



**GOVERNMENT OF KERALA**

**Abstract**

Health & Family Welfare Department –Medical Education Service –Academic –Prospectus for admission to Post Graduate Courses in Dental Surgery (MDS- Master of Dental Surgery)-2017 -Erratum - Orders issued.

**HEALTH & FAMILY WELFARE (S) DEPARTMENT**

**G.O.(Rt)No:545 /2017/H&FWD**

**Dated,Thiruvananthapuram, 03 /03/2017**

Read: (1) GO(Rt) No:525/2017/H&FWD dated 02.03.2017.

(2) Letter No.B1/174/2017/DME dated 02.03.2017 from the Director of Medical Education.

**ORDER**

Government vide GO read above have approved the Prospectus for admission to Post Graduate Courses in Dental Surgery (MDS- Master of Dental Surgery),2017. As per letter read above, the Director of Medical Education has requested to make some rectifications in Annexure I(a) and Annexure II of the above prospectus.

Government have examined the matter in detail and are pleased to replace Annexure I(a) with the new one in regard to rotation of SEBC reservation and the total number of seats in General Merit. The declaration in Annexure II is also corrected limiting the admission for Post Graduate Dental courses.

The Government Order read above stands modified to this extent. The AnnexureI(a) and Annexure II thus modified are appended herewith.

(By Order of the Governor)

**RAJEEV SADANANDAN**

**Additional Chief Secretary to Government**

✓ The Commissioner for Entrance Examinations, Kerala, Thiruvananthapuram  
The Director of Medical Education, Thiruvananthapuram  
The Director of Health Services, Thiruvananthapuram  
The Director of Insurance Medical Service, Thiruvananthapuram  
The Principal, All Government Dental Colleges (Through DME)  
The Pricipal, All Self Financing Dental Colleges(Through DME)  
The Principal Accountant General (A&E/Audit), Kerala, Thiruvananthapuram.  
The Information Officer, Web and New Media Division, I&PR Department.  
Stock File/Office Copy.

Forwarded / By Order

  
Section Officer

**Annexure 1 (a) Distribution of MDS seats specialty & College wise for Govt Dental Colleges - 2017**

MDS Degree Specialty	Grand Total	Thiruvananthapuram						Kottayam						Kozhikode								
		Total	GM	SC	MESQ	HSQ	MU	Total	GM	ST	ME SQ	HSQ	IMS	BX	PPD	Total	GM	SC	ME SQ	HSQ	EZ	
1 Conservative Dentistry	4	2	1	1			1	1							1							
2 Oral & Maxillofacial Surgery	6	2	1		1		2	1				1			2	1	1					
3 Oral Medicine & Radiology	4	1	1				2	1						1	1	1			1			
4 Oral Pathology & Microbiology	4	1	1				2	1	1						1						1	
5 Orthodontics	4	2	1		1		1					1			1	1						
6 Pedodontics	3	1	1				1	1							1					1		
7 Periodontics	4	2			1	1	1	1							1	1						
8 Prosthodontics	5	2	2				2				1		1		1	1						
9 Public Health Dentistry	1	-					1			1												
<b>Total</b>	<b>35</b>	<b>13</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>13</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	

**Annexure II**

**Declaration for Service Candidates**

**(To be submitted by Service candidate who have not availed reservation under Service Quota for PG Dental (MDS) Courses previously)**

I Dr. . . . . .  
(Name), . . . . .  
.....  
. . . . (Designation) hereby declare that I have not availed the benefit of reservation under Service Quota previously for undergoing **Post Graduate Dental Courses** in any of the specialties.

Signature : . . . . .

..

Name : . . . . .

Designation : . . . . .

.....

**Countersigned by :**

(Controlling Officer: **DME/DHS/DIMS**)

Signature : . . . . .

..

Name : . . . . .

Designation : . . . . .

.....

Date:

(Office Seal)