

M.C.E. Society's

# M. A. RANGOONWALA COLLEGE OF DENTAL SCIENCES AND RESEARCH CENTRE, PUNE

Recognized by Government of India &  
Affiliated to Maharashtra University of Health Sciences, Nashik

2390-B, K. B. Hidayatullah Road, Azam Campus, Camp, Pune - 411 001. Maharashtra, India

Tel.: 91-20-26430959, 26430960, 26430961, Fax: 91-20-26430962

E-mail :- dean-mardental@azamcampus.org Website :- www.mardentalcollege.org



Ref. No. : MARDC / ADM / 2020

Date : 5/02/2020

## COLLEGE INTERNAL EXAMINATIONS STANDARD OPERATING PROCEDURES

1. At M.A.Rangoonwala College of Dental Sciences and research Centre, the examination committee follows the academic calendar to plan the internal exams based on MUHS guidelines.
2. Members of examination committee are selected by the Principal of the college.
3. The committee plans for the forth coming examinations and informs all the HOD's, staff members and the students by sending a time table, mentioning the dates and subjects with time of the examination, which is displayed on the notice boards also. The committee also ensures that the syllabus of the examination should be displayed on the notice boards well in advance.
4. The respective subject teachers set their Question Papers as per university guidelines. The same is then submitted to the head of the examination committee, 3 days prior to the examination in a sealed envelope.
5. Arrangements are made for the number of copies of question paper and answer sheets depending upon the number of candidates appearing for the examination. The confidentiality is strictly maintained while printing the question paper.
6. Identifying the examination halls and intimation to the Invigilators and Students is done one week prior to the examinations
7. The invigilators are selected by the examination committee and are intimated well in advance. The question papers in a sealed envelope are given to the invigilators, 30 minutes before the examination.
8. At the end of the examination, attendance sheet statements along with the subject wise answer scripts are collected by the invigilators and same is handed over to the department heads of the subjects by the examination committee for evaluation.
9. The Head of the respective departments allot the evaluation duties to the department staff. Answer books are evaluated and discussed with the students. Any query or doubt regarding evaluation or answers shall be cleared within a week of receipt of answer books and the marks are displayed on the department notice boards.



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10. Marks are signed by the student on answer booklet and results are displayed on the notice board within 2 weeks of the examination. One copy of the result is also submitted to the examination committee by every department.

11. Fourth Internal assessment examination is also conducted after preliminary examination for the students who missed their first or second internal exams due to health issue only after Principal's permission. There is no re-conducting of exam for the students who miss their preliminary examination. For being considered for the fourth internal assessment examination the student has to submit their medical leave application with supporting documents duly signed by the Principal within one week of the examination to the internal examination committee.

12. The final **Internal assessment marks** (mean marks) are submitted online to the university as per university guidelines after attestation by the students.



A handwritten signature in blue ink, appearing to read "A. D. R. Gopal".

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E-mail :- dean-mardental@azamcampus.org Website :- www.mardentalcollege.org

Ref. No. : MARDC/INT/20

Date : 5/02/20

## Examination Committee

The following faculty is appointed as members of the Examination Committee  
of the Institute.

Sr. No	Name	Designation	Department
1	Dr. Ramandeep Dugal	Principal	Prosthodontics
2	Dr. Ajit Koshy	Professor ( In charge)	Oral Pathology
3	Dr. Salika Sheikh	Professor	Periodontology
4	Dr. Rahul Kale	Professor	Periodontology
5	Dr. Pravin Gaikwad	Reader	Prosthodontics
6	Dr. Prachi Baldawa	Reader	Oral Pathology
7	Adv. R. M. Khan	Law Representative	Legal Advisor
8	Mr. Salim Mulla	Clerk	Examination Department
9	Mr. Irfan Khan	Attendance	-----
10	Mr. Asif Khan	Attendance	-----



  
Dr. Ramandeep Dugal

**PRINCIPAL**

**M.A. RANGOONWALA COLLEGE OF DENTAL  
SCIENCE & RESEARCH CENTRE, PUNE-1**



# महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK  
दिंडोरी रोड, म्हासळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004  
Tel: (0253) 2539249 / 6659249, 2539219 / 6659219  
Website: www.muhs.ac.in, E-mail: cce@muhs.ac.in



डॉ. संदीप सिताराम कदु

एम.बी.बी.एस.एम.डी. (न्यायचिकित्साशास्त्र),  
एम.बी.एस., पी.डी.डी.एच.एच.एम., पी.डी.डी.एच.एच.एम., पी.एच.एम.जे

परीक्षा नियंत्रक

Dr. Sandeep Sitaram Kadu

M.B.B.S., M.D. (Forensic Medicine),  
M.B.A., PGDHHM, PGDMLS, CFMJ

Controller of Examinations

Ref. No.: MUHS/X-C/47/2023

Date: 20/06/2023

CIRCULAR NO. 30. /2023

**SUBMISSION OF INTERNAL ASSESSMENT MARKS  
FOR REMAINING UG, PG AND UNIVERSITY COURSES SUMMER - 2023  
EXAMINATIONS (PHASE - III) COMMENCING FROM 27<sup>th</sup> JUNE 2023 ONLY  
(EXCEPT First BAMS - 2021 COURSE, FIRST BUMS - 2021, FIRST SEMESTER B.SC.  
NURSING - 2021, SECOND SEMESTER B.SC. NURSING - 2021 AND PG ALLIED)**

It is notified to all concerned that as per Section 47 prescribed in the University Ordinance No.01/2014, affiliated Colleges have to conduct internal Assessment Examinations.

1. Online for submission of Internal Assessment marks will be made available on University website w.e.f.21<sup>st</sup> June 2023.
2. **For Online Internal Assessment (IA) Marks submission:**
  - 1) Visit "www.muhs.edu.in"
  - 2) Click on Online Internal Assessment Marks submission link
  - 3) For login enter registered **Mobile** number of college, select User Type '**College**', enter Captcha answer & Click on **Login** Button.
  - 4) OTP received on registered **Mobile** number Verify OTP button.
  - 5) **Follow below steps for IA marks submission**
    - a. Click "**Menu**" -> "**Ex|Int. Access**" -> "**IA|Marks Submit**"
    - b. Click "**Show IA Marklists**"
    - c. Click "**Subject**" Name
    - d. Thereafter Student Names will appear, Click on "**Student Name**".
    - e. After Click on Student name, Marklist will appear.
    - f. Enter Marks and click "**Save Marks**" button.
    - g. Follow above **Step-c to Step-f** for all Students in a Subject.
    - h. To preview marklist, click "**PreView**" button.
    - i. After saving all Student marks in a subject, a "Submit above batch Marks" button will appear and click it to finally Submit Marks.
3. Internal Assessment mark list (Hard Copy & Soft copy) is to be submitted to the University on or before 24<sup>th</sup> June 2023. No further extension will be granted by the University.
4. Internal Assessment Examination of **Repeater Student** shall be conducted in respective subject only. The Colleges are required to maintain Internal Assessment record of Repeater students as per attached format and compulsory submitted to the University with online marksheet format.
5. While preparing Final Marks of Internal Assessment, the rounding-off marks shall done as illustrated in following table as per BOE Resolution No.07/2007 dated 08.01.2007.


Example:

Internal Assessment Marks	Final Rounded Marks
15.01 To 15.49	15
15.50 To 15.99	16



6. It is repeatedly observed that certain colleges have approached to the University for change in Internal Assessment marks after initial submission OR even after declaration of Final result on various frivolous grounds. No request for 'change of marks' shall be considered, once marks are submitted by the College to the University. It is therefore decided that Internal Assessment marks lists will only be accepted in case it is signed by the student with counter signature of the HOD/Dean of the college as provided in Ordinance 1/2014. Liability of any clerical error at college-level will rest with the Dean and the concerned HOD. The Colleges are therefore requested to go into all details and thereafter Final Internal Assessment marks lists shall be submitted to the University.
7. The Colleges, who fails to submit Internal Assessment marks (Hard copy and Soft copy) upto stipulated time-period, will be imposed fine/ penalty as prescribed by the University under Notification No.09/2011 dated 11.03.2011.
8. Non-submission of Internal Assessment marks shall constrain the University to withheld hall-ticket of the students. Hall tickets of the students, whose marks are submitted without signature, will also be withheld by the University and any loss to the students shall rest with the concerned College.

The Dean/Principal of the Colleges are required to bring this circular to the notice of all concerned & ensure that Internal Assessment marks as prescribed and is submitted to the University within stipulated time-period.

  
(Dr. Sandeep Sitaram Kadu)  
Controller of Examinations

Copy to: 1. HOD - Result Section  
2. In-charge All Faculty (UG & PG Course),  
Examinations Department, MUHS, Nashik.





महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

परीक्षा विभाग

EXAMINATIONS DEPARTMENT

### Theory Exams

- [Online Exam Form Submission](#)
- [Theory Exam Time Table](#)
- [Theory Exam Centre List](#)
- [Hall Ticket, Name Lists and Seat Summary](#)
- [Centre Incharge/Observer/IVS](#)
- [Que. Paper-setting](#)
- [CAP Assessment Marks Entry](#)

### Practical / Viva Exams

- [Practical Batchwise Time Table with Seat Numbers](#)
- [Practical Exam Appointments and Mark Submission](#)
- [Circular/Instructions for Prac. Appointments and Mark Submission](#)

### Internal Assessment Exam

- [Online Internal Assess. Marks Submission](#)

### Degree / Convocation

- [Verification of Awarded Degree](#)  
(All UG Courses PG Medical, Dental, Ayurved, Unani Faculty PG Homoeopathy Faculty)
- [Verification of Awarded Degree](#)  
(PG Nursing, Physiotherapy, Occupational Therapy PG Audiology and Speech Language Pathology PG Prosthetics and Orthotics)



*Handwritten signature and date: 27/01*

- [Verification of Passing Certificate](#)  
(PG Nursing, Physiotherapy, Occupational Therapy, PG Audiology and Speech Language Pathology, PG Prosthetics and Orthotics)

### Student Profiles Management

- [Update Student Profile](#)

### Academic Bank of Credits (ABC)

- [Registration / Get ABC ID](#)
- [Help on ABC \(Video\)](#)
- [Resources on ABC \(Guidelines, Circulars, Manual, Videos, etc.\)](#)

### Results

- [All UG Courses](#) [PG Medical, Dental, Ayurved, Unani Faculty](#)  
[PG Homoeopathy Faculty](#)
- [PG Results Summer-2023](#)
- [UG Results Summer-2023](#)
- [PG Results Winter-2023](#)
- [MMSPCC Results](#)
- [Fellowship Results](#)
- [PHD Entrance Test Results](#)
- [MBA/MPH\(N\)/MSC \(Pharma\) Entrance Test \(CET\)](#)
- [MPhil Entrance Test Results](#)
- [PG Nursing, Physiotherapy, Occupational Therapy](#)  
[PG Audiology and Speech Language Pathology](#) [PG Prosthetics and Orthotics](#)
- [MPT, MPTTh, MOTh, MASLP, MPO & MSc Nursing](#)

### Dissertation Results / Evaluation

- [PG Medical, Dental, Ayurved, Unani Faculty](#) [PG Homoeopathy Faculty](#)
- [PG Medical, PG Dental, PG Ayurved, PG Unani, PG Homoeopathy Faculty](#)
- [PG Nursing, Physiotherapy, Occupational Therapy](#)  
[PG Audiology and Speech Language Pathology](#) [PG Prosthetics and Orthotics](#)
- [MPT, MPTTh, MOTh, MASLP, MPO & MSc Nursing](#)
- [Dissertation Evaluation](#)

### Circulars / Notifications

- [All Exam Circulars, Notifications, Rule, Regulations, etc.](#)



- [Exam Time Table Circulars](#)

## Links

- [University Main Website](#)
- [Admissions Regulating Authority \(ARA\)](#)
- [Fees Regulating Authority \(FRA\)](#)
- [State CET Cell](#)

## Contact Us

(Time: 9.45 am to 6.15 pm, except Holidays)

### UG Medical

(0253) 2539216, 2539138,  
ugexammedical@muhs.ac.in

**For Dean/Principal:**

9371653184 (Mrs. Shilpa Pawar);  
8600027156 (Mrs. Vanita Shardul)

### UG Dental

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**For Dean/Principal:**

7972720211 (Shri. Sandeep Mahajan)

### UG Ayurveda and Unani

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**For Dean/Principal:**

9403855344 (Mrs. Jyoti Itankar)

### UG Homoeopathy

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**For Dean/Principal:**

9096375658 (Shri. Gajanan Suryawanshi);

### UG Nursing

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UG Physiotherapy, Occupational Therapy, Audiology and Prosthetics and  
Orthotics



(0253) 2539221, 2539204, ugexamptot@muhs.ac.in

**For Dean/Principal:**

7720083237 (Shri. Santosh Kokate),

PG Medical (MD, MS, DM, MCH, MBA, MPH-N, PG Dip.)

(0253) 2539251, 2539252, 2539258,

**For Dean/Principal:**

8208756099 (Shri. Pravin Patle); pgexammedical@muhs.ac.in

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(0253) 2539254, 2539259, pgexammed2@muhs.ac.in

**For Dean/Principal:**

9881295116 (Shri. Nitin Shinde)

**PG Dental**

(0253) 2539254, 2539259, pgexammed2@muhs.ac.in

**For Dean/Principal:**

**For Dean/Principal:**

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**For Dean/Principal:**

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**For Dean/Principal:**

9420192559 (Shri. Sandip Nandan)

ALL FELLOWSHIP COURSES (Medical, Dental, Ayurved, Unani, Homoeopathy, Nursing, Physiotherapy, Occupational Therapy, Audiology and Prosthetics and Orthotics)

(0253) 6659253, certfellow@muhs.ac.in

**For Dean/Principal:**

9420192559 (Shri. Sandip Nandan)

ALL PH.D. / M.PHIL. COURSES (Medical, Dental, Ayurved, Unani, Homoeopathy, Nursing, Physiotherapy, Occupational Therapy, Audiology and Prosthetics and Orthotics)



# PROCESS INTEGRATED IT

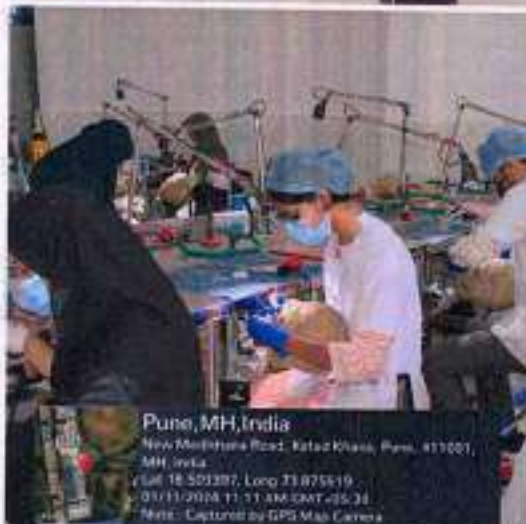


*M.A. Rangoo*

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SCIENCES & RESEARCH CENTRE, PUNE

# PRECLINICAL WORK ASSESSMENT



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# WORKPLACE-BASED ASSESSMENT



  
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SCIENCES & RESEARCH CENTRE, PUNE

# WORKPLACE-BASED ASSESSMENT



  
PRINCIPAL

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# COMPETENCY BASED ASSESSMENT

## RECORD OF THE WORK

Date	Serial No.	Title	Grade		Signature
			R	L	
1/11/19	1	GLOSSARY			[Signature] 5/11/19
5/11/19	2	Permanent Maxillary Central Incisor ✓	(A)	(A)	[Signature] 26/10/20
5/11/19	3	Permanent Maxillary Lateral Incisor ✓	(B)	(B)	[Signature] 17/11/19
1/12/19	4	Permanent Mandibular Central Incisor	(B)	(B)	[Signature] 15/12/19
1/1/2020	5	Permanent Mandibular Lateral Incisor	(B)	(B)	[Signature] 13/1/20
1/1/2020	6	Permanent Maxillary Canine ✓	(A)	(A)	[Signature]
5/1/2020	7	Permanent Mandibular Canine ✓	(B)	(B)	[Signature] 16/1/20
2/10/2020	8	Permanent Maxillary 1 <sup>st</sup> Premolar ✓	(A)	(B)	[Signature] 20/10/20
2/10/2020	9	Permanent Maxillary 2 <sup>nd</sup> Premolar	(A)	(A)	
2/10/2020	10	Permanent Mandibular 1 <sup>st</sup> Premolar ✓	(B)	(B)	[Signature] 26/10/20
5/10/2020	11	Permanent Mandibular 2 <sup>nd</sup> Premolar			
		Types			
		H	(A)	(A)	
		Y	(B)	(B)	
		U	(B)	(B)	
	12	Permanent Maxillary 1 <sup>st</sup> Molar			
	13	Permanent Maxillary 2 <sup>nd</sup> Molar			
	14	Permanent Mandibular 1 <sup>st</sup> Molar			
	15	Permanent Mandibular 2 <sup>nd</sup> Molar			
1/10/2020	16	Occlusion			[Signature] 26/10/20
		Compematory Curves			
		Leeway Sapce of Nance			
		Primate Spaces			
		Ugly Duckling Stage			
1/10/2020	17	Differences Between Deciduous / Permanent Dentition			



[Signature]

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Oral Pathology  
M.A.R.C.O.S.R.C.

[Signature]

# INDEX

DATE	TITLE	GRADE	SIGNATURE
11/10/18	<b>Study of Microscope</b>		<i>[Signature]</i> 25/10/18
16/10/18	<b>Study of Stains</b>	} (A)	
	- Haematoxylin & Eosin Stain		
	- Van Gieson's Stain		
	- Malloy Stain		
	- Masson's Trichrome Stain		
	- Perl's Prussian Blue Stains		
	- Periodic Acid Schiff Stains		
<b>Study of Cells</b>			
26/7/18	- Fibroblast & Fibrocytes	} (A <sup>+</sup> )	
	- Fat Cell		
	- Striated Muscle Fibres		
	- Granulocytes		
	- Agranulocytes		
	- Plasma Cell		
	- Langhan's Giant Cell		
	- Foreign Body Giant Cell		
	- Reed Sternberg Cell		
<b>Study of Micro-Organism &amp; Bacterial Infections</b>			
11/11/19	- Gram Stains / Gram Positive Micro-organisms	} (A <sup>+</sup> )	<i>[Signature]</i> 25/11/19
	- Zeihl Neelsen Stain / Acid Fast Bacilli		
	- Tuberculosis		
	- Actinomycosis		
<b>Developmental Disturbances of Hard &amp; Soft Tissues</b>			
14/11/18	- Microdontia / Microdontia	} (A <sup>-</sup> )	<i>[Signature]</i> 24/11/18
	- Gemination		
	- Fusion		
	- Concrescence / Dilaceration		
	- Dens Invaginatus		



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*[Signature]*

# INDEX

DATE	TITLE	GRADE	SIGNATURE
16/8/18	- Dens Evaginatus		
	- Talon's Cusp, Taurodontism		
	- Mesiodens		
	- Median Rhomboid Glossitis		
	- Geographic Tongue		
	- Hairy Tongue		
	- Ankyloglossia		
	- Cleft Tongue		
	- Fissured Tongue		

### Dental Caries

22/11/18	- Pit & Fissure Caries		
	- Smooth Surface Caries		
	- Undermined Enamel Caries		
	- Cemental Caries		
	- Advance Dentinal Caries		
	- Schematic Diagram of Zones Seen in Transmitted light of slowly progressing Dentinal Caries		

### Pulp & Periapical Diseases

13/12/2018	- Pulp Hyperemia		
	- Acute Pulpitis		
	- Chronic Pulpitis		
	- Chronic Hyperplastic Pulpitis		
	- Periapical Granuloma		
	- Osteomyelitis		

### Odontogenic Cyst

17/9/2019	- Radicular Cyst		
	- Cholesterol Clefts		
	- Odontogenic Keratocyst		
	- Dentigerous Cyst		
	- Calcifying Odontogenic Cyst		



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# INDEX

DATE	TITLE	GRADE	SIGNATURE
17/9/2019	<b>Soft Tissue Cyst</b>	} (A)	Dingy 17/9/19
	- Mucous Extravasation Cyst		
	- Mucous Retention Cyst		
<b>Odontogenic Tumors</b>			
17/9/2019	- Follicular Ameloblastoma	} (A) Good	Dingy 17/9/19
	- Plexiform Ameloblastoma		
	- Acanthomatous Ameloblastoma		
	- Follicular Ameloblastoma Undergoing Cystic Degeneration		
	- Ameloblastoma Fibroma		
	- Calcifying Epithelial Odontogenic Tumor		
	- Adenomatoid Odontogenic Tumors		
	- Complex Composite Odontome		
<b>Premalignant lesions &amp; Conditions</b>			
18/9/2019	- Mild dysplasia	} (A) Good	Dingy 20/9/19
	- Moderate dysplasia		
	- Severe dysplasia		
	- Carcinoma in Situ		
	- Oral Submucous Fibrosis		
	- Lichen Planus		
<b>Benign &amp; Malignant Tumors of Epithelial Origin</b>			
14/10/2019	- Squamous Papilloma	} (A) Good	Dingy 14/10/19
	- Basal Cell Carcinoma		
	- Well differentiated squamous cell Carcinoma		
	- Moderately differentiated squamous cell Carcinoma		
	- Poorly differentiated squamous cell Carcinoma		
	- Verrucous Carcinoma		
	- Malignant Melanoma		
<b>Benign &amp; Malignant Tumors of Connective Tissue</b>			
15/11/19	- Fibroma	(A)	Dingy 15/11/19



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# INDEX

DATE	TITLE	GRADE	SIGNATURE
	- Lipoma		
	- Cancellous Osteoma		
	- Compact Osteoma		
	- Capillary Hemangioma		
	- Fibrosarcoma		
	- Osteosarcoma		
18/11/19	Tumor like lesions		
	- Telangiectatic Granuloma / Pyogenic Granuloma		
	- Fibroepithelial Hyperplasia / Epulis Fissuratum		
	- Peripheral Giant Cell Granuloma		
	- Central Giant Cell		
25/10/20	Salivary Gland Tumors		
	- Pleomorphic Adenoma / Benign Mixed Tumor		
	- Papillary Cystadenoma lymphomatosum / Warthin's Tumor		
	- Adenoid Cystic Carcinoma / Cylindroma		
	- Mucoepidermoid Carcinoma		
13/10/20	Disease of bone & Fibro-Osseous lesions		
	- Paget's Diseases		
	- Peripheral Cementifying Fibroma		
	- Cherubism		
14/3/2020	- Diseases of Skin		
	- Pemphigus Vulgaris		
	- Bullous Pemphigoid		
	- Cicatricial Pemphigoid		
	- Psoriasis		

13/10/20

13/10/20

14/3/20




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M.A.R.C.O.S.R.C.

# INDEX

DATE	TITLE	GRADE	SIGNATURE
28-2-2019	Adrenal Hormones [Seminar]	(A)	M. S. / 28/2/19
	Journal completed for 2nd year portion	P.S.R.	28/2/19
25/9/19	I internal Assessment Question paper solved.	gk	25/9/19
3/10/19	Assignment 2 - completed	gk	3/10/19
3/10/19	Assignment - 1 (Completed)	P.S.R.	3/10/19
5/10/19	Assignment - 3 - completed	gk	5/10/19
16/10/19	Assignment - 4	gk	16/10/19
18/01/2020	Developmental disturbances of tongue [Seminar]	(A)	gk 18/01/2020
1/12/2020	Seminar :- difference between central Giant cell granuloma and peripheral Giant cell granuloma	(B++)	gk 1/12/2020



  
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**M. A. RANGOONWALA COLLEGE OF  
DENTAL SCIENCES & RESEARCH CENTRE**  
2390, AZAM CAMPUS, CAMP, PUNE-1



Year : 2022 - 2023





## Certificate

*This is to certify that Mr./Ms. Rukaiya Mehraj  
Gondalwala  
Examination No. 49276, has  
successfully completed all the clinical work in Periodontics as per the  
Maharashtra University of Health Sciences requirements for Third  
& Final Year B.D.S. course.*


  
Lecturer  
Dept. of Periodontics  
Date : 17/7/23

  
  
H.O.D.  
Dept. Of Periodontology  
MARCDSRC, Pune.

  
Professor & Head  
Dept. of Periodontics  
Date:   
M.A.R.C.D.S.R

S.No.	Date	O.P.D. No.	Name of Patient	Sign.	
1.	6.10.22	4902-S	Chaya Rajput		
2.	12.10.22	4115-T	Nilofer Shaikh		
3.	15.10.22	48501-T	Aafreen Ayub Shaikh		
4.	25.5.23	4124-T	Umesh Langade		
5.	27.5.23	4152-T	Jayesh Shirwadkar.		
6.	22.5.23	4892-U	Neha Shaikh		
7.	23.5.23	4612-U	Ramesh Rane		
8.	24.5.23	4918-U	Afsane Khalil Shaikh		
9.	21.2.23	4218-U	Vinit Dhale		
10.	23.2.23	4615-T	Samina Shaikh		
11.					
12.					
13.					
14.					
15.					



  
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# ORTHODONTICS CURRICULUM

## INDEX

### THIRD YEAR 1<sup>st</sup> TERM

### Clinical

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2	5/1/21	Defination (BSSO)			
3	6/1/21	Aims / Brief History			
4	9/1/21	Sterlization			
5	11/1/21	Diagnostic Aids			
6	13/1/21	Muscle of Mastication / Accessory Muscles			
7	15/1/21	Objectives of SM			
8	18/1/21	Anatomical Land Marks of SM			
9	21/1/21	Impression material / Alginate			
10	25/1/21	Trays			
11	27/1/21	Study Model Trimming			
12	27/1/21	Diagrams			
13	30/1/21	Submission of SM on Endpostnig			

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5	8/2/21	Project Pt. Case History - Chart form			
6	6/2/21	Essay Form			
7	7/2/21	Medical History			
8	9/2/21	Submission of SM for project Pt.			
9	11/2/21	Collection of records for project work			
10	15/2/21	Lat. Ceph Uses, Types, technique			
11	17/2/21	Anatomical Land Marks			
12	19/2/21	Extra Points & Planes			
13	20/2/21	Individual Tracing			
14	25/2/21	Cephalometric analysis			
15	27/2/21	O.P.G. Analysis			
16	07/3/21	Photographic Analysis			



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## FINAL YEAR

Sr. No.	Date	Topic	Page	Remark	Sign.
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28	14/5/21	Model Analysis - 2			
29	19/5/21	Model Analysis - 3			
30	19/5/21	Model Analysis - 4	(B)		
31	21/5/21	Model Analysis - 5 (Project Pt.)			
32	21/5/21	Space Analysis			
33	23/5/21	Treatment Plan			
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## THIRD YEAR

## Technique

35	11/2/21	Principles of wire bending			
36	11/2/21	Properties of wire			
37	11/2/21	Straightening of wire of 19 gauge		late late (B) (B) (B) (B) (B) (B) (B) (B) (B)	Shande
38	11/2/21	Straightening of wire of 21 gauge			
39	11/2/21	Bending of an equilateral Triangle 19 gauge			
40	16/6/21	Bending of an equilateral Triangle 21 gauge			
41	20/6/21	Bending of Square 19 gauge			
42	20/6/21	Bending of Square 21 gauge			
43	20/6/21	Bending of Circle 19 gauge			
44	20/6/21	Bending of Circle 21 gauge			
45	26/6/21	Bending of U and V 19 gauge			
46	26/6/21	Bending of U and V 21 gauge			
47		Introduction Parts of removable plates (construction of retentive clasp on) (Ideal casts)			
48	17/3/22	'C' Clasps (Upper-2 / Lower-2)		late	Shande
49	17/3/22	Full Clasps (Upper-2 / Lower-2)			
50	3/5/22	Adams Clasp (Upper-4 / Lower-4)		late	Shande
51	3/5/22	U-loop Canine Retractor (02)		late	Shande



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# ORTHODONTICS CURRICULUM

## FINAL YEAR

Sr. No.	Date	Topic	Page	Remark	Sign.
49	17/3/22	Helical Canine Retracter (02)		late	} Ghande
50	17/3/22	Buccal self supporting Canine Retracter (02)		late	
51	17/3/22	Finger Spring (02)		late	
52	17/3/22	'Z' Spring (02)		late	

### Labial bows

### Technique

53		Short / Long / Asymmetric			} Ghande
	14/5/22	a) Upper short labial bow		(T)	
	14/5/22	b) Lower short labial bow		(L)	
	14/5/22	c) Upper long labial bow		(L)	
	14/5/22	d) Lower long labial bow		(L)	
	14/5/22	e) Upper asymmetric labial bow		(L)	
	14/5/22	f) Lower asymmetric labial bow		(L)	

### (Quota Work on Patient Casts)

54	18/5/22	Adams Clasp (Upper-04 / Lower-04)	10	(B1)	RJS-22
55	18/5/22	Labial bows (Upper-05 / Lower-05)	10	(B)	RJS-22
56		Finger Spring - (05)			
57		Z - Spring - (05)			
58		CR - 6			
59		Wax - up of Hawley's appliance on ideal cast			
60		Acrylization of Hawley's Appliance			



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A2



CLASS TEST  
SELF ASSESSMENT

1) Enumerate the developmental disturbances affecting the structure of teeth. Describe classification, clinical features; histopathology & amelogenesis imperfecta

2) SAQ - Macroglusia.

1) Development disturbance affecting structure of teeth.

→ Amelogenesis Imperfecta

→ Environmental enamel Hypoplasia

1) Hypoplasia due to nutritional deficiency

2) Congenital syphilis

3) Hypocalcemia

4) Birth injuries

5) Local infection

6) Fluoride mottled enamel

7) Idiopathic factors

→ Dentinogenesis imperfecta

→ Dentin Dysplasia

→ Regional Odontodysplasia

→ Dentin Hypocalcification



Amelogenesis Imperfecta -

(Hereditary enamel dysplasia, hereditary brown enamel, hereditary brown opalescent teeth)

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## Histologic feature -

- The general histologic feature of the enamel also parallel the general type of amelogenesis imperfecta that has become diagnosed.
- There is a disturbance in the differential or viability of ameloblasts.

## 2. Macroglossia

(Tongue, hypertrophy, prolapsus of the tongue, enlarged tongue, pseudomacroglossia)

- Means large tongue
- Documental anatomical anatomy for several century
- It has an extensive list of possible causes
- Its treatment has been surgical in most cases
- Most commonly Down Syndrome & Beckwith Wiedmann Syndrome
- In Beckwith - Wiedmann Syndrome - 97% of patients have macroglossia
- The two broadest categories under the headline & macroglossia are true macroglossia & pseudo macroglossia.



## → → Classification

### Type I → Hypoplastic

- IA - Hypoplastic pitted autosomal dominant
- IB - Hypoplastic local autosomal dominant
- IC - Hypoplastic local autosomal recessive
- ID - Hypoplastic smooth autosomal dominant
- IE - Hypoplastic smooth X-linked dominant
- IF - Hypoplastic rough autosomal dominant
- IG - Enamel agenesis, autosomal recessive

### Type II → Hypomaturation

- IIA Hypomaturation, pigmental autosomal recessive
- IIB Hypomaturation X-linked recessive
- IIC sm snow capped teeth, autosomal dominant

### Type III - Hypocalcified

- IIIA - Autosomal dominant
- IIIB - Autosomal recessive

### Type IV - Hypomaturation - hypoplastic with taurodontism

- IVA - Hypomaturation - hypoplastic with taurodontism, autosomal dominant
- IVB - Hypoplastic - hypomaturation with taurodontism, autosomal dominant

### Clinical feature

- The overall shape of the tooth may not be normal depending upon the amount of enamel present on the tooth the amount of occlusion incisal.

## Assignment No - 15

1- Define and classify dental caries and write about Miller's aetiological theory in detail

→ Define -

It is an irreversible microbial disease of the calcified tissue of the teeth, characterized by demineralization of the inorganic portion & destruction of the organic substance of the tooth, which often leads to cavitation.

A] According to Morphology,

- 1) Pits & fissure caries
- 2) Root caries
- 3) smooth surface caries

B] According to severity

- i) chronic caries
- ii) Acute caries
- iii) Arrested caries

C] According to the progression

- 1) Forward caries - enamel to dentin.
- 2) Backward caries - DEJ - enamel

D] According to nature

- i) Primary
- ii) Secondary

E] According to chronology

- i) Nursing bottle caries
- ii) Adolescence caries



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## Histopathology of enamel caries -

The initial lesion has been divided into different zones based upon its histological appearance when longitudinal ground sections are examined with the light microscope. Four zones are to

- i) translucent zone.
- ii) dark zone.
- iii) body of lesion
- iv) surface layer.

### i) Zone 1 - the translucent zone →

This lies at the advancing front of the enamel lesion & is the first recognizable zone of alteration from normal enamel. It is not always present

as only about half of the lesions demonstrate a translucent zone at their advancing front.

It is observable when a longitudinal ground section is examined transmitted light after imbibition with quinine, the translucent zone appears structureless.

The spaces or 'spores' created in the tissue during this stage of enamel caries are located at prism boundaries & other junctional sites.

### ii) Zone 2 - The dark zone →

This zone lies adjacent & superficial to the translucent zone. It has been referred to as the post-lesion zone because it is usually present. This zone is formed as result of demineralization of enamel.

It appears dark brown in ground sections examined by transmitted light with imbibition.

In detail discuss the role of carbohydrates, plaque acids & microorganisms.



## PERIODONTICS - ASSIGNMENT

Q1 Types of furcation involvement, its management & treatment

→ Classification of furcation involvement

a) Glickman's classification

- Grade I - incipient / early region lesion
- Slight bone loss in furcation area.
  - No radiographic changes.

Grade II - bone destroyed on 1 or more than 1 aspects of furcation

- Alveolar bone & periodontal ligament remains intact.
- Only partial probe penetration occurs in furcation area.

Grade III - Interradicular bone is almost lost

- facial / lingual surfaces are occluded clinically by gingival soft tissues, so furcation can't be seen clinically, can be seen radiographically.

Grade IV - in previous type soft tissues were occluded around the furcation, but in this stage, soft tissues are receded completely.

b) According to Goldman

Grade I : Incipient stage

Grade II : Cul-de-sac

Grade III : Through & through furcation involvement

*Prakash*



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## → Clinical Features & diagnosis

- Common site - Mandibular first molar.

### → Etiology

- If pocket wall covers denuded furcation.
- Periodontal abscess.
- Root caries.
- Tooth mobility.

### → Diagnosis

> Probing: Graduated periodontal probe (Naber's probe), William's probe and explorer used.

> In case of maxillary molars

- Mesial furcation entrance is located closer to palatal aspect of tooth.
- Distal furcation entrance is midway between the buccal & palatal aspect of the tooth.
- Radiographs - These can be used to confirm the findings made during probing or furcation of individual tooth.

They help to detect

- Loss of interradicular bone.
- Loss of interdental bone.
- Furcation involvement, in which soft tissue cover around the area is present when the furcation involvement is clinically incipient.



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## Classification of furcation involvement according to Ramiford and Ash.

- Class I - Beginning of involvement tissue destruction less than 2mm (less than  $\frac{1}{3}$  rd of tooth width).
- Class II - Cul-de-sac - (Tissue destruction  $> 2$ mm) (more than  $\frac{1}{3}$  rd of tooth width, not through and through).
- Class III - Through & Through involvement.

## TREATMENT PLAN

- There are 2 treatment procedures that are broadly classified.

A) Traditional treatment procedures

B) Reconstruction / regenerative treatment

→ Traditional treatment procedures are directed to maintain state of health but do not regenerate lost periodontal structure.

- These prevent further progression of disease

> Grade I - Initial preparation or scaling & root planing.

- Curettage / gingivectomy to expose furcation area.

- Odontoplasty - to reshape facial groove to prevent plaque deposition.



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- Grade II - Osteoplasty with limited osteotomy.
- Odontoplasty can be performed.

→ In severe grade II to IV invasions, furcation can be managed by

- Root resection / amputation - After flap reflection, surgical removal of root portion of affected tooth.

- Hemisection / root separation - Surgical removal of root along with crown. Most common in mandibular molars.

- Bicuspidization - Splitting of a two rooted tooth into 2 separate portions. Most common in mandibular molars.

> Grade III and grade IV can be treated with root resection and root separation.

#### ↳ RECONSTRUCTIVE / REGENERATIVE PROCEDURES

- Grade I : Traditional treatment

- Grade II :

> Autogenous bone grafting

> Allografts - freeze dried bone allografts  
demineralized freeze dried



> Alloplasts - hydroxyapatite, tricalcium phosphate,

> Citric acid root conditioning & coronally positioned flap.

> Guided tissue regeneration.

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Q2 Classify mobility, write about the treatment plan, causes etc

Ans. Causes for tooth mobility

A) Local factors

- Bone loss / loss of tooth support  
due to extension of gingival inflammation by plaque  
or due to Trauma from occlusion.
- Traumatic injury to dentoalveolar process
- Hypofunction
- Periapical pathology
- Parafunctional habits ex - bruxism
- Overjet & overbite

B) Systemic Factors

- Age
- Sex and age : Slightly higher incidence seen in females.
- Pregnancy.
- Systemic diseases like
  - Down's Syndrome
  - Neutropenia.

↳

### GRADING OF MOBILITY

Degree I : Mobility of crown of tooth 0.2 - 1mm in horizontal direction.

Degree II : Mobility of crown of tooth exceeding 1mm in horizontal direction.

Degree III : Mobility of crown of tooth in vertical direction as well.



## TREATMENT PLAN

→ Splinting - Types of splints

a) According to period of stabilization

- Temporary stabilization.
- Provisional stabilization
- Permanent splints.

b) According to type of material

- Bonded, composite resin button splint.
- Braided wire splint
- A - splints

c) According to location on tooth

→ Intracoronal

- Composite resin with wire
- Inlays
- Nylon wire


d) Extracoronal

- Tooth - bonded plastic
- Night guard
- Welded bands.

e) According to Nature of splint

- Rigid.
- Non - rigid.



  
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Q3 Food impaction & sequelae of food impaction

Ans Etiological factors of food impaction

→ Iatrogenic factors

- Faults in dental restorations.
- Faults in dental prosthesis.

> Occlusion

- insertion of "high filling"
- Insertion of prosthesis, replacement creating excessive forces on abutment or antagonistic teeth.
- The drifting movement or extrusion of teeth in spaces of unreplaced teeth.

> Dental materials

- Rough & unpolished surfaces favour debris deposition.
- Overhanging margins.

> Designs of removal partial dentures

- After insertion of partial dentures, there is an increase in the mobility of abutment teeth with gingival inflammation.

> Restorative procedures.

- The use of rubber dam clamps, copper bands matrix bands and disk in such manner causes lacerations.
- Lacerations cause varying degrees of gingival inflammation.



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## Food impaction

- It is the forceful wedging of food into periodontium by occlusal forces.
- Cusps tending to cause food impaction are called 'plunger cusps.'

Food impaction can occur due to

- Uneven occlusal wear
- Loss of proximal contact
- Lateral food impaction.

## SIGNS AND SYMPTOMS

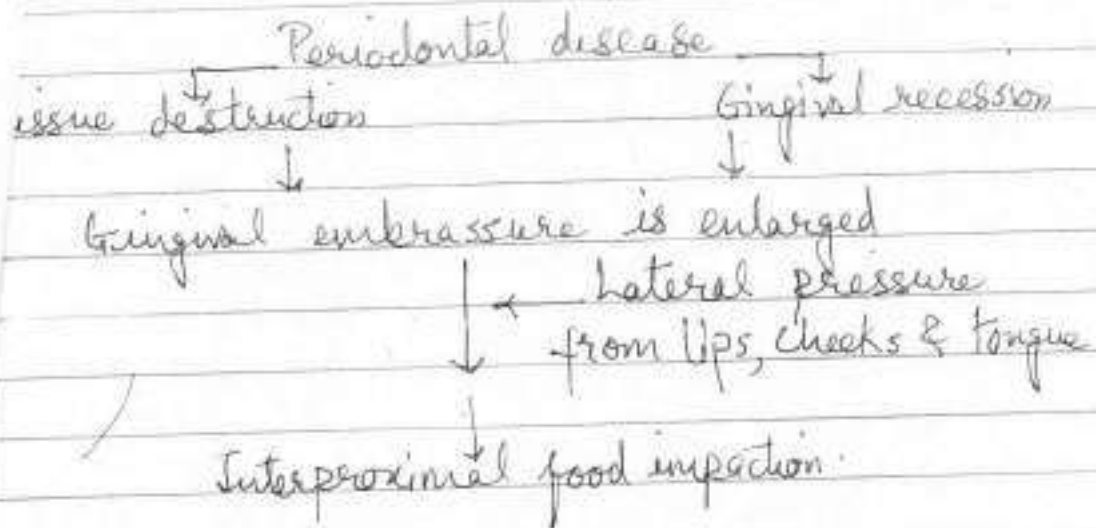
The following signs and symptoms may occur in association with food impaction:

- Feeling pressure between teeth
- Vague pain that radiates deep in jaws
- Gingival inflammation with bleeding.
- Gingival recession.
- Periodontal abscess formation.
- Varying degrees of inflammatory involvement of PDL, sensitivity to percussion.

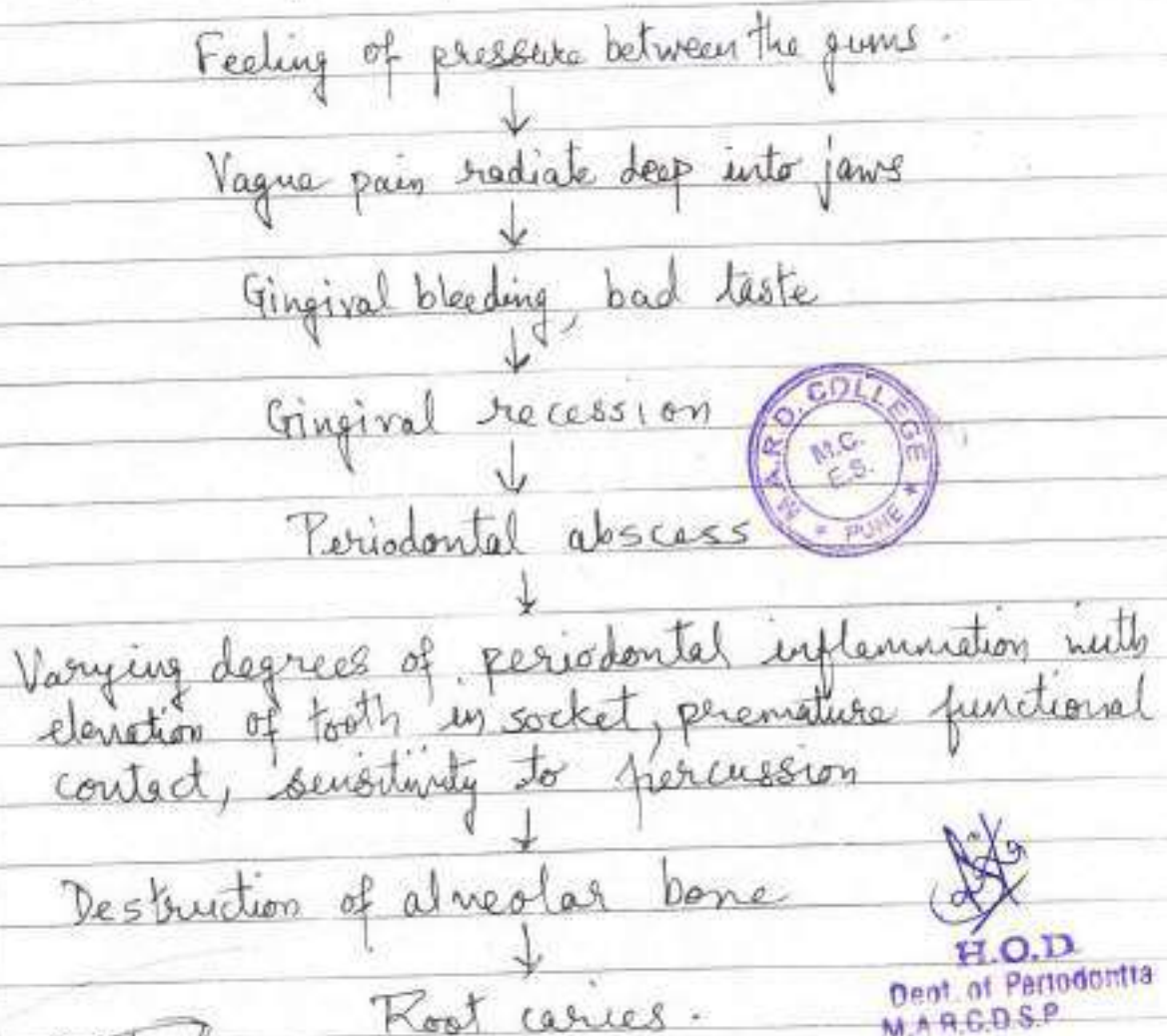


  
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## Mechanism of food impaction



## Sequale of food impaction



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