

**THE TAMIL NADU  
DR. M.G.R. MEDICAL UNIVERSITY,  
CHENNAI – 600 032.**



**INSPECTION PROFORMA – B.D.S**

**CONTINUANCE OF PROVISIONAL  
AFFILIATION TO CONDUCT  
2<sup>nd</sup> YEAR (RENEWAL) B.D.S.  
- 100 ADMISSION**

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600**  
**032BACHELOR OF DENTAL SURGERY (B.D.S.) DEGREE COURSE**  
**TO ISSUE OF CONTINUANCE OF PROVISIONAL OF AFFILIATION FOR**  
**DENTAL COLLEGE (SECOND B.D.S) – 100 ADMISSIONS**

**INSPECTION REPORT**

<b>I</b>	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
<b>II</b>	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
<b>III</b>	Date of Inspection	
<b>IV</b>	<b>ORGANISATION APPLYING FOR PERMISSION</b>	
	a) State Government	
	b) University	
	c) An autonomous body promoted by the Central / State Government	
	d) A society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding enactments in States; or Public religious or Charitable Trust registered under the Trust Act 1882 (2 of 1882) or the Wakf Act 1954 (29 of 1954)	
<b>V</b>	<b>DETAILS</b>	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College with Telephone, Fax No. & e-mail ID	
4.	Name of the Principal of the Dental College	
5.	Name and details of authorities representing the Management present at the time of Inspection	
<b>VI</b>	<b>PERMISSION LETTERS</b>	
1.	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

2.	Name of the MCI recognized Medical College Attached to Proposed Dental College (MOU signed by competent Authorities between Medical and Dental College for teaching purpose).	MOU Lr.No. Dt.
3.	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
4.	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
5.	State Govt. Permission for Minority Status	G.O.No. Date year:
6.	Provisional Affiliation issued by the University	Proc.No. Dt.
7.	Year of commencement of the I BDS Degree course	From the year
8.	Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date	Proc.No. Dt. Intake
9.	No. of students admitted in last year batch	First Year
10.	DCI/Govt. of India New Delhi renewal permission of the 2 <sup>nd</sup> Year BDS degree course conducted by the institution	Lr.No: Dt.

**NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR**
**Is the institution a Minority Institution:**
**Provide necessary documents**

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			
Backward			
Merit			
Management			
Others			
<b>Total</b>			

**Note : Where admission(s) has/have been done without the permission of the competent authority the reason thereof be given in each and every case separately duly certified by the Principal of the Institution**

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>VII LAND &amp; INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))</b>		
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date .:
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether obtained from the competent authority 1. Fire and Safety Certificate 2. Sanitary Certificate	Yes /Applied for / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18.	<b>CC TV Camera :</b>	Yes / No
	OPD Registration Counter	
	Bio-metric attendance registration	Yes / No

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

Department of Conservative Dentistry and Endodontics	Yes / No
Lecture halls	Yes / No
Examination Hall	Yes / No
<b>Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you</b>	Yes / No
<b>Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you</b>	

<b>VIII MEDICAL COLLEGE ATTACHMENT:</b>	
1.	Type Own Private Government
2.	Name & Address of the Medical College
3.	Name of the Principal/Dean
4.	Email address and contact number
5.	Medical College duly recognized by Medical Council of India Yes/No
6.	Distance from Dental college to Medical college by road (please clarify as to whether you have physically verified /taking the reading of Taxi/Car Meter) by ticking yes or no Yes?No
7.	Whether MOU is signed by competent Authorities between Medical and Dental College for teaching purpose Yes/No
8.	Validity Period of MOU
9.	Whether the above mentioned Medical College is attached to any other Dental College other than the proposed dental college Yes/No
10.	GOI Notification No. & Dated

<b>IX</b>	<b>100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).</b>
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Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>Requirement of the 100 bedded General Hospital in accordance with the parameters prescribed by the Bureau of Indian Standards BIS/NABH with in the campus of the proposed Dental College</b>		
1.	Type	Own Private Hospital Government General Hospital
2.	Name of the Issuing Competent Authority Whether the permission of the attached 100 bedded hospital is issued by the competent authority?	Yes / No. Lr.No. Date:
3.	Name and Address of Hospital:	
4.	Name of the Allopathic CMO with Tel No. & Mobile No.:	
5.	Distance of the hospital from the Dental College by Road in km (please clarify as to whether you have physically verified /taking the reading of Taxi/Car Meter by ticking yes or no)	Yes / No
6.	Number of Beds in Hospital	Total :

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	9				
Maternity Ward	15				
Paediatric Ward	6				
Intensive Care Services (4% of bed strength)	4				
Critical Care Services (6% of bed strength)	6				

#### **Area Requirements (As per Bureau of Indian Standards (BIS)/NABH)**

	Required	Available	Remarks of Inspector
Covered Area	20 sq.m./bed		
Inpatient Services	40%		
Outpatient Services	35%		
Department and supportive services	25%		

#### **Man Power Requirement**

##### **Medical Staff**

Designation	Required	Available	Remarks of Inspector
General Surgery	2		
General Medicine	2		
Obstetrics & Gynaecology	2		

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

ENT	2		
Paediatrics	2		
Anaesthesia	2		
Orthopaedics	2		
Pharmacologist	1		
Radiologist	1		
GDMO	1		
Community Medicine	1		
Hospital Administration	1		

**Note:** Medical teachers in all Medical Colleges except the Tutors, Residents, Registrars and Demonstrators must possess the requisite recognized Postgraduate Medical qualification in their respective subject.

The teachers in a medical college or institution having a total of 8 years teaching experience out of which at least 4 years teaching experience as Assistant Professor with two research publication in indexed journals gained after obtaining postgraduate degree qualification MD/MS in the concerned subject and as per the TEQ Regulation shall be recognized Post Graduate teacher in broad specialties.

**Reader /Associate Professor** (5 year Post PG experience) : A post graduate qualification MD/MS in the concerned subject and as per TEQ Regulation. As Assistant Professor in the subject for 4 years in a permitted/approved/recognized Medical college/institution with 2 Research Publication in Indexed Journals as Ist Author or as corresponding author.

**Assistant Professor / Lecturer:** A post graduate qualification MD/MS in the concerned subject and as per the TEQ Regulations. 3 years Junior Resident in a recognized medical college in the concerned subject and one year as Senior Resident in the concerned subject in a recognized Medical College / institution.

### Nursing Staff

Designation	Required	Available	Remarks of Inspector
Matron	1		
Sister Incharge	6		
O.T. Nurses	6		
General Nurses	20		
Labour Room Nurses	4		

### Health Staff

Designation	Required	Available	Remarks of Inspector
Female Health Assistant	1		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		
ECG Technician	1		
Pharmacist	4		
Sr. Radiographer	1		
CSSD	2		
Medical Records	1		

### Engineering Staff

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

Designation	Required	Available	Remarks of Inspector
Civil	2		
Mechanical	2		
Electrical	2		
Engineering Aid	4		

### Other Staff

Designation	Required	Available	Remarks of Inspector
Drivers	2		
Carpenter	1		
Cooks	2		
Barber	1		
Class IV including chowkidars	55		

### Administrative Staff

Designation	Required	Available	Remarks of Inspector
Office Superintendent	1		
Head Clerk	1		
Cashier	1		
Stenographer	1		
UDC	2		
LDC	4		

X CONSTRUCTED AREA					
i) DENTAL COLLEGE BUILDING					
Total completed Constructed Carpet Area Required : 60,000 Sq.ft.					
Floor	Area (Sqft)	Clinical Facilities	Academic Departments	Admin / Logistics / Support	Major Facilities
Basement					
Ground					
First					
Second					
Third					
Fourth					
Other					
TOTAL		AREA (sq.ft.)			

XI INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS				
Infrastructure	Requirement	Availability	Remarks of Inspector	
Administrative block	3000 sq. ft.			
Library	8000 sq. ft.			
Lecture Halls – 4	6400 sq. ft.			
Central Stores	800 sq. ft.			
Maintenance room	1000 sq. ft.			

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

Photography and artist room	400 sq. ft.		
Medical Stores cum Pharmacy	300 sq. ft.		
Faculty Rooms – Dental Faculty	2000 sq. ft.		
Faculty Rooms – Medical Basic Science	1500 sq. ft.		
Amenities Area to include boys and girls locker room, boys and girls common rooms, Common room for non-teaching staff, common room for teaching staff, change room for men, change room for women.	3200 sq. ft.		
Room for Gas Cylinder (ventilated)	150 sq. ft.		
Compressor and Room for Gas Plant	300 sq. ft.		
Cafeteria	1500 sq. ft.		
Examination hall	3600 sq. ft.		
Auditorium (To accommodate at least 500 people)	4000 sq. ft.(aprox.)		
Clinical Area (for different specialty departments)	25000 sq. ft.(200 Dental Chairs X 125 sq.ft./per chair)		
Wards Male and Female to accommodate 20 Beds, Central Store, Departmental Store, Major and Minor O.T. etc.	Remaining Area (7500 sq. ft.)		
Pre-clinical Prosthodontics and dental material lab	3000 sq. ft.		
Pre-clinical conservative lab	2500 sq. ft.		
Laboratories for Orthodontics and Pedodontics	1500 sq. ft.		
<b>CLINICAL</b>			
Prosthodontics Cast Partial and Ceramic	3000 sq. ft.		
Conservative Clinical Lab	2500 sq. ft.		
Histopathology Lab for Oral Pathology	2500 sq. ft.		
Laboratories for Orthodontics and Pedodontics	1500 sq. ft.		
Haematology and Clinical Biochemistry	300 sq. ft.		
AERB certified Radiographic Room along with Dark Room	600 sq. ft.		

<b>XII</b>	<b>MAJOR EQUIPMENTS FOR DENTAL DEPARTMENTS</b>
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**1. DEPARTMENT: A. COMMON CLINIC**

Name	Specification	Quantity		Remarks of Inspector
		Required	Available	
Fully Electrical Dental Chairs Units Adult- (Including 1 for Oral Pathology)	As per specification	96		
Fully Electrical Dental Chairs Units Pedo	As per specification	4		
Autoclave	Hot and wet – class -B	8		
Ultra sonic cleaner	13 litres	5		

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

Glass bead sterilizers		2		
Needle destroyer		2		
Diagnostic kit		100		
Intra Oral Camera		1		
Biopsy Kit		1		
Sailography equipment & Kit		1		
IOPA X-ray	AERB Certified	1		
OPG with cephalogram	AERB Certified	1		
X-ray – OPG viewer		2		
RVG		1		
Lead apron		2		
Lead collar		1		
Lead gloves		2		
Emergency medical kit		2		
Pulse Oxymeter		1		
BP apparatus		1		
Stethoscope		1		
Thermometer		1		
Glucometer		1		
Oxygen cylinder		2		
Oxygen mask adult		2		
Oxygen mask Pado		2		
Extraction forceps adult	Extraction forceps set (Minimum 10 forceps)	8		
Extraction forceps Pado	Extraction forceps set (Minimum 6 forceps)	8		
Set of elevators	(Minimum 10 of 5 types per set)	8		
Impaction kit		5		
Lab micromotor with handpiece		2		
Trauma kit		2		
High volume suction		5		
Surgical straight hand piece		5		
Hand scaler Supra gingival	Set of 8	8		
Hand scaler Sub gingival	Set of 6	8		
Set of curettes		5		
Ultrasonic scaler		5		
Electro cautery Kit		2		
Periodontal Surgical Kit		2		
Orthodontics pliers set		2		
Orthodontics wire cutter		1		
Soldering torch		1		
Spot Welder		1		
Base former		3		
Pneumatic Crown remover		2		
Rubber dam		5		
Air Rotar Handpiece		5		

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

Restorative Instruments Kit		10		
RCT instrument Kit		5		
Composite Filling Kit		2		
Amalgamator		1		
Digital - Pulp tester		1		
Apex Locator		1		
Endo motor		2		
Bleaching unit		1		
Thermoplastic gutta percha		2		
Reduction gear hand piece		2		
Magnification loops		1		
Pressure moulding machine		1		
Conscious sedition Kit	Optional	1		
Micro head airrotor hand piece		2		
Mean value articulator		3		
Semi adjustable articulator	With face bow	3		
Extra oral/intra oral tracer		2		
Crown Cutting Kit		3		
Impression trays Perforated set	All sizes	10		
Impression trays non Perforated set	All sizes	10		
Rubber bowl		10		
Spatula		10		
Glass lab		6		
Cement spatula		6		
CBCT	AERB Certified, capturing the complete image in less than 30 sec.	1(Optional)		
CAD CAM		1(Optional)		
Surgical Endo microscope		1(Optional)		
Soft tissue laser		1(Optional)		
Piezo Surgery Equipment		1(Optional)		

## B. ORAL PATHOLOGY & HEMATOLOGY CLINIC

Name	Specification	Quantity		Remarks of Inspector
		Required	Available	
Dental Chair		1		
Diagnostic Set		3		
Blood Dilution Pipette		3		
Blood Cell Counter		1		
Centrifuge		1		
Conical Glass Jar		3		
Coplin Jar		3		
Capillary Tube		1pack		
Needle Destroyer		1		

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

Test Tubes		5		
Test Tube Stand		2		
Timer/Stopwatch		1		
Sphygmomanometer		1		
Stethoscope		1		
Ph Meter		1		
Blotting paper		1pack		
Auto Calorimeter		1		
Mini Rotary Shaker		1		
Tripod Stand	Metal small	1		
Spirit Lamp		1		
Salilis Hb Meter		3		
Glucome		1		

### C. CLINICAL WET LAB

Plaster Dispenser	One each for plaster and stone plaster	2		
Lathe		1		
Model Trimmer with Carborandum Disc		1		
Model Trimmer with Diamond Disc		1		
Heavy duty motor with hand piece		1		
Vibrator		1		

### D. PRE CLINICAL PROSTHODONTICS LAB

Geyser		1		
Vibrator		3		
Dewaxing unit		2		
Mechanical Press		2		
Hydraulic Press		2		
Acrylizer		2		
Model trimmer with Carborandum Disc		2		
Model trimmer with diamond disc		2		
Lab micromotor heavy duty handpiece		6		
Heavy duty lathe		3		
Pre-Clinical Working table	Work table preferably complete granite, Bunsen burner, working stool.	50		

### E. CHROME COBALT / CAST PARTIAL LABORATORY

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

Name	Specifications	Required	Available	Remarks of Inspector
Plaster Dispenser	One each for plaster and stone plaster	1		
Duplicator		1		
Pindex System		1		
Circular saw		1		
Burn out furnace		1		
Sandblasting machine	With two containers	1		
Electro-polisher		1		
Model Trimmer with Carborandum disc		1		
Model Trimmer with Diamond disc		1		
Induction casting machine		1		
Spot welder with soldering		1		
Vacuum mixing machine		1		
Steam Cleaner		1		
Spindle Grinder 24,000 RPM with vacuum suction		1		
Wax heater		1		
Wax carver		1		
Curing pressure pot		1		
Milling machine		1		
Heavy duty lathe with suction		1		
Preheating furnace		1		
Palatal trimmer		1		
Ultrasonic cleaner	5 liters capacity	1		
Composite curing unit		1		
<b>Adequate fire safety measures and exhaust fan</b>				

### F. CERAMIC LAB

Programmable porcelain furnace with vacuum pump with instrument kit and material kit		1		
Work table with magnifying lens		1		
Ultrasonic bath		1		
Heavy duty micromotor with porcelain finishing accessories		1		

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>2. DEPARTMENT : CONSERVATIVE DENTISTRY AND ENDODONTICS</b>				
Name	Specification	Quantity		Remarks of Inspector
		Required	Available	
PHANTOM LAB UNIT	Phantom Table fitted with Phantom Head with light and Air rotor and micro motor, with contra angle Handpiece attachment, 3-way syringe with suction or drainage system, operator's stool	30		

<b>3. DEPARTMENT: DENTAL ANATOMY, EMBRYOLOGY, ORAL HISTOLOGY AND ORAL PATHOLOGY</b>
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### AREA REQUIREMENTS

	Department	Specification	Required area
	Dental Anatomy, Dental Histology & ORAL PATHOLOGY LAB	Fitted with granite tables. To seat 50 students.	2300 sq.ft.
	HISTOPATHOLOGY ROOM	Fitted with granite/wood tables	300 sq.ft.
	STAFF ROOM		200 sq.ft.

### EQUIPMENT REQUIREMENTS

	Department	Specification	Requirement	Available	Remarks of Inspector
<b>A</b>	<b>DENTAL ANATOMY DENTAL HISTOLOGY &amp; ORAL PATHOLOGY LAB</b>				
1	Microscope		50		
2	Television	With USB port For displaying slide	1		
3	Teaching slides set with box		3 Sets (with minimum of 55 slides in each set)		
4	Education models & dental developmental set (Nissan like model)		3		
<b>B</b>	<b>HISTOPATHOLOGY ROOM</b>				
	Microtome	Manual/automatic	1		
	Wax Bath		1		
	Water Bath		1		
	Knife Sharpener		1		
	Spencer Knife		1		
	Disposable Blade		1 set		
	Hot Air Oven		1		
	Organic Tissue Capsule	Small	2		
	Distilled Water Plant		1		

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

Diamond Tip Pencil		1		
Glass Dropper Bottle		5		
Glass Bottle With Lid		5		
Wide Mouth Bottles		5		
Glass Funnel		5		
Glass Pipette		5		
Glass Measuring Jar		5		
Petri Dish 4" Glass		5		
L Blocks		3		
Loop Holder		3		
Magnifying Glass		1		
Toothed Forceps		5		
Plastic Dropper		5		
Petri Dish 50mm Glass		5		
Gas burner/Spirit Lamp		1		
Processing Bottles		5		
Slide Warming Table		1		
Slide Drying Tray		1		
Slide Carrying Tray		1		
Staining Basket SS		1		
Staining Trough SS	Stainless steel	1		
Staining Trough Glass		1		
Slide Staining Rack SS	Stainless steel	1		
Slide Box		1		
Slides Storage Cabinet		1		
Wax Block Storing Cupboard		1		
Stop Watch				
<b>C ORAL PATHOLOGY REPORTING STATION</b>				
Microscope –Trinocular	With all attachments	1		
Colour Printer		1		
Desktop Computer		1		

**Note: These provisions shall come into force only after suitable amendment to be carried out into the existing Revised BDS Course Regulations 2007 which are under active consideration with the Council.**

Whether all the above-mentioned equipments are functioning?	Yes / No
Whether detailed list of equipments as furnished by the college authority is attached	Yes / No

<b>XIII</b>	<b>DENTAL CHAIRS / UNITS</b>	
	Total Electrical Dental Chairs Installed with all the attachments thereon	
	Whether all the chairs and units are functioning and electrically operated?	Yes / No
	Total No. of functional Chairs	/ 100
	Total No. of Chairs in <b>DENTAL CLINIC</b>	/

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

**\* Specification: Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, 3 way syringe, X-ray viewer attachment for Airrotor, Micromotor with straight and contrangle Handpiece, instrument tray and suction, Dental operator stool with height adjustment**

<b>XIV EXAMINATION HALL FACILITIES (Required area 3600 sq. ft)</b>		
<b>Sl. No.</b>	<b>Description</b>	<b>Quantity</b>
1.	Pentium – IV Computer /Laptop /Windows 2000/windows XP / Internet explorer/Mozilla Firefox, Adobe Acrobat Reader / Anti virus software.	2
2.	Laser Printer/Inkjet Printer	2
3.	1 KVA UPS with min. of 2 hours of backup	2
4.	Copier machine with min. of 90 PPM	1
5.	Broadband Internet	1
6.	Fax Machine / USB wireless Internet Data Card	1
7.	Power Generator	1
1.	Whether all the facilities available in the examination?	Yes /No
2.	Whether CC TV Camera Footages available in Examination Halls?	Yes /No
3.	Whether CCTV Camera is functioning?	Yes /No
4.	Whether the metal detector in the centre?	Yes /No
5.	Whether the jammer in the centre?	Yes /No

<b>XV OTHER FACILITIES</b>		
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Centre with suitable staff and equipments	Yes / No
	iii) One bus earmarked for Dental College alone	Yes / No
<b>XVI</b>	iv) <b>Anti Ragging Committee as per norms</b>	Yes / No
<b>FURNITURE</b>		
	<b>Adequate Furniture for :</b>	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	<b>Adequate Furniture :</b>	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

<b>XVII ACCOMMODATION</b>		
<b>i) STAFF QUARTERS (SEPARATE FROM HOSTEL)</b>		
<b>1</b>	Whether separate quarters for Principal / Dean of the Dental College building within the campus	Yes / No
<b>2</b>	Staff quarters	Yes / No _____ 19 Nos.
<b>3</b>	Type (No of rooms)	No. Occupancy Rate (verified)
<b>4</b>	Principal/Dean's Bungalow	1
<b>5</b>	Guest House with minimum 3 double bed rooms.	1

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>ii) HOSTEL FOR BOYS &amp; GIRLS. (To extent of 50% of strength)</b>		
<b>1</b>	Whether the building of Hostels for Boys & Girls is <b>separate for the dental college building within the campus.</b>	Boys: Yes /No Girls: Yes /No
<b>2</b>	Hostel facility is available for minimum 50% of total intake	Yes /No
<b>3</b>	Whether hostel is shared by other colleges/institutions	Boys: Yes /No Girls: Yes /No
<b>4</b>	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
<b>5</b>	If yes their names & telephone numbers.	Boys: Girls:
<b>6</b>	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
<b>7</b>	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
<b>8</b>	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
<b>9</b>	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )	Boys: Yes /No Girls: Yes /No
<b>10</b>	Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available	Boys: Yes /No Girls: Yes /No
<b>11</b>	Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & magazines	Boys: Yes /No Girls: Yes /No

Dwelling	Single Seater	Twin Seater	Triple Seater	% of Accommodation against total strength	No. of equipped Common Rooms	No. of messes	Remarks
Boys							
Girls							

<b>XVIII</b>	<b>CENTRAL LIBRARY</b>	<b>Available</b>	<b>Remarks of Inspector</b>
1	Name of the Chief Librarian with qualifications (MLIS)		
2	Assistant Librarian with qualifications (MLIS)		
3	Timing of functioning of the Library (minimum 8 hours)		
4	Total Number of Books (Minimum 600) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 <sup>nd</sup> year & 3 <sup>rd</sup> Year students		

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

5	Total Number of Journals No. 26		
	i) Indian Journals - (1 National Journal in each subject of the 9 Dental specialties)		
	ii) Indian Journals - (1 National Journal in each subject of the 8 basic medical science)		
	iii) International Journals - (1 International Journals for each 9 dental specialty)		
	iv) Back Volumes - (Back Volumes of all National Journal of 9 Dental Specialties)		
	iv) e- Journals / e-Consortium details	Yes / No	
6	Total Area (Minimum 8000 sq.ft.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Undergraduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions	Yes / No	
9	Journal Room		
10	Internet Room with 5 Nos. of Computer		
11	Room for Librarian		
12	Photo copying area		
13	Staff available in the Library		
	Audio Visual aids available		
	Number of CD's		
	Academic		
	Educational		
14	Annual budget for Books, Journals, Audiovisual aids provided & utilized to be verified with invoice		

S.No.	Amenities	Available / Not Available	Sq. Ft.
1	Reception and waiting		
2	Issue Counter		
3	Photocopying area		
4	Journal Room		
5	Staff Reading Room		
6	Store and Stocking Room		
7	Digital Library		
8	Chief library Room/Assistant Library		
9	Students Cloak Area		
10	Seating Area		

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>XIX</b>	<b>CLINICAL MATERIALS</b> to be checked at the end of the OPD (Attendance Register to be checked & signed at the beginning and the end of the OPD and duly filled by the Inspectors)	
	No. of Patients:	
	<b>MEDICAL COLLEGE</b>	
	OPD Attendance	Average (Last 6 months)
	<b>ATTACHED GENERAL HOSPITAL</b> (applicable if Medical College is more than <b>10 kms</b> )	
	OPD Attendance	Average (Last 6 months)
	<b>DENTAL COLLEGE HOSPITAL</b>	
	OPD Attendance	Average (Last 6 months)
	* Minimum requirement of new patient's is 50 patients per day for the 1 <sup>st</sup> year in the Dental College Hospital OPD	
	*Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.	

<b>XX</b>	<b>CLINICAL ACTIVITIES</b>
1.	Random check of Practical Note Books. (e.g. General Anatomy, Physiology, Dental Anatomy, Biochemistry, Pathology, Microbiology, Pharmacology, Dental Materials, Oral Pathology etc.)
2.	Random check of Clinical Work. (e.g. Dentures, Restoration, Dental Extractions, Prophylaxis etc.)
3.	Random check of Patient's Case History Sheets (minimum 10 by the end of 3rd year).
4.	Random check of Community Dentistry education material and charts etc.
5.	Random check of Clinical Work Note Books.
6.	BDS student appearing for 4 <sup>th</sup> Year Professional University Examination as per BDS Course Regulations, 1993* and 2007. Should have completed the following clinical work.
	i) Prosthetic – Full Dentures = 2, Partial Dentures = 2
	ii) Oral Surgery – Dental Extractions = 30, Minor Surgery Assistant = 1
	iii) Prophylaxis = 10
	iv) Conservative and Endodontics – Restoration; Amalgam/GIC = 30
	v) Paedodontics – Fillings = 5, Dental Extractions = 3, Prophylaxis = 3, Fluoride Applications = 2
	vi) Orthodontia = Removable Appliances = 3

<b>XXI</b>	<b>SECURITY DEPOSIT</b>			
	Details of creation of Security Deposits			
<b>Installment</b>	<b>Amount</b>	<b>FDR No. &amp; Date</b>	<b>Bank</b>	<b>Maturity Date</b>
Ist Inst	Rs.20,00,000/-			

<b>XXII</b>	<b>UNIVERSITY FEES WITH GST 18% FOR CONTINUANCE OF PROVISIONAL AFFILIATION</b>	
	Inspection Fee: - Rs. 59,000/- (CPA Rs.50,000 + GST 18% 9000)	Receipt No. Date
	RTGS Details	
	GST No. of the Institution	

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

<b>XXIII</b>	<b>CONSTITUTION OF GOVERNING BODY OF THE COLLEGE :</b>	
	1. The name and designation of the Officer of the University who is the member nominated under Statutes 17(1) of the Dental Statutes the Governing Body Meeting	
	2. As per Statutes 17(4) of the statutes, when the last meeting of the record of the Proceedings of the Governing Body meeting may be enclosed	
<b>XXIV</b>	<b>SHOW CAUSE NOTICE</b>	
	Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc. /	
	if so, furnish details	
<b>XXV</b>	<b>COMPLIANCE OF GUIDELINES</b>	
	Whether the institution has fulfilled all the conditions: for B.D.S. Degree course as referred to various provisions in the Dental council of India Regulations and in the Tamil Nadu Dr.M.G.R. Medical University Statutes for the Affiliation of Dental colleges	
<b>XXVI</b>	<b>PAST DEFICIENCIES:</b>	
	<b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>	
<b>XXVII</b>	<b>THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-</b>	Yes / No
<b>XXVIII</b>	<b>OBSERVATION OF THE INSPECTION COMMISSION:</b> 1) 2)	
<b>XXIX</b>	Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the statutes to grant of Continuance of Provisional Affiliation for conducting entire B.D.S Degree course of study for the academic year <b>20 - 20</b>	
<b>XXX</b>	<b>We hereby declare that all the documents have been physically verified by us.</b>	
Signature of Principal/Dean with seal		
Signatures of Inspector (Member) with date		Signatures of Inspector (Convenor) with date
Residential address: Phone: Office : Residence : Mobile No.		Residential address: Phone: Office : Residence : Mobile No.

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

**For Grant of Continuance of Provisional Affiliation for 2<sup>nd</sup> Year B.D.S  
(Renewal) - 100 ADMISSIONS**

**The inspection report should be confidential.**

S.No	<u>Check list for the Inspectors:</u>	Mark ( ) any one	
		Yes	No
1.	Is the Inspection Proforma filled Completely and each page <b><u>signed by both the inspectors?</u></b>	Yes	No
2.	Has the University affiliation been checked and found in order? (copy should be attached with the inspection proforma)	Yes	No
3.	Has the Essentiality Certificate been checked and found in order?	Yes	No
4.	Has the infrastructure and equipment with the vouchers for clearance of payment to the suppliers been checked and verified as per the prescribed DCI norms?	Yes	No
5.	Is the attached hospital (100 bedded) as per the norms and located within 10 kms from the Dental College?	Yes	No
6.	Are the teachers posted as per DCI/MCI norms and the updated registration certificate from respective State Councils attached?	Yes	No
7.	Medical College / Hospital Attached	Yes	No
	MCI Approved / Recognised Medical College.	Yes	No
	100 Bedded General Hospital.	Yes	No
	Authority of attachment	Yes	No
	Medical Teaching Staff for BDS	Yes	No
	Bed Occupancy	Yes	No
8.	Is the list of teaching staff as per DCI format enclosed?	Yes	No
9.	Have the Dental and Medical faculty been checked for the following?	Yes	No
	Appointment: The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act of the concerned state and as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8	Yes	No
	Affidavit	Yes	No
	Teaching experience	Yes	No
	Relieving certificates from the previous institutions	Yes	No
	Appointment, Promotion and Reliving orders from previous Institutions	Yes	No
f)	TDS Certificate	Yes	No
g)	Form 16 through Traces	Yes	No
h)	Proof of Residence	Yes	No
i)	Aadhaar Card	Yes	No
j)	PAN No.	Yes	No
k)	State Council Registration renewed till current year	Yes	No
l)	Certified Copy of Bank Statement / Pass Book by the bank (6 months)	Yes	No
m)	Is the list of teaching staff as per DCI format enclosed?	Yes	No
n)	Biometric Attendance	Yes	No
o)	Signature of Teaching Faculty on both days of inspection.	Yes	No
m)	Any staff on Notice Period (not to be considered after submission of resignation.	Yes	No
10.	Signature of PG students on both days of Inspection.	Yes	No

Signature of Convenor:

Signature of Dean/Principal:

Signature of Member

11.	Has the details of Students been checked?	Yes	No
	Biometric Attendance made functional so far. If not, given reason	Yes	No
12.	Has the clinical material till <b>the end of both the days</b> and patient inflow, as per norms, been checked?	Yes	No
13.	Has the e-Library/Library been checked for Books /Journals/e-journals and other facilities?	Yes	No
14.	Have the detailed comments been submitted along with the Inspection Report? (strengths and shortcomings).	Yes	No
15.	Have the details of the publications as given in the format of the Inspection Proforma been verified?	Yes	No
16.	Has the <b>list of special cases treated with details in the speciality</b> for the last three years (In case of increase of seats only) been checked?	Yes	No
17.	Any case of Ragging in the institution in the last one year has been reported?	Yes	No
18.	Have the Satellite Clinics been checked?	Yes	No
19.	Have the Publications of Faculty been checked?	Yes	No
20.	Have the Bio Medical waste details been checked?	Yes	No
21.	Have the Fire and Safety Certificate been obtained and renewed annually?	Yes	No
22.	Have the Sanitary Certificate been obtained and renewed annually?	Yes	No
23.	Has the CCTV Camera been checked and found in order?	Yes	No
24.	Has the details regarding “Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018” in the institution been checked?	Yes	No

25.	<b>CLINICAL MATERIAL (PATIENTS PER DAY) REQUIREMENT FOR BDS COURSE WITH 100 SEATS</b>						
	<b>Starting BDS</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>4<sup>th</sup> year</b>	<b>Recognition</b>		
	50	75	100	100-150	100-150		

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

**All below submitted document indexed as per  
the Annexure and Soft bound**

ANNEXURE	
I	Trust Documents
II	Permission letters :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of Bio metric Attendance, Evidence for CCTV, Anti Ragging Committee, Satellite Clinic for Rural Area, Establishment of Tobacco Cessation Center, Copy of RC book for Bus, Audited statement for annual accounts for last year

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member

**INSTRUCTIONS FOR INSPECTORS AND PRINCIPAL**

<b>The institution details to be duly typed and filled by the Principal/Dean.</b>
<b>Soft copy of filled Proforma should be submitted to the Inspectors on their arrival.</b>
<b>A separate computer system with printer and scanner along with a supporting staff should be provided for purpose of inspection.</b>
<b>After verification of the details mentioned in inspection proforma, each page should be duly signed by the Principal/Dean and both the inspectors (Convener and Member).</b>
<b>The completed proforma along with all annexures must be submitted to this University with in 48 hours of inspection.</b>
<b>The scanned copy of the signed inspection report must be sent to the University by email to the Registrar of this University (<a href="mailto:registrar@tnmgrmu.ac.in">registrar@tnmgrmu.ac.in</a>).</b>
<b>All supportive evidence / documents should be annexed in a Soft bound (Not Spiral)</b>
<b>Please retain one copy of the Inspection Report duly signed by the Inspectors for future eventualities for a period of 06 (six) months.</b>

Signature of Dean/Principal:

Signature of Convenor:

Signature of Member