

ANNEXURE FOR TEACHING (DENTAL) -TEACHING FACULTIES FOR ISSUE OF LCA – 100 ADMISSION

1. a) DENTAL TEACHING STAFF

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	DCI UID (if available) & Adhaar No.	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
1.	Principal/Dean from any specialty									
PROSTHODONTICS & CROWN BRIDGE										
1.	PROFESSOR									
1.	READER									
CONSERVATIVE DENTISTRY & ENDODONTICS										
1.	READER									
LECTURERS MDS (25%)										
1.	Oral Pathology & Microbiology									
2.	Oral & Maxillofacial Surgery									
3.	Oral Medicine									
TUTORS BDS (75%):										
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

9											
10											
11											
12											

Note : All affidavits of the teaching staff and their requisite documents should be in the same order as mentioned

*** if the teaching staff is on leave, than attach the sanctioned leave by the college authority**

*** Less than one year teaching experience will not be considered.**

1. Faculty UID No. issued by the Dental Council of India available in www.dcindia.org.in

2. The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act of the concerned State)

1. b) SUMMARY - DENTAL TEACHING & CLINICAL STAFF – 100 admissions

Department	Professor-2*			Reader-2			Lecturer-3			Tutor-7		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
Prosthodontics	1			2			0			2		
Conservative Dentistry				1			1			2		
Oral Pathology & Microbiology				0			1			1		
Oral & Maxillofacial Surgery							1			2		
Periodontics							0			1		
Pedodontics							0			1		
Public Health Dentistry							0			1		
Oral Medicine & Radiology and diagnosis							1			1		
Orthodontics							0			1		
Total	2*			3			4			12		

* Includes the Principal/Dean who can head any one of the six specialties.

Note: There should NOT be more than ONE Professor in each specialty.

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

1. c) DETAILS OF DENTAL TEACHING STAFF SPECIALITY WISE

Sr. No.	Name	Present Designation	Date of Birth	Qualification			Details of Teaching Experience in an approved/recognized institution				
				Degree (Subject)	Year of Passing	University	After P.G				
							Designation	Place	Date & Years		
				From	Till date						
1.		Principal/Dean with Speciality									

Name of the Department:

1.		Professor									
2.		Reader									
3.		Reader									
4.		Lecturer									
5.		Lecturer									
6.		Lecturer									
7.		Lecturer									
8.		Tutor									
9.		Tutor									
10.		Tutor									
11.		Tutor									
12.		Tutor									
13.		Tutor									
14.		Tutor									
15.		Tutor									
16.		Tutor									
17.		Tutor									
18.		Tutor									
19.		Tutor									

Note: 1. Experience of BDS Tutor will NOT be considered as teaching experience for any higher post in the Institute/ College etc.

2. Teaching experience to be verified by the inspectors themselves(s) and must be attached and forwarded with Inspection Report Proforma.

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Signature of Dean / Principal :

Signature of Member :

Signature of Convenor :