**KERALA UNIVERSITY OF HEALTH SCIENCES**

**THRISSUR- 680596**

**CONFIDENTIAL**

Phone: 0487 2207649

Controller of Examinations Fax: 0487 2207620

E-mail: dentalexams@gmail.com

**No:** 15238/2022/Ex-Dental/A1  **Date : 04 /08/2022**

To

VINESH UDAYAKUMAR

Pushpagiri College Of Dental Sciences, Thiruvalla D11905 Reader 8281377603 druvinesh@gmail.com

Madam/Sir,

Sub:- Conduct of Practical Exam – **Final Year BDS Degree Part II (Regular/Supplementary)Practical Examinations July 2022** - Appointment of External Examiner-reg:

Kerala University of Health Sciences is pleased to appoint you as External Examiner for Practical Examination of - **Final Year BDS Degree Part II(Regular/Supplementary) Practical Examinations July 2022** at the following Examination Centre, on the date(s) noted against each. Kindly ensure that the examination for which you are appointed as Examiner is being conducted smoothly as per the directions and guidelines of the University.

|  |  |  |
| --- | --- | --- |
| **Name of the Centre** | **Subject** | **Date** |
| PMS College of Dental Science & Research, Vattappara, Thiruvananthapuram | OMFS | B1 - 01/09/2022 B2 - 02/09/2022 B3 - 03/09/2022 |

I am to request you to discharge the duties of the External Examiner as a true representative of the University.

Kindly intimate your acceptance/non acceptance through proper channel by e-mail or in the enclosed form by return.

You are requested to be present during the online entry of marks of the Candidates in the examinations and also to countersign the printout of marks entered in the Portal (interface provided). You are also requested to enter the marks and remarks (if any) in the space provided in the facing sheet of practical Answer Books and in the statement of component - wise marks with signature.

Please note that mark entry in the front page of the Practical Answer Book both in figures and words, along with signature of all the Examiners is mandatory.

You may contact the Chairperson & convenor of the Practical Examination of the Examination centre, at which you are appointed for necessary assistance.

**Convenor :**-

EAPEN THOMAS D16320 Professor, Pushpagiri Dental College, 9447157317 eapenthomas.dr@gmail.com

**Chairperson** :-

AFSAL A,Professor,PMS College of Dental Science & Research, Vattappara, Thiruvananthapuram,9567612555,afzalabdulsalim@gmail.com

The remuneration for conducting the Practical Examinations will be paid from the Examination Centre itself. In order to enable timely payment of TA, kindly forward the TA Bill countersigned by the Chairperson along with all the necessary documents of travel (especially boarding pass of onward journey and Air tickets of both journeys, if such journeys are permitted) to the University, addressed to the Finance Officer directly either by yourself or by the Chairperson, immediately after the completion of the Examinations.

Kind co-operation for the smooth conduct of the examination is highly solicited.

Yours faithfully,

**Sd/-**

**Deputy Registrar Exam**

**(For Controller of Examinations )**

Encl:-1. Form of acceptance

2. Special instructions to Chairpersons and Practical Examiners.

Note: Please refer point C of Chapter V of Exam Manual for details of entry of marks and

despatch of hard copy printouts of marks.