.

3. Back pressure Porosity

i] This is caused by inadequate venting of mould

ii] If bulk of investment is too great the escape of air becomes difficult causing increased pressure in mould

iii] Avoided by using adequate casting force.

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Type of Porosity	Caused by	Prevented by
1] Irregular	Shrinkage on cooling of alloy	i] Use correct sprue thickness
2] Irregular voids	Inclusion of foregin particles	Heat mould upside down so that provide just out.
3] Spherical voids	Occluded gases in molten alloy	Avoid overheating
4] Rounded Margins	Back pressure effect air unable to escape from mould	i] Used adequate casting force
5] Regular large voids	Tubulent flow of molten alloy into the mould	Correct placement of sprue.

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Name of Examination :
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TOTAL : → 19
Marks in words :
Marks allotted by IInd Examiner Name : Dr. Vishakha Tagade (Lecturer)
signature :
Dept. of Prosthodontics and Crown & Bridge-Pre Clinic
MGV's K.B.H. Dental College & Hospital, Nashik

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

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TOTAL : → 19
Marks in words :
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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

IInd Improvement Exam.
Name - Madan Dhulgande. Roll No - 02.
Batch - IInd BDS Regular (summer).

MAHATMA GANDHI VIDYAMANDIR'S

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
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ANSWER SHEET
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NAME OF EXAMINATION

SUBJECT: DMS. | PAPER:

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INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
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c ☐	c ☐	c ☒	c ☐
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Center Code

Examination : IInd Improvement Exam

Subject : DMS

Section : B & C

Serial No. 282

Language of Answer : English. Sub. Code :

Date : 13 06 2020

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 or 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.
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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.
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Section B & C

Seat No. 02 (in Figures)

Seat No. Two (in Words)

Examination : IInd Improvement Test

Subject DMS

Dept of Prosthodontics and Crown & Bridge-Pre Clinic MGV's K B H Dental College & Hospital, Nashik

Dept of Conservative Dentistry & Endodontics-Pre Clinic 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.

Signature of the CANDIDATE

Signature of the SENIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradipla

SAQ:

1) Composition of inlay wax
2) Requirements of a sprue
3) Gypsum bonded investments
4) what is a die & classify die materials
5) Give the compositions & setting reactions of zinc oxide eugenol impression paste

LAQ:

1) Classify casting defects. Describe the different porosities in details.

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1) Composition of inlay wax:

→ Composition of inlay wax is as follows:

1) Paraffin wax → 40-60 %
2) Ceresin → 10 %
3) Gum dammar → 1 %
4) Carnauba or candelilla → 25 %
5) Coloring agents →

① Paraffin wax (40-60 %)

→ i) It is the main ingredient used to establish the melting point.
ii) Paraffin wax flakes when trimmed and doesnot give a smooth surface. So other waxes are added to modify

② Ceresin (10 %)

→ i) Partially replaces paraffin
ii) It increases toughness and is easy to carve

③ Gum dammar (1 %)
OR Dammar resin

→ i) It is a natural derivative from pine tree. improves the smoothness in moulding & makes it more resistant to crazing and flaking
ii) It also increases toughness of the wax and enhances the lustre of the surface

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④ Carnauba wax (25 %)

→ i) This wax is quite hard, and it has high Melting point.

ii) It is combined with paraffin to decrease the flow at mouth temperature.

iii) It has an agreeable odour & gives glossiness to the wax surface

iv) Candelilla wax can be added to replace Carnaba wax. It contributes the same qualities as Carnauba wax, but its melting is lowered.

⑤ Synthetic waxes

→ In modern inlay waxes, Carnauba wax is often replaced partly by certain synthetic waxes like thiotan.

Because of their high melting point, more paraffin can be incorporated and their general working qualities are improved.

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2) Requirements of sprue

→ Speue →

The mould channel thearugh which molten metal or ceramic flows into the mold cavity is knoion as sprue.

Sprue formed

→ A sprue formed is made of wax, plastic or metal. Thickness is in peoportion to the wax patteen.

A reseervoic is attached to the sprue or the attachement of the speue to the wax patteen is Flared.

Functions of speue formed are as follows:

1) To foem a mount foo a wax patteen
2) To create a channel for the elimination of wax dueing buenout
3) Forms a channel for entey of molten alloy dueing casting
4) Peovides a reseervoic of molten metal which compensates foo alloy shrinkage dueing solidification.

② Gypsum bonded investments

→ i) classification

⇒ According ADA specification No 2 for casting investments for dental gold alloys, gypsum-bonded investments are of 3 types as Follows:

Type - I ⇒ These used for the casting of inlays and crowns, and major compensation of casting shrinkage is accomplished principally by thermal expansion of the investiment.

Type - II ⇒

These are used for casting of inlays or crowns and major mode of compensation is by ~~hydro~~ hygroscopic expansion of the investment.

Type - III ⇒

These are utilized for construction of partial denture with gold alloy.

ii) Composition

Silica → 60 65 %

Alpha - hemihydrate / dental stone → 30 35 %.

chemical modifiers → 5

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ii) Refractory Material

→ i) They are form of silica (silicon dioxide) such as quartz, tridymite, cristobalite or a mixture of these.

a) They serve as 2 functions as follows:
a) Provide refractory material during heating
b) Regulate the thermal expansion.

ii) Binder

Since the refractory materials alone do not form a coherent solid mass, some kind of binder is needed. The common binder used for dental casting gold alloys is dental stone, i.e alpha-calcium sulfate hemi-hydrate

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4) What is a dye? Classify dye materials

→ Dye →

It is a reproduction of a prepared tooth made from a gypsum product, epoxy resin, a metal or a refractory material.

classification →

1) Gypsum → Dental stone, high strength type IV
Dental stone, high strength, high expansion type II
Dental stone + lignosulphonates (this wetting agent reduces the water requirements of a stone and thus enables the production of a harder, stronger & more dense set gypsum)

2) Metals → Electroformed / electroplated sprayed metals, amalgams

3) Polymer → Metal-filled resins or inorganic-filled resins, epoxy resin

4) Cements → silicophosphate or polyacrylic acid-bonded cements

5) Ceramic or refractory → for direct baking of porcelain crown or preparation of patterns, die materials for casting.

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5) Give composition & setting reactions of zinc oxide engenol impression paste.

→ Composition →

i) Powder → Composition of zinc oxide eugenol cement as powder

Components	Appox. wt %	Functions
1) Zinc oxide	69	Principal ingredient
2) White rosin	29.3	To reduce brittleness of set cement
3) Zinc stearate	1	Accelerator, plasticizer
4) Zinc acetate	0.7	Accelerator, improves strength
5) Magnesium oxide		As added in some powders

ii) Liquid → Composition of zinc oxide eugenol cement as liquid.

Eugenol	85 %	Reacts wit with Zinc oxide
Olive oil	15 %	Plasticizer

Setting Reaction

i) The setting reaction & microstructure of ZOE cement are same as that of zinc oxide eugenol impression pastes

ii) On the first step, hydrolysis of zinc oxide to its hydroxide takes place.

Water is essential for reaction (dehydrated zinc oxide will not react with dehydrated eugenol) $ZnO + H_2O \rightarrow Zn(OH)_2$

iii) The reaction proceeds as a typical acid-base reaction

$$Zn(OH)_2 + 2HE \rightarrow ZnE_2 + 2H_2O$$

(Zinc hydroxide) Eugenol (Zinc eugenolate)

The chelate formed is an amorphous gel that tends to crystallize imparting strength to the set mass

iv) Structure of set cement: The set cement consists of particles of zinc oxide embedded in a matrix of zinc eugenolate

v) Setting time is around 1-10 min

Setting time is affected by

a) particle size: smaller zinc oxide particles set fast
b) Powder to liquid ratio
c) Addition of Accelerators
d) Cooling the glass slab.

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LAQ:

1) Classify casting defects:
Describe the different porosities

→ The casting may have some defects if procedure is not followed properly and results in poor aesthetic and mechanical properties.

Casting defects are classified by Combe as follows:

1) Distortion
2) surface roughness
3) Porosity
4) Incomplete casting
5) Contamination of casting due to oxidation

Porosity →

It may be internal or external. External porosity can cause dis-coloration of the casting. Internal porosity weakens the restoration.

According to Phillips.
Porosities are classified as follows

1. Those caused by solidification shrinkage (irregular in shape)
   a) Localized shrinkage porosity
   b) suck back porosity
   c) Thicco porosity

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2) Those caused by gas (usually spherical in shape)
   a) Pinhole porosity
   b) Gas inclusion
   c) Subsurface porosity

3) Those caused by air trapped in the mould back pressure porosity.

1. a) Localized shrinkage
   OR Shrink-spot Porosity

→ i) It occurs when the cooling sequence is incorrect and sprue freezes before the rest of the casting. The subsequent shrinkage produces voids or pits known a shrink-spot porosity
   ii) These are large irregular voids usually found near the sprue-casting junction

1. b) Suck-Back Porosity

→ i) It is variation of the shrink-spot porosity This an external void usually seen in the inside of a crown opposite the sprue.
   ii) A hot spot is created by the hot metal impinging on the mould wall near the sprue.

1. c) Micro-porosity

→ These are fine irregular voids within the casting. It is seen when the casting freezes too rapidly.

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2.a) Pinhole Porosity

→ Many metals dissolve gases when molten. Upon solidification the dissolved gases are expelled causing tiny voids, ex platinum and palladium absorb hydrogen. Copper & silver dissolve oxygen.

2. b) Gas Inclusion Porosities

→ Gas inclusion porosities are also spherical voids but are larger than pinhole type. They are more likely due to gases carried in or trapped by the molten metal. A poorly adjusted blow torch can also occlude gases.

3) Back pressure Porosity

→ i) This is caused by inadequate venting of the mould
ii) If the bulk of the investment is too great the escape of air becomes difficult causing increased pressure in mould.
iii) The gold will then solidify before the mould is completely filled resulting in a porous casting with rounded short margins
iv) Avoided by using adequate casting force
v) Use of investment of adequate porosity place pattern not more than 6-8 mm away from the end of the ring.

Type of Porosity	Caused by	Prevented by
1) Irregular	Shrinkage on cooling of alloy	i) Use correct sprue thickness ii) Use reservoir
2) Irregular voids	Inclusion of foreign particles	Heat mould upside down so that particles fall out.
3) Spherical voids	occluded gases in molten alloy	Avoid overheating & prolonged heating of alloy
4) Rounded Margins	Back pressure effect air unable to escape from mould	i) Use adequate casting force ii) Use porous investment iii) Avoid wax residue in mould. iv) Use vents.
5) Regular Large voids	Tubulent flow of molten alloy into the mould	Correct placement of sprue.

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Section - C.

SAQ.

1) - Glass ionomer cements are composed of powder & liquid.

1) Powder :-

- The powder is acid soluble calcium Fluoro-alumino silicate glass.
- It has a higher alumina - silica ratio. This increases its reactivity with liquid.
- The fluoride component acts as ceramic flux. whereas lanthanum, strontium, barium or zinc oxide additions provide radiopacity.

2) Liquid :-

- The liquid contains the following

a) Polyacrylic acid ; Copolymerizing with maleic acid, decrease viscosity & reduce tendency for gelation.

b) Tartaric acid :-

Improves handling characteristics increases working time, & shortens setting time.

c) Water :-

- water is the most important constituent of the cement liquid.

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2)

- Direct filling gold is a direct filling restorative material.

Classification :-

1) Foil :-
   a) sheet :-
      i) Cohesive
      ii) Non cohesive.
   b) Ropes
   c) Cylinders
   d) Laminated foil
   e) Platinized foil.

2) Electrolytic precipitate :-
   a) Mat gold
   b) Mat foil.
   c) Gold- Calcium alloy.

3) Granulated gold.

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3)

- Varnishes are composed of natural gums such as copal, resins, or synthetic resins dissolved in an organic solvent.
- The varnish forms a thin coating on tooth as the solvent evaporates.
- Varnishes have a high solvent content & at least two thin layers should be applied to produce a continous coating.
- Brush or small pledget of cotton may be used as applicator.
- Varnish reduces the infiltration of irritating fluids through marginal cervices.
- Varnish also prevent penetration of corrosion products of amalgams into the dentinal tubules reducing tooth discolouration
- Varnish is not ~~inclue~~ indicated when adhesive materials such as GIC's or bonding agents for resin-based composite are used.

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4)

- There are 2 types of high-copper alloy.

- The first high-copper alloy was formulated by mixing one part of silver-copper particles to two parts of AgSn.
- This modification raises the copper content to 11.8 % by wt.
- This is often called as 'dispersed-phase alloy'.
- Second type of high-copper alloy was made by melting all components of the dispersed phase alloy. This process yields a single composition system.
- The presence of higher copper content makes mechanical cutting of ingots into particles difficult.

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5)

- The oral cavity, because of saliva with its salts, provides a weak electrolyte.
- Galvanic corrosion is an important type of electrolytic corrosion, which occurs when combination of dissimilar metals lies in direct physical contact with each other.
- If a gold restoration comes in contact with an amalgam, restoratⁿ, the amalgam can form the anode of an electrical cell & starts corroding.
- The electric couple created causes sharp pain called galvanic shock.
- The pain usually occurs immediately after insertion & can be minimized by painting a varnish on the surface of the amalgam restoration.
- However, the best procedure is to avoid dissimilar metals to be in contact.

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LAQ.

1)

There are mainly classified on.

1) Based on curing mechanism:
   a) chemically activated composite resins.
   b) Light - activated Composite resins.

2) Based on size of filler particles.

a) Conventional composite resins :- 8-12 um.
b) Small particle composite resins :- 1-5 um.
c) Microfilled composite resins : 0.04-0.4 um.
d) Hybrid composite resins : 0.6-1.0 um.

Composition :-

The essential components of a composite resin are as follows:

- Resin - matrix binder:
  BIS - GMA or Urethane dimethyl acrylate.

- Filler:
  quartz, colloidal Silica of heavy metal glasses.

- Coupling agents : organosilanes.

They also contain the following:

- Hydroquinone :- Inhibitor to prevent premature polymerization.

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- UV absorbers :
  To improve colour stability.

- Opacifiers :
  Titanium dioxide & aluminium oxide

- Colour Pigments :
  To match tooth colour.

Structure :

Composite resin set by addition polymerization reaction.
Dental composites are made up of three structurally different phases as follows.

1) Organic phase or resin phase is the matrix.

2) Inorganic phase or filler particles are dispersed in resin matrix to increase the strength.

3) Interfacial phase or coupling or keying agent act as adhesive agent that promotes adhesion between filler particles & resin matrix by chemical bonding.

Advantages :-

1) Easy manipulation, no mixing is required.

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2) Infinite working & short-controlled setting time.

3) Amount of finish & polish required is very less.

4) Less wastage of material.

Disadvantages :-

1) Use has declined because of depth of curing, health hazards & slow decrease in intensity of UV light.

2) Degree of polymerization is not uniform.

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

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Name of Examination : II nd Improvement Section B
Subject : DMS
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Marks in words :
Marks allotted by IInd Examiner Name : Dr Vishakha Tagade (Lecturer)
TOTAL : → 20
signature :

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Name of Examination : II nd Improvement
Subject : DMS
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Marks in words :
Marks allotted by I^st Examiner Name : Dr Rahul Tayad (Lecturer)
TOTAL : → 22
signature :

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IMPROVEMENT EXAM OF DEPT. OF ORAL PATHOLOGY

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Sec A-20
B-40
C-20
Viva-20

1st Improvement Exam

Surbhi Pawar
Coding - 20 - 11
Spotting - 60
Journal - 20
- 13

G712

Mahatma Gandhi Vidyamandir's

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
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1	B 1	1
2	M 2	2
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4	R 4	4
5	S 5	5
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ANSWER SHEET
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SUBJECT : Dental Anatomy & Dental Histology

PAPER :

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Q. No.	1	2	3	4	5	6	7	8	9	10
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INSTRUCTION

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WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : I st Improvement Exam

Subject : Dental Anatomy and dental histology

Section : B & C

Serial No. 4520

Language of Answer : English

Sub. Code :

Date : 10 10 2019

Bar Code

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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. Writs on both sides of the pages of the answer book.
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Section B & C

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Section B (SAQ'S)

1) Early Bell stage -

The bell stage is divided into early bell stage and advanced bell stage. Cells on the periphery of enamel organ separate into four important layers. The undersurface of enamel organ has deepened, giving the organ its bell shape.

The bell stage is known for histodifferentiation & morphodifferentiation that takes place. The dental organ is bell stage shaped during this stage and majority of cells are called stellate reticulum. Cells on the periphery of enamel organ separate into important layers. Cuboidal cells on the periphery are known as outer enamel epithelium. The cells between inner enamel epithelium and stellate reticulum forms stratum intermedium. The rim of dental organ forms a cervical loop. The dental lamina separates and disintegrates leaving the epithelium. The adjacent cells in the epithelium increase the size.

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2) Reparative dentin-

Dental caries is most prevalent infectious oral diseases experienced by more than 90% of adults Reparative dentin Tertiary dentin is also known as reparative and sclerotic dentin. To

Tertiary dentin is mechanism for tooth heal with new material formation protecting pulp chamber. This form of tooth can be easily distinguished on the surface of teeth as its appearance is darker in colour. compared to primary dentin Tertiary dentin cannot be visible on the surface of tooth but can be viewed on scanning

Wear on the surface of tooth can lead to exposure of underlying dentin.

When wear is severe tertiary dentin may form and help to protect the pulp chamber.

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→3) Functions of pulp:

The pulp is soft tissue where blood vessels and nerves passes.

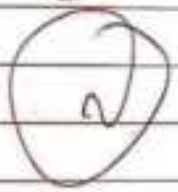
When there is exposure or something pulp helps the tooth

It supplies nutrients & moisture to the surrounding

It provides protection of teeth.

Its functions are

1) Formative
2) Protective
3) Sensitive
4) Reparative



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→ 4) Difference between cellular and acellular cementum.

Cellular cementum	Acellular cementum
1) It contains cementocytes in lacunae	1) It does not contain cementocytes in lacunae
2) It does not occur towards CEJ	2) It occurs towards CEJ
3) Nucleus is large in size	3) Nucleus is small in size
4) Cementocytes form cellular cementum	4) Cementocytes does not form acellular cementum

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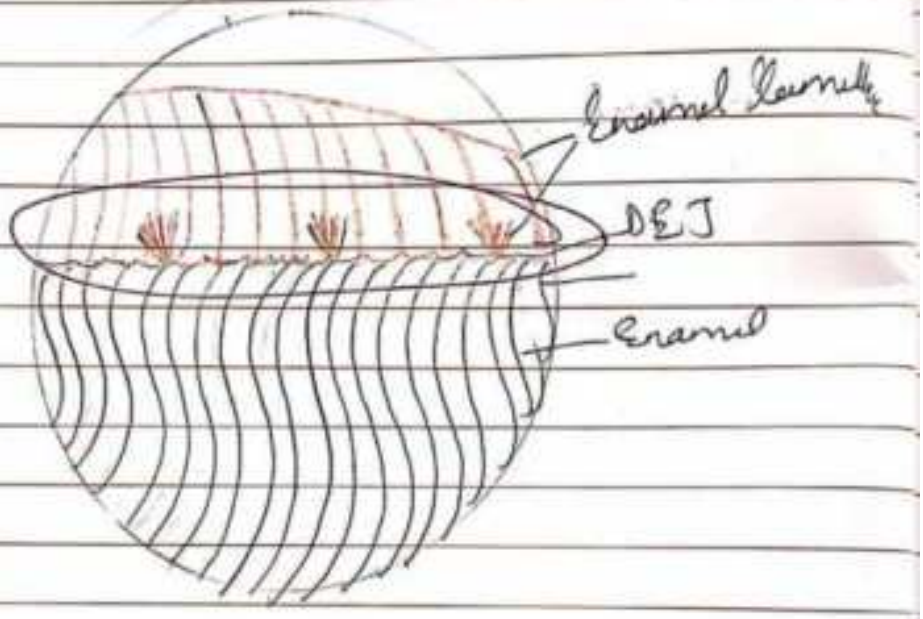
→ 5) Enamel lamellae.

1) Enamel lamellae are thin leaf shaped structures occuring from dentinoenamel junction.
2) It appears very thin from the histological section
3) It appears horizontally from the ground section.



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6) Maxillary Canine	Mandibular Canine
1) Mesiodistal dimension is ~~less~~ more	1) Mesiodistal dimension is less.
2) Root is longer in maxillary canine	2) Root is shorter in mandibular canine
3) Distolingual dimension is less in maxillary canine	3) Distolingual dimension is more in mandibular canine
4) Distobucal cusp is more rounded in maxillary canine	4) Distobuccal cusp is ~~not so~~ straight in mandibular canine
5) Root is longer and can be little straight as seen ~~[illegible]~~ by mesiodistal side	5) Root is shorter and is little rounded
6) Maxillary canine cusp is ~~sharp~~ sharp	6) Maxillary canine cusp is blunt

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~~Class Traits of Incisors~~

Maxillary Canine

7) Cingulum is divided into two halves

8) Fossa is deep

Mandibular Canine

7) Cingulum is less underdeveloped

8) Fossa is not deep

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→7) Class Traits of Incisors.

→ 1) It is the difference between different classes of teeth.

2) Incisors are very sharp and rounded.

3) Maxillary central incisor is longer than mandibular central incisor.

4) Incisors are more sharp and help in chewing, biting etc.

5) With the help of incisor the food can be divided into small particles

6) With the help of incisors aesthetics we can also be done

7) Rounded prominent eminences on edges of newly erupted permanent incisors are called mamelons

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→ 9) Embrasures -

1) Embrasures are the spaces between two adjacent tooth
2) Embrasures can be lingual, buccal and gingival
3) There are types of embrasures
   1) Lingual
   2) Buccal
   3) Gingival

Gingival embrassures are type I, type II

1) Type I gingival embrasure are very tight in contact
2) Type II gingival embrasures are very loose in contact

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→ 8) Occlusal aspect of mandibular 1st premolar

→ 1) Mandibular 1st premolar is smaller than maxillary 1st premolar.
2) Mandibular 1st premolar long is divided into H type, Y type, U type.
3) In H type mandibular 1st premolar fossa is very deep.
4) In Y type mandibular 1st premolar fossa is little deep.
5) Mesiolingual cusp is smaller in mandibular 1st premolar

VIVA

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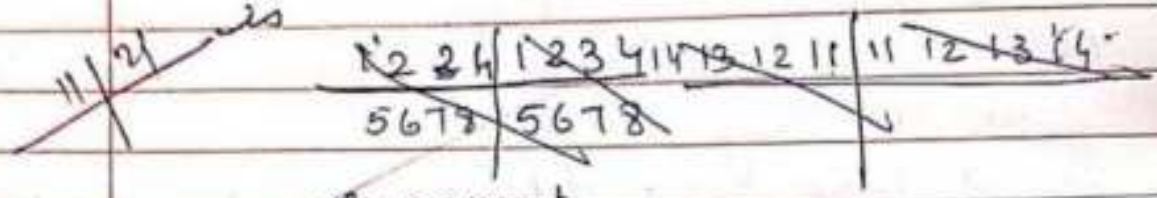
→10) FDI system of tooth numbering

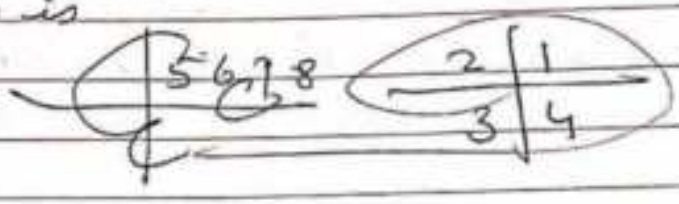
→1) FDI system is known as federation Dental International

→2) In permanent the tooth numbering is



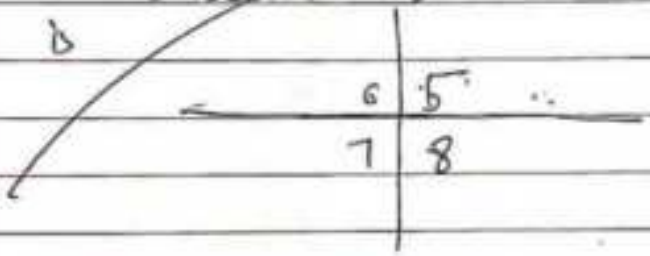
Permanent

→3) In deciduous the tooth numbering system is



→4) The first tooth we can see is central incisor and the last tooth we can see is 1st premolar

→5) In deciduous the tooth numbering system



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Q LA Q's

→ Maxillary 1st premolar is larger and stronger in all types of tooth in maxilla.
It is strongest tooth in maxilla.
Root is longer than mandibular 1st premolar.

First evidence of calcification	6 months
Enamel completed	6 to 7 yrs
Root completed	7 to 8 yrs
Eruption.	
Length of root	10 mm
Mesiodistal diameter of crown	0.5 mm
Mesiodistal diameter of crown at cervix	2 mm
Labiolingual diameter of crown	1 mm
Labiolingual diameter of crown at cervix	2 mm
Mesial	0 mm
Distal	2 mm

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Set Trait :- It is the difference between permanent and primary teeth.
Permanent 1st premolar is longer and stronger than primary 1st premolar.
Mesiodistal dimension is more in permanent 1st premolar

Type Trait :- It is the difference between maxillary 1st premolar and maxillary 2nd premolar
Labiolingual dimension is greater in maxillary 1st premolar than in 2nd maxillary premolar
Maxillary 1st premolar has very deep fossa than in maxillary 2nd premolar

Arch Trait :- It is the difference between maxillary 1st premolar and mandibular 1st premolar
Maxillary 1st premolar dimensions are more than mandibular 1st premolar
Mandibular 1st premolar have cusp type K type, Y type, U type

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Class Trait :- It is the difference between different classes of teeth. Maxillary 1st premolar is very large in size and stronger in maxilla.

Maxillary Premolar can help in chewing, biting the pieces i.e larger molecules of food particles. Maxillary 1st premolar also helps in aesthetics.

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2) Life cycle of ameloblasts

~~Ameloblasts develops~~ Ameloblasts are develop from amelogenins

There are five stages of amelobalsts

1) Morphogenic stage
2) Organizing stage
3) Formative stage
4) Maturative stage
5) Desmolytic Stage

1) ~~Morphogenic~~ - ~~Inner~~ ~~stage~~

1) Morphogenic stage - Inner enamel epithelium cells are columnar Nucleus reach towards proximal side. Mitochondria comes downwards

2) Organizing stage - First layer of dentin is formed
Nutrition of ameloblast is cut and they receive nutrition from blood vessels entering from outer enamel epithelium which results for collapse of stellate reticulum

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3) Formative Stage -
Cells are elongated and become larger in size.
Initial layer of enamel epithelium is deposited.
Cells is pushed towards the periphery.

4) Maturative Stage :- Maturation of cells
Deposition takes place.
Calcification of premineralized matrix
Cells increased in size
Inner enamel epithelium develops

5) Desmolytic Stage :- This is the last stage of life cycle of ameloblast
The cells starts decreasing in this stage.

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IInd Improvement Exam

Sushbhi Pawar

6716

Mahatma Gandhi Vidyamandir's

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 1 2 3 4 5 6 7 8 9	A B M P R S V W / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
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NAME OF EXAMINATION

SUBJECT : DADN

PAPER :

ROLL NO. (In Words)

QUESTION BOOKLET VERSION (In Words)

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CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date : 19-10-17

Q. No.	1	2	3	4	5	6	7	8	9	10
a		✓			✓	✓			✓	
b	■				■					
c		■	■	■		■		■		■
d									■	

Q. No.	11	12	13	14	15	16	17	18	19	20
a	✓		■		■	■				
b							■			
c	■	■						■	■	■
d				■						

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

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2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	CORRECT	WRONG	WRONG
a ☒	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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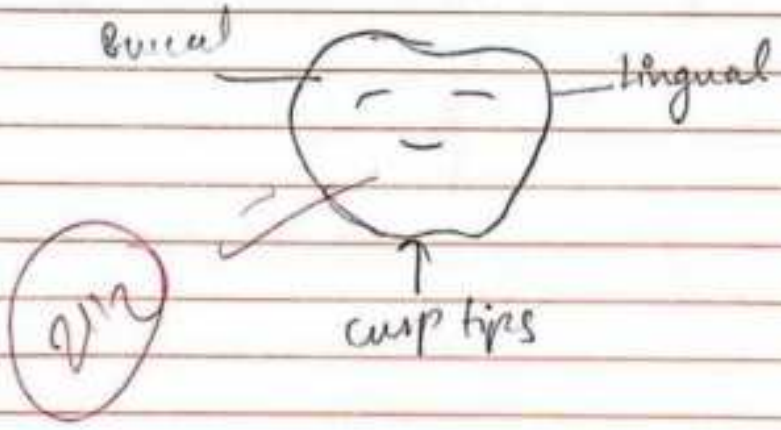
SAQ's

Q1) Describe the occlusal of mandibular 2nd premolar.

→ Mandibular 2nd premolar has five cusp.
Three buccal and two lingual cusp.
As we see from the occlusal aspect there we can see occlusal outline
Buccal slope and distal slope come in contact with one another
Buccal slope is slightly convex when it joins to the cervical line
Distal slope is concave when it joins the cervical line
Tips of buccal and lingual cusp can be seen from the occlusal aspect.
Hexagonal appearance can be seen from the occlusal aspect.
Fossae are not be seen from the occlusal aspect.



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2) Zones of pulp

Pulp is the connective tissue which help the teeth to holed in the socket.

Pulp is little pinkish in appearance

Zones of pulp include

Odontoblastic zone

Free zone cell rich zone

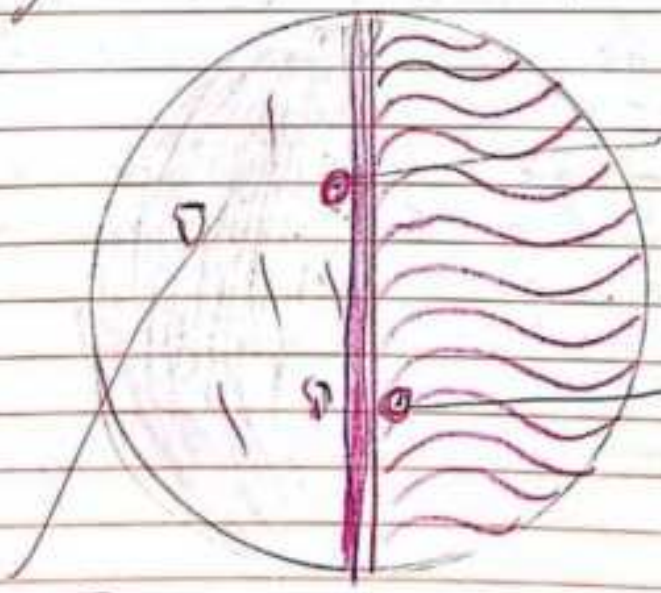
Pulp core

Odontoplastic zone has free radicals, vessels, nerves, odontoblasts

Free zone has nothing in it

Pulp core has the remaining pulp particles in this zone

Pulp stone etc are included in this area of zones of pulp.



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3) Principal fibres of PDL

Periodontal ligament is the soft connective tissue. Principal fibres are the fibres which help the PDL to connect to the tooth
Principal fibres of periodontal ligament are

1) Alveolar crest group of fibres :- They are most seen in PDL. They are alveolar crest group of fibres. They are placed in between the periodontal ligament They have large space

2) Gingival group of fibres :- These fibres are related to the gingiva. They are inclined towards the hard palate. They appear pink in colour.

3) Horizontal group of fibres :- They are placed horizontally towards the surface of tooth. They are at a 90% angle to the tooth surface

4) Oblique group of fibres :- They are placed obliquely at a obtuse angle to the surface of tooth. The Nerves, vessels run through these region

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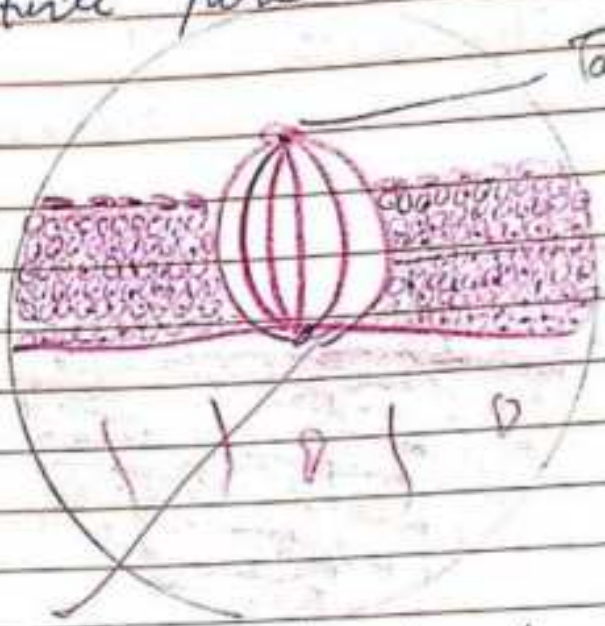
1) Taste buds - Taste buds are the well organized tissue in the mouth. They are the sensory sensations for taste. They are also have the taste pore.



They help in identification of taste
They have the keratinized epithelium.
They have the forms and can be distributed in the various types such as
Salt & Bitter are distributed on the anterior 2/3rd of the tongue
Sweet is distributed on the posterior 1/3 of the tongue
Papillae are present each and they are circumvallate, foliate, filiform foliate papillae does not contain taste buds.

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5) Difference between mandibular 1st and 2nd molar

1st Molar	2nd molar
1) They are ~~not~~ long as compared to 2nd molar	1) They are not so long as compared to 1st molar
2) They have are not single rooted	2) They are not single rooted
3) They ~~are~~ have lined cingulum	3) They don't have so much of cingulum
4) Fossae is more prominent than in 2nd molar	4) Fossae is not so prominent in 2nd molar
5) Mesiodistal dimension is greater in mandibular 1st molar than in 2nd molar	5) Meridistal dimension is not greater in mandibular 2nd molar
6) Longer than 2nd molar	6) Shorter than 1st molar
7) Labiolingual dimension is greater	7) Labiolingual dimension is [illegible]

3/12/17

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7) Ligaments of TMJ.

TMJ is referred to as Tempero-mandibular Joint. Temperomandibular Joint is located at the neck of mandible Mandibular nerve passes through this tempero-mandibular joint

Ligaments of TMJ.

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Angle of mandible :- This can be at an angle to the mandible from which mandibular nerve passes through it.

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8) Ligament Traction Theory

This is the theory which we study in tooth eruption In this ligament traction theory the cells become large and multinucleated.



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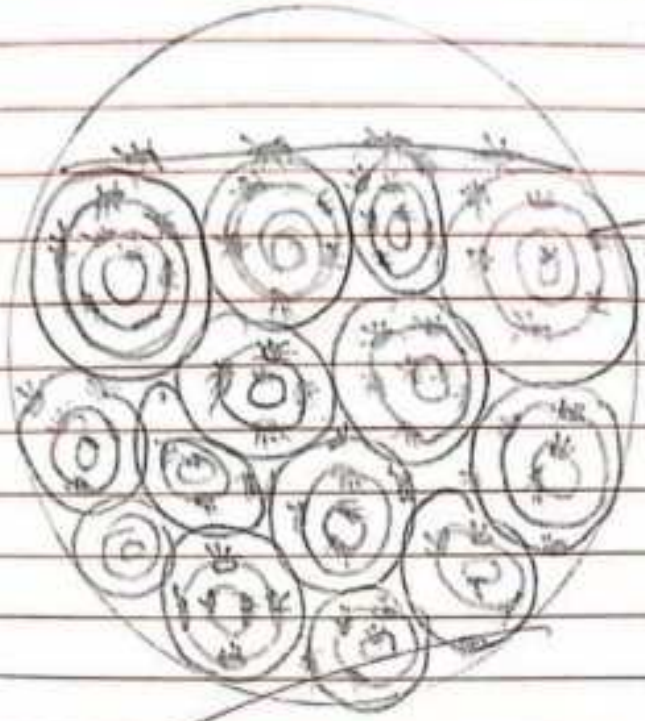
9) Compact bone :-



Compact bone is ~~is~~ comes under the alveolar bone. Alveolar bone ~~is the~~ has composition of 90%. It is divided into Alveolar bone proper Compact bone has concentric lamellae attached to one another by that lamellae.
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LAQ's

1) Classify OMM. Describe in detail clinical appearance and histology of hard palate

→ OMM is defined as oral Mucous membrane. They can be classified on basis of structure, cells etc they can be classified on structure as follows.

1) Masticary mucosa - Hard palate
They are attached by stronger fibres and so the masticatory part involves hard palate

2) Specialized mucosa :- Gingiva
They are not attached to the stronger & masticatory fibres.
They appear more pink in colour
Gingiva has stippling in adults.

3) lining or reflecting mucosa :-
lining of cheek, lips etc are the examples come under this region
Lips are very soft. They are not attached to any fibres. Lips have thin lining of mucosa.

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8) On basis of Keratinization

1) Keratinocytes - They have Keratinized epithelium. Small cells can appear in this epithelium.

2) Non-Keratinocytes - They have no Keratinized epithelium. Melanocytes etc come under this category of non-Keratinocytes

Stratum Basale :- These cells are located at the base. They are columner cells sometimes appear in clinical view.

Stratum Intermedium :- These cells are multinucleated. These layer is made of keratinized epithelial Stratum intermedium is located in between stratum basale & stratum corneum.

Lamina Propria :- Lamina propria is fully pinkish in colour. They include many cells.

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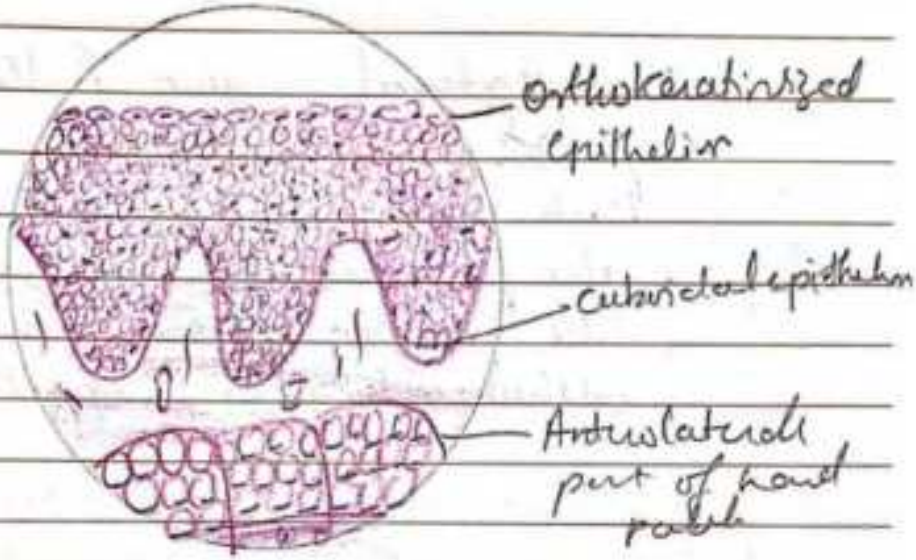
Stratum Corneum :- This is the first layer. The cells are cuboidal in shape. They are multinucleated. Hence the layer formed is stratum corneum.

Hard Palate :-



Antero-lateral region of Hard Palate.
Antero lateral part of Hard palate has 1/3 of the anterior region of Hard palate. It is covered by ~~cuboidal~~ orthokeratinized epithelium

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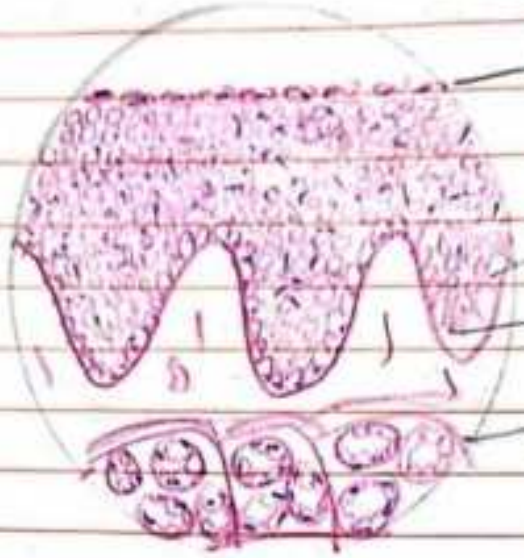
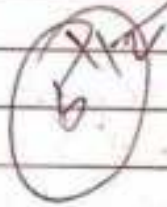


Posterolateral region of Hard palate

Posterolateral region has 1/3 of the posterior part of palate.

The posterolateral part is having orthokeratinized epithelium.



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2) Discuss traits of maxillary first molar. Describe its morphology with well labelled diagrams

First maxillary molar is longer and larger than the maxillary 2nd molar. The maxillary 1st molar has five cusps. The root is longer and bifurcated in 1st molar and we cannot see this in 2nd molar

First evidence of calcification	1 1/3 to 1 1/5 months
Enamel completed	5 to 5 yrs
Root completion	9 to 10 yrs
Tooth eruption	6 to 7 yrs
Cervicoincisal length of crown	8.5 mm
Length of root	- 14 mm
Labiolingual dimension of crown	- 2.5 mm
Labiolingual dimension of crown at cervical	- 2.2 mm
Distobuccal dimension of crown	- 2.1 mm
Distobuccal dimension at cervical	- 1.5 mm

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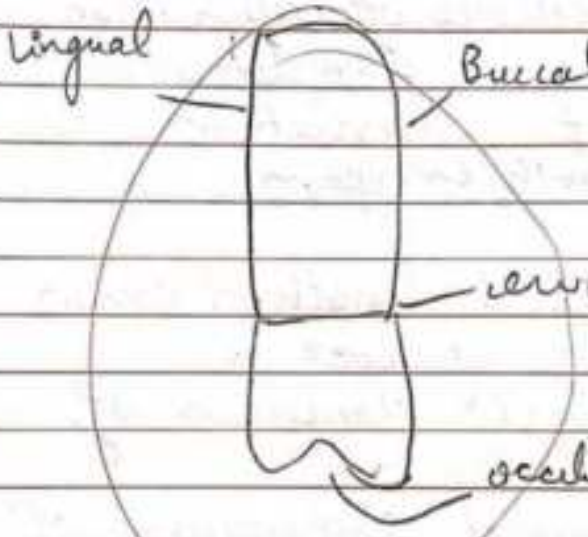
Arch Trait :- In this trait we have the differences between maxillary and mandibular 1st molar

Maxillary 1st molar is longer than mandibular 1st molar

The eruption is little earlier than the mandibular 1st molar

Mesiodistal dimension is greater in maxillary 1st molar

Cusp of Carabelli is seen in maxillary 1st molar



Type Trait :- Difference between maxillary 1st molar and maxillary 2nd molar

It is larger in dimen than 2nd molar

Cusp is more prominent in maxillary 1st molar

Cervicoincisal length is greater in maxillary 1st molar than that of mandibular 2nd molar

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Set Trait :- Difference between the permanent and deciduous dentition
Permanent maxillary 1st molar are stronger than deciduous.
They are yellowish in colour and appearance white in deciduous the appearance is whitish.
Labiobuccal dimension is greater in permanent maxillary 1st molar
Cusp are seen prominently in permanent maxillary 1st molar

Type Trait :- Difference between different classes of teeth.
Molar is important for or it can used for aesthetics
Molar is also important for chewing, swallowing etc.
Cusp are more prominent and help in mastication





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

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2	5½	3½									9½
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Marks allotted by Moderator Name :
TOTAL : → 34/60
signature :

Name of Examination :
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IInd Improvement Exam

Sushbhi Pawar

6716

Mahatma Gandhi Vidyamandir's

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 1 2 3 4 5 6 7 8 9	A B M P R S V W / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : DADN

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

INVIGILATOR'S SIGNATURE

Date : 19-10-17

Q. No.	1	2	3	4	5	6	7	8	9	10
a		✓			✓	✓			✓	
b	■				■					
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d									■	

Q. No.	11	12	13	14	15	16	17	18	19	20
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b							■			
c	■	■						■	■	■
d				■						

Q. No.	21	22	23	24	25	26	27	28	29	30
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c										
d										

7/20

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☒	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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IInd Improvement : Exam

Surbhi Pawar

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination :

Subject : Dental Anatomy and Dental Histology

Section : B & C

Language of Answer : English

Sub. Code :

Date : 19 10 2019

Serial No. 3400

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 or 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 : II 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.

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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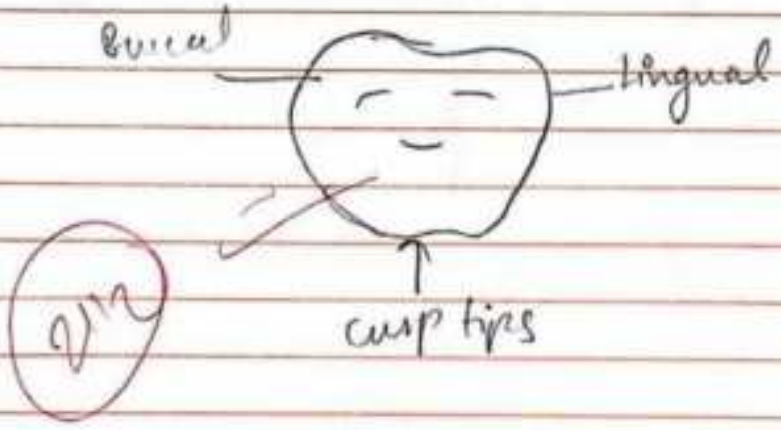
SAQ's

Q1) Describe the occlusal of mandibular 2nd premolar.

→ Mandibular 2nd premolar has five cusp.
Three buccal and two lingual cusp.
As we see from the occlusal aspect there we can see occlusal outline
Buccal slope and distal slope come in contact with one another
Buccal slope is slightly convex when it joins to the cervical line
Distal slope is concave when it joins the cervical line
Tips of buccal and lingual cusp can be seen from the occlusal aspect.
Hexagonal appearance can be seen from the occlusal aspect.
Fossae are not be seen from the occlusal aspect.



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2) Zones of pulp

Pulp is the connective tissue which help the teeth to holed in the socket.

Pulp is little pinkish in appearance

Zones of pulp include

Odontoblastic zone

Free zone cell rich zone

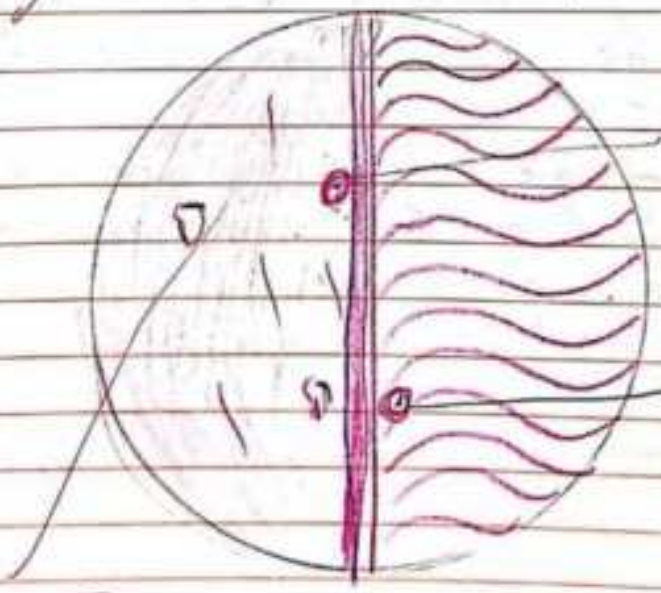
Pulp core

Odontoplastic zone has free radicals, vessels, nerves, odontoblasts

Free zone has nothing in it

Pulp core has the remaining pulp particles in this zone

Pulp stone etc are included in this area of zones of pulp.



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3) Principal fibres of PDL

Periodontal ligament is the soft connective tissue. Principal fibres are the fibres which help the PDL to connect to the tooth
Principal fibres of periodontal ligament are

1) Alveolar crest group of fibres :- They are most seen in PDL. They are alveolar crest group of fibres. They are placed in between the periodontal ligament They have large space

2) Gingival group of fibres :- These fibres are related to the gingiva. They are inclined towards the hard palate. They appear pink in colour.

3) Horizontal group of fibres :- They are placed horizontally towards the surface of tooth. They are at a 90% angle to the tooth surface

4) Oblique group of fibres :- They are placed obliquely at a obtuse angle to the surface of tooth. The Nerves, vessels run through these region

3/12

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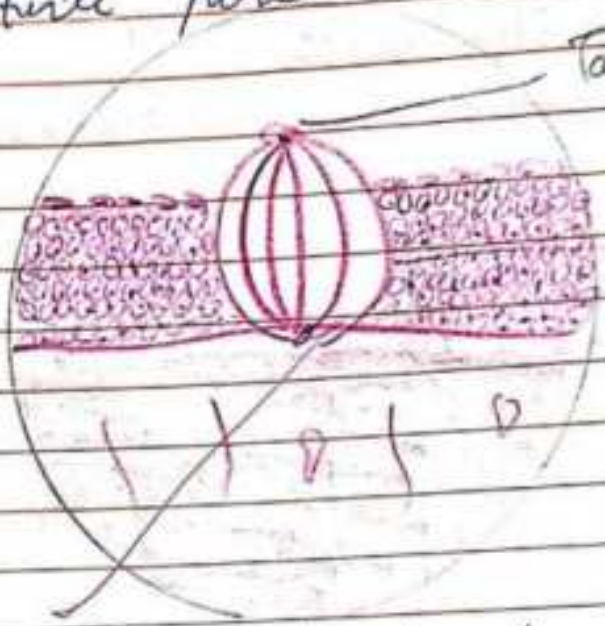
1) Taste buds - Taste buds are the well organized tissue in the mouth. They are the sensory sensations for taste. They are also have the taste pore.



They help in identification of taste
They have the keratinized epithelium.
They have the forms and can be distributed in the various types such as
Salt & Bitter are distributed on the anterior 2/3rd of the tongue
Sweet is distributed on the posterior 1/3 of the tongue
Papillae are present each and they are circumvallate, foliate, filiform foliate papillae does not contain taste buds.

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5) Difference between mandibular 1st and 2nd molar

1st Molar	2nd molar
1) They are ~~not~~ long as compared to 2nd molar	1) They are not so long as compared to 1st molar
2) They have are not single rooted	2) They are not single rooted
3) They ~~are~~ have lined cingulum	3) They don't have so much of cingulum
4) Fossae is more prominent than in 2nd molar	4) Fossae is not so prominent in 2nd molar
5) Mesiodistal dimension is greater in mandibular 1st molar than in 2nd molar	5) Meridistal dimension is not greater in mandibular 2nd molar
6) Longer than 2nd molar	6) Shorter than 1st molar
7) Labiolingual dimension is greater	7) Labiolingual dimension is [illegible]

3/12/17

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Angle of mandible :- This can be at an angle to the mandible from which mandibular nerve passes through it.

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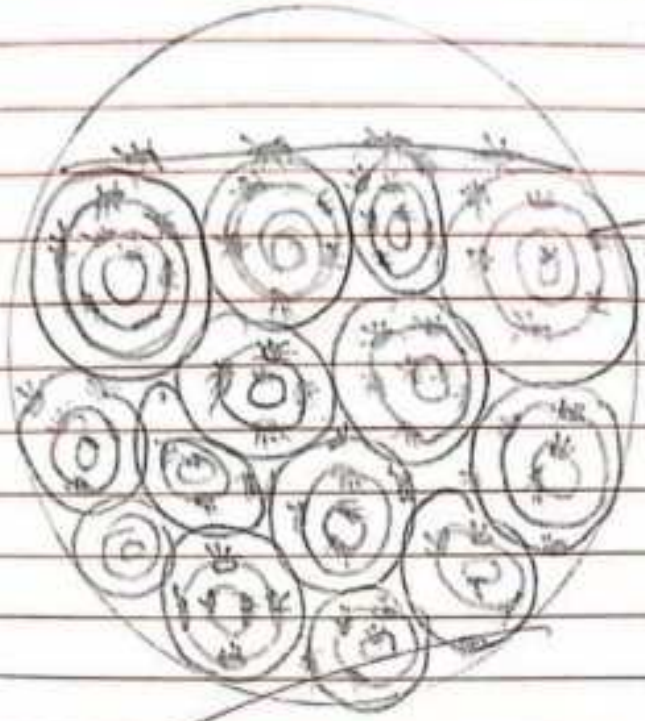

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Gingiva has stippling in adults.

3) lining or reflecting mucosa :-
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Lips are very soft. They are not attached to any fibres. Lips have thin lining of mucosa.

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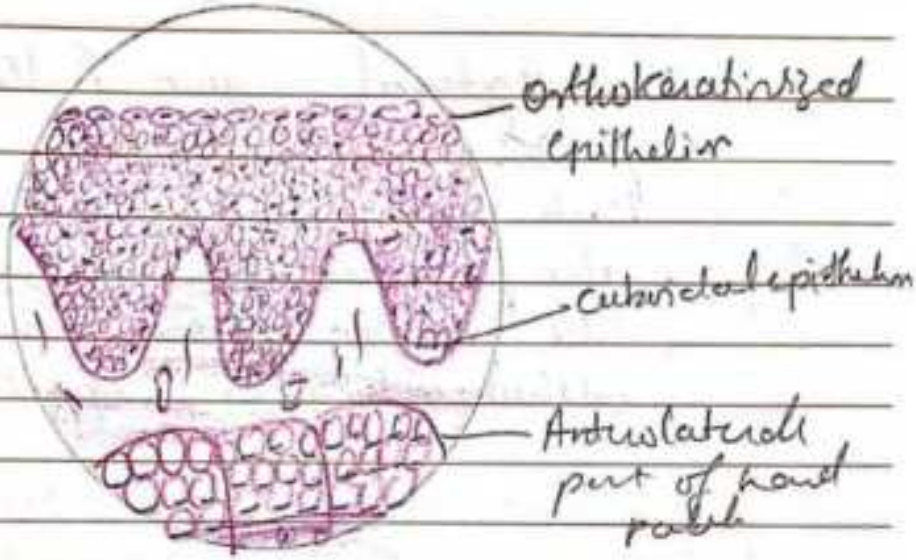
Hard Palate :-



Antero-lateral region of Hard Palate.
Antero lateral part of Hard palate has 1/3 of the anterior region of Hard palate. It is covered by ~~cuboidal~~ orthokeratinized epithelium

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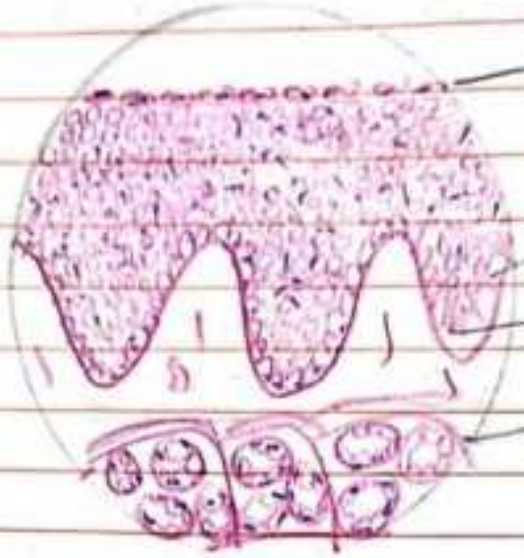
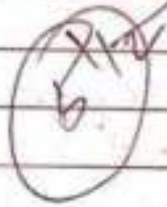


Posterolateral region of Hard palate

Posterolateral region has 1/3 of the posterior part of palate.

The posterolateral part is having orthokeratinized epithelium.



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2) Discuss traits of maxillary first molar. Describe its morphology with well labelled diagrams

First maxillary molar is longer and larger than the maxillary 2nd molar. The maxillary 1st molar has five cusps. The root is longer and bifurcated in 1st molar and we cannot see this in 2nd molar

First evidence of calcification	1 1/3 to 1 1/5 months
Enamel completed	5 to 5 yrs
Root completion	9 to 10 yrs
Tooth eruption	6 to 7 yrs
Cervicoincisal length of crown	8.5 mm
Length of root	- 14 mm
Labiolingual dimension of crown	- 2.5 mm
Labiolingual dimension of crown at cervical	- 2.2 mm
Distobuccal dimension of crown	- 2.1 mm
Distobuccal dimension at cervical	- 1.5 mm

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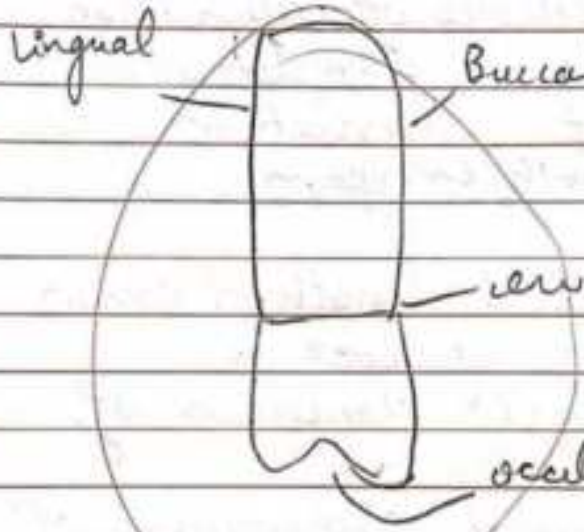
Arch Trait :- In this trait we have the difference between maxillary and mandibular 1st molar

Maxillary 1st molar is longer than mandibular 1st molar

The eruption is little earlier than the mandibular 1st molar

Mesiodistal dimension is greater in maxillary 1st molar

Cusp of Carabelli is seen in maxillary 1st molar



Type Trait :- Difference between maxillary 1st molar and maxillary 2nd molar

It is larger in dimen than 2nd molar

Cusp is more prominent in maxillary 1st molar

Cervicoincisal length is greater in maxillary 1st molar than that of mandibular 2nd molar

Set Trait :- Difference between the permanent and deciduous dentition
Permanent maxillary 1st molar are stronger than deciduous.
They are yellowish in colour and appearance white in deciduous the appearance is whitish.
Labiobuccal dimension is greater in permanent maxillary 1st molar
Cusp are seen prominently in permanent maxillary 1st molar

Type Trait :- Difference between different classes of teeth.
Molar is important for or it can used for aesthetics
Molar is also important for chewing, swallowing etc.
Cusp are more prominent and help in mastication





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IMPROVEMENT EXAM OF DEPT. OF PHYSIOLOGY & BIOCHEMISTRY

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ROLL NO.

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QUESTION BOOKLET VERSION

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QUESTION BOOKLET SR. NO.

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ANSWER SHEET
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NAME OF EXAMINATION First improvement

SUBJECT : Physiology and Biochemistry

PAPER :

ROLL NO. (In Words)

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Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

1. DARKEN THE BLOCK ■ USING BLUE BALL POINT PEN ONLY.
2. DARKEN ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW:

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

5/10 + 4/10 = 9/20

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Shubhi Pawar

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Center Code

Examination : B.D.S - I

Subject : Biochemistry & Physiology

Section : B & C

Serial No. 0797

Language of Answer : Sub. Code :

Date : Bar Code

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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 or 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 : 1st improvement exam

Subject : Biochemistry and Physiology

Code :

Dept. of Hum. Human Physio & Biochem K.B.H. DC & Hosp...

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

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section-B

Q2] Short Answer Questions.

→i) ECG - & ECG is known as Electro-cardiogram. Electrocardiogram is used for patients in hospitals to check the heart beat and pulse.
Electrocardiogram is a machine that helps to read the heart rate and pulse rate.
In Electrocardiogram there are four types of waves.
They include P wave, Q wave R& R wave, QRS wave, T wave
P wave - It is functioning the pulse rate which is upto 10 mm Hg
Q wave - It is functioning the other side which is upto 2 mm Hg
QRS wave :- It is type of wave which is generally seen in people
T wave - It is not generally seen in people.
R wave :- It is also not common wave.



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→2) Stages of Erythropoiesis -
Erythropoiesis is defined as the break down of leucocytes Erythropoiesis has 5 stages they include the following

1) ~~Pro~~erythro
2) Proerythroblast - In this stage of proerythroblast the nucleus size is large and it requires a number of space to secrete It is the first stage of erythropo and later it develops into other stage.

2) Early normoblast - In this stage of erythropoiesis the nucleus starts to retoriate their size and starts modifying by themselv and later it develops into othe stage and forms Intermediate normoblast.

3) Intermediate normoblast - In this stage of ~~ed~~ erythropoiesis the nucleus starts disappearing and form the new stage and forms and goes into lat normoblast

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4) Late normoblast - It is the matured stage of erythropoiesis and in this stage of erythropoiesis the nucleus gets disappear. It size is very small. and it goes to reticulocyte

5) Reticulocyte :- It is the matured stage of erythropoiesis and in this stage of erythropoiesis the nucleus gets starts filling its shape. It size gets to normal. At the end this erythropoiesis completes its work in 5 of five stages.

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c) Baroreceptor reflex - Riflex is the action that we tend to do. It contains reflex - Normal person can have reflex towards the action that the person has done

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→ d] Hazard of mismatch of blood transfusion

- Mismatch of blood transfusion can harm the person
- If mismatch is done it can get cause severe diseases such as Aids
- It can cause many blood transfusion disease

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→ c] Intrinsic pathway of blood coagulation
In this pathway the first process is the person gets a cut and the cell starts developing in a large amount the of blood flows in a very less quantity and the cell starts growing & developing and then the pathway starts

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Q3] LAQ

→ a) Cardiac cycle is the cycle which includes all the cyclic events that are related to heart. It includes systole and diastole

Systole - It is the maximum pressure exerted on the wall of heart It is 120 mm/Hg is the count of systolic pressure

Diastole :- It is the minimum pressure exerted on the wall of heart It is 80 mm/Hg is the count of diastolic pressure -

Interventricular systole - It is the pressure exerted by the heart on the either side of wall and it requires the maximum pressure - Its count is 10 mm/Hg

Interventricular diastole :- It is the minimum pressure exerted by the heart to the lung of the body. The count is measured as 20 mm/Hg.

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Intraventricular systole - It is this systole involves the maximum pressure by heart into the lun of the body It is mainly secon In hypertension, more exercise Due to which the person gets more helpers and the pressure gets increased

Intraventricular diastole - It is this diasto includes the minimum pressure exerted by the lung to the other parts of the bo and it so is caused due to hypotension, less breathing (breathing problems) etc.

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Section C :-

Q 4) SAQ.

→ a) Carbohydrates are polyhydroxy aldehyde or ketone or (compound) which are produced on hydrolysis.

Functions of carbohydrate -

1) It is the storage form of glucose
2) Source of food. It is found in vegetables, cereals.
3) It is also source of nucleic acids such as RNA, DNA
4) It helps in cell permeability
5) Maintaining the cell membrane

Classification of Carbohydrates

1) Monosaccharides - It is sweet in taste. It includes one sugar storage unit. They are sweet to taste. They are soluble in water It includes one chain of fatty acid
   eg - Glucose
2) Disaccharide :- It includes a pair of storage unit. It is not to sweet in taste. It is not soluble in water. It contains a pair of fatty chain acid
   eg - Fructose

Oligo-saccharide

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Polysaccharide :- It contains more than one / many chain of fatty acid. It is also not soluble in water.
eg - lactose

Polysaccharide

Homopolysaccharide
1) Homopolysaccharide means same structure unit
eg - Glucose

Glycogen
Starch

2.5

Heteropolysa
1) Heteropolysac
contains di
other chain
It means
it has no
same struc
unit
eg - Galact

GAG

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→ b) Irreversible reactions of glycolysis

Glycolysis means break down of glucose into glucose and lactose. In presence of ATP it forms glucose and in absence of glucose it is lactose.

Irreversible reactions of glycolysis

Glucose
(1) ↓ Hexokinase
Glucose-6-phosphate
(2) ↓
Fructose-6-phosphate (3) Phosphofructokinase
(3) ↓
Fructose 1,6-Biphosphate
(4) ↓
Dihydroxyacetone phosphate ⟵ Thiokinase (5) ⟶ Glyceraldehyde-3-phosphate
(6) ↓
1,3-Phosphoglycerate
(7) ↓
3-Phosphoglycerate
(8) ↓
2-phosphoglycerate
(9) ↓
Pyruvate (enol)
↓
PEP → Pyruvate (kinase) (10)
↓
Lactate

Which are the irreversible

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(14)

(10) 03

Show only these reac

1, 3, 9 are the irreversible reactions of glycolysis

→ c) Dietary fibres – Dietary fibres are the fibres which are easable and eatable products. These fibres are essential for our body to create immune system stronger

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d) Lipids :- lipids are defined as they are soluble in water, most reactive elements.

Lipids are classified into

1) Simple lipids :- They are soluble in water
eg. Fats oils

2) Complex lipids - They are not soluble.
further divided as ?

3) Neutral lipids :- They are sometimes soluble & sometimes not soluble in water

Phospholipids :- They contain
1) Glycerophospholipids - It contains glycerol as their compound
2) Spingophospholipid :- It contains sphingosine as their compound.

Glycerophosphospholipid 1) Lecithin - etc
or
Sphingophospholipid - 1) It contains sphingosine as their compound.

20

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e) Essential Fatty Acid :-
Essential fatty acid are defined a
ithey are required in the diet
of the person
Essential fatty acid are linoleic
acid, linolenic acid, archadonic
acid.
In this archadonic acid is mostl
seen and used as essential
fatty acid

20

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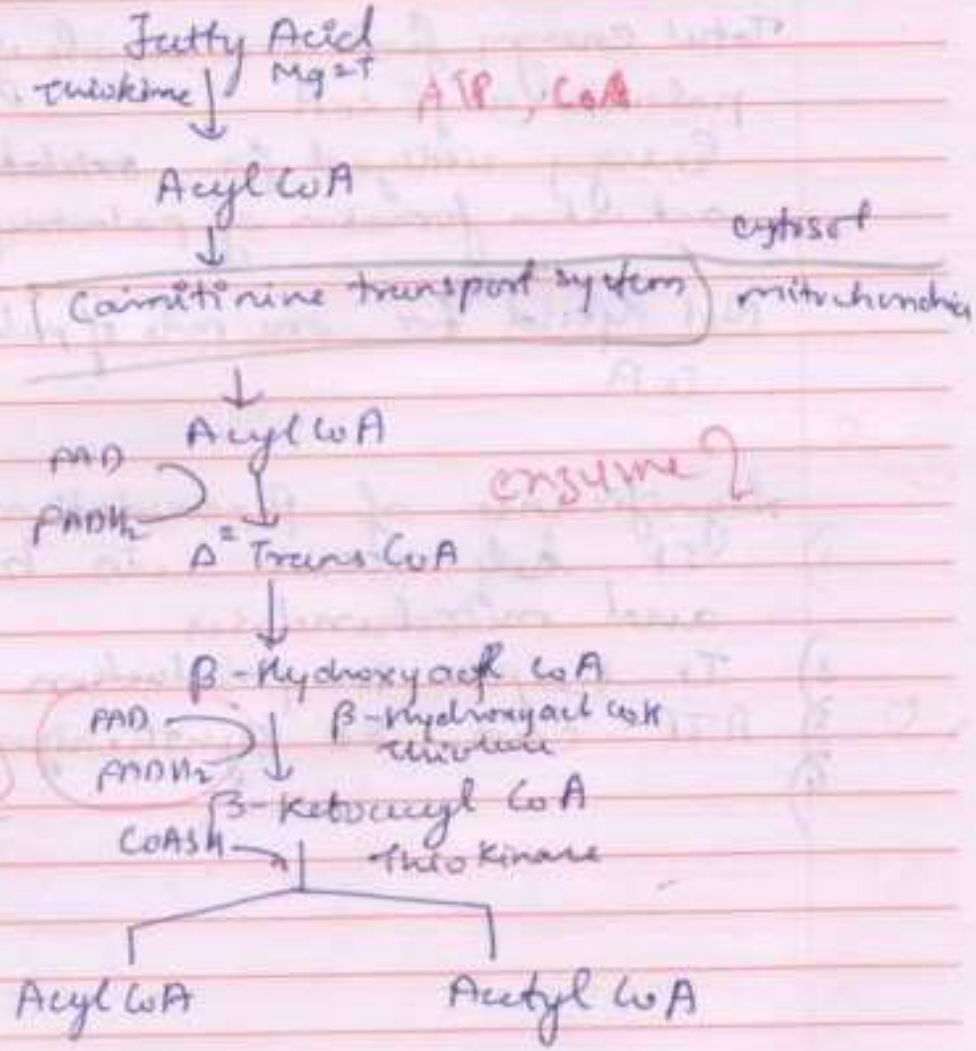
Q5) LAQ :-

→ a) β-oxidation - Oxidation of fatty acid into acyl CoA and acetyl CoA It occurs in cytosol & mitochondria

Defining incomplete



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Energetics

b) β-oxidation Energetics of palmitic acid oxidation

Mechanism ATP yield

1) β oxidation 7 cycles
$FADH_2$ by electron transport chain 10.5

2) NAD H involved by ETC 16.5

how many ?

10

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2) From 8 acetyl coA
Oxidized by citric acid cycle, 80
each acetyl CoA provides
10 ATP

Total energy from one mole of palmitic acyl coA 108
Energy utilized for ~~oxidation~~ activation formation of palmitoyl CoA −2

Net yeild for one mole of palmitoyl CoA 106

Significance of β-oxidation
1) It ~~help~~ occurs in both cytosol and mitochondria
2) It helps in production of ATP
3) ATP can be synthesized in ~~the~~ cy
4)

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Name of Examination : I Improvement Section C
Subject : Biochem
Subject Code : B.No.: S.No.:

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Surbhi Pawar II nd Improvement II Improvement

winter 2019 2018-19

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ANSWER SHEET
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NAME OF EXAMINATION

SUBJECT : General Physiology & Biochemistry

PAPER :

ROLL NO. (In Words)

QUESTION BOOKLET VERSION (In Words)

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1/10 17 3/10 = 4/20.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

SURBHI PAWAR

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

Center Code

Examination : 2nd Improvement

Subject : B.D.S. General Human Physiology and Biochemistry Section : B & C

Language of Answer : English Sub. Code :

Date : 13 10 2014

Bar Code

Serial No.

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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.
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Section B & C

Seat No. (in Figures)

Seat No. (in Words)

Examination :

Subject : General Human Physiology & Biochemistry

Code :

P.R.N.

Dept. of Gen. Human Physio & Biochem MGV's KBH DC & Hosp, Nashik-3.

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

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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Q2) SAQ

→ i) Thyroid hormone is mainly seen in adults Nowadays it can be seen in children.

1) They are lipophilic in plasma
2) Readily Traverse Plasma membrane
3) Find their specific receptor only in target cells.

Their Their hormone response are

1) Binding to receptor - The hormone binds with the receptor and acts to the affected area.

2) Activation :- The hormone plays a very important role in activation. They activate the target organ and acts on it.

3) Binding to HRE :- It is also important to bind with the HRE and helps the target organ to activate

4) Gene Expression :- It helps in gene Expression and helps to identify which type of gene is present.

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→b) Deglutition is the process of taking the food or swallowing the food in the mouth or when the food passes through the mouth it is known as swallowing. The saliva in the mouth helps the food to break down into pieces. The teeth and the saliva helps the food to keep moist. Saliva in the mouth is very moist. It regulates the temperature It helps in speech. Saliva has composition of 99.4% of water and 0.1% of solids. Because of deglutition the process of swallowing becomes very easy.

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c) Juxta Glomerular apparatus - It is the apparatus used to clear the toxic substances in the body Glomerular means the toxic substance substances in the body are clear with the apparatus attached to it. Juxtu is attached to the tubules in the apparatus and the toxic substances are attack removed by this method

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→d) The composition of bile is 99% of water and 1% of solid present in it. Bile is stored in the liver. Bile has two forms bilirubin & biliverdin Bile can be stored in the form of bile salts and bile juices.
Its functions are

1) Maintenance of pH :- Bile helps in the maintenance of pH. The pH of bile can be acidic

2) Maintenance of body temperature :- It helps to keep the body neutral and helps the body to maintain the temperature

3) Regulate the temperature :- It helps the body to regulate the temperature and maintains the body pH

4) Emulsification of fats :- Fats can be stored in liver. Fats are absorbed and emulsified in the form of bile

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→ e) Errors of refraction :- Refraction is the word used when the object is reflex towards the arch. In errors of refraction includes

1) Myopia - The term myopia explains that the nearby object is not clearly seen. Convex lens are used to treat this type of disease.

2) Hyperniyopia :- In this type of myopia that the distant object is not seen clearly Concave lens are beer used to the treat this disease.

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Q3) LAQ

→a) Ce Pulmonary function test are the test when used to calculate the lung capacities. The capacities should be calculated by that according that patient should not suffer from any disease. Many respiratory diseases in the body can have breathing problem. Many diseases can occur if the pulmonary activities are not carried properly to the body.
The following are the capacities

1) Lung capacity :- The lung capacity can be defined as the lung loading per minute by round

2) Respiratory volume :- The respiratory volume can be defined as the respiration occuring per minute

3) Inspiratory Reserve volume - The The inspiratory reserve volume can be defined as the amount of air we inspired and inhale during breathing. The capacity should be 90 ml

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4) Expiratory Reserve volume :- The amount of air we expire during expiration is known as expiratory reserve volume. The capacity of expiratory volume should be above than 90 ml.

5) Tidal volume :- Tidal volume can be defined as the amount of air inspired over the amount of expiratory air.

6) Inspiratory capacity & Expiratory capacity :-
The amount of inspired air - amount of expired air. The amount of air calculated can be defined as above.

7) Tidal volume + Inspiratory reserve vlum :- The amount of volume of air inspired over the tidal volume can be defined as above. The volume to be known should be 100 ml.

8) Expiratory reserve volume + Tidal volume - The amount of air that is expired in one second is defined are this capacity

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Section C

1) Vitamin B_3 - Vitamin B_3 is known as Riboflavin.
Its sources are milk, leafy vegetables etc.
Coenzyme used here are NAD^+ $NADP^+$
It helps in oxidation and reduction reactions

2) Vitamin B_6 :- It is water soluble vitamin
Its coenzyme are ATP
It can be taken from cod liver oil.
Vitamin B_6 is also known as Pentoxyformate

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→ b) Iron can be transported in the form Fe^{+} molecules. It can be transported through various tissues. Fe^{2+} can be ~~absorp~~ absorbed in the muscles.
Ferric iron and ferrous are the ways that ~~&~~ can be transported by ~~a~~ iron.
1.0
Iron helps in maintaining the blood level.
If iron is not sufficient in the body the body becomes weak and no work is done by the person.
Iron is very important source of Haemoglobin.
It can be supplied through spin leafy vegetables, fruits.

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Biocatalyst

→ c) Enzymes are thermolabile in nature.
Enzymes are protein in nature.
Enzymes are soluble in water.
Enzymes are specific in action.

Enzymes are classified on the basis of enzyme code number.
Enzyme code number is of four digits.
Enzymes are classified as following they can be written in form of OTHER

1) Oxidoreductase - Oxidation and reduction takes place. in this class stage.
Example for this is phosphatase

2) Transferase :- The transfer of electrons takes place in this stage. The examples

3) Hydrolases - The transfer of Hydrogen ions and oxygen takes place.
Hence they are referred as Hydrolases

4) Lyases :- The formation of water molecules leads to Lyases
The examples for this are hydrature etc

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5) Isomerases :- The isomerization of molecules occurs in this stage. In this stage all isomerases come under this reaction.

6) Ligases :- Breakdown of water molecule can lead to Hydrogen ion + O_2 molecules of oxygen. Hence they are referred to as ligases.

03 Examples :-

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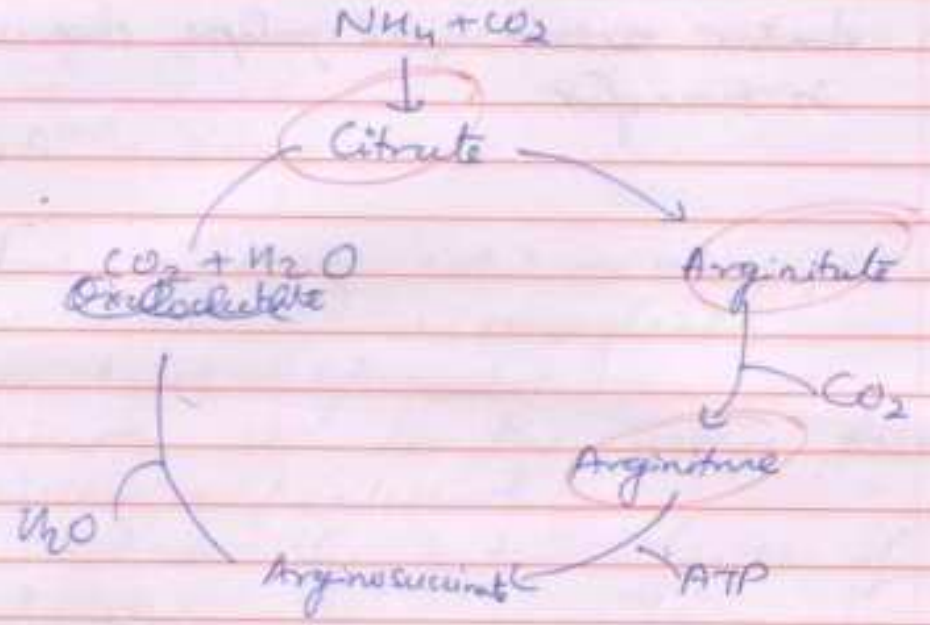
→ d) Urea cycle is Hexose - Pentose pathway
Urea cycle releases CO_2 & H_2O
~~as~~ ~~#~~
CO_2 and H_2O are the end products



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e) Transamination is the process in which transfer of amino group from one molecule to another molecule takes place.
Transamination occurs in muscle and liver
Amino ~~acids~~ groups are used in transfer

d)
/

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Q5) LAQ

Calcium can be supplied is our diet through milk, eggs, milk products, green leafy vegetables.

Normal value in serum - 70 to 120 mg/dl

RDA - 200 mg

Factors affecting calcium absorption

1) Low level of Haemoglobin
2) Low level of calcium
3) Calcium is in the active form of calcitonin / calcitriol
4) Calcitriol is the active form of calcium.
5) Calcium is mainly absorbed in muscle
6) Ca^{2+} can help in transportation
7) Principal action in extracellular fluid is calcium

Function:

Vitamin D is also known as cholecalciferol. It can be known as a Hormone

Calciferol

↓

25-Hydroxycalciferol

↓

1,25-dihydroxycalciferol

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Vitamin D can also be known as a hormone.
It helps in a source of energy
Vitamin D is also known as cholecalciferol
Vitamin D can be obtained from sunlight
Vitamin D sources are leafy vegetables milk, egg

Manifestations of Vitamin D :-

Rickets in children and osteomalacia in adult

Rickets :- Rickets occur in small children. The growth of the child is retarded. So this disease occurs.

Osteomalacia :- Osteomalacia in adult occurs and it results in pain & cramp in muscles. The person is not able to walk properly
Calcium is the main constituent which incase is less results osteomalacia

Hypervitaminosis D - The release of more calcium and more can result in Hypervitaminosis-D

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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
2	3	2	1.5	3	2.5						12
3	7.5										7.5
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Marks in words : TOTAL : → 19.5
Marks allotted by Moderator Name : signature :

Name of Examination : 2nd Improvement Section Bre C
Subject : Biochem
Subject Code : B.No.: S.No.:

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Marks in words : TOTAL : → 9.0
Marks allotted by IInd Examiner Name : signature :

Mrs. Meena Mudade (Lecturer)

Dept. of
Gen. Human
Physio & Biochem
MGV's KBH DC & Hosp.
Nashik-3.

Name of Examination : Section
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K.B.H. Dental College & Hospital, Panchavati, Nashik-3.

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
0 1 2 3 4 5 6 7 8 9	A B M P R S V W / 0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Goldman Phy and Biochem

PAPER : 1st Impression Exam

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

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Date : 27/09/19

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■						■	■	■	■
b		■	■			■				
c				■						
d					■					

Q. No.	11	12	13	14	15	16	17	18	19	20
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b		■	■						■	
c				■						■
d	■				■		■			

Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
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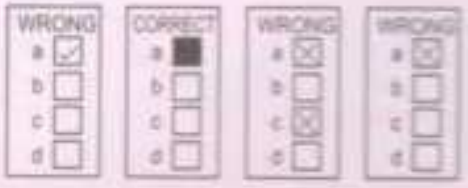
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐



3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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$\frac{3}{10}$ (12) + 7/10 = 10/20 pt

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Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : Ist Improvement

Subject : General Human Physiology and Biochemistry

Section : B & C

Serial No. 0721

Language of Answer : English

Sub. Code :

Date : 27 09 2019

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.
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Section B & C

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Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Section B

9) ECG



- Electrocardiograph is used to determine Heart rate and cardiac cycle
- P wave in the ECG represents atrial depolarization
- Cardiac Impulse is initiated by SA node which represents the P-wave
- QRS complex represent the ventricular depolarization
- cardiac impulse produced by SA Node are passe to AV node which represents the Q wave
- Impulse then passes down AV Node to bundle of His then Purkinje fibres.
- T-wave represents the ventricular repolarization or ventricular relaxation.
- ECG is very necessary to determine the heart rate of a patient.
- It explains the cardiac cycle of person
- With the help of ECG we can determine the heart rate of person and it is very beneficial.

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c) Baroreceptor Reflex

- Baroreceptors are used to detect the pressure in the body
- They are present on the skin, inside the body and in the vital organs
- when any external force or pressure is applied on the body these baroreceptors start working
- There is a formation of reflex are inside the body
- when we suffer from external stimuli impulse is produced at the affected organ
- These impulses are transferred through sensory neuron
- They are transferred to the spinal cord in the spinal cord a neuron is present which convert sensory neuron into motor neuron
- Then from ~~medulla~~ C.N.S motor neuron carries the impulse and brings to the affected organ.
- This impulse be carries the reflex action.
- Baroreceptor present on the stomach, oesophagus, small intestine and large intestine.
- They are very beneficial for pressure maintainance in the body
- Baroreceptor detects the extra ordinary pressure and force from external stimuli or may be internal stimuli and bring the action.

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d) Hazards of mismatch blood transfusion

- Every person has their own blood group they can not take the other blood group
- There are four types of blood group
- Blood group A, Blood group B, Blood group AB and Blood group O.
- A Blood group has Antibody B and antigen A
- B blood group has antibody B and antigen B
- AB blood group has both Antibody A and B but no antigens.
- O blood group has both antigen a and b but no antibodies.
- So AB blood group is universal recipient and O blood group is a universal donor.
- AB blood group can give blood to only AB blood group persons but can take blood from all persons (A, B, AB, O)
- Blood group O give blood to all the group but can only take from O.
- A Blood group take blood from O and A not from AB, and B
- Similary B blood group take blood from O and B but not from AB and A
- This is due to the difference in the antigens of blood group.
- If there is mismatch in the blood transfusion it is very hazardous for the persons health
- Person may die due to mismatch

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- Because it causes the chemical reactions on the surface of RBC due to antigens
- So the heart is unable to transfer the blood to all over the body
- Blood can not reach to the brain and because of it important functions of body stop working.
- We should always check person's blood before blood transfusion.

eg Blood coagulations occurs by platelets and thromboplastin
- Ca^{2+} plays very important rule.

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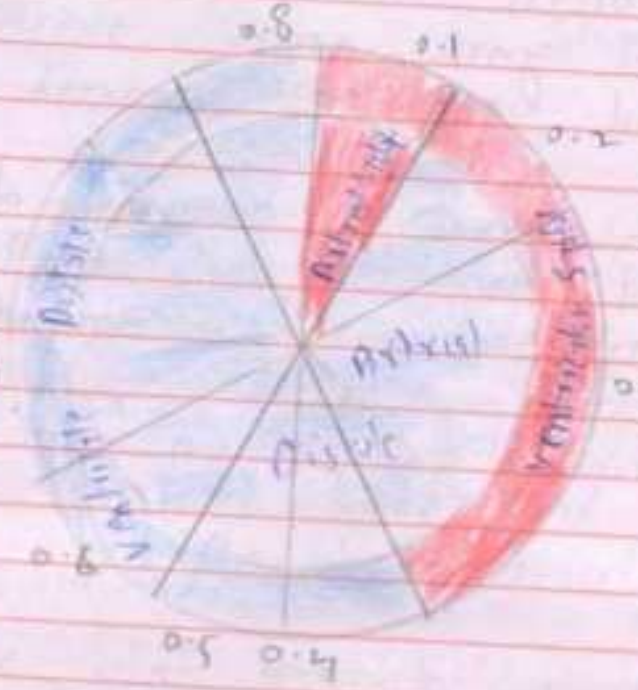
Q3



- Cardiac cycle is the sequence of event which occurs in the heart.
- It includes auricular events and ventricular events.

- Atrial systole
- ~~Dot~~ auricular systole occurs only for 0.1 second.
- This is very ~~slow~~ fast.
  There is small transfer of blood from auricle to ventricle occurs during auricular systole.

- Auricular diastole.

- It is the largest phase of cardiac cycle.

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- It occurs slowly
- Left auricle receives oxygenated blood from lung through Pulmonary vein
- Right auricle receives deoxygenated blood from all parts of the body through ~~ventricular~~ Inferior venacava and Superior venacava
- Auricular diastole occurs for 0.7 seconds
- 4th heart sound is produced.
- Ventricular ~~Systol~~ Events

- It is divided into ventricular systole and ventricular diastole

- Ventricular Systole :-
  It has two phase It ~~inter~~ occurs for 0.3 seconds

i) Interventricular Expansion - The ~~size~~ cardiac muscle stretched but size is same
It causes contraction of ventricle.

ii) Ejaculating period :- Due to ventricular contraction there is rapid transfer of blood from auricles to ventricles
- Due to this there is closes of interventricular valve and opening of Semilunar valve
- Hence first Heart sound is produced

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Ventricular distole

- It accounts for 0.5 seconds.

It has 5 phases

i) Paradistole :- It is the ventricular relaxation

ii) Interventricular relaxion :- Blood from high ventricle goes to lung for oxidation through pulmonary trunk.

iii) Rapid Ejaculation :- There is rapid transfer of blood from auricles to ventricles. This causes closer of semilunar valves. Hence second heart sound is produced.

iv) Slow ejaculation :- It is slower than rapid

v) ~~Ist~~ This phase is related to auricular systo the gap between 0.3 - 0.7 is called ~~joint~~ resting phase or joint distole it accounts for 0.4 seconds.

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Section C

1) Carbohydrates are polyhydroxy aldehyde or polyhydroxy ketone or compounds produces them on hydrolysis.

Functions of carbohydrates.

i) Carbohydrate is the main energy reserve of the livings.
ii) It is the precursor for many metabolic intermediates.
iii) It is the constituent of cell wall and plasma membrane
iv) It is used as food
v) Starch & cellulose are present as food in the plants.
vi) Glycogen is animal starch present in animals as food.

- Carbohydrates are divided into
i) Monosaccharide
ii) Oligosaccharide
iii) ~~Disaccharide~~ polysaccharide

i) Monosaccharide: It is the simplest form of carbohydrate and can not be further hydrolysed
- Based on presence of functional group monosaccharides are aldohexoses and ketohexoses.

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Aldohexose :- In it aldose is present as functional group
e.g glucose, mannose

Ketohexose :- In it ketone is present as functional group
e.g :- Fructose

B) Oligosaccharide :- In oligosaccharide, 2,10 units of monosaccharides are present. They are crystalline, sweet in taste and soluble in water.
- Based on carbon atoms oligosaccharide are trisaccharide, tetrasaccharide, disaccharide etc.

- Disaccharide :- Two monosaccharide units are present.

e.g maltose = glucose + glucose
Fructose = Glucose + Fructose
Lactose = Glucose + Galactose.

C) Polysaccharide :- There are more than 10 monosaccharide units are present in the polysaccharide. They are of two types
i) Homopolysaccharide
ii) Heteropolysaccharide

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ii) Homopolysaccharide :- only one type of monosaccharide units are present.
e.g. Cellulose, Starch, glycogen etc.

iii) Heteropolysaccharide :- Different type of monosaccharide units are present.
e.g. Glycosaminoglycans = Hyaluronic acid, chondroitin sulphate etc.

b) 3 out of 10 reactions in the glycolysis are irreversible

∴ i) conversion of Pyruvate to PEPA
- This is the irreversible reaction.
- Phosphoenolpyruvate + ADP + Pi $\xrightarrow{Mg}$ Pyruvate + ATP (Pyruvate kinase)
- Pyruvate can be reversed by the enzyme Pyruvate Carboxylase in gluconeogenesis

ii) Fructose 1,6 Biphosphate reversed into fructose 6-Phosphate by fructose 1,6 biphosphatase
- This is the second irreversible reaction of glycolysis
-

iii) Glucose-6-Phosphate is reversed into Glucose by glucose 6-phosphatase

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To (2) 110 - 2017

- PEPA
  ↑ Pyruvate carboxylase
  Pyruvate

- Glucose
  ↑ hexokinase or glucokinase
  Glucose-6 Phosphatase
  Glucose-6 phosphate

- Fructose-6-phosphate
  ↕ Phosphofructokinase
  Fructose-1,6 biphosphatase

c) Dietary fibres are the products of food in which all the constituents of food are present in equal proportion
- It has carbohydrates, lipids, proteins vitamins etc
- It is very beneficial for the health because it is present in the normal proportion
- Dietary fibres

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d) Lipids are the organic constituents of the body soluble in organic solvents and insoluble in water.
It is divided into

i) Simple lipids :- These are the esters of fatty acid with alcohol
• e.g Fats and oils :- The only difference between fats and oils as physical state cytil alcohol is most common alcohol.

ii) Complex lipids :- In addition to the fatty acid and alcohol addition groups such as phosphate, proteins, carbohydrate are present they are called ~~phospholipid~~ complex lipids b) glycolipids c) Lipoproteins

a) Phospholipids :- Along with fatty acids and alcohol phosphate group is present
a) Glycerphospholipid :- Alcohol is glycerol
e.g Lecithin and cephalin
b) Sphingophospholipid :- Alcohol is sphingosyn

Derived lipids.

iii) Mucolipids :- Proteins are present as additional group
e.g Cerebroside,

iv) Micillenous lipids :- Different types of compounds which are structurally similar to lipids are called micillenous lipids
e.g

3

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vi) Neutral lipids :- They are chemically unchanged eg cholesterol

vii) Essential fatty acids are

i) linoleic acid
ii) Linolenic acid
iii) Arachidonic acid

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Ans 5.

b)

i) Glyconeogenesis is the formation of glucose from non carbohydrate sources like Pyruvate, Lactate, amino acid etc.

Importance of glyconeogenesis

- Brain, CNS, testes required glucose for its activity
- 140g glucose only 120g glucose is used by the brain
- Skeletal muscles require glucose for its activity which is produced by glyconeogenesis
- It is very helpful in fasting because stored glucose are used by liver and skeletal muscles which are produced by glyconeogenesis
- It is very important source of energy
- It is included both glycolysis and krebcycle
- It occurs in the cytoplasm and mitochondria

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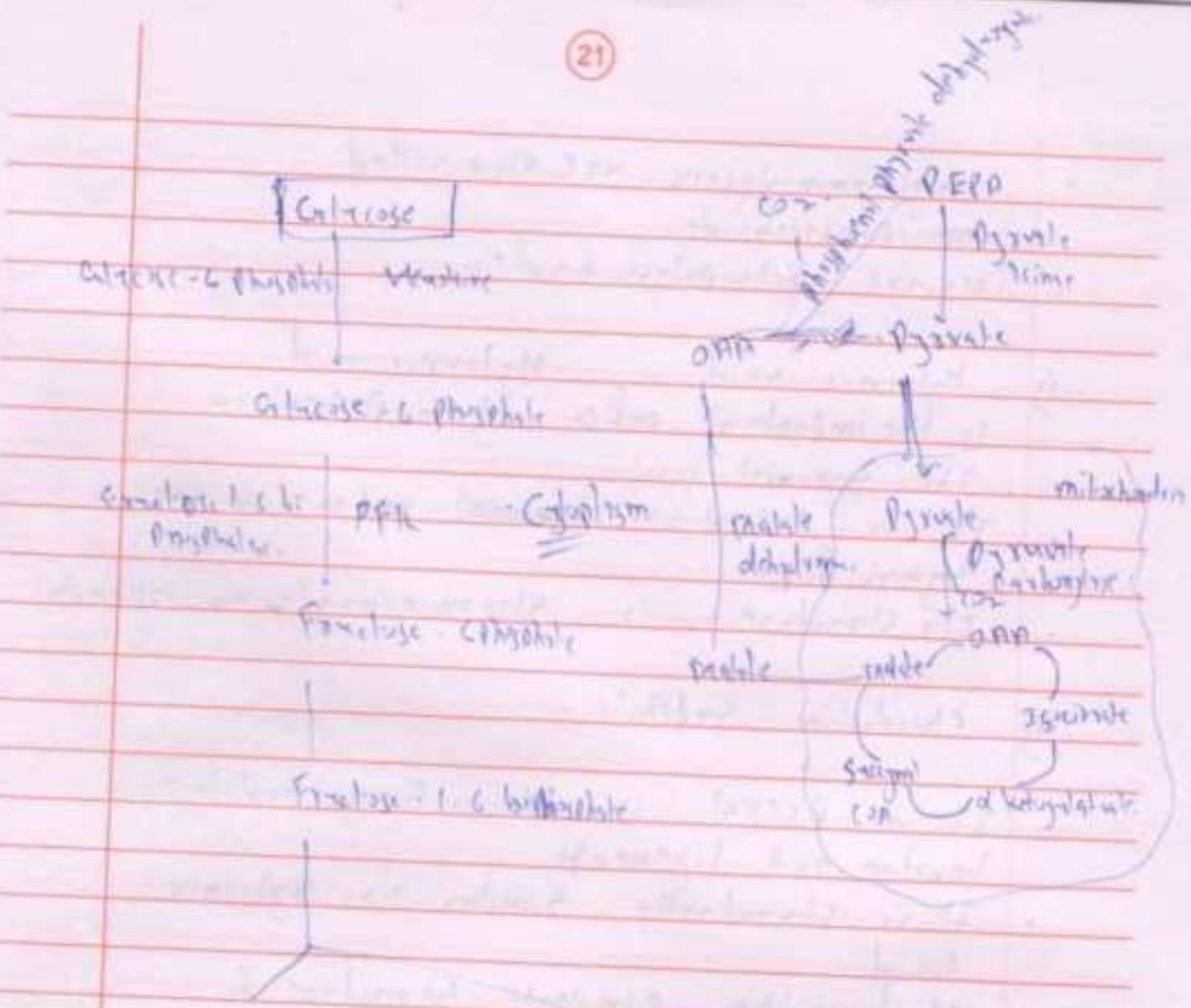

Gluconeogenesis

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

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Marks in words : TOTAL : →
Marks allotted by Moderator Name : signature :

Name of Examination : I Improvement Section C
Subject : Biochem
Subject Code : B.No.: S.No.:

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
2	3	–	2.5	2.5	1.5						9.5
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7											
8											

Marks in words : TOTAL : → 25.0
Marks allotted by IInd Examiner Name : signature : 1/4

Dr. Meenakshi Sreeram
(Reader)

Dept. of
Gen. Human
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MGV's KBH DC & Hosp.
Nashik-3.

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

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
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ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION IInd Improvement

SUBJECT : General Human Physiology and Biochemistry

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

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Date : 15/10/19

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	21	22	23	24	25	26	27	28	29	30
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b										
c										
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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

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7/10 + 4/10 = 11/20 (17)

Safiyyrahman

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

Center Code

Examination : IInd Improvement

Subject : General Human physiology and Biochemistry Section : B & C

Language of Answer : English Sub. Code :

Serial No. 0796

Date : 18 10 2019

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SPECIAL INSTRUCTIONS TO CANDIDATE

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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 focussing 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 or 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 : IInd Improvement

Subject : Gen Human Physiology and Biochemistry

Code

Dept. of Gen. Human Physio & Biochem MGV's KBH DC & Hosp. Nashik-3.

PRN No.

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

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

pg 1 to = 22

Section C

Q No 4)

a) Coenzyme forms of
(i) vit B_3 = Nicotine
(ii) vit B_6 = ~~Folic~~ acid peridonyphosphate

b)

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B) Absorption and transport of Iron :-

- Iron is Presence in the foorm of ferrous
- It is absorbed by bone and cartilage
- It is present in the blood in plasma
- Iron is strongly very important
- It is absorbed in the stomach, small intestine and large intestine and help in the digestion
- It is absorbed by the PCT, DCT and Ascending loop of Henley and help in the excretion of blood
- Sometimes it is absorbed in the foorm of ferric acid and ferrous sulphate.
- Iron is help in the transport of various substances
- It is transported by the blood to all the parts of body
- Heem Part of the Haemoglobin is made up of iron
- So iron help in the transport of oxygen
- It is important constituent of structural organs
- It is necessary for the vision hormonal organisation, transport and defence mechanism.
- Along with the Ca^{2+} Fe^{3+} transported to the bone and make them strong and durable.

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Q) Enzymes are biological catalysts that help to accelerate the reaction without being involved in the chemical reaction
- All enzymes are proteins in nature
- Enzymes are classified into following categories based on their mode of action.

1) oxidoreductases:- These enzymes are involved in the oxidation or hydrogenation of various compounds.
eg Alcohol dehydrogenase

2) Transferases :- These enzymes are involved in the transfer of functional group in the chemical reaction
eg Hexokinase, glucokinase etc.

3) Hydrolases :- These enzymes help the reaction by addition of water and removal of atoms
eg Amylases

4) Lyases :- These enzymes help in the cleavage of bond between two atoms
eg Li?

5) Isomerase :- These enzymes help in the isomerisation of substances in the chemical reaction
e.g Dihydroxyacetone phosphate triosisomerase

6) Lyses :- These enzymes are involved in the breakdown of chemical bonds eg Ligases

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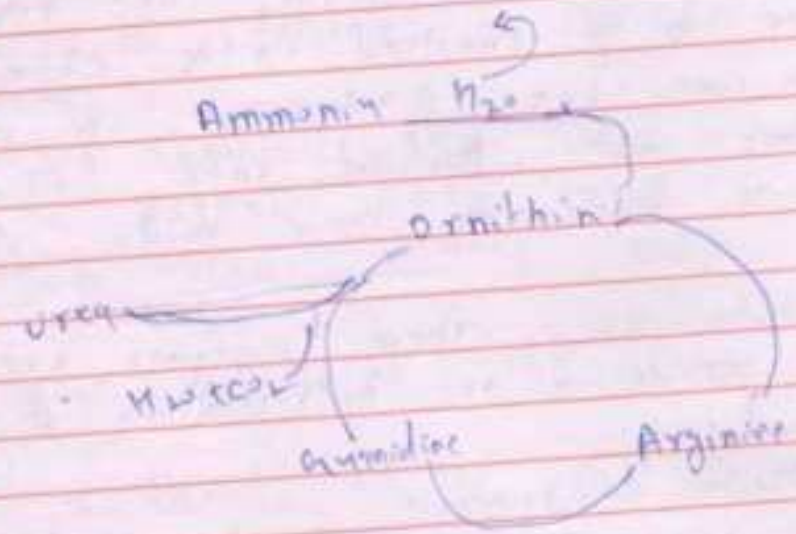
d) Urea Cycle



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Q No 5

a) Sources :- Ca is obtained from pulses, vegetables, fruits and meat.
- Ca^{2+} is very important for bones health, cartilages and other organs

Normal value in Serum :- 6 to 8 mg/dl

ROA :-

Factors Affecting Ca absorption :-
- There are many factors that affect the absorption of Ca.
- It is mainly absorbed by bone osteoblast cells are bone forming cells
- Thyroid Hormone transport the Ca to the bone to make it more strong.
- Osteoclast remove the Ca^{2+} from bone
- Ca^{2+} help in the neuromuscular junction
- There are transport channels that contain Ca^{2+}
- Sliding filament theory is mainly based on Ca^{2+}
- Ca^{2+} helps in the contraction and relaxation of muscles.

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- Ca^{2+} is present on the intercalated disc and act as booster
- Ca^{2+} is the most abdundant inorganic constituent present in the body
- Deficiency of Ca^{2+} weakens the muscles, bones and muscle of heart
- They start to degrade and person suffers from several diseases.
- Ca^{2+} also activates several enzymes.
- In coagulation it activates the fibrinogen

B) Functions of vitamin D

- The main function of vitamin D is to provide it to the bone.
- The toughness and strongness of bone is due to vitamin D
- Vitamin D is obtained from sunlight eggs, meat etc
- Bone absorb the most amount of vitamin D.
- Vitamin D is also involved in the structural organization
- It helps in the formation of skeleton
- It is also important in defence and genetics.

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Deficiency -

- Since it is mostly absorbed by bone Hence its deficiency in the bone causes disease.
- Deficiency of vitamin D in children causes Rickets and in adults osteomalacia
- There is degradation of bone forming cells and bone become weak.
- There is loss in the toughness of bone.

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Q.No 2 Section B

Ans. Thyroid gland Secrets Thyroxin (T4) and Triiodothyronin (T3).

- Thyroxin is activated by Thyroid stimulating Hormone (TSH) released by adenohypophysis or anterior Pituitary gland.
- Thyroxin plays important in ~~basal~~ metabolism
- Body metabolism, appetite and Ca concencentration is maintained by the Tyroxin.
- It also help in growth and functions
- T4 is present in most amount but T3 is more activated.
- T3 maintains the iodin concentration in the body
- It increases or decrease the iodin content on the bone
- Iodine helps in the digestion and absorption

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8) Deglutition

- In the process of digestion food is taken by mouth and chewed by teeth
- In the mouth salivary amylase is present the mixes the saliva and make the food in the form of bolus
- This bolus is taken up by oesophagus By peristalsis movement bolus is deglutted from oesophagus to stomach this process is called deglutition.
- The Pyloric sphincter are present at the opening of the stomach
- Then in stomach by the action of gastric Hormones, HCl and Pepsinogen food is digested and transported to the small intestine
- The food in the small intestine is digested
- Intestinal Hormone, enzymes play imp role
- Maximum digestion takes place in duodenum
- Maximum absorption takes place in the ileum
- Large intestine absorbed some amount of water, drugs, alcohols etc.
- This process of deglutition starts from oesophagus.
- Because of this further digestion of food is possible

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c) Juxta Glomerular Apparatus :-

It is made up of-

- Juxtaglomerular cells
- Macula densa
-

- Juxtaglomerular cells help in determining the glomerular filtering rate
- The loop of henley of Juxta glomerular apparatus is large and deep into the medulla
- JG apparatus works in critical condition.
- Glomerular filtration is determined by JG apparatus.
- The amount of filtrate in the afferent and efferent arteries is high
- The osmotic pressure of plasma protein is included in determining GFR which is present in JG apparatus
- The hydrolytic pressure of filtrate also included
- Juxtaglomerular cells secrete some hormones.

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110 mg 110 = 220 (17)

c) Juxta Glomerular Apparatus :-

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d) Composition and function of bile:-

- Bile is composed of bile salts bile pigments organic and inorganic constituent and water.
- ~~99% and 1%~~
- There are 99% of water 1% of organic and inorganic constituents
- Bile salt is important protein of bile
- It has defencive functions
- Bile pigments Bilirubin and Biliverdin give colour to the bile
- Na^+, Ca^{2+}, Mg^{2+}, Fe^{2+} ci carbonate etc are present in the bile
- Bile is present in the or stored in the gall bladder.
- Bile is very helpful in the digestion of food
- Bile mixes the food make it more suitable for the digestion
- It removes the microorganisms and ~~defence~~ foreign particles.
- ~~Be~~ Hypersecretion of bile pigments result in Jaundice.

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

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Marks in words : TOTAL : → 18.5
Marks allotted by Moderator Name : signature :

Name of Examination : 2nd Imphan Section Enam
Subject : Biochem
Subject Code : B.No.: S.No.:

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Marks in words : TOTAL : → 8.5
Marks allotted by IInd Examiner Name : Dr. Hara Hundada signature :

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

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IMPROVEMENT EXAM OF DEPT. OF PUBLIC HEALTH DENTISTRY

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

1st improvement exam
Anuja Chanekar
R.No - 12
IV th BDS Reg 2019-2020

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 12

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twelve

QUESTION BOOKLET VERSION (In Words)

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CANDIDATE'S SIGNATURE

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Date : 28. Vinod

Dept. of Public Health
Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
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INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

3. DARKEN ONLY BLOCK PROVIDED. DO NOT MAKE ANY STRAY MARKS ON THE ANSWER SHEET.
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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name of student - Anuja Chanekar

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st improvement exam IV th yr Reg2019-20 (Summer)

Subject :

Section : B & C

Serial No. 8805

Language of Answer : ENGLISH Sub. Code :

Date : 16 05 2020

Bar Code

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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 or 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.
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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. 12 (in Figures)

Seat No. Twelve (in Words)

Examination : 1st improvement exam

Subject : public Health Dentistry

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Co

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.

Anuja

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q 2

1)

→ mobile dental van / clinic

- The mobile dental clinic is used primarily when oral health care is to be delivered to small packets of patients that are scattered over a specific geographical area

- it provide dental care to home bound & institutionalised pts at their door step.

- it consist of generally one / two dental surgeons

- a dental health program consist of emergency program, treatment program, prevention program.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2)

→ dental auxillaries

a) Non operating auxillaries

i) dental receptionist

ii) dental health educator

iii) dental surgery asistant

b) operating auxillaries

i) school dental nurse

ii) dental therapist

iii) dental hygienist.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

5)

→ Functions of DCI

- Holding periodic meeting & conferences
- publishing & circulating a journal
- encouraging opening of libraries in branches
- conducting educational camp
- publishing papers related to dental researches.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4)

→

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

5)

→ Duties of public health dentists

1) Heath promotion

2) disease prevention

3) delivering dental treatment

4) conducting field activities

5) conducting school health programe.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

c)

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

7)

→ Membership of IDA

1) Direct members

person eligible for membership but who are not resident or practicing in area of local branch.

2) student member

only UG students of recognised dental institution may be admitted as student member

3) Affiliate members

Non residential foreign dental practitioner having dental qualification are become mem. bers.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

8)

→ # indication of pit & fissure sealants

a) where conventional restora-tive procedure are impossible

b) cavitated tooth

c) pt c physically, mentally handicapped.

contraindication of pit & Fissure sealant :-

a) p.o swelling

b) pulp exposure

y obvious carious cavity

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

9)

→ # principles of primary health care :-

a) Equistable distribution

b) community participation

c) intersectoral co-ordination

d) appropriate technology.

Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

15)

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3

1)

→

- Health education is any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes.

Various approaches in health education

4 well known approaches to health education

1) Regulatory approach

2) service approach

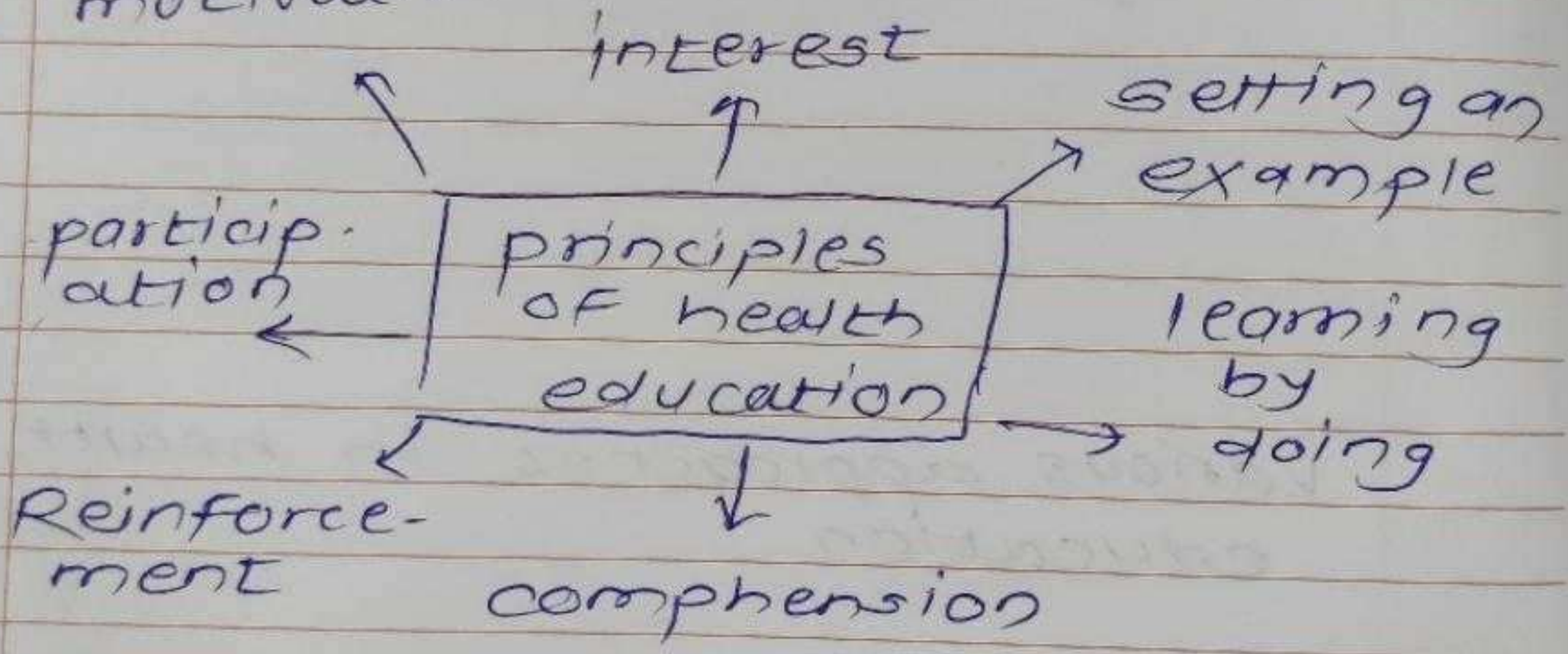
3) Health education approach

4) primary health care approach.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

principles of health education

- it involves including habits of health ful living attainting optimum possible health.



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

e)

→

Fluoride delievery methods

Topical Fluorides

professional

APF Gel

Stannous Flu.

Varnish

mouth washes

self applied

dentifries

Fluoride gel

systemic Fluorides

a) water Fluoridation

community water

school water

b) salt Fluoridation

c) milk Fluoridation

d) Fluoride tablets

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

systemic fluoride application method

1) Water fluoridation

community water fluoridation

school water fluoridation

2) Salt fluoridation

3) Milk fluoridation

4) Fluoride tablets,

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name of Examination : Section

Subject :

Subject Code : B.No.: S.No.:

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Marks in words : TOTAL : ——

Marks allotted by Moderator Name : signature :

Name of Examination : Section

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Marks in words : TOTAL : ——

Marks allotted by IInd Examiner Name : signature :

Name of Examination : Section

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2											
3	2.0	3.0	2.0	0.0	3.0	0.0	3.0	3.0	2.0	0.0	19.0
4	4.0	5.0									9.0
5											
6											
7											
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Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Marks in words :

Marks allotted by I[st] Examiner Name : Dr. Vaishali Thakur TOTAL : —28.0

signature :

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 12

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT : Public Health Dentistry

PAPER :

ROLL NO. (In Words) Twelve.

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 /

17/11/2024
CANDIDATE'S SIGNATURE

INVIGILATOR'S SIGNATURE

Date :

DS. Thalare
Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
a	■		■		■	■			■	
b		■								■
c							■			
d				■						

Q. No.	11	12	13	14	15	16	17	18	19	20
a			■				■			■
b	■	■							■	
c					■	■				
d				■				■		

Q. No.	21	22	23	24	25	26	27	28	29	30
a										
b										
c										
d										

USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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

WRONG	CORRECT	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Anuja chanekar

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : and improvement exam IV th reg 2019-2020

Subject : public Health Dentistry

Section : B & C

Serial No. 8826

Language of Answer : ENGLISH Sub. Code :

Date : 17 01 2021

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.
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Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Section B & C

Seat No. 12 (in Figures)

Seat No. Twelve (in Words)

Examination : and improvement exam

Subject : public Health dentistry

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

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.

Anuja

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Section B

Q2

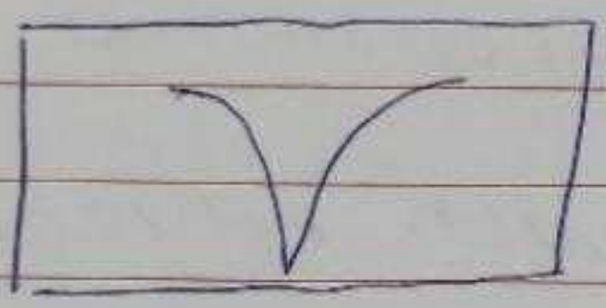
1)

→

- There are four types of fissure

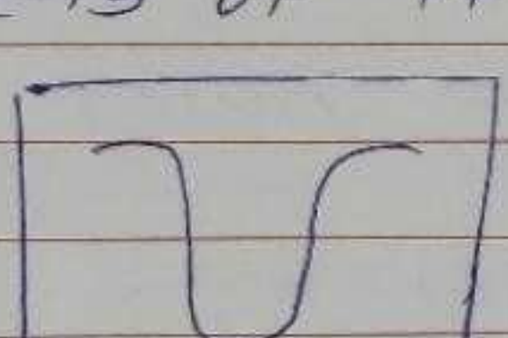
1) V type fissure

it is of 34 %.



2) U type fissure

it is of 14 %.

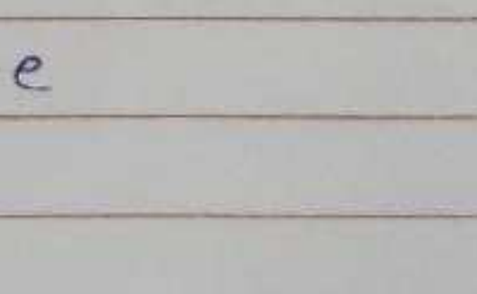


3) I type fissure

it is of 1 %.

4) IK type fissure

26 %.



Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

e)

→ classification of dental auxillaries is as follow

1) Non operating auxillaries

i) dental surgery assistant

ii) dental receptionist

iii) Dental health educator

2) operating auxillaries

i) school dental nurse

ii) dental therapist

iii) dental hygienist.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

3)

→ * Indication of ART

1) Where conventional restorative procedure are impossible

2) cavitated tooth

3) pt c physically, mentally handicapped.

* Contraindication of ART

1) presence of swelling

2) Tooth c pulp exposure

3) obivious carious cavity.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

4)

→ membership of DCI

i) Four head OF institution From the colleges recoguised by DCI

ii) one member From medical council OF india

iii) one member is nominated by state goverment.

iv) president one

v) Vice president one.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

5)

→

i) proper education for workers

iii) developing safe work procedures

iii) monitor leakage or spillage of any potentionally hazardous substances

iv) proper storage produces

v) medical monitoring of workers periodically.

vi) Work education.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

6)

→ - Third party payment is defined as the payment for services by some agency rather than directly by beneficiary of those services

- Dentist First party
patient 2nd party
administor of finance. 3rd par

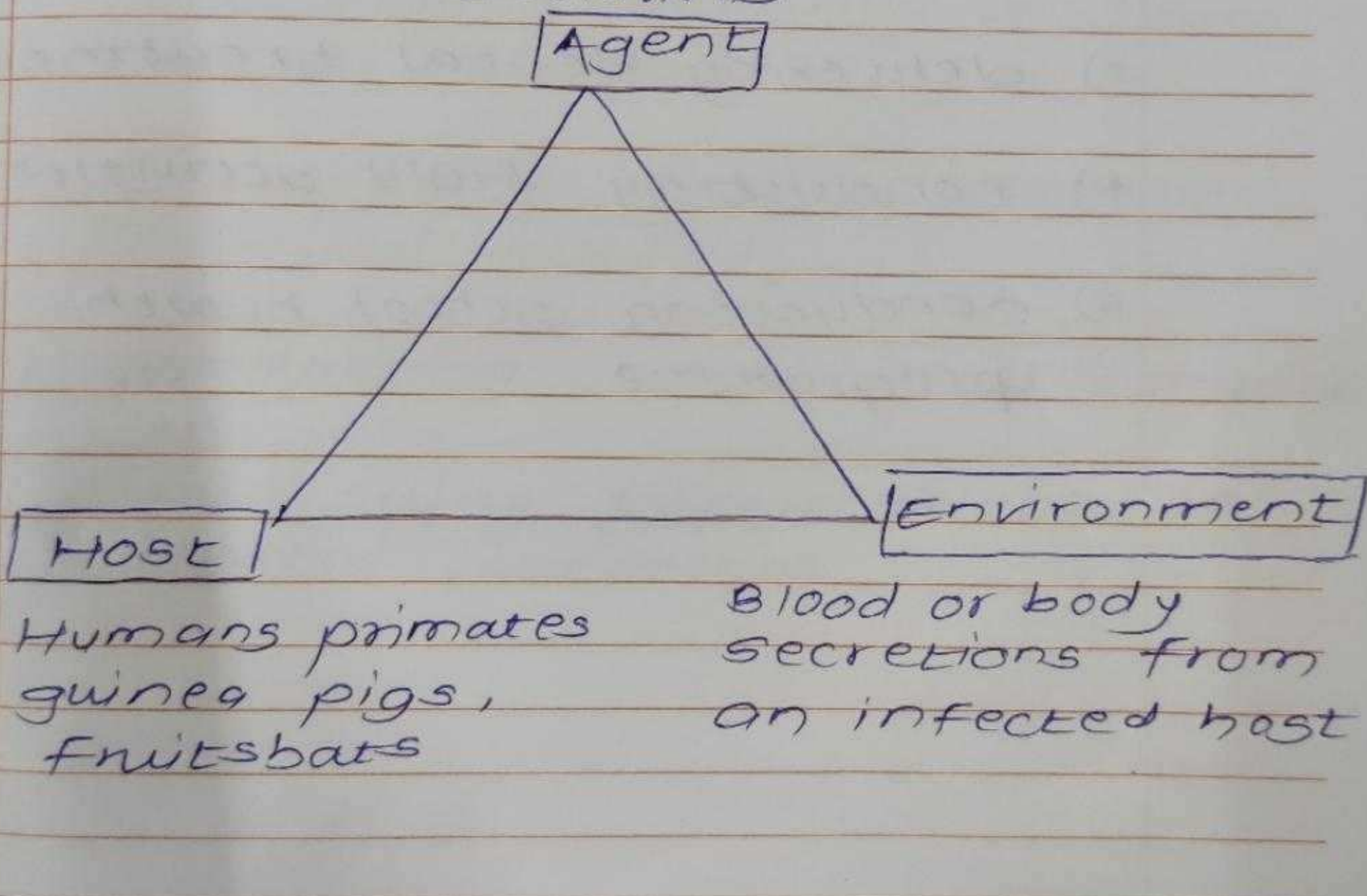
- Third party is also known as carrier, insurer,

- In private third party pla
premiums are collected to meet
the costs providing care
as well as the adminstrati
cost OF third party.

Signed
By:PRADEEP
GUDDENAHALLI
LAXMAN
Signed
By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

7)

→ epidemiological triad & diagram



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

8)

→ Duties of public health dentis are

1) Health promotion

2) Disease prevention

3) delivering dental treatment

4) conducting field activities

5) conducting school health programme.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

9)

→ Functions of IDA :-

- Holding periodic meeting & conferences
- publishing & circulating a journal
- Encouraging opening of libraries in branches
- Encouraging research in dental & allied sciences
- conducting educational camping
- publishing papers related to dental researches,

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

10)

→ Aids of health education :-

- ultimate aim. all round development
- physical, mental, spiritual Features
- Teachers role is important
- Knowledge is must.
- physical development IS essential for both mental and spiritual development

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Q3

1)

→

- Various approaches in heath education

- 4 well known approaches to health education

1) Regulatory approach

2) service approach

3) Health education approach

4) primary health care approo ch.

- a single approach may not be suitable.

- combination of approaches must be evolved depending upon local circumstances.

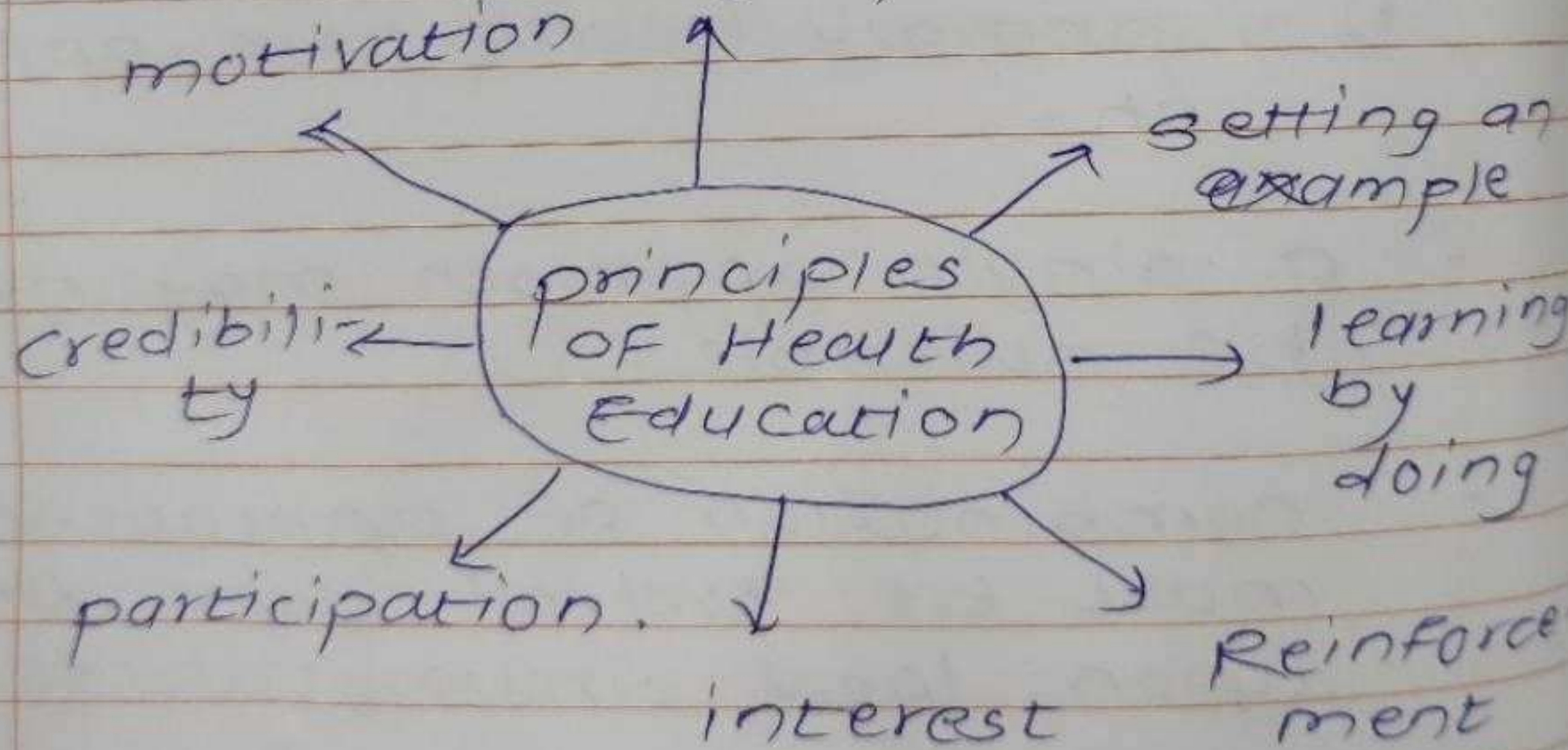
- social marketing
  Role of mass media
  community development
  Two way communication
  are the other approaches to health education.

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

* principles of Health Education

- Health education should respect cultural norms and take around of account of economic and environmental constraints of face by people.

- it involves inclucating habits of healthful living attainting optimum possible health.



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2)

levels of prerentions

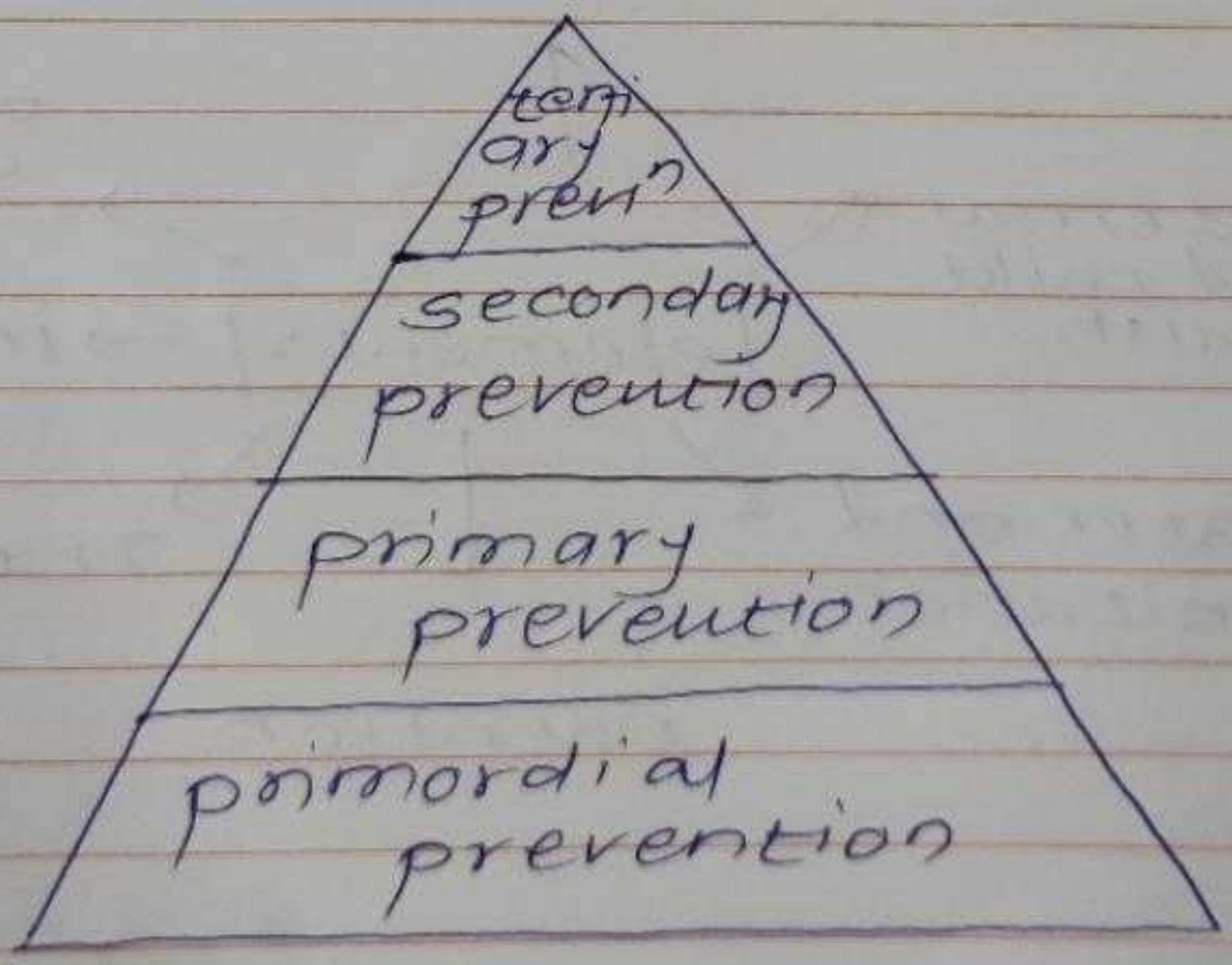
various levels of prerentions are classified into 4 stages

① primordial prerentions

② primary prerentions

③ secondary prerentions

④ Tertiary prevention.

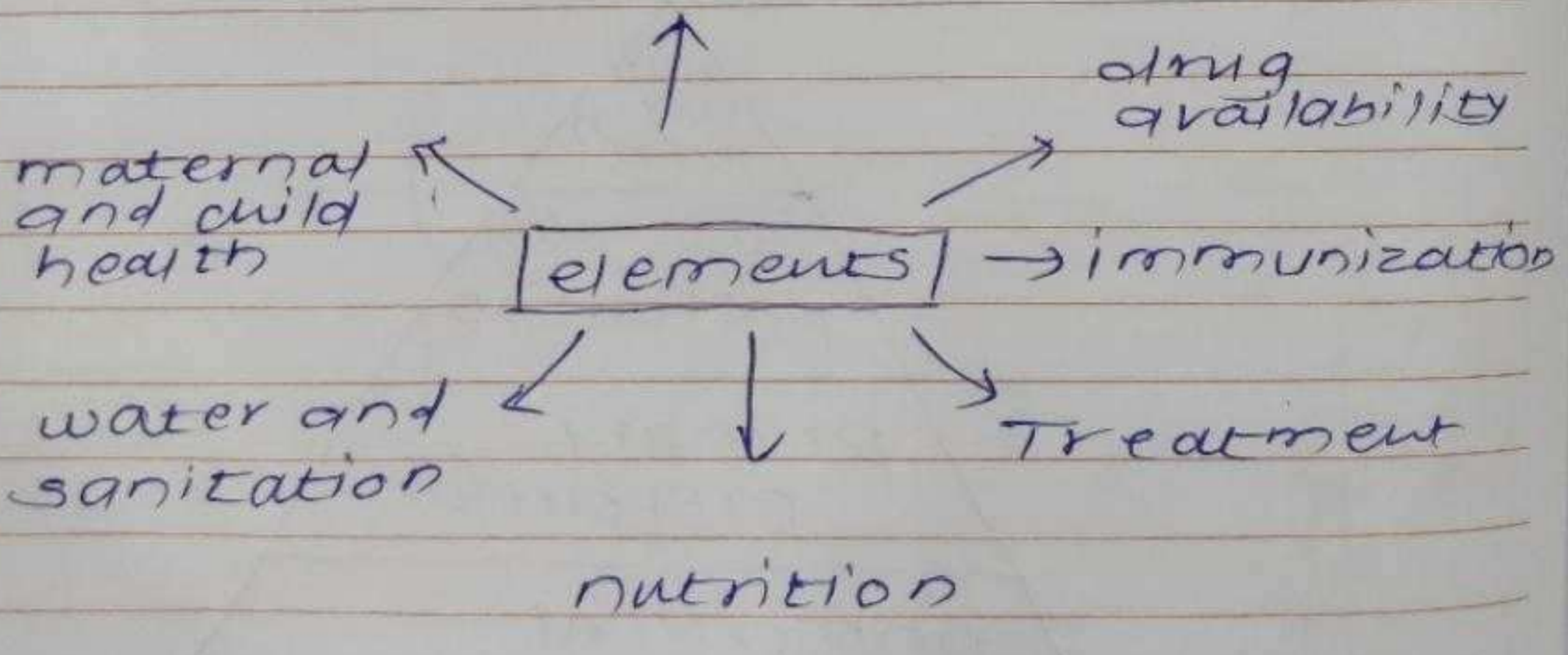


Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

principles of primary health care

1. Equitable distribution
2. community participation
3. intersectoral coordination
4. Appropriate technology

Elements of primary health care



Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

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

Section
S.No.:

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Marks in words :
Marks allotted by Moderator Name :

TOTAL : ——
signature :

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Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Dept. of Public Health
Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

Marks in words :
Marks allotted by I[st] Examiner Name : Dr. Vaishali Thakare

Signed By:PRADEEP GUDDENAHALLI LAXMAN
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

TOTAL : —33.5
signature : Thakare

Name of Student: Sakshi Jain (Regular)
1st Improvement Test

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
17	A B M P R S V W	0 1 2 3 4 5 6 7 8 9

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT: Public Health Dentistry

PAPER:

ROLL NO. (In Words)
Seventeen.

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 /

Sakshi
CANDIDATE'S SIGNATURE

Date: 16-05-20

INVIGILATOR'S SIGNATURE
DS. Vmshali
Thakare.

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Q. No.	1	2	3	4	5	6	7	8	9	10
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Q. No.	11	12	13	14	15	16	17	18	19	20
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Q. No.	21	22	23	24	25	26	27	28	29	30
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USE BLUE BALL POINT PEN ONLY

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d ☐	d ☐	d ☐	d ☐

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4. ROUGH WORK MUST NOT BE DONE ON THIS ANSWER SHEET. USE FREE SPACE IN THE QUESTION BOOKLET PROVIDED.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

Name of Student: Sakshi Jain

1st improvement Test.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination : 1st improvement test (

Subject : Public heath Dentistry

Section : B & C

Serial No. 8829

Language of Answer : English Sub. Code :

Date : 16 05 2020

Bar Code

SPECIAL INSTRUCTIONS TO CANDIDATE

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Section B & C

Seat No. 17. (in Figures)

Seat No. _____ (in Words)

Examination : _____

Subject : Public health dentistry.

Dept. of Public Health Dentistry
MGV's K.B.H Dental College & Hospital, Nashik

Code :

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

Sakshi

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Q.2. SAQs

1) Enumerate & describe health education aids in dentistry

→ Health education methods on

a) health education at individual level.

(b) health education at group level

- Small group discussion
- Group discussion
- Large group discussion
- Panel discussion
- Workshop
- Seminars
- Role play
- Demonstration
- Fish bowl.

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b) methods of purification of water.

Ans:

Water purification would be an important component of community health care.

methods of water purifiem

1) Home bayed methods

Boiling water for 20 minutes or till "roll boiling" pecrence of large bubbles arising continuously while boiling.

This is ideal method which also kills spores. but it requires easy and cheap availability of fuel, time, extra vessels etc.

- Defloridation
- Use of alum crystals.

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Community based methods

Chlorinating drinking water well using bleaching powder to achieve a minimum of two parts of chlorine per million part of water.

- Using sand filters followed by large scale chlorination

- Using deep bore well fitted with hand pumps.

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3) Classify methods of payments in finance in dentistry.

Ans:

Methods of Payments in dentistry.

Private fee - for service

Post payment plans

Private third party service plans.

- Commercial insurance companies.

- Non-profit health service corporations.
  - Delta dental plan

- Prepaid group practice.

- Salary

- Public programs.

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4) Enumerate types of pit & fissure. Classify pit & fissure sealant.

Ans: Types of fissure systems.
- V type wide at top.
- U type almost the same width from top to bottom.
- IK type.
- inverted Y.
- I type & extremely narrow slit.

Types of pit & fissure sealant.

1) Three diffrent kind of plastic have been used

(1) Polyurethane

(2) Cynoacrylate

(3) BIS-GMA.

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④ Resin-based sealants

⑤ Glass ionomer sealants

⑥ Flouride containing sealants

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5) Indications & Contraindications of ART.

Ans:

Indications of ART.

- Public health programme
- in small cavity

Contraindications

- Presence of swelling.
- Pulp exposure
- Chronic inflammation with pain in the tooth

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6) Normal curve with diagrams.

Ans:

7) levels of prevention for each of malocclusion.

Ans:

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LAXMAN
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By:CN=PRADEEP
GUDDENAHALLI
LAXMAN,
E=dr.pradiplakshman

8) Disclosing agents.

Ans:

A disclosing agents is a preparation liquid, tablet, or lozenge form that contain a dye or other colouring agent.

- In dentistry, a disclosing agent is used to identify bacterial plaque deposits for instructory, evaluation & research.

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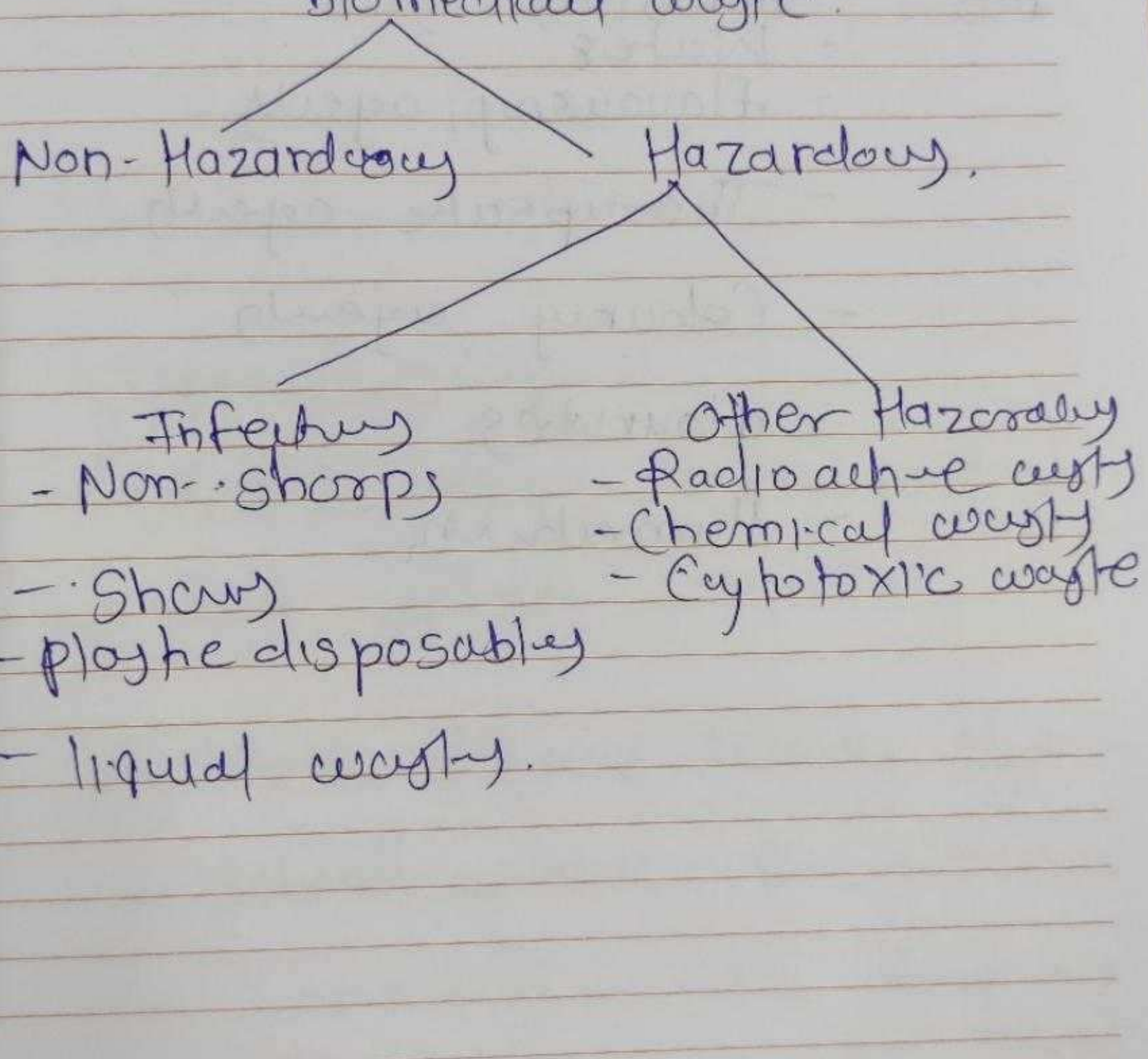
9) Classify biomedical waste.

Ans:



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10) Composition of dentifrey.

Ans:
- Abrasive
- Water
- flavouring agents
- Therapeutic agents
- Colouring agents
- flourides
- Humectants

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Q.3.

17

Ans Classify flouride delivery method.

a) Topical flouride

(b) Systemic floural

Topical flouridy

- Professionally applied produs
- Self applied produds.

Systemic flouuid delivey system

- School water flouidation
- Community water flouidation

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School oral health progrey that conducted

1) Texay statewide preventive dentistry. programme.

2) Tuttle tooth II - Annual

3) North Caroliney statewide Dental public health programme.

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2.

Ans:

Definehon epidemiology:-

The study of distributur & detrermpatun of health relatul state or evenks in specifiul populatun, ond applicatun of thu study to contral of healthy progrens.

Classificuny of epidemiolyuu study.

a) Observatonal studies.
   (a) Descripphve studies
   (b) Analyhcal study.

(b) i) Case-contral study
   ii) Cohort study.

Experimental Studies.

Randomized control study.

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Case control study	Cohort study
- It is a observation study that comparing two group of people	- It is type of longitudinal study that observes the cause of disease and investigate the relationship between risk factors & health outcom - Either retrospective or prospective
- Retrospective	- Require large sample.
- Does not require large sample	Take long time.
- Does not take long time	

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1st sem. written 22-23

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

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TOTAL : —

Marks in words :
Marks allotted by Moderator Name :
signature :

Name of Examination :
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TOTAL : —

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Dept. of Public Health
MGV's K.B.H. Dental College & Hospital, Nashik

TOTAL : — 25.5

Marks in words :
Marks allotted by I[st] Examiner Name : Dr. Vaishali
signature :

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Name of studat: Sakshi Jain.

IInd Improvement

1360

MAHATMA GANDHI VIDYAMANDIR'S

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

ROLL NO. 17

QUESTION BOOKLET VERSION: A

QUESTION BOOKLET SR. NO.

ANSWER SHEET
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION

SUBJECT :

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 /

13/20

CANDIDATE'S SIGNATURE

Date : 17-1-21

INVIGILATOR'S SIGNATURE

Dr. Vrushali Thakare

Dept. of Public H... Dentistry
MGV's K.B.H. D... College & Hospital, ...

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Q. No.	1	2	3	4	5	6	7	8	9	10
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Name of student: Sakshi Jain.
IIrd improvement test.

Mahatma Gandhi Vidyamandir's

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

Center Code

Examination :

Subject : Public health Dentistry

Section : B & C

Serial No. 8830

Language of Answer : English Sub. Code :

Date : 17 01 2021

Bar Code

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Section B & C

Seat No. 17. (in Figures)

Seat No. Seventeen. (in Words)

Examination :

Subject : Public Health Dentistry.

Dept. of Public Health Dentistry
MGV's K.B.H. Dental College & Hospital, Nashik

Code :

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Sakshi

Signature of the CANDIDATE

Signature of the JUNIOR SUPERVISOR

Q.2 SAQ's

(6) Potable water.

Ans:

Potable water is defined as a water that is

① free from pathogenic agent.
② free from harmfull chemical substences.
③ pleasent to taste
④ usefull for all domestic needs.

It must be available close to the people.

The process of transporting the water might result in pollution and because of the difficulty in getting the water from as far away source. then people might start using water from other nearby sources which may not be the potable water.

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b) Consumer Protection Act.

Ans:

The consumer protection Act 1986 that come into force on 15th April 1987 is a milestone in the history of socio-economic legislation in the country.

It is the most progressive and comprehensive piece of legislation intact for the protection of consumers.

The main objective of the act is to provide for the better protection of consumers.

Unlike other laws which are punitive or preventive in nature, the provision of the Act are compensatory in nature

The act is intended to provide simply, speedy, & inexpensive redressal to the consumers grivence & relief of a specific nature and award of compensation wherever appropriate

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to the consumer.

The act envisages a three tier quay judicial machinery at the national, state & District level.

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Q. Classify dental auxillaries. Role of dental hygenist.

Ans:

A dental auxillary is a person who is given responsibility by a dentist so that he or she can help the dentist render dental care, but who is not himself or herself qualified with a dental degree.

~~The~~

1) Non-operating auxillaery.

~~Direct~~

- Dental Surgeon assistant
- Dental secretary
- Dental laboratory technician
- Dental health educator

2) Operating auxillaery.

- School dental nurse.
- Dental therapist
- Dental hygenist.

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d) Type of data with example.

Ans: · Demographic data comprise details of papulation size, geographic distribution, ethnic groups, socio-economic factors and their trends over time.

Types of Data:
Depending on nature of the variable, date is classified into two broad categories.

① Qualitative date

② Quantitative date.

Quantitative Date :-

① Discrete

② Continuous.

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e)

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f) Enumerate school oral health programmes and explain any one in detail.

Ans. School oral health programs are

1) Hearing about your oral health

2) Tuttlebouth Programe.

Texas Statewide preventive Dentistry programe.

3) Abkove dental demonstration.

4) North Carolina Statewide preventive dental hearth programe.

5) Teenage health education teaching assistant programme

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9) Principles of ethics. Note on Nuremberg Code.

Ethics are frequently raised for clinicians, patients and family as they consider course of treatment and care alternatives for patient receiving or in need of palliative care.

Principles of ethics.

- To do no harm.
- To do good.
- Respect for persons
- Justice.
- Veracity
- Confidentiality

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Nuremberg Code.

Nuremberg code is a set of research ethical principles for human experimentation set as a result of the Numberg.

The code is designed to protect the integrity of the research subject, set out conditions for the ethical conduct of research involving human subjects

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b)

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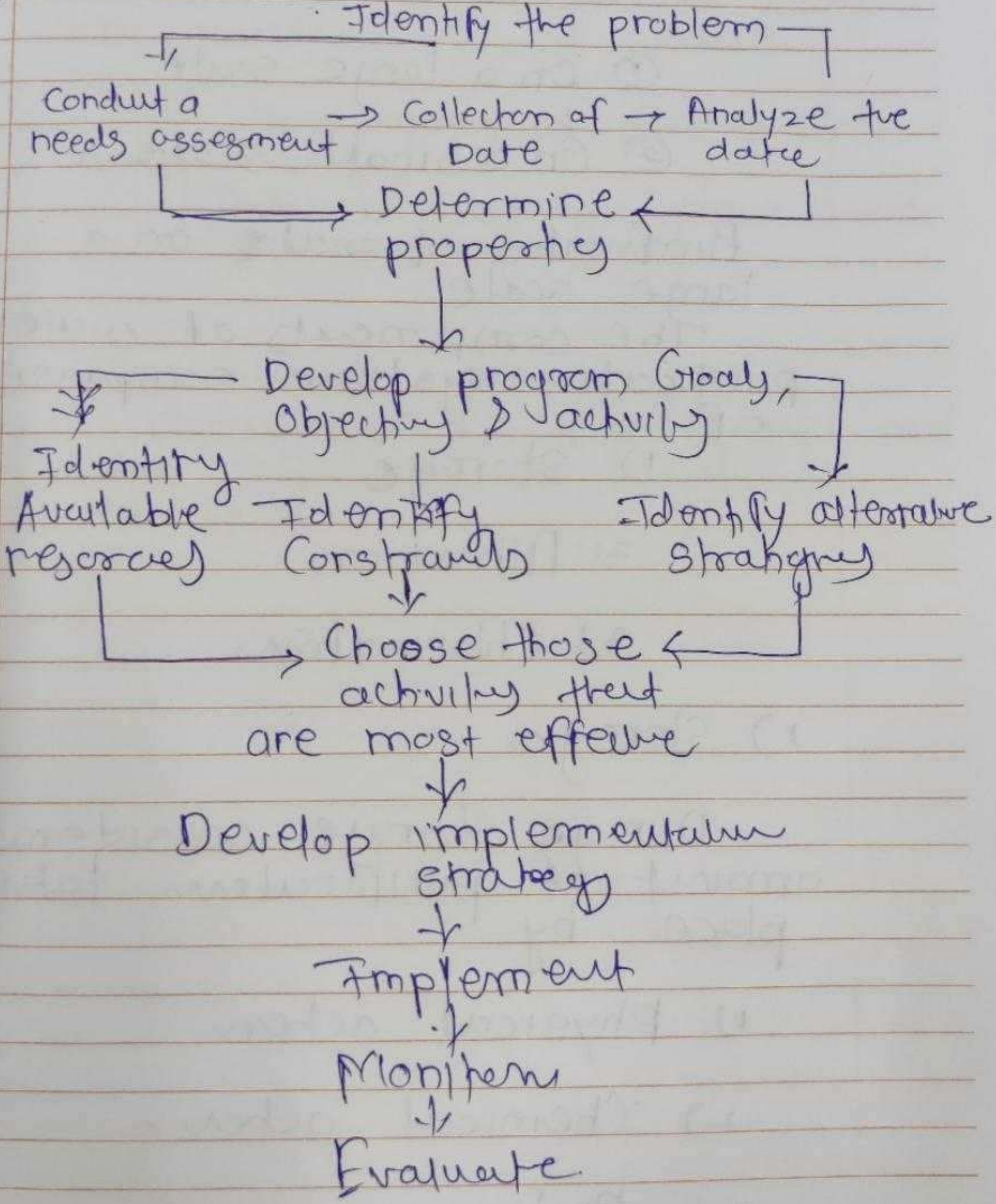
i) Steps of planning with the help of flow chart.

PBS:-



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Q) Note on Purification of water.

Ans:

It can be done.

① On a large scale

② On a small scale.

Purification of water on a large scale.

The components of water purification system comprise of

1) Storage

2) Filtration

3) Chlorination.

1) Storage

During storage considerable amount of purification takes place by.

1) Physical action

2) Chemical action

3) Biological action

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2) Filtration.
filtration is second staye in purification of watee.

1) Two typey of filtrey are used are.
- The biologrey / slow sand
- The rapid sand.

Chlorinatem.
Chlorinatem is supplemeny and not a substitute to sand filtratin.

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Q.3.

1) Classify General epidemiological studies.
2) Write a bried about diffreence beteeem case contral study and cohort study.
Explain in detail types & steps of case control study.

Ans:

Defination:
The study of the distributen and determinaten of health related states or events in specified populatens, and applicatn of this study control of the health problems.

Classificaten of general epidemiological studies.
1) Observational studies
2) Analytical studies.
a) Case-control studies
b) Cohort studies.

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2) Experimental / interventional study

Randomized control study, field trial, field trials - community trials.

Difference between case control study & Cohort study

Case Control Study	Cohort study
- A case control study is an observational study that compare two groups of people: those with the disease under study and vary similar group of people who do not have the disease.	- Cohort study is a type of longitudinal study that observes the cause of disease and investigate the relationship between risk factors & health outcomes.
- Retrospective	Either prospective or retrospective.

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Processed from the effects of a disease to cause	Processed from the cause of a disease of its effects.
Does not require a large sample.	Requires a large sample.
Does not take a long time.	Takes long time.

Types of case control study

① Population - based.

② Hospital based case-control study.

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Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshman

2) Q.

Ans:-

Various methods of payments in dentistry.

1) Private fee. - for service

2) Post payment plans

3) Private third party service plans.

(a) Insurance companies

(b) Non-profit health service corporations.

e.g. - Delta dental plans.

(c)

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2nd sem Reg 22-23

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

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Dentistry
MGV's K.B.H. Dental
College & Hospital, Nashik

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2018-2019



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28/09/2018

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36999

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ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
3		

ANSWER SHEET _____
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION
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SUBJECT: ANATOMY

PAPER:

ROLL NO. (In words)
THREE
1st Improvement
Winter 2018

QUESTION BOOKLET VERSION (In Words)

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INVIGILATOR'S SIGNATURE

Date: 28/09/2018

Head of Dept.
General Human Anatomy,
M. G. V. Dental College & Hospital
Panchvati Nasik.

Q. No.	1	2	3	4	5	6	7	8	9	10
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USE BLUE BALL POINT PEN ONLY

INSTRUCTION

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2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	WRONG	WRONG	WRONG
a ☑	a ■	a ☒	a ☒
b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Center Code

Examination : I Sessional odd batch

Subject : ANATOMY

Section : B & C

Serial No. 02481

Language of Answer : _____ Sub. Code : _____

Date : 28 09 2018

Bar Code

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M. G. V. [illegible] College & Hospital
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Section B & C

Seat No. 3 (in Figures)

Seat No. THREE (in Words)

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Examination : I sessional

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Subject : ANATOMY

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

Signature of the CANDIDATE

Signed By:PR GUDD LAXM Signed By:CN GUDD LAXM E=dr.p

2] SAQ.

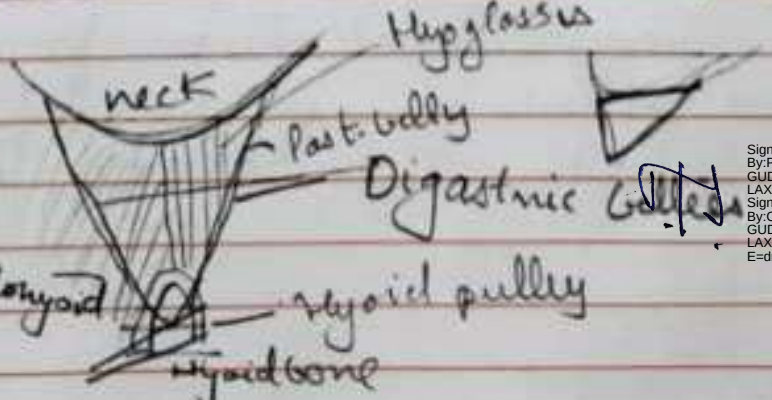
1) Digastric triangle

- It is also called Submandibular triangle.
- It is situated in the anterior triangle of neck.
- It is so named because it is between two bellies of digastric
Borders.
- Anterosuperiorly
It is bounded by superior belly of digastric
- Anteroinferiorly
It is bordered by hyoid bone and anterior belly of digastric
Posteroinferiorly - by posterior belly of digastric
And Posteriorly by
From below the anterior belly of digastric.

It is covered by superficial fascia platysma and deep fascia.

It is divided into two parts
Anterior Part - submandibular gland

Posterior Part - External carotid.



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2) Cleft Palate

This condition is more commonly seen in females than in females

Cleft palate results from a lack of fusion of palatine shelves, which maybe due to smallness of fusion process itself

Cleft palate is common defect in abnormal appearance of face.

Anticonvulsant drugs such as phenobarbital & diphenylantoin, given during pregnancy increase the risk of

(2)

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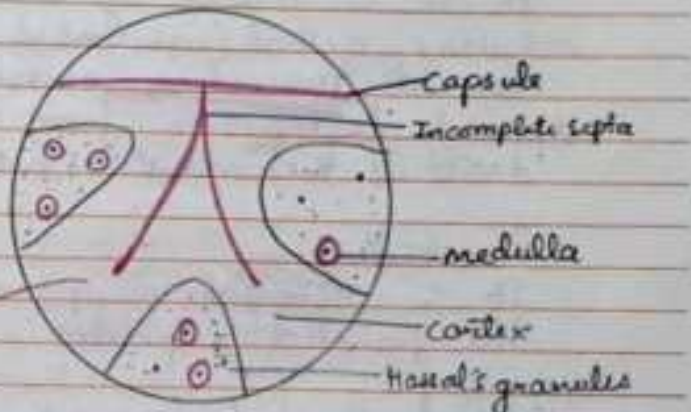
3) Thymus Gland



- Thymus gland consists of right & left lobes that are joined togther by fibrous tissue.
- Each lobe has a connective tissue capsule
- Connective tissue septa passing inwards from the capsule incompletely subdivide the lobe into larger number of lobules.
- Each lobule has outer cortex & inner medulla. Both contain cells of two distant lineages.
- In cortex of each lobule of thymus the reticulum formed by epithelial cells is densely packed with lymphocytes.

(3)

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4) Applied Anatomy of Parotid Gland

- Parotid Abscess is a painful swelling of parotid gland. It can be drained by using hilton's method (horizontal incision)
- Parotid Abscess is caused by spread of infection from the parotid duct in the mouth Cavity

- Parotidectomy
It is removal of parotid Gland. The parotid capsule is also remov

- Mixed Parotid tumours
Facial nerve is not involved.

- Parotid Calculi - Sialogram

- Frey's Syndrome
also known as Auriculotemporal nerve syndrome.
Injury to auriculotemporal nerve & greater auricular nerve

- It causes Stimulation of sweat gl

(4)

5) Nerve supply of tongue

All intrinsic muscles except palatoglossus of tongue are supplied by glossopharyngeal nerve

The vagus nerve supplies the palatoglossus.

Tongue is divided into

Anterior 2/3rd which is supplied by hypoglossal

and posterior 1/3rd by glossopharyngeal

(5)

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3] Glossopharyngeal Nerve.

It is ninth cranial nerve
It is named after the
area of supply namely
the glos

2

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GUDDENAHALLI
LAXMAN
Signed
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E=dr.pradiplakshman

SECTION C.

Q5 LAD

1) Describe TM Joint

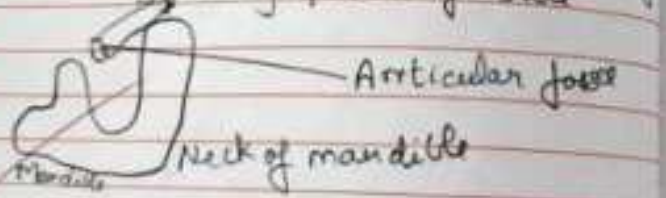
It is a Synovial joint.

Articular Surface are

a) upper articulating fossa of squamous part of temporal bone.

b) Lower Condylar process of mandible.

It is covered by fibrocartilage

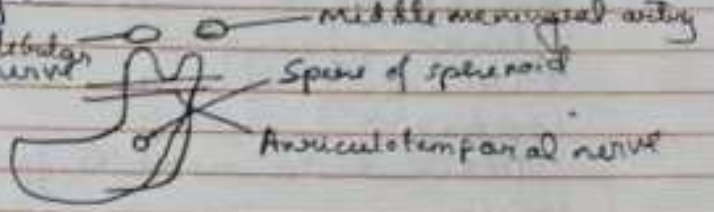


*ligament

1) Lateral tempo mandibular ligament
True ligament of the joint.
Attachment
Attached above to zygomatic Arch
Below it is attached to neck of mandible

2) Sphenomandibular ligament.
Accessory ligament
Attached to spine of Sphenoid.
to lingula of mandible.

It is remanent part of Meckel's Cartilage



Relations

1) Maxillary Nerve
2) Auriculotemporal nerve
3) Inferior Alveolar nerve
4) Lateral pterygoid

3) Stylomandibular ligament
Attachment
To apex & anterior surface of Styloid process to mandible.
It is also accessory ligament
Separates Parotid gland & Submandibular gland.

Articular disc.
fibrocartilagenous disc.
Divides the joint cavity into 2 compartments
upper meniscotemporal for Gliding
& lower meniscomandibular rotatory movement.

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Periphery to capsule
Superior surface
Anteriorly it continues with
lateral pterygoid.
Posteriorly divides into 2 lamina
upper
attached to mandible fossa
lower
attached to neck of mandible

The disc is divided into 5 parts



Relations

Laterally 1) Skin
2) Superficial fascia
3) Parotid gland
4) Temporobranch of facial Nerve

Superiorly
1) Middle cranial fossa
2) Middle meningial vessels.

Inferiorly
1) Maxillary vessels.

Medially
Tympanic plate.
Auriculotemporal Nerve
Spine of sphenoid
Chord Tympani.

Anteriorly
Lateral pterygoid
Massetric vessels & nerves

Posteriorly
External Acoustic Meatus
Superficial temporal vessels.

Movements.

At Temporo Mandibular joint
Both joints act together
1) Depression
2) Elevation
3) Retraction
4) Side to side movement
Rotatory, Gliding.

Muscles Acting of temporo Mandibular Joint.

1) Protraction
Middle & Lateral pterygoid.

2) Retraction
Posterior fibres of temporalis

3) Side movements
1 Side Medial pterygoid
1 Side Lateral pterygoid

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4) Elevation.
Temparalis, Middle pterygoid, Masseter

5) Depression
Lateral pterigyoid
Gravity assisting
Mylohyoid, digastric, Genoihyoid

Applied Anatomy

1) Dislocation of mandible
Causes- Excessive opening of mouth or convulsion
Mostly the head of mandible slips anteriorly

Sign & Symptom -
Inability to close mouth.

Treatment - mouth opens manually, Depress the jaw with thumb placed on 3rd Molar & Elevate Chin

9

2) Internal derangement
disc displacement

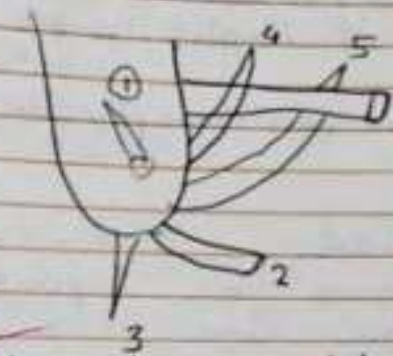
3) Ankyloses

4) Arthritis.

5) Bifid [illegible]

SAQ

3) Different Positions of Vermiform appendix



1) Positions from most to least common

a) Retrocaecal most common position

b) Pelvic

c) Subcaecal

d) Preuicaecal

e) Postileal

Base of appendix is fixed.
It [illegible] corresponds to McBurney point

3

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1) Mediastinal surface of Right lung

Superiorly
Root of Azygus vein where it arches over the root of Right lung

A groove for oesophagus upto Apex

Anteriorly
Groove for Superior vena cava

Anteroinferiorly
Cardiac impressions
Groove for inferior vena cava

Inferiorly
Pulmonary ligament

Posteriorly -
Groove for oesophagus

2) Skeletal Muscle	Smooth Muscle
· It is under voluntary Control	· It is not under voluntary Control.
· It shows Striations hence called Striated muscle	· Does not show any Striations hence non-Striated muscle.
· It is Multinucleated	· It is uninucleated
· It is spindle Shaped	· It is rod Shaped
· It is responsible for Muscular activities.	· It is responsible for vital intern movements
· Irregular Contraction.	· Rhythmic Contractions

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5) Down's Syndrome.

It is Trisomy 21, non disjunction of chromosome 21. (copy of it)

It is not commonly seen.

Symptoms are-

1) Short hand.
2) Short neck
3) Simian Crease
4) Slant eye
5) Congenital heart disease
6) Flat nasal bridge.
7) Short Stature
8) Mental Retardation

The tests can be done in foetal condition for diagnosis of down's syndrome, checking Amniotic fluid.

(2)

4) Soft Palate

It is movable
The muscle fibres are in mucous membrane.
They help in function of breathing & swallowing
Muscles wise - moves uvula.

1) Tensor veli palatini
helps in swallowing

2) Palato glossus
helps in swallowing

3) Palato pharyngeus
helps in breathing

4) Levator veli palatini
helps in swallowing

All muscles are innervated by pharyngeal plexus via Vagus nerve

Clinical Anatomy
- pemphigus vergaris
- Herpagina
- Mucosal lesions result in Cleft formation

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ROLL NO. 3

QUESTION BOOKLET VERSION

QUESTION BOOKLET SR. NO.

ANSWER SHEET 34541

(WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION PRELIM II improvement (winter 2018)

SUBJECT: Anatomy

PAPER:

ROLL NO. (In words) THREE

QUESTION BOOKLET VERSION (In Words)

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Date: 20 october 2018

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Center Code

Examination: Prelim / II improvement

Subject: Anatomy

Section: B & C

Serial No. 04007

Language of Answer

Sub. Code:

Date: 20 10 2018

Bar Code

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Head of the General Human Anatomy, M. G. V. Dental College & Hospital Panchvati Nasik.

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Section: B & C

Seat No. 3 (in Figures)

Seat No. THREE (in Words)

Examination: II improvement

Subject: Anatomy

Code:

P.R.No.

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Signature of the CANDIDATE

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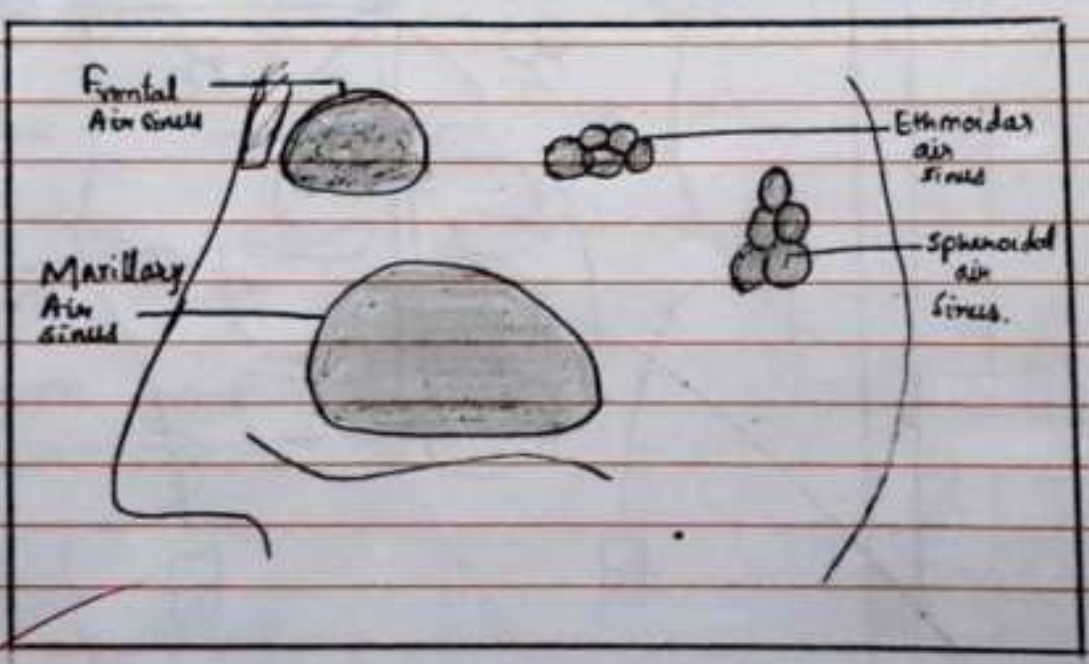
Signed By:CN=PRADEEP GUDDENAHALLI LAXMAN, E=dr.pradiplakshm

Signature of the JUNIOR SUPERVISOR

2] Paranasal Air Sinuses.

1) Paranasal Air Sinuses are present in the Skull.
2) They are
- Sphenodial Air Sinus.
- Ethmoidal Air Sinus.
- Maxillary Air Sinus.
- Frontal Air Sinus.



3) They Provide Buoyancy to the organs situated around them.
4) They help in maintaining the Cranial Pressure.
5) They add Resonance to the voice, making it Audible enough to listen.
6) They humidify the inspired air.

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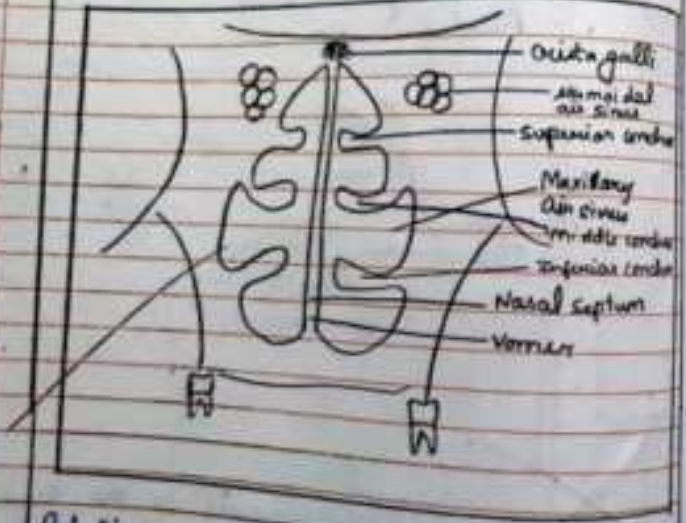
* Maxillary air sinus

1) It is the first Paranasal Air Sinus to develop.
2) It is also the largest among Air Sinuses



Relations.

3) Maxillary air sinus is bordered superiorly by middle conchae & inferiorly by inferior conchae.
4) It lies just prior to buccal portion of face.

Applied Anatomy

- Sinusitis.
  Swelling of Paranasal Air Sinuses.
- Earache.
- Impaired hearing.

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3]

(a) Blood Supply of Palatine tonsil

1) Waldeyer's ring Constitute the following tonsils-
- Lingual tonsil
- Palatine tonsil
- ~~Nasal~~ Supplied by Glossopharyngeal nerve

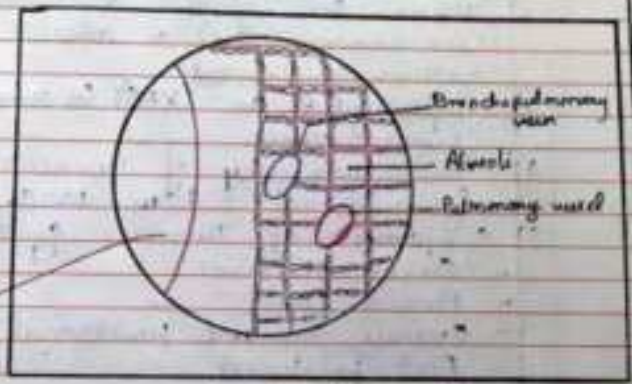
Waldeyer's ring



2) They are Lymphoid Swellings

3

(b) Microscopic Structure of lung



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(c) Turner's Syndrome.

1) It is sex linked recessive disease occuring in females.
2) (When one of the 'X' chromosome (Sex chromosome) is absent and another is present
3) Represented as (X+O) 44 somatic Chromosomes
4) The frequency of Turner's Syndrome is 1 in 1000.
5) Symptoms of Turner's Syndrome
   - Short Stature
   - Broad chest
   - Ovaries are not functional
   - Flat forehead
   - Short limbs.
   - Not mentally retarded.
   - Overall growth is stunted.
6) Diagnosis of turner's Syndrome can be done by Amniocentesis in fetal life

(d) Epiphysis.

1) It is part of the long bone
2) Situated near the epiphyseal plate.
3)

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(e) Sites of arterial pulsations in living human body.

1) On Radial artery
It can be palpated on the wrist.

2) On the side of neck pulsations from carotid can be felt.

3) On left leg, near ankle.

4)

Q4] Facial Nerve.

a. origin

1) Facial Nerve is the VII (seventh) Cranial nerve.

2) It is the nerve of II (hyoid) brachial arch.

3) Nuclei present in facial nerve are
- Motor Nuclei.
- Nucleus of Tractus solitarius.
- Salivatory nucleus
- Lacrimatory nucleus

4) Facial nerve has two roots
- Sensory root (nervous intermedius)
- Motor root



* General visceral efferent → Tongue, Pharynx, Palate
* Special visceral efferent → Muscles of hyoid bone
* Nerve of expressions
* General visceral afferent → Impulses from Show Gland
* General somatic afferent → Skin of ear
* ~~General~~ Special visceral afferent → Taste sensation (circumvallate) from tongue.

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b Courses of facial nerve

Facial nerve is attached to pons medially

↓

The two roots of facial nerve run along auditory nerve

↓

Sensory root and motor root enter the internal acoustic meatus & fuse together

↓

They descend downwards from ear canal

↓

Their path is divided into three parts

↓

I Laterally to ear canal

↓

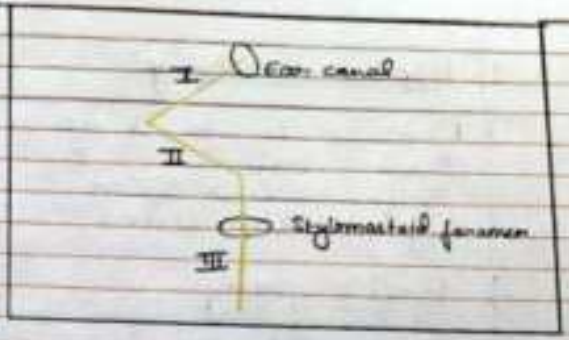
II Backwards

↓

III Downwards into Stylomastoid foramen

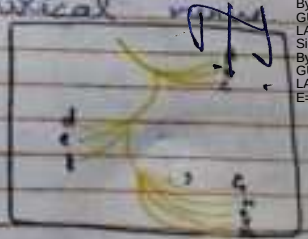
↓

Branches



c Branches.

1) Into the ear canal
   a Chorda tympani
   b Stapedius
   c
2) Behind the ear, downwards
   d Stylohyoid
   e digastric
   f Greater o
3) Terminal branches into Parotid
   g Temporal nerve
   h Zygomatic nerve
   i Buccal nerve
   j Marginal mandibular nerve
   k Cervical nerve



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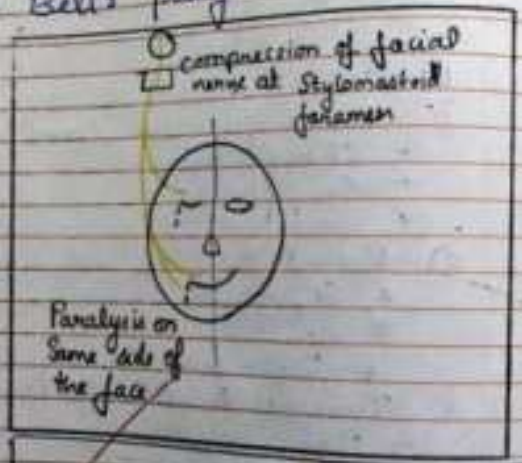
d) Applied Anatomy

1) Damage to facial nerve causes two lesions
- Infranuclear lesion
- Supranuclear lesion

2) Bell's palsy



(B)



Q5)

a) Notochord

1) During the formation of Primitive Streak, Notochord is formed
2) Notochord is transient structure formed in extraembryonic life
3) It is Ectodermal condensation into rod like structure
4) Fate of notochord
It disappears & forms Spinal chord in late stage of embryonic development

(10)

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5

(b) Corpus callosum

1) It is the Largest Commissure present in the brain. Cerebrum.
2) It Connects two cerebral hemispheres
3) It is also called as neopallium



4) It is divided into 4 parts
- Genu.
- Rostrum
- Trunk/Body.
- Splenium.

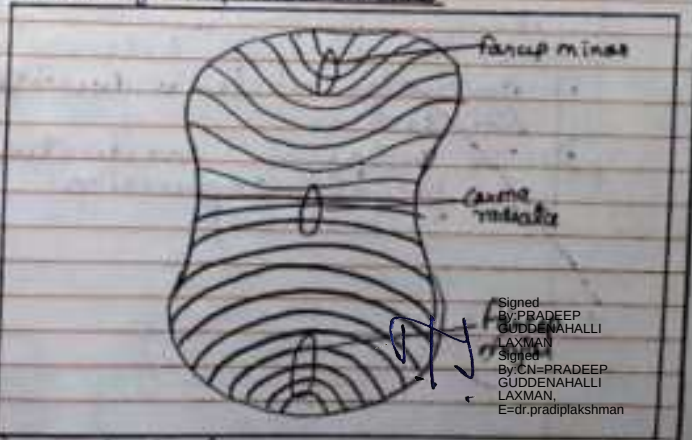
5) Genu is the anteriormost part it is situated 2 cm posterior to the frontal lobe

6) Rostrum is downwards from Genu it is anteroinferior part
- It connects two orbital surface of frontal lobe

7) Trunk or body is situated in between Genu and Splenium.
It is wider part forming the roof of Septum pellucidum.

8) Splenium is the posterior most part situated 6 cm anterior to occipital lobe.

9) Fibers of corpus callosum.



10) Applied Anatomy - It can cause paralysis, Coma if damaged.

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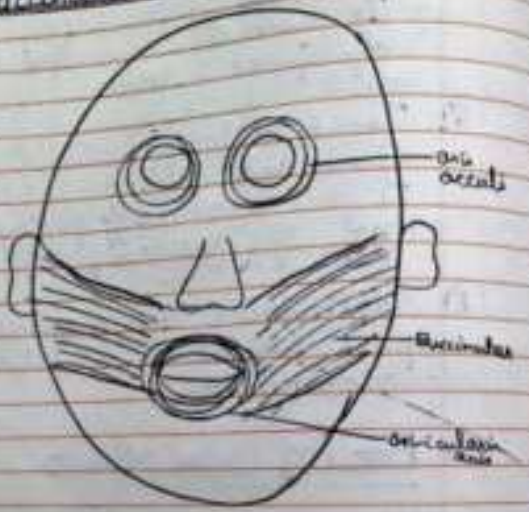
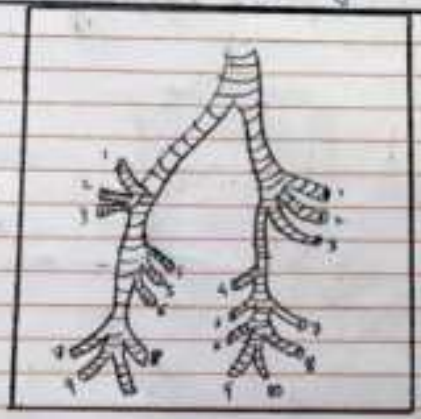
c Buccinator muscle



1) Buccinator muscle is buccally situated.
2) It helps in mastication & facial expression.

d Bronchopulmonary Segment of lung



1) Bronchopulmonary segments are aerated segments of tertiary bronchioles.
2) They are important because they are drained if there is accumulation of CSF or other fluids (in TB, pneumonia, etc)

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e] Boundaries & contents of Suboccipital triangle.



1

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13
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ROLL NO. 13

QUESTION BOOKLET VERSION (A, B, M, P, R, S, V, W)

QUESTION BOOKLET SR. NO.

ANSWER SHEET 36991
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)

NAME OF EXAMINATION
I st improvement (Winter 2018

SUBJECT: Gen human Anatomy

PAPER:

ROLL NO. (in words)
Thirteen

QUESTION BOOKLET VERSION (in Words)

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

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Date : 28/9/18.

Head of Dept.
General Human Anatomy,
M. G. V. Dental College & Hospital
Panchavati Nasik.

Q. No.	1	2	3	4	5	6	7	8	9	10
a			■			■				
b		■						■		
c	■			■			■			■
d					■				■	

Q. No.	11	12	13	14	15	16	17	18	19	20
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b										■
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Q. No.	41	42	43	44	45	46	47	48	49	50
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d										

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2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

WRONG	WRONG	WRONG	WRONG
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b ☐	b ☐	b ☐	b ☐
c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Center Code

Examination : Ist Sessional.

Subject : Gen. Human Anatomy

Section : B & C

Serial No. 07090

Language of Answer : English Sub. Code :

Date : 28 09 2018

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40

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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.
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Section B & C

Seat No. 13 (in Figures)

Seat No. Thirteen (in Words)

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Subject : General Human Anatomy.

Code :

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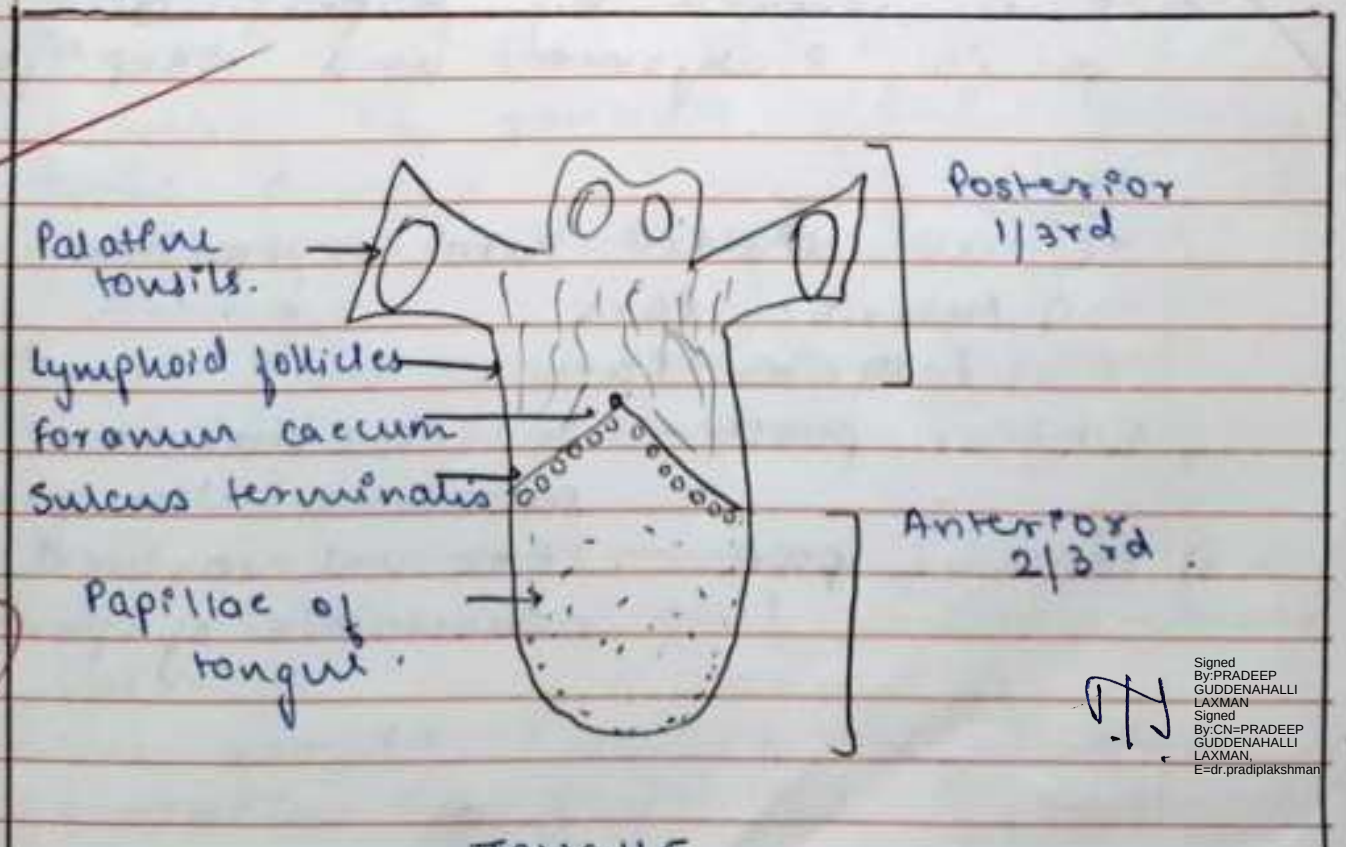
Signature of the JUNIOR SUPERVISOR

Q.2] Short answer questions :-

→ 5) Nerve supply of tongue :-

1) The tongue is divided into 2 parts :-
   Anterior 2/3rd
   Posterior 1/3rd.
2) The anterior 2/3rd is supplied by the hypoglossal nerve.
3) The posterior 1/3rd is supplied by the glossopharyngeal nerve.
4) Vagus nerve also supplies one muscle of tongue — Palatoglossus.
5) All the other muscles are supplied by glossopharyngeal nerve.
6) It is also supplied by the branch of facial nerve.



TONGUE

(2)

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→ 1) DIAGASTRIC TRIANGLE

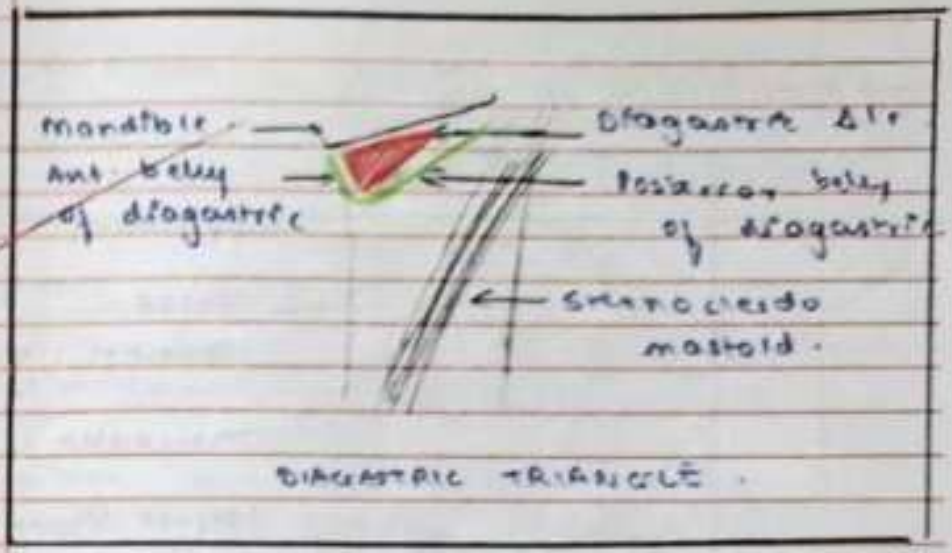
1) The diagastric triangle is also known as the 'submandibular triangle'.
2) It is named because it lies between the 2 bellies of diagastric

LOCATION AND BOUNDRIES :-

1) It is located just below the mandible
2) Above :- The triangle is bounded by lower border of mandible & a line drawn from its angle to mastoid proce
3) Below :- By posterior and anterior belly of diaga
4) It is covered by superficial fascia, Platysma and deep fasc

PARTS :-

1) It is divided into 2 parts :-
   1) Anterior part
   2) Posterior part
2) Anterior part → It contains the submandibular gland
3) Posterior part → External carotid, Submaxie of parotid.



DIAGASTRIC TRIANGLE.

→ 4) APPLIED ANATOMY OF PAROTID GLAND :-

1) There can be swelling of the parotid gland due to the infections transferred through the oral cavity.
2) 'Mumps' is seen to be common cause of parotid gland swelling
3) This disease is highly contagious and spread through air or saliva.
4) Apart from this, viral infection and bacterial infection can cause 'parotitis'.
5) Salivary stones mainly occur in the [illegible] duct with intense pain.
6) The parotid swelling might also penetrate the facial nerve, traumatizing it.

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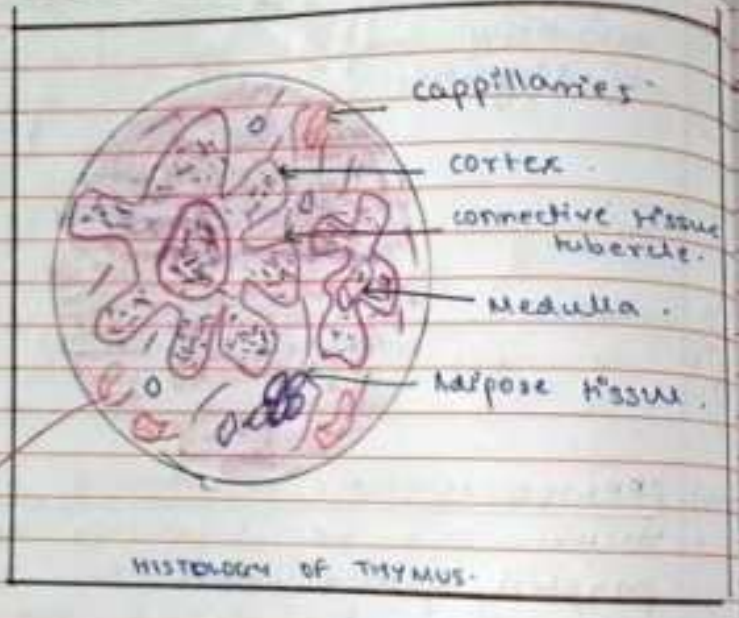
→ 3) HISTOLOGY OF THYMUS :-



HISTOLOGY OF THYMUS.

1) The thymus is a primary lymphoid organ.
2) The initial developement of the T-cells is almost similar accross species.
3) It is an epithelial organ. It consists of 2 lobes merged in the middle, surrounded by a capsule that extends the blood vessels.
4) It consists of cortex and medulla
cortex → Made up of thymocytes supported by epithelial of finely branched reticular cells.

Medulla → There is presence of cust-like bodies known as Hassal's corpuscles

4

→ 2) CLEFT PALATE

1) This disease is generally found in females than in males.
2) This is caused because of lack of fusion of palatine shelves
3) This can result in abnormal appearance of face.

2

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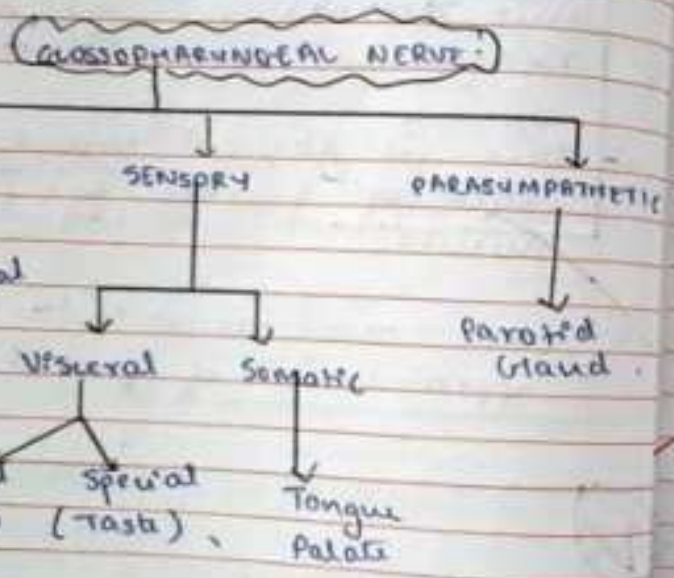
Q.3) Long answer questions :-

→ 1) GLOSSOPHARYNGEAL NERVE :-

• INTRODUCTION :-

1) The glossopharyngeal nerve is the cranial nerve IX

2) It is a mixed nerve :-



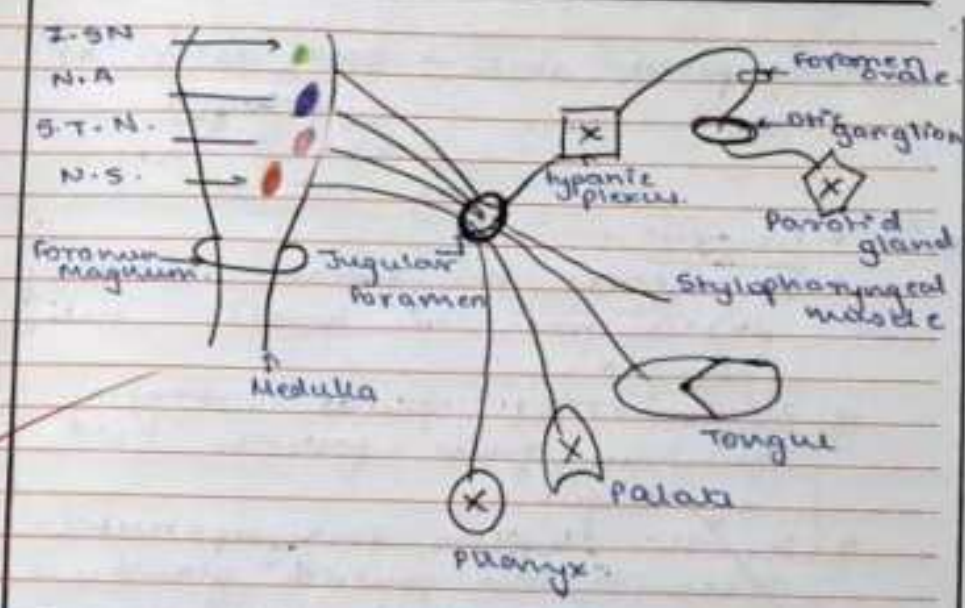
• COURSE AND RELATIONS :-

1) The glossopharyngeal nerve originates from the medulla oblongata of brain

2) It emerges from the anterior aspect of the medulla, moving laterally in the posterior cranial fossa.

3) The glossopharyngeal nerve leaves the cranium through jugular foramen.

4) At this point, the tympanic nerve arises. It has a mixed sensory & parasympathetic component.



COURSE AND RELATIONS.

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• PHARYGEAL PLEXUS :-

Located in the middle constrictor.

1) Motor nerve → Vagus → Muscle of palate
→ Muscle of pharynx

3) Sensory nerve → Glossopharyngeal nerve.

→ Sensation of pharynx

3) Sympathetic route → Blood vessels of pharynx.

- FUNCTIONS :-

1) It receives the somatic sensory fibers from the tonsils, the pharynx.
2) It receives special visceral functions from posterior 1/3rd of tongue.
3) It also supplies parasympathetic fibres to the parotid gland
4) The glossopharyngeal nerve along with the vagus nerve forms the pharyngeal plexus.

(4)

SECTION - C.

Q.4) Short answer questions :-

→ a) Mediastinal surface of right lung :-

1) The mediastinal surface of right lung can be considered in terms of lung root & surrounding surface characteristics.

2) POSITION AND FEATURES :-

Superiorly → Arch of azygos vein where it arches over the root of right lung.
→ Groove for oesophagus up to apex.

Anteriorly → Groove of superior vena cava progressing vertically.

Anteroinferiorly → the cardiac impression
→ Groove for inferior vena cava.

Inferiorly → Pulmonary ligament.

Posteriorly → Groove for oesophagus.

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(3)

→ 2) Diff between skeletal & smooth muscle.

SMOOTH MUSCLE	SKELETAL MUSCLE.
1) The smooth muscle is an involuntary muscle	1) The skeletal muscle a voluntary muscle.
2) Non-striated muscle.	2) Striated muscle
3) Branching and spindle shaped muscle.	3) NO branching
4) The cells are uninucleated	4) cells are multinucleated.
5) Helps in contraction of inner organs.	5) Body movements.
6) Rhythmic or slow contraction	6) Rapid contraction of muscles

→ 3) Positions of Appendix :-

1) The vermiform appendix is a part of digestive tract.
2) It lies in the right lower quadrant of abdomen.
3) It is a worm-like structure and arises during embryonic life.

(13)

the position of appendix from most common to least common :-

1) Retrocaecal
2) Pelvic
3) subcaecal
4) Pericaecal
5) Post caecal.

→ 4) Soft palate :-

1) The soft palate is a moveable organ consisting of muscle fibres in mucous membrane.
2) The muscles of soft palate play an important role in breating and swallowing.
3) Muscles of soft palate are :-
   1) Tensor veli palatini → involved in swallowing.
   2) Palatoglossus → involved in swallowing
   3) Palatopharyngeus → involved in breathing.
   4) Levator veli palatini → swallowing.

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5) Musculus uvulae → Moves the uvula.

4) These muscles are innervated by pharyngeal plexus via vagus nerve

5) Clinical significance :-
1) The pathology of soft palate include numerous lesions such as cleft palate
2) 10 to 30% of palatine cases are caused because of suction.
3) Pemphigus vulgaris
4) Herpagina.

3

→ 5) Downs syndrome

1) Downs syndrome is also known as trisomy 21.
2) It is a genetic disease caused by presence of all or 3rd copy of chromosome 21
3) It is associated with
1) Physical growth delays
2) Characteristic facial features
3) Mild to moderate intellectual disability.

4) Diagnosis → 1) Prenatal screening
2) Genetic Testing.

5) Signs and Symptoms :-
1) Abnormal teeth
2) Short hands
3) Short neck
4) Slanted eyes.
5) Protruding tongue.
6) Congenital heart disease.
7) Bent fifth finger tip
8) Flat nasal bridge.

4

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9.5] long answer questions.

→ 1) TEMPEROMANDIBULAR JOINT :-

- Introduction :-

1) The Tempro-mandibular joint, is the synovial joint.
2) It connects the jawbone to the skull
3) The joint is unique as it is a bilateral joint that functions as one unit.

- LOCATION :-

1) It is located between the mandible and temporal bone of the skull.

- STRUCTURE :-

1) The main components are the
   1) Joint capsule.
   2) Articular disc
   3) Mandibular condyles
   4) temporomandibular ligament.
   5) Stylomandibular ligament.
   6) sphenomandibular ligament
   7) Lateral pterygoid muscle.

2) The capsule is a dense fibrous membrane that surrounds the joints and incorporates the articular eminence

3) It attaches the articular eminence the articular disc and neck of mandible.

4) The articular disc is composed of dense fibrocartilagous tissue that is positioned between the head of mandible condyle.

5) The central area of the disc is thinner but of denser consistency.

- LIGAMENTS :-

1) There are 3 ligaments of TMJ.
   1) Major
   2) 2 Minor.

2) The major ligament is the TMJ ligament. The base of the ligament is attached to the zygomatic process of temporal bone and articular tubercle. This ligament prevents excessive retraction or moving backward of mandible.

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3) The 2 minor ligaments are :
   1) Sphenomandibular ligament.
   2) Stylomandibular ligament

4) Stylomandibular ligament separates the infratemporal region to parotid region.

5) Sphenomandibular ligaments runs from the spine of sphenoid bone to the lingula of mandible.

- NERVE SUPPLY :-

1) Sensory → 1) Auriculotemporal nerve.
2) Masseteric nerve.
3) Mand. branch of trigeminal nerve

- BLOOD SUPPLY :-

1) The blood supply of Temporo-mandibular joint is carried out by
1) Branches of external carotid
2) Superficial Temporal branch.
3) Deep auricular artery.
4) Ascending pharyngeal artery
5) Maxillary artery.
6) Tympanic artery.

- APPLIED ANATOMY :-

1) There can be severe pain in TMJ
2) Disc displacement.
3) Congenital diseases

8

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11/20

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

34526

ROLL NO.	QUESTION BOOKLET VERSION	QUESTION BOOKLET SR. NO.
13		

ANSWER SHEET 1
(WRITE THIS NO. ON YOUR QUESTION BOOKLET)
NAME OF EXAMINATION Bottom Exam. II improvement (Winter 2018)

SUBJECT: Anatomy

PAPER:

ROLL NO. (In words) Thirteen (13)

QUESTION BOOKLET VERSION (In Words)

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

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CANDIDATE'S SIGNATURE

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Date: 20/10/18

Q. No.	1	2	3	4	5	6	7	8	9	10
a					■	■			■	
b		■	■					■		
c	■			■			■		■	■
d					■					

Q. No.	11	12	13	14	15	16	17	18	19	20
a				■	■				■	
b			■				■			■
c	■	■				■				
d								■		

Q. No.	21	22	23	24	25	26	27	28	29	30
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Q. No.	31	32	33	34	35	36	37	38	39	40
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Q. No.	41	42	43	44	45	46	47	48	49	50
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1. CROSS 'X' THE BLOCK ☐ USING BLUE BALL POINT PEN ONLY.
2. CROSS ONLY ONE BLOCK FOR EACH QUESTION AS SHOWN BELOW.

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c ☐	c ☐	c ☒	c ☐
d ☐	d ☐	d ☐	d ☐

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Center Code

Examination : IInd Sessional (Prilims)

Subject : General Anatomy

Section : B & C

Serial No. 04005

Language of Answer : English Sub. Code :

Date : 20 10 2018

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45 8

Head of Dept.
General Human Anatomy.
M. G. V. Dental College & Hospital
Panchvati Nasik.

Section B & C

Seat No. 13
(in Figures)

Seat No. Thirteen
(in Words)

Examination : IInd Sessional

Subject : Anatomy.

Code :

P.R.No.

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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.
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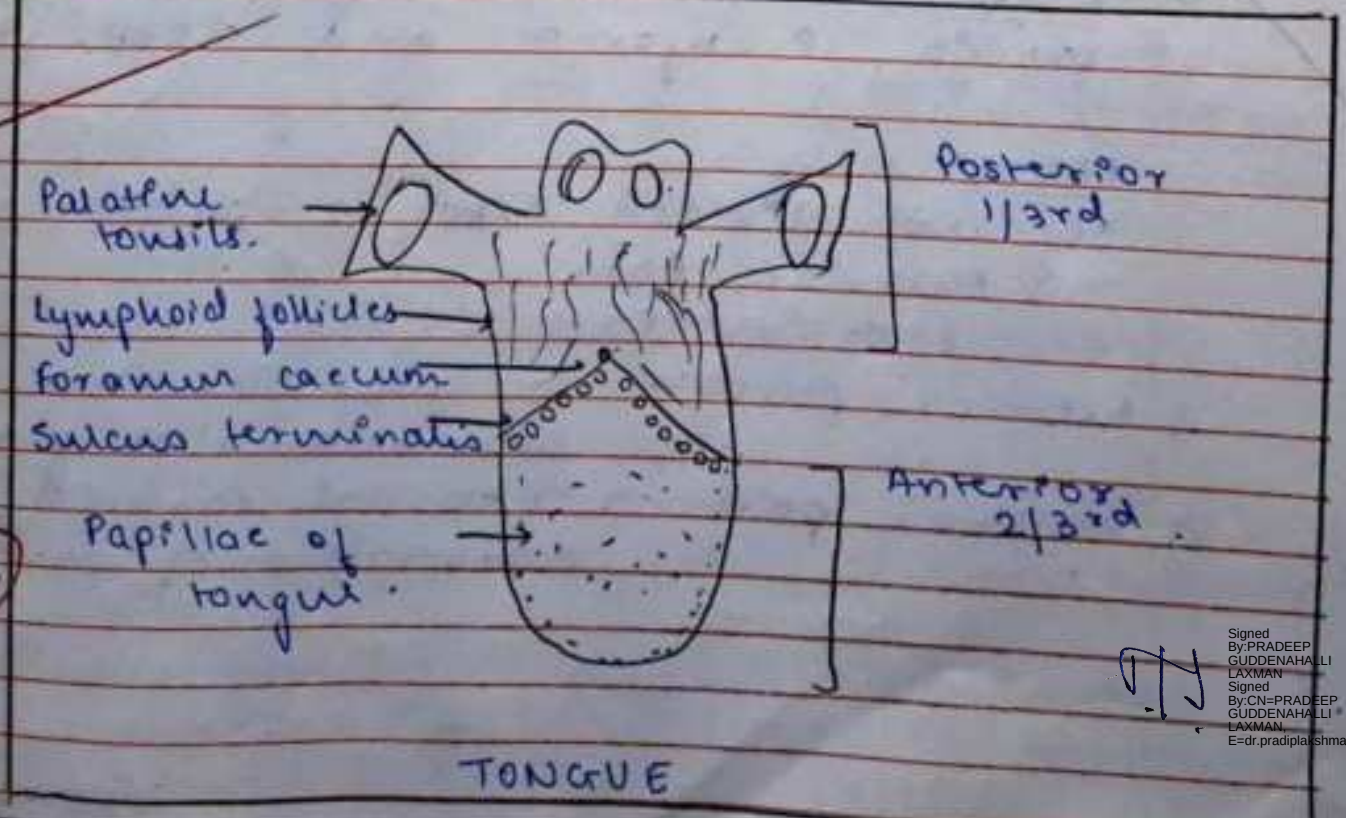
Signature of the JUNIOR SUPERVISOR

Q.2] Short answer questions :-

→ 5) Nerve supply of tongue :-

1) The tongue is divided into 2 parts :-
   Anterior 2/3rd
   Posterior 1/3rd.
2) The anterior 2/3rd is supplied by the hypoglossal nerve.
3) The posterior 1/3rd is supplied by the glossopharyngeal nerve.
4) Vagus nerve also supplies one muscle of tongue — Palatoglossus.
5) All the other muscles are supplied by glossopharyngeal nerve.
6) It is also supplied by the branch of facial nerve.



TONGUE

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→ 1) DIAGASTRIC TRIANGLE.

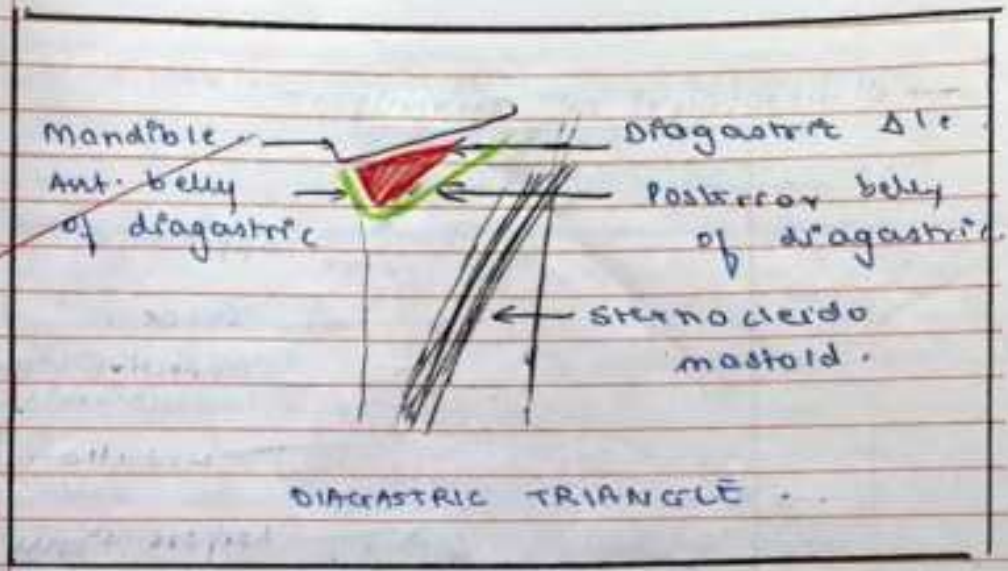
1) The diagastric triangle is also known as the 'submandibular triangle'.
2) It is named because it lies between the 2 bellies of diagas

LOCATION AND BOUNDRIES :-

1) It is located just below the mandible.
2) Above :- The triangle is bounded by lower border of mandible & a line drawn from its angle to mastoid pro
3) Below :- By posterior and anterior belly of diga
4) It is covered by superficial fascia, Platysma and deep fa

PARTS :-

1) It is divided into 2 parts :-
   1) Anterior part
   2) Posterior part
2) Anterior part → It contains the submandibular gland
3) Posterior part → External carotid, Substance of parotid



DIAGASTRIC TRIANGLE.

→ 4) APPLIED ANATOMY OF PAROTID GLAND :-

1) There can be swelling of the parotid gland due to the infections transfered trough the oral cavity.
2) 'Mumps' is seen to be common cause of parotid gland swelling
3) This disease is highly contagious and spread through air or saliva.
4) Apart from this, viral infection and bacterial infection can cause 'parotitis'.
5) Salivary calculi usually occur in the salivary duct with intense pain.
6) The parotid swelling might also

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→ 3) HISTOLOGY OF THYMUS



HISTOLOGY OF THYMUS.

1) The thymus is a primary lymphoid organ.
2) The initial developement of the T-cells is almost similar accross species.
3) It is an epithelial organ. It consists of 2 lobes merged in the middle, surrounded by a capsule that extends the blood vessels.
4) It consists of cortex and medulla
cortex → Made up of thymocytes supported by epithelial of finely bra...

Medulla → There is presence of rest-like bodies known as Hassal's corpuscles

4

→ 2) CLEFT PALATE

1) This disease is generally found in females than in males.

2) This is caused because of lack of fusion of palatine shelves

3) This can result in abnormal appearance of face.

2

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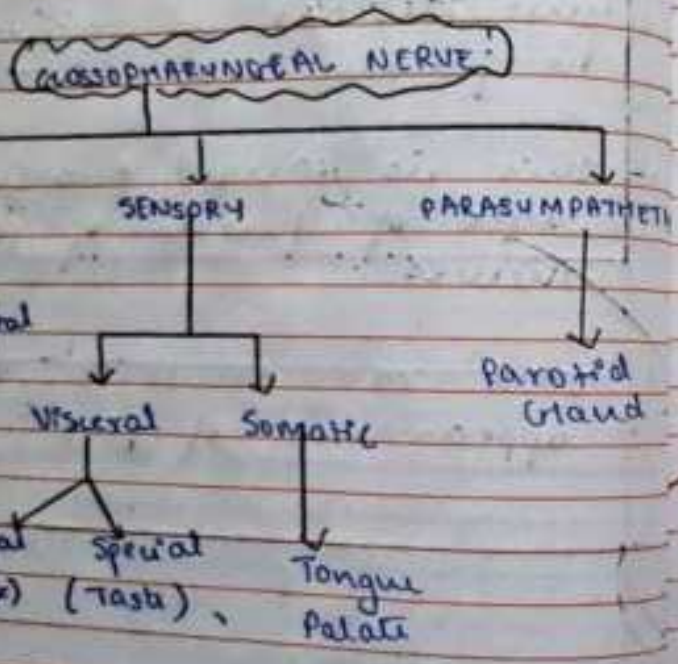
Q3) Long answer questions :-

→ 1) GLOSSOPHARYNGEAL NERVE :-

• INTRODUCTION :-

1) The glossopharyngeal nerve is the cranial nerve IX

2) It is a mixed nerve :-



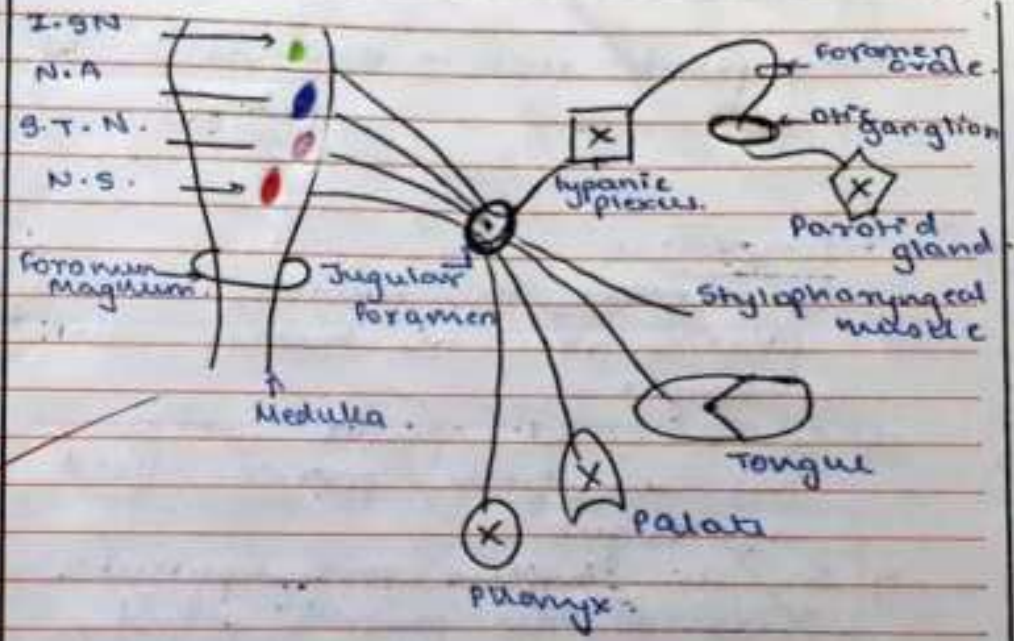
• COURSE AND RELATIONS :-

1) The glossopharyngeal nerve originates from the medulla oblongata of brain

2) It emerges from the anterior aspect of the medulla, moving laterally in the posterior cranial fossa.

3) The glossopharyngeal nerve leaves the cranium thro foramen

4) At this point, the tympanic nerve arises. It has a mixed sensory & parasympathetic compositon.



● → Nucleus ambiguus.
● → Inferior salivatory nucleus
● → Spinal trigeminal nucleus
● → Nucleus solitary.

RSE AND RELATIONS.

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• PHARYGEAL PLEXUS :-

Located on the middle constrictor.

1) Motor nerve → Vagus → Muscle of palate

2) Sensory nerve → Glossopharyngeal nerve.
→ Sensation of pharynx

3) Sympathetic route → Blood vessels of pharynx.

• FUNCTIONS :-

1) It receives the somatic sensory fibres from the tonsils, the pharynx.
2) It receives special visceral fibres from posterior 1/3rd of tongue.
3) It also supplies parasympathetic fibres to the parotid gland
4) The glossopharyngeal nerve along with the vagus nerve forms the pharyngeal plexus.

(X)

SECTION - C.

Q.4) Short answer questions :-

→ a) Mediastinal surface of right lung :-

1) The mediastinal surface of right lung can be considered in terms of lung root & surrounding surface characteristics.
2) POSITION AND FEATURES :-

Superiorly → Arch of azygus vein where it arches over the root of right lung.
→ Groove for oesophagus up to apex.

Anteriorly → Groove of superior vena cava progressing vertically.

Anteroinferiorly → the cardiac impression
→ Groove for inferior vena cava.

Inferiorly → Pulmonary ligament

Posteriorly → Groove for oesophagus

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(3)

→2) Diff between

SMOOTH MUSCLE	SKELETAL MUSCLE.
1) The smooth muscle is an involuntary muscle.	1) The skeletal muscle a voluntary muscle.
2) Non-striated muscle.	2) Striated muscle
3) Branching and spindle shaped muscle.	3) NO branching
4) The cells are uninucleated.	4) cells are multinucleated.
5) Helps in contraction of inner organs.	5) Body movements.
6) Rhythmic or slow contraction	6) Rapid contraction of muscles

→3) Positions of Appendix :-

1) The vermiform appendix is a part of digestive tract.
2) It lies in the right lower quadrant of abdomen.
3) It is a worm-like structure and arises during embryonic

(13)

The position of appendix from most common to least common :-

1) Retrocaecal
2) Pelvic
3) subcaecal
4) Pericaecal
5) Post caecal.

→4) Soft palate :-

1) The soft palate is a moveable organ consisting of muscle fibres in mucous membrane
2) The muscles of soft palate play an important role in breating and swallowing.
3) Muscles of soft palate are :-
   1) Tensor veli palatini → involved in swallowing.
   2) Palatoglossus → involved in swallowing.
   3) Palatopharyngeus → involved in breathing.
   4) Levator veli palatini → swallowing.

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5) Musculus uvulae → Moves the uvula.

4) These muscles are innervated by pharyngeal plexus via vagus nerve.

5) Clinical significance:-
1) The pathology of soft palate includes numerous disease such as cleft palate
2) 10 to 30% of palatine cases are caused because of infection.
3) Pemphigus vulgaris
4) Herpagina.

(3)

→ 5) Downs syndrome
1) Downs syndrome is also known as trisomy 21.
2) It is a genetic disease caused by presence of all or 3rd copy of chromosome 21.
3) It is associated with
1) Physical growth delays
2) Characteristic facial features
3) Mild to moderate intellectual disability.
4) Diagnosis → 1) Prenatal screening
2) Genetic Testing

5) Signs and Symptoms:-
1) Abnormal teeth
2) Short hands
3) Short neck
4) Slanted eyes.
5) Protruding tongue.
6) Congenital heart disease.
7) Bent fifth finger up.
8) Flat nasal bridge.

(4)

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5] long answer questions

→ 1) TEMPROMANDIBULAR JOINT :-

• Introduction :-

1) The Tempro-mandibular joint, is the synovial joint.
2) It connects the jawbone to the skull
3) The joint is unique as it is a bilateral joint that functions as one unit.

• LOCATION :-

1) It is located between the mandible and temporal bone of the skull.

• STRUCTURE :-

1) The main components are the
   1) Joint capsule.
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   3) Mandibular condyles
   4) Temporomandibular ligament.
   5) Stylomandibular ligament.
   6) Sphenomandibular ligament
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4) Stylomandibular ligament separates the infratemporal region to parotid region.

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3) Congenital diseases

(8)

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IMPROVEMENT EXAM OF DEPT. OF ORAL PATHOLOGY

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Harshada D. Wanktede

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Center Code:

Examination: 1st Improvement Exam.

Subject: DADH

Section : B & C

Serial No. 2770

Language of Answer: English Sub. Code:

Date: 22 04 2019

Bar Code:

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Section: B & C

Seat No. [in Figures]

Seat No. Repetar (in Words)

Examination: 1st Improvement Exam.

Subject: DADH

Code:

P.R.No.

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Signature of the JUNIOR SUPERVISOR

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Q.2. Short Answer Questions.

7) Occlusal aspect of Permanent Mandibular Second Premolar.

Permanent Mandibular Second Premolar:

① The permanent mandibular second premolar are present in each quandrant in mandible.

② The permanent mandibular 2nd premolar is having 3 cusp and 5 lobes.

③ The mandibular 2nd premolar is the single root formed

Occlusal Aspect:

① The permanent mandibular 2nd premolar is having 3 cusp & 5 lobes.

② They have formed the Y-shaped groove are formed.

③ There buccal aspect is greater than the lingual aspect.

④ That's ~~prox~~ buccal aspect is proximal.

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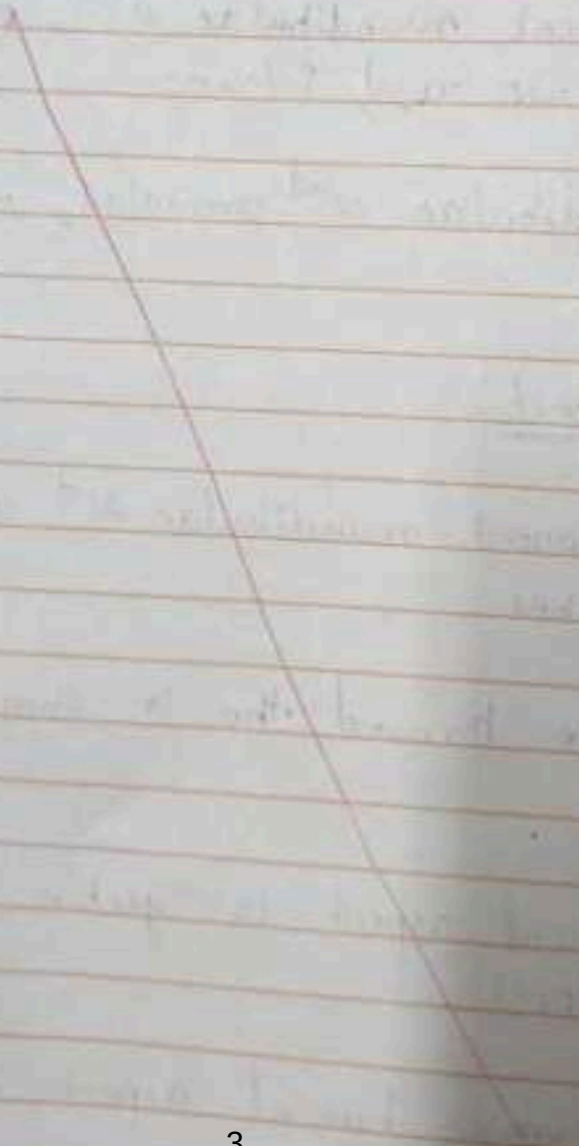
5. The permanent madibular second premolar is have occulsal surface present in mesial groove.

1½ 6. The occlusal aspect are the wide or long aspect.



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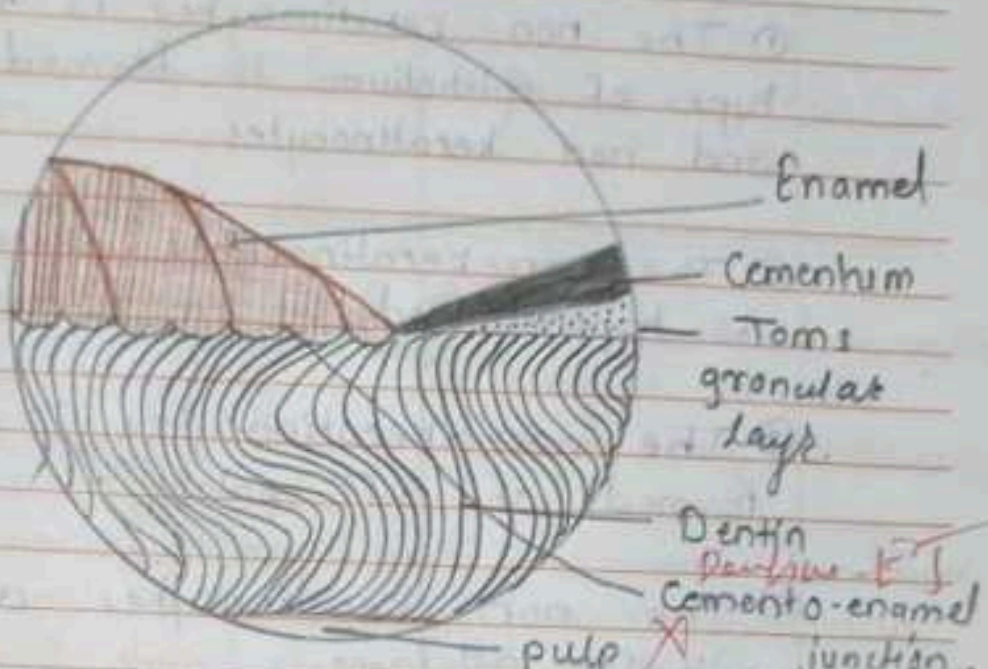
9) Cemento-enamel junction



Cemento-Enamel Junction (CET)

1/2

① Cemento-enamel junction is ~~with~~ which enamel attanched ~~to~~ in cementum is known as CET.

② The CEJ are present in bet^n the enamel & pulp.

③ The CEJ is transmitted the hypocalcified section in enamel.

④ Enamel formed in proximal aspect in cementoenamel.

⑤ The enamel formed in brown colour line.

⑥ In CEJ formed in gap junction. overlap and

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10) Non Keratinocytes

① The non-keratinocytes is the classification type of epithelium is formed keratinocytes and non-keratinocytes.

② The non-keratinocytes of epithelium is hypocalcified.

③ The non-keratinocytes is the produced formed of soft palat.

④ The non-keratinocytes are the epithelium cell layer.

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4) Differences betn Permanent Mandibular 1st & 2nd molar.

Permanent Mandibular 1st Molar	Permanent Mandibular 2nd molar.
1) The permanent Mandibular 1st molar is the formed in 2 cusp & 3 lobes.	① The permanent mandibular 2nd molar is the formed 3 cusp & 5 lobes.
2) The permanent mandibular 1st molar in occlusal surface formed the 3- shaped groove.	② The permanent mandibular 2nd molar in occlusal surface formed H-shaped. Y-shaped groove are formed.
3) They have buccal aspect to greater than lingual aspect.	③ These both accept buccal & lingual are same.
4) The mesial aspect from prominent groove	4) The distal aspect form prominent groove.
5) The is the most large or widthest tooth in whole arch.	5) These is 2nd largest tooth in whole arch.
6) They have formed 3 root	6) They have formed 2 root.

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Q-3. long Answer Questions.

1) Describe in detail traits and morphologic Aspect of Permanent maxillary 1st molar.

- Permanent maxillary 1st Molar:

Introduction:

① The permanent maxillary first molar is present in all quandrant.
② They they formed in maxillary arch in 2 molars. i.e., maxillary right 1st molar & maxillary left 1st molar.
③ The maxillary molar is the most widest ~~tooth~~ in whole arch.
④ The maxillary 1st molar is formed 2 root in each molar ~~in all~~.

Chronological Data:

1st evidence of calcification	2-3 yrs.
enamel completed	3-4 yrs
~~age~~ tooth eruption	4-5 yrs.
root completed	5-6 years

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* Tooth numbering System

	Right	left.
FDI method	16	26
Palmer method	6⌋	⌊6
universal system	3	14.

* Morphological Aspect :

1) Buccal Aspect:

① The maxillary 1st molar is the buccal aspect is greater than lingual aspect.

② The shape of buccal aspect is pyramidal shaped formed.

③ They are formed in prominent riges in buccal aspect.

2) Lingual Aspect.

① The lingual aspect is formed in pyramidal square shape.

② They have forming bulky in lingual side.

③ The lingual aspect formed mesio-distal groove are ~~pro~~ fromed.

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3) Mesial Aspect

① The mesial aspect formed the 2 cusp tips.

② The buccal cusp tip are slightly greater than lingual cusp tip.

③ They have formed prominat groove.

4) Distal Aspect.

① The distal aspect is also formed 2 cusp tips.

② There distal groove is slightly in formed in lingual aspect.

③ The distal aspect formed v-shape notch in both cusp tips.

5) Occlusal Aspect

① The occlusal aspect are formed in S-shaped fossa or groove in the surface.

② The marginal riges are also produced in occlusal aspect.

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③ The diameosion of occlusal aspect is 1st maxillary greater than 2nd maxillary molar.

④ There fossa is more deep.
⑤ The occlusal aspect is trapezoidal shape.

* Traits.

1) Set Traits.

① The set trait of maxillary 1st molar is the mast widest tooth in maxillary arch.

② They formed 3 rooted tooth in whole arch.

2) Class Traits.

① The maxillary 1st molar is straigh or long tooth.

② The class trait of 1st molar is present in back side of alveolar.

3) Type Traits.

① The permanent maxillary first molar is the maxillary arch formed in bulky type of tooth.

② The permanent maxillary 1st molar is [illegible] and silly bulky or three root attached [illegible]

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4) Arch Trait.

① The mast widest and bulky tooth in whole arch.

② They ~~are~~ maxillary arch formed 2 1st molar in both quandrant.

* Variations:

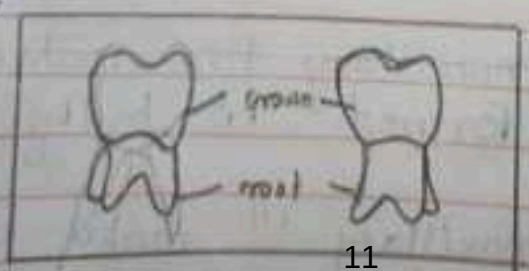
① Some maxillary 1st or 2nd molar is attached root formed.

② The maxillary molar is length in short than mandibular molar.

* Endodontic Anatomy:

3 ① The maxillary 1st molar replace in some cases.

② They most important to mastication of food.



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Q.7

2) Described principal fibers of PDL. Add a note on its ftn?

The Principal fibers of PDL is as following:

1) Apical group of fiber
2) Horizontal group of fiber
3) Oblique group of fiber
4) Intra radicular group of fiber
5) Alveolar gerroup of fibers.

1) Apical group of fiber

The periodontal ligament is formed in osteon or odontoblastic zone.



2) Horizontal group of fiber.

the Horizontal group of fiber is apically formed in nucleon or fibre cartilages.



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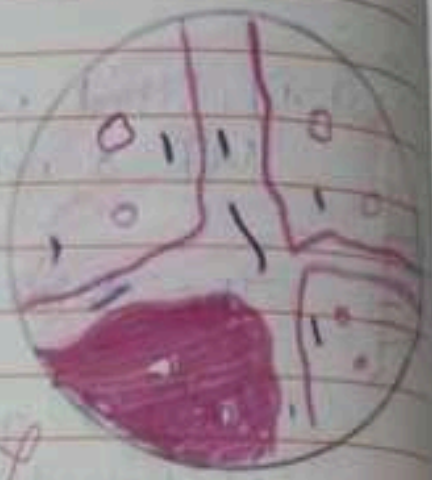
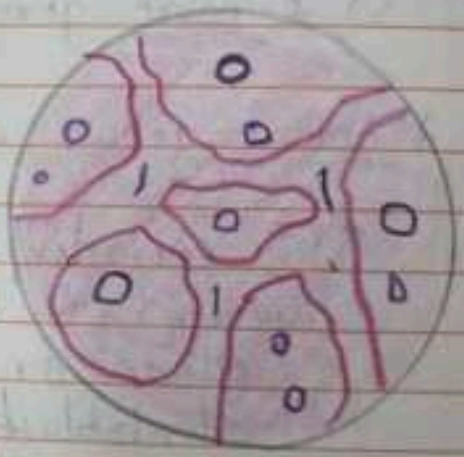
3) Oblique group of fiber.

That PDL is osteon or oblique group is formation of fiber.



4) Intra radicular group of fiber.

The intra radicular group of fiber is formed in nucleolus or blood vessel in fiber.



5) Alveolar group of fiber.

Alveolar group form the I s-shaped PDL ligaments.



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

Que.	A	B	C	D	E	F	G	H	I	J	Total
1											
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Marks allotted by Moderator Name :
TOTAL : → 8/10
signature :

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

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Marks allotted by IInd Examiner Name :
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Name of Examination : Section
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Marks in words :
Marks allotted by I[st] Examiner Name :
TOTAL :
signature :

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Remedial Teaching/Support



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Remedial teaching/Support:

Once the results are displayed, the faculty members identify the slow learners who has scored less than 50% marks and provide them with the necessary help and guidance to help them overcome their problems, after identifying their areas of difficulty.

Remedial classes are directed for the improvement of slow learner and takes immense measures in giving chances to mid-course improvement. Remedial classes are one among the opportunities provided to the students in supporting their academic improvement.

In addition to the remedial classes, revision classes are being regularly conducted by all the departments prior to the University examinations, after the completion of syllabus, with the purpose of reinforcement of concepts and with the intention of providing a supporting hand to the slow learners.

Special programs for improving academic performance of slow learners

(i) Remedial/Extra classes are conducted with appropriate focus on the subject/topic in which the students are found to be slow learners. Remedial theory classes are conducted. Remedial teaching is followed everyday.

(ii) Individual academic counselling is done by concerned subject teacher.

(iii) Peer-to-peer learning is encouraged by studying in groups during clinical posting.

(iv) Slow learners are counselled and motivated by the mentors.

(v) Entire academic record of the student which is conveyed to the parents time to time by the teachers during PTM.

(vi) Seminar/ Pedagogy presentation for assessing the knowledge on the topic.

Special programs for Advanced learners

i) Additional lectures, discussions on the advanced topics.

ii) Training programs for gaining advanced practical knowledge

iii) Encouraging to participate / present papers or posters in Conferences, symposiums, quiz, inter institution competition etc.

iv) Guiding and encouraging for research activities

v) To read, analyse, present journal articles so as to follow evidence based dentistry.

vi) Guiding the students for Competitive Examinations.

vii) Guiding for career planning.

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Mahatma Gandhi Vidyamandir's

Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

Time Table for Remedial Teaching for March - April

B BDS Summer (Odd) Batch 2022-23

Date	Subject	3:00-3:30 pm	3:30-4:00pm
15/3/2023	Pathology	Slow Learner	Advanced Learner
29/3/2023	Microbiology	Slow Learner	Advanced Learner
5/4/2023	Pharmacology	Slow Learner	Advanced Learner
12/4/2023	DMS Prosthodontics	Slow Learner	Advanced Learner
19/4/2023	DMS Conservative	Slow Learner	Advanced Learner

Academic Incharge

Remedial Incharge

Principal

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Time Table for Remedial Teaching for June-July

II BDS Summer (Odd) Batch 2022-23

Date	Subject	1:00-1:30 pm	1:30-4:00pm
7/6/2023	Pathology	Slow Learner	Advanced Learner
14/6/2023	Microbiology	Slow Learner	Advanced Learner
21/6/2023	Pharmacology	Slow Learner	Advanced Learner
28/6/2023	DMS Prosthodontics	Slow Learner	Advanced Learner
5/7/2023	DMS Conservative	Slow Learner	Advanced Learner
12/7/2023	Pathology	Slow Learner	Advanced Learner
19/7/2023	Microbiology	Slow Learner	Advanced Learner

Academic Incharge

Remedial Incharge

Principal

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Time Table for Remedial Teaching for Aug to Sept

II BDS Summer (Odd) Batch 2022-23

Date	Subject	1.00-1.30 pm	1:30-4:00pm
23.08.2023	Pathology	Slow Learner	Advanced Learner
30.08.22023	Microbiology	Slow Learner	Advanced Learner
8.09.22023	Pharmacology	Slow Learner	Advanced Learner
6.09.2023	DMS Prosthodontics	Slow Learner	Advanced Learner
13.09.2023	DMS Conservative	Slow Learner	Advanced Learner
20.09.2023	Pathology	Slow Learner	Advanced Learner
27.09.2023	Microbiology	Slow Learner	Advanced Learner

Academic Incharge

Remedial Incharge

Principal

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Panchavati, Nashik-422003

Time-Table for Remedial Teaching March-April

III BDS Winter Batch: 2022-2023

Date	Subject	3:00-3:30 pm	3:30-4:00pm
13/3/23	General Medicine	Slow Learner	Advanced Learner
20/3/23	General Surgery	Slow Learner	Advanced Learner
27/3/23	Oral Pathology	Slow Learner	Advanced Learner
3/4/23	General Medicine	Slow Learner	Advanced Learner
10/4/23	General Surgery	Slow Learner	Advanced Learner
17/4/23	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

Remedial Incharge

Principal

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Time Table for Remedial Teaching June-July

III BDS Winter Batch 2022-2023

Date	Subject	3:00-3:30 pm	3:30-4:00pm
24/4/23	General Medicine	Slow Learner	Advanced Learner
22/5/23	General Surgery	Slow Learner	Advanced Learner
29/5/23	Oral Pathology	Slow Learner	Advanced Learner
5/6/23	General Medicine	Slow Learner	Advanced Learner
12/6/23	General Surgery	Slow Learner	Advanced Learner
19/6/23	Oral Pathology	Slow Learner	Advanced Learner
26/6/2023	General Medicine	Slow Learner	Advanced Learner
3/7/2023	General Surgery	Slow Learner	Advanced Learner
10/7/2023	Oral Pathology	Slow Learner	Advanced Learner
17/7/2023	General Medicine	Slow Learner	Advanced Learner
24/7/2023	General Surgery	Slow Learner	Advanced Learner

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Remedial Incharge

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Time-Table for Remedial Teaching Aug to Sept

III BDS Regular Batch: 2022-2023

Date	Subject	3:00-3:30 pm	3:30-4:00pm
21.08.2023	General Medicine	Slow Learner	Advanced Learner
28.08.2023	General Surgery	Slow Learner	Advanced Learner
04.09.2023	Oral Pathology	Slow Learner	Advanced Learner
11.09.2023	General Medicine	Slow Learner	Advanced Learner
18.09.2023	General Surgery	Slow Learner	Advanced Learner
25.09.2023	Oral Pathology	Slow Learner	Advanced Learner

Academic In charge

Remedial In charge

Principal

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Panchavati, Nashik-422003

Time Table for Remedial Teaching for March-April

Final Year RegularBatch : 2022-23

Date	Subject	2.00-2.30	2.30-.3.00 pm	3.00-3.30 pm	3.30-4.00pm
21/3/23	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
21/3/23	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
28/3/23	Conservative	Slow Learners	Advanced Learners	-	-
28/3/23	Orthodontics	-	-	Slow Learners	Advanced Learners
18/4/23	Periodontology	Slow Learners	Advanced Learners	-	-
18/4/23	Oral Surgery	-	-	Slow Learners	Advanced Learners
25/4/23	Pedodontics	Slow Learners	Advanced Learners	-	-
25/4/23	Prosthodontics	-	-	Slow Learners	Advanced Learners

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Remedial Incharge

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Time Table for Remedial Teaching for April-May Final YearOdd Batch : 2022-23

Date	Subject	2.00-2.30	2.30- 3.00 pm	3.00-3.30 pm	3.30-4.00pm
25/4/23	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
25/4/23	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
2/5/23	Conservative	Slow Learners	Advanced Learners	-	-
2/5/23	Orthodontics	-	-	Slow Learners	Advanced Learners
23/5/23	Periodontology	Slow Learners	Advanced Learners	-	-
23/5/23	Oral Surgery	-	-	Slow Learners	Advanced Learners
30/5/23	Pedodontics	Slow Learners	Advanced Learners	-	-
30/5/23	Prosthodontics	-	-	Slow Learners	Advanced Learners
6/6/23	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
6/6/23	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
13/6/23	Conservative	Slow Learners	Advanced Learners	-	-
13/6/23	Orthodontics	-	-	Slow Learners	Advanced Learners
20/6/23	Periodontology	Slow Learners	Advanced Learners	-	-
20/6/23	Oral Surgery	-	-	Slow Learners	Advanced Learners
27/6/23	Pedodontics	Slow Learners	Advanced Learners	-	-
27/6/23	Prosthodontics	-	-	Slow Learners	Advanced Learners

Academic Incharge

Remedial Incharge

Principal

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Time Table for Remedial Teaching for Aug to Sept

Final Year Odd Batch : 2022-23

Date	Subject	2.00-2.30pm	2.30-.3.00 pm	3.00-3.30 pm	3.30-4.00pm
22.08.2023	Oral Medicine and Radiology	Slow Learners	Advanced Learners		
22.08.2023	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
29.08.2023	Conservative	Slow Learners	Advanced Learners	-	-
29.08.2023	Orthodontics	-	-	Slow Learners	Advanced Learners
05.09.2023	Periodontology	Slow Learners	Advanced Learners	-	-
05.09.2023	Oral Surgery	-	-	Slow Learners	Advanced Learners
12.09.2023	Pedodontics	Slow Learners	Advanced Learners	-	-
12.09.2023	Prosthodontics	-	-	Slow Learners	Advanced Learners
26.09.2023	Conservative	Slow Learners	Advanced Learners	-	-
26.09.2023	Orthodontics	-	-	Slow Learners	Advanced Learners

Academic Incharge

Remedial Incharge

Principal

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Karmaveer Bhausaheb Hiray Dental College & Hospital

Panchavati, Nashik-422003

Time Table for Remedial Teaching for

I BDS Summer Batch July – August 21-22

Date	Subject	3:00 -3:30 pm	3:30 -4:00 pm
26/07/2022	Physiology	Slow Learner	Advanced Learner
02/08/2022	General Anatomy	Slow Learner	Advanced Learner
23/08/2022	Biochemistry	Slow Learner	Advanced Learner
30/08/2022	DA.DH	Slow Learner	Advanced Learner
5/09/2022	DA.DH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for July- August

II BDS Regular Batch 2021-22

Date	Subject	3:00-3:30 pm	3:30-4:00pm
27/07/2022	Pathology	Slow Learner	Advanced Learner
3/08/2022	Microbiology	Slow Learner	Advanced Learner
10/08/2022	Pharmacology	Slow Learner	Advanced Learner
17/08/2022	DMS Prosthodontics	Slow Learner	Advanced Learner
24/08/2022	DMS Conservative	Slow Learner	Advanced Learner

Academic Incharge

Principal

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Time Table for Remedial Teaching for October-November

II BDS Regular Batch 2021-22

Date	Subject	3:00-3:30 pm	3:30-4:00pm
12/10/2022	Pathology	Slow Learner	Advanced Learner
19/10/2022	Microbiology	Slow Learner	Advanced Learner
2/11/2022	Pharmacology	Slow Learner	Advanced Learner
9/11/2022	DMS Prosthodontics	Slow Learner	Advanced Learner

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Remedial Incharge

Principal

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Time Table for Remedial Teaching for December-January

II BDS ~~odd~~ Batch 2021-22

Date	Subject	3:00-3:30 pm	3:30-4:00pm
7/12/2022	Pathology	Slow Learner	Advanced Learner
14/12/2022	Microbiology	Slow Learner	Advanced Learner
21/12/2022	Pharmacology	Slow Learner	Advanced Learner
28/12/2022	DMS Prosthodontics	Slow Learner	Advanced Learner
4/1/2023	Pathology	Slow Learner	Advanced Learner
11/1/2023	Microbiology	Slow Learner	Advanced Learner
18/1/2023	Pharmacology	Slow Learner	Advanced Learner
25/1/2023	DMS Prosthodontics	Slow Learner	Advanced Learner

Academic Incharge

Remedial Incharge

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Time Table for Remedial Teaching for July -August

III BDS Regular Batch 2021-2022

Date	Subject	3:00-3:30 pm	3:30-4:00pm
25/07/2022	General Medicine	Slow Learner	Advanced Learner
01/08/2022	General Surgery	Slow Learner	Advanced Learner
08/08/2022	Oral Pathology	Slow Learner	Advanced Learner
22/08/2022	General Medicine	Slow Learner	Advanced Learner
29/08/2022	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

Principal

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Panchavati, Nashik-422003

TimeTable for Remedial Teaching for October-November

III BDS Winter Batch : 2021-2022

Date	Subject	3:00-3:30 pm	3:30-4:00pm
10/10/2022	General Medicine	Slow Learner	Advanced Learner
17/10/2022	General Surgery	Slow Learner	Advanced Learner
31/10/2022	Oral Pathology	Slow Learner	Advanced Learner
7/11/2022	General Medicine	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for September-November

Final Year Odd Batch : 2021-2022

Date	Subject	2.00-2.30	2.30-3.00 pm	3.00-3.30 pm	3.30-4.00pm
20/9/22	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
20/9/22	Pedodontics	-	-	Slow Learners	Advanced Learners
27/9/22	Conservative	Slow Learners	Advanced Learners	-	-
27/9/22	Orthodontics	-	-	Slow Learners	Advanced Learners
18/10/22	Periodontology	Slow Learners	Advanced Learners	-	-
18/10/22	Oral Surgery	-	-	Slow Learners	Advanced Learners
22/11/22	Public Health Dentistry	Slow Learners	Advanced Learners	-	-
22/11/22	Prosthodontics	-	-	Slow Learners	Advanced Learners

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Time Table for Remedial Teaching for July –August

Final Year Odd Batch : 2021-2022

Date	Subject	2.00-2.30	2.30-3.00 pm	3.00-3.30 pm	3.30-4.00pm
26/7/22	Periodontology	Slow Learners	Advanced Learners	-	-
26/7/22	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
2/8/22	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
2/8/22	Orthodontics	-	-	Slow Learners	Advanced Learners
23/8/22	Conservative	Slow Learners	Advanced Learners	-	-
23/8/22	Oral Surgery	-	-	Slow Learners	Advanced Learners
30/8/22	Pedodontics	Slow Learners	Advanced Learners	-	-
30/8/22	Prosthodontics	-	-	Slow Learners	Advanced Learners

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Time Table for Remedial Teaching December-January

III BDS Supp Batch: 2021-2022

Date	Subject	3:00-3:30 pm	3:30-4:00pm
5/12/2022	General Medicine	Slow Learner	Advanced Learner
12/12/2022	General Surgery	Slow Learner	Advanced Learner
19/12/2022	Oral Pathology	Slow Learner	Advanced Learner
26/12/2022	General Medicine	Slow Learner	Advanced Learner
2/1/2023	General Medicine	Slow Learner	Advanced Learner
9/1/2023	General Surgery	Slow Learner	Advanced Learner
16/1/2023	Oral Pathology	Slow Learner	Advanced Learner
23/1/2023	General Medicine	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for December-January

Final Year B.D.S Batch : 2021-2022

Date	Subject	2.00-2.30	2.30-3.00 pm	3.00-3.30 pm	3.30-4.00pm
20/12/22	Oral Medicine and Radiology	Slow Learners	Advanced Learners	-	-
20/12/22	Public Health Dentistry	-	-	Slow Learners	Advanced Learners
27/12/22	Conservative	Slow Learners	Advanced Learners	-	-
27/12/22	Orthodontics	-	-	Slow Learners	Advanced Learners
7/1/23	Periodontology	Slow Learners	Advanced Learners	-	-
7/1/23	Oral Surgery	-	-	Slow Learners	Advanced Learners
24/1/23	Pedodontics	Slow Learners	Advanced Learners	-	-
24/1/23	Prosthodontics	-	-	Slow Learners	Advanced Learners

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Time Table for Remedial Teaching for

I BDS 2020-21

Date	Subject	3:30 -4:00 pm	4.00-4.30pm
21/06/2021	Physiology	Slow Learner	Advanced Learner
28/06/2021	General Anatomy	Slow Learner	Advanced Learner
05/07/2021	Biochemistry	Slow Learner	Advanced Learner
12/07/2021	DADH	Slow Learner	Advanced Learner
19/07/2021	Physiology	Slow Learner	Advanced Learner
26/07/2021	General Anatomy	Slow Learner	Advanced Learner
2/08/2021	Biochemistry	Slow Learner	Advanced Learner
09/08/2021	DADH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for

Final Year (Old Batch 2017)

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
23/10/2021	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
30/10/2021	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
13/11/2021	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
20/11/2021	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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Time Table for Remedial Teaching for

II BDS Winter Batch 2021

Date	Subject	3:00-3:30 pm	3:30-4:00pm
23/10/2021	Pathology	Slow Learner	Advanced Learner
30/10/2021	Microbiology	Slow Learner	Advanced Learner
13/11/2021	Phamarcology	Slow Learner	Advanced Learner
20/11/2021	DMS Prostodontics	Slow Learner	Advanced Learner
27/11/2021	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for

III BDS WINTER Batch:2021

Date	Subject	3:00-3:30 pm	3:30-4:00pm
23/10/2021	General Medicine	Slow Learner	Advanced Learner
30/10/2021	General Surgery	Slow Learner	Advanced Learner
13/11/2021	Oral Pathology	Slow Learner	Advanced Learner
20/11/2021	General Medicine	Slow Learner	Advanced Learner
27/11/2021	General Surgery	Slow Learner	Advanced Learner
4/12/2021	Oral Pathology	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for

I BDS 2019-2020

Date	Subject	3.00 - 3.30 pm	3.30-4.00pm
30.12.2019	Physiology	Slow Learner	Advanced Learner
04.01.2020	General Anatomy	Slow Learner	Advanced Learner
13.01.2020	Biochemistry	Slow Learner	Advanced Learner
20.01.2020	DA.DH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for

I BDS 2019-20

Date	Subject	3:00 -3:30 pm	3.30-4.00pm
24/02/2020	Physiology	Slow Learner	Advanced Learner
02/03/2020	General Human Anatomy	Slow Learner	Advanced Learner
09/03/2020	Biochemistry	Slow Learner	Advanced Learner
16/03/2020	DA.DH	Slow Learner	Advanced Learner
23/03/2020	General Human Anatomy	Slow Learner	Advanced Learner
30/03/2020	DA.DH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for 2019-2020

II BDS Regular Batch December-January

Date	Subject	3:00-3:30 pm	3:30-4:00pm
14/12/2019	Pathology	Slow Learner	Advanced Learner
21/12/2019	Microbiology	Slow Learner	Advanced Learner
28/12/2019	Phamarcology	Slow Learner	Advanced Learner
04/01/2020	DMS Prostodontics	Slow Learner	Advanced Learner
11/01/2020	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for February-March

II BDS Regular Batch 2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/02/2020	Pathology	Slow Learner	Advanced Learner
29/02/2020	Microbiology	Slow Learner	Advanced Learner
07/03/2020	Phamarcology	Slow Learner	Advanced Learner
14/03/2020	DMS Prostodontics	Slow Learner	Advanced Learner
21/03/2020	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for October-November

II BDS Winter Batch 2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
24/10/2020	Pathology	Slow Learner	Advanced Learner
31/10/2020	Microbiology	Slow Learner	Advanced Learner
07/11/2020	Phamarcology	Slow Learner	Advanced Learner
21/11/2020	DMS Prostodontics	Slow Learner	Advanced Learner
28/11/2020	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for August-September

II BDS Winter Batch 2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
24/08/2020	Pathology	Slow Learner	Advanced Learner
1/09/2020	Microbiology	Slow Learner	Advanced Learner
08/09/2020	Phamarcology	Slow Learner	Advanced Learner
15/09/2020	DMS Prostodontics	Slow Learner	Advanced Learner
22/09/2020	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for December-January

III BDS Regular Batch:2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
14/12/19	General Medicine	Slow Learner	Advanced Learner
21/12/19	General Surgery	Slow Learner	Advanced Learner
28/12/19	Oral Pathology	Slow Learner	Advanced Learner
4/01/20	General Medicine	Slow Learner	Advanced Learner
11/01/20	General Surgery	Slow Learner	Advanced Learner
25/01/20	Oral Pathology	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for October-November

III BDS WINTER Batch:2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
24/10/2020	General Medicine	Slow Learner	Advanced Learner
31/10/2020	General Surgery	Slow Learner	Advanced Learner
07/11/2020	Oral Pathology	Slow Learner	Advanced Learner
21/11/2020	General Medicine	Slow Learner	Advanced Learner
28/11/2020	General Surgery	Slow Learner	Advanced Learner
5/12/2020	Oral Pathology	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for August-Septmber

III BDS WINTER Batch:2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/08/2020	General Medicine	Slow Learner	Advanced Learner
29/08/2020	General Surgery	Slow Learner	Advanced Learner
05/09/2020	Oral Pathology	Slow Learner	Advanced Learner
12/09/2020	General Medicine	Slow Learner	Advanced Learner
19/09/2020	General Surgery	Slow Learner	Advanced Learner
26/09/2020	Oral Pathology	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for Febuary-March

III BDS Regular Batch:2019-2020

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/02/20	General Medicine	Slow Learner	Advanced Learner
29/02/20	General Surgery	Slow Learner	Advanced Learner
7/03/20	Oral Pathology	Slow Learner	Advanced Learner
14/3/20	General Medicine	Slow Learner	Advanced Learner
21/03/20	General Surgery	Slow Learner	Advanced Learner
28/03/20	Oral Pathology	Slow Learner	Advanced Learner

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PANCHAVATI, NASHIK -422003

Time Table for Remedial Teaching for December-January

Final Year Regular Batch:2019-2020

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
14/12/19	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
21/12/19	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
28/12/19	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
4/01/20	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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K.B.H. DENTAL COLLEGE AND HOSPITAL,

PANCHAVATI,NASHIK -422003

Time Table for Remedial Teaching for October-November

Final Year WINTER Batch:2019-2020

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
24/10/2020	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
31/10/2020	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
07/11/2020	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
14/11/2020	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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PANCHAVATI,NASHIK -422003

Time Table for Remedial Teaching for August-Septmber

Final Year WINTER Batch:2019-2020

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
22/08/2020	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
29/08/2020	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
05/09/2020	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
12/09/2020	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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PANCHAVATI,NASHIK -422003

Time Table for Remedial Teaching for Febuary-March

Final Year Regular Batch:2019-2020

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
22/02/20	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
29/02/20	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
07/03/20	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
14/03/20	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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PANCHAVATI, NASHIK -422003

Time Table for Remedial Teaching for

I BDS 2018-19

Date	Subject	1:00 -1:30 pm	1.30-2.00pm
22/12/2018	Physiology	Slow Learner	Advanced Learner
29/12/2018	General Anatomy	Slow Learner	Advanced Learner
05/01/2019	Biochemistry	Slow Learner	Advanced Learner
12/01/2019	DA.DH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for

I BDS 2018-19

Date	Subject	1.00 -1.30 pm	1.30-2.00pm
23/02/2019	Physiology	Slow Learner	Advanced Learner
02/03/2019	General Human Anatomy	Slow Learner	Advanced Learner
09/03/2019	Biochemistry	Slow Learner	Advanced Learner
16/03/2019	DA.DH	Slow Learner	Advanced Learner
23/03/2019	Physiology	Slow Learner	Advanced Learner
30/03/2019	General Human Anatomy	Slow Learner	Advanced Learner
06/04/2019	Biochemistry	Slow Learner	Advanced Learner
13/04/2019	DA.DH	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for March-April

II BDS Regular Batch 2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/12/2018	Pathology	Slow Learner	Advanced Learner
29/12/2018	Microbiology	Slow Learner	Advanced Learner
05/01/2019	Phamarcology	Slow Learner	Advanced Learner
12/01/2019	DMS Prostodontics	Slow Learner	Advanced Learner
19/01/2019	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for June-July

II BDS Winter Batch 2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/06/2019	Pathology	Slow Learner	Advanced Learner
29/06/2019	Microbiology	Slow Learner	Advanced Learner
06/07/2019	Phamarcology	Slow Learner	Advanced Learner
13/07/2019	DMS Prostodontics	Slow Learner	Advanced Learner
20/07/2019	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for March April

II BDS Regular Batch 2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
16/03/2019	Pathology	Slow Learner	Advanced Learner
23/03/2019	Microbiology	Slow Learner	Advanced Learner
30/03/2019	Phamarcology	Slow Learner	Advanced Learner
06/04/2019	DMS Prostodontics	Slow Learner	Advanced Learner
13/04/2019	DMS Conservative	Slow Learner	Advanced Learner

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Time Table for Remedial Teaching for September-October

II BDS Winter Batch 2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
07/09/2019	Pathology	Slow Learner	Advanced Learner
14/09/2019	Microbiology	Slow Learner	Advanced Learner
21/09/2019	Phamarcology	Slow Learner	Advanced Learner
28/09/2019	DMS Prostodontics	Slow Learner	Advanced Learner
05/10/2019	DMS Conservative	Slow Learner	Advanced Learner

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Dental College & Hospital
Panchavati, Nashik-422 003

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MAHATMA GANDHI VIDYAMANDIR'S

K.B.H.DENTAL COLLEGE AND HOSPITAL,

PANCHAVATI,NASHIK -422003

Time Table for Remedial Teaching for December-January

III BDS Regular Batch:2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
22/12/18	General Medicine	Slow Learner	Advanced Learner
29/12/18	General Surgery	Slow Learner	Advanced Learner
5/01/19	Oral Pathology	Slow Learner	Advanced Learner
12/01/19	General Medicine	Slow Learner	Advanced Learner
19/01/19	General Surgery	Slow Learner	Advanced Learner
2/02/19	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

Principal

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Time Table for Remedial Teaching for April May

III BDS WINTER Batch:2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
13/04/2019	General Medicine	Slow Learner	Advanced Learner
20/04/2019	General Surgery	Slow Learner	Advanced Learner
27/04/2019	Oral Pathology	Slow Learner	Advanced Learner
04/05/2019	General Medicine	Slow Learner	Advanced Learner
11/05/2019	General Surgery	Slow Learner	Advanced Learner
18/05/2019	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

Principal

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PANCHAVATI,NASHIK -422003

Time Table for Remedial Teaching for September-October

III BDS WINTER Batch:2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
07/09/2019	General Medicine	Slow Learner	Advanced Learner
14/09/2019	General Surgery	Slow Learner	Advanced Learner
21/09/2019	Oral Pathology	Slow Learner	Advanced Learner
28/09/2019	General Medicine	Slow Learner	Advanced Learner
05/10/2019	General Surgery	Slow Learner	Advanced Learner
12/10/2019	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

Principal

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PANCHAVATI,NASHIK 422003

Time Table for Remedial Teaching for March-April

III BDS Regular Batch2018-2019

Date	Subject	3:00-3:30 pm	3:30-4:00pm
16/03/19	General Medicine	Slow Learner	Advanced Learner
23/03/19	General Surgery	Slow Learner	Advanced Learner
30/03/19	Oral Pathology	Slow Learner	Advanced Learner
6/04/19	General Medicine	Slow Learner	Advanced Learner
13/04/19	General Surgery	Slow Learner	Advanced Learner
20/04/19	Oral Pathology	Slow Learner	Advanced Learner

Academic Incharge

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PANCHAVATI,NASHIK-422003

Time Table for Remedial Teaching for December-January

Final Year Regular Batch:2018-2019

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
22/12/18	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
29/12/18	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
5/01/19	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
12/01/19	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

Academic Incharge

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Time Table for Remedial Teaching for April-May

Final Year WINTER Batch:2018-2019

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
13/04/2019	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
20/042019	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
27/04/2019	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
04/05/2019	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

Academic Incharge

Principal

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Time Table for Remedial Teaching for March-April

Final Year Regular Batch:2018-2019

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
16/03/19	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
23/03/19	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
30/03/19	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
6/04/19	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

Academic Incharge

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Time Table for Remedial Teaching for Septmber

Final Year WINTER Batch:2018-2019

Date	Subject	12.00-12.30 pm	12.30-1.00 pm
07/09/2019	Public Health Dentistry	Slow Learners	Advanced Learners
	Periodontology	Advanced Learners	Slow Learners
14/09/2019	Orthodontics	Slow Learners	Advanced Learners
	Oral Medicine and Radiology	Advanced Learners	Slow Learners
21/09/2019	Oral Surgery	Slow Learners	Advanced Learners
	Conservative	Advanced Learners	Slow Learners
28/09/2019	Prosthodontics	Slow Learners	Advanced Learners
	Pedodontics	Advanced Learners	Slow Learners

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