

THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032
MASTER OF DENTAL SURGERY DEGREE COURSE
TO ISSUE OF LETTER OF CONSENT OF AFFILIATION / PROVISIONAL AFFILIATION
FOR STARTING OF MDS DEGREE COURSE
INSPECTION REPORT

Note:-

Each column will be completely filled by the Inspector by computer printing / typing / handwritten in detail. Annexures after being signed by the Principal, will be duly certified by the inspectors and will be sent by the college authorities to the University within 48 hours of Inspection.

- I. Name of the convenor with Designation and Address, Mobile No. :
- Names of Member(s) with Designation and Address, Mobile No. :
- II. University Letter No. & date in which the Inspection Commission Constituted :
- IV. Date of Inspection :
Date of the last Inspection :
- V. Name and details of authorities representing the Management present at the time of Inspection. :

I. TRUST DETAILS

1. 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. etc.)
Enclose trust details with audited accounts for the last 3 years.
2. Name of the Dental College :
Full Address of the Dental College with Telephone, Fax Nos. & E-Mail Address :
Name of the Principal of the Dental College :
Qualification :
Teaching Experience :
3. Name of the other courses run by the Trust :
4. No. of seats sanctioned

| | |
|----------------------|--|
| Speciality | |
| No. of seats applied | |

| | |
|-------------|--|
| University | |
| State Govt. | |

II. PERMISSION LETTERS

1. State Govt. Permission-Essentiality Certificate Lr.No:
Dt. :
Valid upto
2. Consent for affiliation issued by the University Lr.No:
Dt. :
Valid upto
3. DCI/GOI's formal permission for starting the course Lr.No:
Dt. :
4. Provisional Affiliation issued by the University Proc.No:
Dt. :
Valid upto

Whether Completion Certificate furnished from the competent authority : Yes / No
 Whether Pollution Control norms are followed : Yes / No
 Whether Bio-waste management is followed as per PCBI : Yes / No

Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you

V.BUILT UP AREA

Total Constructed Area Required: 1,00,000 Sq.ft.

| FLOOR | AREA (sqft) | CLINICAL FACILITIES | ACADEMIC DEPARTMENTS | ADMIN / LOGISTICS / SUPPORT | MAJOR FACILITIES |
|----------|-------------|---------------------|----------------------|-----------------------------|------------------|
| Basement | | | | | |
| Ground | | | | | |
| First | | | | | |
| Second | | | | | |
| Third | | | | | |
| Fourth | | | | | |
| TOTAL | | (sq.ft.) | | | |

| Infrastructure | Requirement | Availability |
|--|--------------|--------------|
| Dental Departments (9) | 27000 sq.ft. | |
| 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. | |
| Photography and artist room | 400 sq. ft. | |
| Medical Stores | 300 sq. ft. | |
| Amenities area | 3200 sq. ft. | |
| Compressor and room for gas plant | 300 sq. ft. | |
| Cafeteria | 1500 sq. ft. | |
| Examination hall | 3600 sq. ft. | |
| Auditorium (To accommodate 500 people) | | |
| Faculty Recreation Hall | | |
| Laboratories (Pre Clinical) | | |
| Pre-clinical Prosthodontics and dental material lab | 3000 sq. ft. | |
| Pre-clinical conservative lab | 2500 sq. ft. | |
| Oral biology and oral pathology lab | 2500 sq. ft. | |
| Laboratory for orthodontics and Pedodontics | 1500 sq. ft. | |
| Laboratories (Medical Subjects) | | |
| (only for independent dental colleges) | 7500 sq. ft. | |
| Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc. | 2500 sq. ft. | |
| One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it. | 2500 sq. ft. | |
| Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects | 2500 sq. ft. | |
| Laboratories (Clinical) | | |
| Prosthodontics | 2500 sq. ft. | |
| Conservative Dentistry | 600 sq. ft. | |
| Oral pathology for histopathology | 600 sq. ft. | |
| Haematology and clinical biochemistry | 300 sq. ft. | |
| Others | | |
| Hostel for UG & PG students | | |
| Staff Quarters | | |
| Play Ground | | |
| Basic Sciences Departments (9) | 27000sq.ft. | |
| Additional requirement for PG Course. | | |

VI.HOSTEL FOR BOYS & GIRLS

Whether the building of Hostels for Boys & Girls is separate from the dental college building and staff quarters : Yes / No

Whether there is a separate hostel for post graduate & undergraduate students. Yes / No

Whether Hostels for Boys & Girls are within the campus. If not how far from the campus. : Yes / No

Whether hostel is shared by other colleges/ institutions : Yes / No

Whether there are separate wardens for both the boys & Girls Hostel If yes their names & telephone numbers. Yes / No

Whether there is a separate area for recreation(TV), play area for indoor games, gymnasium for boys & reading room Yes / No

Whether basic amenities (water, wash room etc.,) are available Yes / No

| Dwelling | Single Seater | Twin Seater | Triple Seater | % of Accom against total strength | No of equipped Common Rooms | No of messes | Remarks |
|----------|---------------|-------------|---------------|-----------------------------------|-----------------------------|--------------|---------|
| Boys | | | | | | | |
| Girls | | | | | | | |

VII.CENTRAL LIBRARY :

Name of the Chief Librarian with qualifications :
 Assistant Librarian with qualifications :
 Time of functioning of the Library :

Total Number of Books : _____
 Total Number of Journals : _____
 Indian Journals : _____
 International Journals : _____
 Back Volumes : _____
 Total Area : _____
 Seating Capacity(it should be 50% of total strength)
 Undergraduate students : _____
 Post graduate students : _____
 Staff : _____
 List of books recommended by the Dental Council of India : _____
 There should be 5 copies for 100 admissions : _____
 Journal Room : _____
 Computer / Internet Room : _____
 Room for Librarian : _____
 Photocopying area : _____
 Staff available in the Library : _____
 Audio Visual aids available : _____
 Number of CD's : _____
 Academic : _____
 Educational : _____
 Annual budget for Books, Journals, Audiovisual aids provided & utilized to be verified with invoice : _____

VIII.DENTAL CHAIRS

Total Dental Chairs Installed with all the attachments thereon : _____
 (Required: 200 Dental Chairs)
 Whether all the chairs and units are functioning and electrically operated? : _____
 Number of Dental Chairs Electrically Operated : _____
 Number of Dental Chairs Non-Electrically Operated : _____

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

| | | |
|-----------------------------|-----|----|
| Required for 100 admissions | 200 | |
| Prosthodontics | 34 | |
| Conservative Dentistry | 34 | |
| Periodontics | 34 | |
| Oral Medicine | 12 | |
| Oral Surgery | 30 | |
| Orthodontics | 18 | |
| Public Health Dentistry | 16 | |
| Pedodontics | 20 | |
| Oral Pathology | | 02 |

IX. Constructed Area for P.G Study (Clinical, Laboratory, Seminar Room, Departmental Library, P.G Common Room & Furnished Faculty Rooms : As per DCI Requirement)

Availability :

SUMMARY - DENTAL TEACHING STAFF

| Department | Professor | | Reader | | Lecturer | |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Required | Available | Required | Available | Required | Available |
| Prosthodontics | 1 | | 2 | | | |
| Oral Pathology | 1 | | 1 | | | |
| Conservative Dentistry | 1 | | 2 | | | |
| Oral & Maxillofacial Surgery | 1 | | 2 | | | |
| Periodontics | 1 | | 2 | | | |
| Orthodontics | 1 | | 1 | | | |
| Pedodontics | | | 1 | | | |
| Oral Medicine | | | 1 | | | |
| Public Health Dentistry | | | 1 | | | |
| Total | 6* | | 13 | | 40 | |

Including one Principal from any speciality

SUMMARY - MEDICAL TEACHING STAFF

| Departments | Number of Readers | | Number of Lecturers | |
|-------------------|-------------------|-----------|---------------------|-----------|
| | Required | Available | Required | Available |
| Anatomy | 1 | | 4 | |
| Physiology | 1 | | 2 | |
| Biochemistry | 1 | | 2 | |
| Pharmacology | 1 | | 3 | |
| General Pathology | 1 | | 2 | |
| Microbiology | 1 | | 2 | |
| General Medicine | 1 | | 3 | |
| General Surgery | 1 | | 3 | |
| Anesthesia | 1 | | 1 | |
| Total | 9 | | 22 | |

Attach list of entire faculty department-wise in attached prescribed proforma

SUMMARY- NON-TEACHING STAFF/ MINISTERIAL STAFF:

| | | Requirement | Available |
|----|-------------------------------|-------------|-----------|
| 1 | Managers/ Office Suptd. | 4 | |
| 2. | Assistants | 8 | |
| 3. | Receptionist | 8 | |
| 4. | Librarian | 1 | |
| 5. | D.S.A.(Chair side Attendant) | 10 | |
| 6. | Dent. Tech. (Dental Mechanic) | 6 | |
| 7. | Dent. Hygst. | 3 | |
| 8. | Radiographer | 2 | |
| 9. | Photographer | 1 | |
| 10 | Artist | 1 | |

| | | Requirement | Available |
|-----|-----------------------|-------------|-----------|
| 11 | Programmer | 1 | |
| 12 | Data Entry Operators | 1 | |
| 13 | Physical Director | 1 | |
| 14 | Engineer | 1 | |
| 15. | Electricians | 2 | |
| 16. | Plumber | 1 | |
| 17. | Carpenter | 1 | |
| 18. | Mason | 1 | |
| 19. | A.C. Tech. | 1 | |
| 20 | Helpers Electrical | 1 | |
| 21. | Sweepers & Scavengers | 10 | |
| 22. | Attenders | 18 | |
| 23. | Security Personal | 5 | |
| 24. | Dept. Secretaries | 4 | |
| 25. | Driver | 4 | |
| 26. | Nurses | 3 | |
| 27. | Lab. Technicians | 3 | |

X. OTHER FACILITIES

1. Rural centres with suitable staff and equipments :
2. One bus for the use of the students :
3. Hospital Waste Management :
4. Anti Ragging Committee :

XI. SECURITY DEPOSIT

Details regarding creation of Security Deposits

| Instalment | Amount | FDR No. & Date | Bank | Maturity Date |
|------------|--------|----------------|------|---------------|
| I Instl | | | | |
| II Instl | | | | |
| III Instl | | | | |
| IV Instl | | | | |

XII CONSTITUTION OF GOVERNING BODY OF THE COLLEGE :

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
2. As per statute 17(4) of the statutes when the last meeting :
of the Governing Body of the college was met (a copy
of the record of the proceedings of the Governings Body
meeting may be enclosed

XIII PASS PERCENTAGE FOR THE PAST THREE YEARS (BDS)

| | 2007-2008 | 2008-2009 | 2009-2010 |
|----------|-----------|-----------|-----------|
| I Year | | | |
| II Year | | | |
| III Year | | | |
| IV Year | | | |
| V Year | | | |

XIV. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR (BDS)

Is the institution a Minority Institution:

Provide necessary documents. :

| Category | No. admitted | Dates of admission | |
|------------|--------------|--------------------|-----|
| | | Commence | End |
| S.C. | | | |
| S.T. | | | |
| Backward | | | |
| Merit | | | |
| Management | | | |
| Others | | | |

| | | | |
|-------|--|--|--|
| Total | | | |
|-------|--|--|--|

DETAILS OF TEACHING STAFF SPECIALITY WISE

Name of the Department:

| Sr. No. | Name | Present Designation | Date of Birth | Qualification | | | Details of Teaching Experience in an approved/recognized institution | | | | Proof in support of Col. 6 |
|---------|------|------------------------------|---------------|--------------------------|-----------------|------------|--|-------|--------------|--|----------------------------|
| | | | | BDS/MDS Degree (Subject) | Year of Passing | University | After P.G. | | | | |
| | | | | | | | Designation | Place | Date & Years | | |
| | | | | From | To | | | | | | |
| 1. | 2. | 3. | 4. | 5. | | | 6. | | | | 7. |
| 1. | | Principal | | | | | | | | | |
| 2. | | Professor & HOD | | | | | | | | | |
| 3. | | Professor | | | | | | | | | |
| 4. | | Professor | | | | | | | | | |
| 5. | | Reader | | | | | | | | | |
| 6. | | Reader | | | | | | | | | |
| 7. | | Reader | | | | | | | | | |
| 8. | | Senior Lecturer | | | | | | | | | |
| 9. | | Senior Lecturer | | | | | | | | | |
| 10. | | Tutor (experience after BDS) | | | | | | | | | |

Seal & Signature of the Head of the Dental Institution

*Attach additional pages wherever required.

Note: Teaching experience to be filled up/verified by the inspectors themselves(s) and must be attached and forwarded with Inspection Report Proforma.

DENTAL TEACHING STAFF

| S. No | Designation | Faculty Name | DOB | Original Affidavit with date | ID CARD No | Form 16 | Total Service college wise in all the previous Institutes (attach appendix) | DOJ & Experience in present institute | Total Experience as on 28 th February of current year | *Present during Inspection |
|-------|------------------------------|--------------|-----|------------------------------|------------|---------|---|---------------------------------------|--|----------------------------|
| 1 | Principal With speciality | | | | | | | | | |
| 2 | Professor HOD | | | | | | | | | |
| 3 | Professor | | | | | | | | | |
| 4 | Professor | | | | | | | | | |
| 5 | Reader | | | | | | | | | |
| 6 | Reader | | | | | | | | | |
| 7 | Lecturer | | | | | | | | | |
| 8. | Tutor (experience after BDS) | | | | | | | | | |

Remarks*

Whether the faculty has obtained NOC or not

Yes / No

Whether the faculty was present in any other BDS/MDS inspection in the current academic year.

Yes / No

Whether the faculty has got students registered under him in the previous institution who have yet to complete MDS Course. Give details as follow:

| Name of the Faculty | Name of the Institution | Name of the Student (s) |
|---------------------|-------------------------|-------------------------|
| | | |

XV.HOSPITAL:

Requirement of the 100 bedded general hospital for teaching BDS students drawn up in accordance with the parameters prescribed by the Bureau of Indian Standards

Own Hospital Medical College Govt. General Hospital

Whether the permission of the attached 100 bedded hospital is issued by the competent authority? : Yes / No

Name and Full Address of Hospital:

Name of the CMO with Tel No. & Mobile No.:

Name of the Issuing Competent Authority:

Distance of the hospital from the Dental College : _____

by Road (please clarify as to whether you have physically verified/taking the reading of Taxi/Car Meter)

Number of Beds : Total:

| Department | Required | Allotted | Occupancy | |
|--|----------|----------|----------------------|--------------------------|
| | | | 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)

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

Man Power Requirement

Medical Staff

| Department | Required | Available |
|--------------------------|----------|-----------|
| General Surgery | 2 | |
| General Medicine | 2 | |
| Obstetrics & Gynaecology | 2 | |
| ENT | 2 | |
| Paediatrics | 2 | |
| Anaesthesia | 2 | |
| Orthopaedics | 2 | |
| Pharmacologist | 1 | |
| Radiologist | 1 | |
| GDMO | 1 | |
| Community Medicine | 1 | |
| Hospital Administration | 1 | |

Nursing Staff

| Designation | Required | Available |
|--------------------|----------|-----------|
| Matron | 1 | |
| Sister Incharge | 6 | |
| O.T. Nurses | 6 | |
| General Nurses | 20 | |
| Labour Room Nurses | 4 | |

Health Staff

| Designation | Required | Available |
|--------------------------------------|----------|-----------|
| 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 | | |
| Designation | Required | Available |
| Civil | 2 | |
| Mechanical | 2 | |
| Electrical | 2 | |
| Engineering Aid | 4 | |
| Other Staff | | |
| Designation | Required | Available |
| Drivers | 2 | |
| Carpenter | 1 | |
| Cooks | 2 | |
| Barber | 1 | |
| Class IV including chowkidars | 55 | |
| Administrative Staff | | |
| Designation | Required | Available |
| Office Superintendent | 1 | |
| Head Clerk | 1 | |
| Cashier | 1 | |
| Stenographer | 1 | |
| UDC | 2 | |
| LDC | 4 | |

CLINICAL MATERIAL to be checked at the end of the OPD:
(Attendance Register to be checked)

Number of Patients : During Inspection _____
(Hospital)

Average (Last 6 months): _____

Whether attached Hospital fulfills BIS norms: Yes / No
(If No please give the details/deficiencies)

XVI.RULES AND REGULATIONS FOR THE MDS COURSE

Please go through MDS DCI Regulations, 2007 (Nov.).

- a) Weekly Programme distribution of teaching/clinical/seminar /lecture sessions:
Attach copy of the last three months
Details of the clinical material available to be checked at the end of the OPD
Average no. of OPD in the institution for the last One year
- b.) Details of patients referred to different specialities month wise during the last one year from Dept. of Oral Medicine & Radiology.
- c.) Average no. of OPD in the speciality for the last one year
- d.) Total attendance both in UG and PG Sections of the Deptt. of Speciality on the date of Inspection.
Details of output of work of UGs and PGs, "Year wise".
(Log books showing output of work to be produced beside treatment registers).
- e) No. of Books & Journals in the speciality
Journal:
Average 8 – 10 international/national journals of the speciality. Attach list of journals.
Books:
10-12 titles out which 7-8 titles by foreign authors. Attach list of speciality books

EQUIPMENTS

DEPARTMENT: Oral Medicine and Radiology

| NAME | SPECIFICATION | QTY. | Availability |
|--|--|--|--------------|
| Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Intra Oral Radiography Machine | 55-70 kVp with Digital Compatibility | 1 | |
| Extra Oral Radiography machine | 100 kVp | 1 | |
| Panoramic Radiography (OPG) Machine with | Digital Compatibility | 1 | |
| Intra-Oral Camera | | 1 | |
| Pulp Tester | | 2 | |
| Autoclave | | 2 | |
| Punch Biopsy Tool | | 2 | |
| Biopsy Equipment | | 2 | |
| Surgical Trolley | | 2 | |
| Emergency Medicines Kit | | 1 | |
| Extra Oral Cassettes with Intensifying Screens (Conventional & Rare Earth) | | 4 | |
| Lead Screens | | 2 | |
| Lead Aprons | | 2 | |
| Lead Gloves | | 2 | |
| Radiographic Filters (Conventional & Rare Earth) | | 1 | |
| Dark Room with Safe light facility | | 1 | |
| Automatic Radiographic Film Processors | | 2 | |
| Radiographic Film storage Lead Containers | | 1 | |
| X-ray Viewer boxes | | 2 | |
| Lacrimal Probes | | 2 sets | |
| Sialography Cannula | | 2 sets | |
| Computer with Internet Connection with attached Printer & Scanner | | 1 | |
| Illuminated Mouth Mirror & Probe | | 2 | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Oral Medicine and Radiology for a seat matrix upto 3 seats.

DEPARTMENT : Oral Pathology & Microbiology

| NAME | SPECIFICATION | QTY | Availability |
|--|--|---|--------------|
| ESSENTIAL EQUIPMENT | | | |
| Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student – 5 chairs total | |
| Adequate laboratory glassware's as required for processing of biopsy specimens & staining. | | | |
| Tissue capsules / Tissue embedding cassettes | | 25 – 30 | |
| Paraffin wax bath (thermostatically controlled) | | 1 | |

| | | | |
|--|--|----------------------|--|
| Leuckhart pieces | | 10 | |
| Block holders | | 25 | |
| Semi automatic microtome | | 1 | |
| Automatic Microtme knife Sharpner | | 1 (Optional) | |
| Tissue floatation water bath (thermostatically controlled) | | 1 | |
| Slide warming table | | 1 | |
| Steel slide racks for staining | | 1+2 | |
| Diamond glass marker | | 2 | |
| Research microscope with phase contrast, dark field, polarization, CCTV & photomicrography attachments | | 1 | |
| Binocular Compound Microscope | | 4, 1/PG | |
| Aluminum slide trays | | 5 | |
| Wooden / Plastic slide boxes | | 5 | |
| Wax block storing cabinet | | 1+2 | |
| Slide storing cabinet | | 1 of 10,000 capacity | |
| Refrigerator | | 1 | |
| Micropipettes | | 2 | |
| Computer with Internet Connection with attached Printer & Scanner | | 1 | |
| Tissue storing cabinet (Frozen state) | | 1 (Optional) | |
| DESIRABLE EQUIPMENT | | | |
| Cryostat | | 1 | |
| Fluorescent Microscope | | 1 | |
| Image analysis software | | 1 | |
| Automatic processing equipment | | 1 | |
| Hard tissue microtome | | 1 (Optional) | |
| Stereo microscope | | 1 (Optional) | |
| Microwave | | 1(Optional) | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Tissue Processed : On the day of Inspection: _____

Minimum of 3 Biopsies/ FNAC/ Exfoliative Cytology per day required for starting MDS Course in the PG department of Oral Pathology & Microbiology for a seat matrix upto 3 seats.

DEPARTMENT : Public Health Dentistry

| NAME | SPECIFICATION | QTY. | Availability |
|---|--|--|--------------|
| Instruments in the department for comprehensive oral health care programme | | | |
| Dental chairs | Electrically operated with shadowless lamp, spittoon, 3 way syringe, Micro motor, Aerator, scalar, light cure unit instrument tray and suction | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Extraction forceps | | 4 sets | |
| Filling instruments | | 4 sets | |
| Scaling instruments | Super gingival scaling | 4 sets | |
| Prosthetic instruments | | 4 sets | |
| Amalgamator | | 2 | |
| Pulp tester | | 2 | |
| Autoclave | | 2 | |
| Sterilizer | | 2 | |
| X-ray viewer | | 1 | |
| Instrument cabinet | | 1 | |
| Overhead Projector | | 1 | |
| LCD or DLP multimedia projector | | 1 | |
| Computer, printer and UPS instruments. | | 2 | |
| Peripheral Dental care or Field programme | | | |
| Staff bus | | 1 | |
| Mobile dental clinic fitted with at least 2 | | 1 | |

| | | | |
|---|--|---|--|
| dental chairs with complete dental unit | | | |
| Ultrasonic scalar, compressor | | 1 | |
| Generator | | 1 | |
| Public address system, audio-visual aids | | 1 | |
| Television | | 1 | |
| VCR | | 1 | |
| Instrument cabinet, emergency medicine kits, BP Apparatus | | 1 | |
| Portable oxygen cylinder portable chair | | 1 | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Public Health Dentistry for a seat matrix upto 3 seats.

DEPARTMENT : Paediatric and Preventive Dentistry

| NAME | SPECIFICATION | QTY. | Availability |
|---|---|---|--------------|
| Dental Chairs and Units | Electrically operated, spittoon attachment, Halogen Light with 2 intensity, high power motorized evacuation system, Air rotor with miniature hand piece, Micro motor with miniature contrangle Hand piece, 3 way syringe, ultrasonic scaler with 3 tips, light cure unit LED based heat free, X-ray viewer, instrument tray, Dental Operator's stool with height adjustment (40% should pedo chair) | 1 chair each for II year and III year MDS students + 1 units per PG teacher | |
| Rubber Dam Kit | | 6 | |
| Extraction forceps | | 4 sets (2 Pedo and 2 permanent) | |
| Amalgamator | | 1 | |
| Endomotor | | 1 | |
| Injectable GP condensation | | 1 | |
| Pulp Tester | | 2 | |
| Apex Locator | | 2 | |
| SS crown kit | | 4 | |
| Poly carbonate / strip crown kit | | 4 | |
| Endodontic pressure syringe | | 2 | |
| X-ray Viewer | | 1 | |
| Hydrosolder | | 1 | |
| Spot welder | | 2 | |
| Cemo mechanical caries removal system | | 2 | |
| Typhodont | | 6 (3 Pedo and 3 permanent) | |
| Pliers Band forming Band pinching Ball and socket (No. 112) Band removing Proximal contouring (No.114) Crimping plier | | 2 sets each | |
| Computer with internet, Scanner and Printer | Pentium IV | 1 | |
| Sterilization Autoclave | Front loading | 1 | |

| | | | |
|--|--|---|--|
| Glass bead sterilizer | | 3 | |
| Ultrasonic cleaner | | 2 | |
| Needle destroyer | | 2 | |
| Fomalin chamber | | 2 | |
| MINOR OT EQUIPMENTS/INSTRUMENTS | | | |
| RVG | | 1 | |
| X-ray machine | | 1 | |
| Automatic developer | | 1 | |
| Conscious sedation unit | | 1 | |
| TENS (electronic anaesthesia) | | 1 | |
| Pulse oxymeter | | 1 | |
| Emergency drugs tray | | 1 | |
| Magnifying loups | | 3 | |
| PEDO PG LAB | | | |
| Phantom table with phantom heads with attached light, airotor and micromotor | | 3 | |
| Plaster dispenser | 1 for plaster and 1 for stone | 2 | |
| Vibrator | | 2 | |
| Model trimmer | (double disc one diamond and one carborandum disc) | 1 | |
| Lab micromotor | | 2 | |
| Acrylizer | | 1 | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Paediatric and Preventive Dentistry for a seat matrix upto 3 seats.

Oral Health Education Museum (Size & IEC Material)

DEPARTMENT : Orthodontics and Dentofacial Orthopedics

| NAME | SPECIFICATION | QTY. | Availability |
|--|--|--|--------------|
| Dental Chairs and Unit | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Vacuum/Pressure Moulding Unit | | 1 | |
| Soldering torches | | 4 | |
| Lab Micromotor | | 4 | |
| Spot Welders | | 4 | |
| Model Trimmer(Double Disc) | | 2 | |
| Light Curing Unit | | 2 | |
| Polishing Lathes | | 2 | |
| Tracing Tables | | 3 | |
| Digital Camera | | 1 | |
| Computers with all accessories and software for orthodontic image manipulation | | 1 | |
| Scanner with transparency adapter | | 1 | |
| X-ray Veiwier | | 5 | |
| O.H.P. | | 1 | |
| LCD Projector | | 1 | |
| Autoclave – microprocess based, Wet & Dry. High & Low Cycle | | 1 | |
| Vacuum mixer, vibrators and plaster dispensers | | 2 each | |
| Dry Heat Sterilizer | | 1 | |
| Ultrasonic Scaler | | 1 | |
| Sets of Orthodontic Pliers | | 6 Sets | |
| Orthodontic Impression trays | | 4 Sets | |
| Ultrasonic tray cleaner | | 1 | |
| Typodonts with full teeth set | | 6 | |
| Anatomical Articulator with face bow attachments | | 1 | |
| Three Plane Articulators | | 1 | |
| Hinge Articulators | | 5 | |
| Hydrosoldering Unit | | 1 | |
| Electropolisher | | 1 | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Orthodontics and Dentofacial Orthopedics for a seat matrix upto 3 seats.

DEPARTMENT: Periodontology

| NAME | SPECIFICATION | QTY. | Availability |
|----------------------------------|---|--|--------------|
| Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, ultrasonic scaler | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Sterilization Instruments | | | |
| Table Top Auto Clave | | 1 | |
| Auto Clave | | 1 | |
| Steel bin | | 4 | |
| Diagnostic Instruments | | | |
| W.H.O Probe | | 1 | |
| Nabers Probe | | 1 | |
| Williams Probe | | 1 | |
| Newman's Probe | | 1 | |

| | | | |
|---|---|---|--|
| Gold Man Fox Probe | | 1 | |
| Marquis color coded Probe | | 1 | |
| Oral prophylaxis Instruments | | | |
| Supra gingival scalars | set | 2 | |
| Sub gingival scalars | set | 2 | |
| Surgical Instruments | | | |
| Routine Surgical Instrument kit | set | 2 | |
| Surgery Trolleys | | 6 | |
| Electro surgery unit | | 1 | |
| Special surgical Instruments | | | |
| Kirkland's Knife | set | 1 | |
| Bucks Knife | set | 1 | |
| Orban Knife | set | 1 | |
| Paquette Blade Handle | | 1 | |
| Pocket Marker | set | 1 | |
| Mc calls universal curettes | set | 1 | |
| Graceys curettes | set | 1 | |
| Krane Kaplan | | 1 | |
| Cumine Scalar | | 1 | |
| Osseous Surgical Instruments | | | |
| Mallet | | 1 | |
| Oschenbain Chisel | | 1 | |
| Schluger Bone File | | 1 | |
| Bone File | | 1 | |
| Bone regenerative materials | Bone graft and GTR membranes Depending on need | | |
| Microsurgical Instruments | | | |
| Micro Needle Holder | | 1 | |
| Micro Scissor | | 1 | |
| Magnifying Glass | | 1 | |
| Miscellaneous Instruments | | | |
| Composite Gun and Splinting material | | | |
| Digital camera and intra-oral camera | | | |
| Iontophoresis unit | | | |
| Emergency kit | | | |
| Refrigerator | | | |
| X-ray viewer | | | |
| LCD projector | | | |
| Computer with Internet Connection with attached Printer and Scanner | | | |

Note : These requirements are in addition to requirement for BDS Course.

Research facilities in micro-biology and bio-chemistry departments for post graduate students

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Periodontology for a seat matrix upto 3 seats.

DEPARTMENT : Conservative Dentistry and Endodontics

| NAME | SPECIFICATION | QTY | Availability |
|--|---|--|--------------|
| Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airtor, lightcure | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| ENDOSONIC HANDPIECES – Physiosaline equipments | | 2 | |
| Mechanized rotary instruments including hand pieces and hand | | 3 | |

| | | | |
|---|-----------|---|--|
| instruments | | | |
| Glass bead sterilizers | | 3 | |
| Autoclaves for bulk instrument sterilization Vacuum preferably | | 2 | |
| Autoclaves for hand piece sterilization | | 2 | |
| Apex locators | | 2 | |
| Equipments for injectable thermoplasticized gutta percha –2 kits | | 2 | |
| Pressurized local anaesthesia | | 2 | |
| Operating microscopes – | Desirable | 1 | |
| Pickling kits | | 2 | |
| Surgical endo kits | | 2 | |
| Low speed high torque motors | | 2 | |
| Torque control hand pieces | | 4 | |
| Set of hand instruments | | 2 | |
| Sterilizer trays | | 4 | |
| Variable Intensity Polymerization equipments VLC units | | 2 | |
| Conventional VLC units | | 1 | |
| LCD projector | | 1 | |
| Computer with Internet Connection with attached Printer & Scanner | | 1 | |
| Clinical micro motors | | 2 | |
| High speed hand pieces | | 2 | |
| Composite kits with different shades and polishing kits | | 3 | |
| Ceramic finishing kits | | 2 | |
| Amalgam finishing kits | | 2 | |

| LABORATORY EQUIPMENT | | |
|--|--|-------|
| Equipments for casting procedures including induction casting machines/ burnout preheat furnaces/ wax elimination furnaces | | 1 |
| Equipments for ceramics | | 1 |
| Lab micro motor/ metal grinders / sand blasters/ polishing lathes/ duplicator equipment/ vacuum investment equipments | | 1 Set |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Conservative Dentistry and Endodontics for a seat matrix upto 3 seats.

DEPARTMENT: Oral and Maxillofacial Surgery

| NAME | SPECIFICATION | QTY. | Availability |
|--|---|--|--------------|
| Dental chairs and units | Electrically operated with shadowless lamp, spittoon, instrument tray and high vacuum suction, micromotor/Air motor | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Autoclave | Front loading | 2 | |
| Fumigators | | 1 | |
| Oscillating saw | With all hand pieces | 1 | |
| <i>Surgical instruments</i> | | | |
| General surgery kit | | 2 | |
| Tracheotomy kit (with set of disposable tubes consisting of six) | | 1 | |
| Minor oral surgery kit | | 3 | |
| Osteotomy kit | | 1 | |
| Cleft surgery kit | | 1 | |
| Bone grafting kit | | 1 | |
| Emergency kit | | 2 | |

| | | |
|---|--------|--|
| Trauma set including bone plating kit Implantology kit (standard/imported ISI approved) | 2 2 | |
| Distraction osteogenesis kit (desirable) | 1 | |
| Operating microscope and Microsurgery kit (desirable) | 1 | |
| Dermatomes | 2 | |
| Formalin chamber | 1 | |
| Pulse oxymeter | 1 | |
| Ventilator | 1 | |
| Major operation theatre with all facilities | 1 | |
| Recovery I.C.U. with all necessary life support equipments | 2 beds | |
| Fiber optic light | 1 | |
| Inpatient beds | 20 | |
| Fiber optic laryngoscope | | |
| Computer with Internet Connection with attached Printer & Scanner | 1 | |

Note:- These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 25 patients per day required for starting MDS Course in the PG department of Oral and Maxillofacial Surgery for a seat matrix upto 3 seats.

INFRASTRUCTURE

Major surgery One fully equipped operation theatre with all attached facilities and infrastructure

Minor surgeries 1 per admission capacity

(with one chair) 10 x 10'

O.P.D. : Hall of minimum 4 chairs and proportional increase of chairs
amounting 1 per student (10x10' per chair)

Indoor : Minimum 20 beds within radius of 1 km from Operation Theatre.

DEPARTMENT: Prosthodontics and Crown & Bridge

| NAME | SPECIFICATION | QTY. | Availability |
|--|---|--|--------------|
| Electrical Dental Chairs and Units | With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airtor | One chair & unit per PG faculty upto Reader level. One chair & unit per PG student | |
| Articulators – Semi adjustable | With Face-bow | 6 | |
| Airtor & Airtor Handpieces | | 6 | |
| Micromotor – (Lab Type) | | 2 | |
| Ultrasonic Scaler | | 2 | |
| Light Cure | | 2 | |
| Hot Air oven | | 1 | |
| Autoclave | | 1 | |
| Surveyor | | 2 | |
| Refrigerator | | 1 | |
| X-ray viewer | | 1 | |
| Pneumatic Crown Remover | | 2 | |
| Needle destroyer | | | |
| CLINICAL LAB FOR PROSTHETICS | | | |
| Plaster Dispenser | | 2 | |
| Model Trimmer with Carborandum Disc | | 1 | |
| Model Trimmer with Diamond Disc | | 1 | |
| Lathe | | 2 | |
| High Speed lathe | | 2 | |
| Vibrator | | 1 | |

| | | | |
|---|--|----|--|
| Acrylizer | | 1 | |
| Dewaxing Unit | | 1 | |
| Hydraulic Press | | 1 | |
| Mechanical Press | | 1 | |
| Vacuum Mixing machine | | 1 | |
| Micro motor lab type | | 2 | |
| Curing pressure pot | | 1 | |
| Pressure molding machine | | 1 | |
| Chrome – Cobalt Lab Equipment | | | |
| Duplicator | | 1 | |
| Pindex System | | 1 | |
| Burn-out furnace | | 2 | |
| Welder | | 1 | |
| Sandblaster (micro & macro) | | 2 | |
| Electro – Polisher | | | |
| Model Trimmer with Carborandum Disc | | 1 | |
| Model Trimmer with Diamond Disc | | 1 | |
| Model Trimmer with Double disc one Carborandum and one Diamond Disc | | 1 | |
| Casting Machine Motor Cast with the safety door closure Gas blow torch with Regulator | | 1 | |
| Dewaxing Furnace | | 1 | |
| Induction Casting Machine with Vacuum pump, capable of casting Titanium Chrome Cobalt precision Metal | | 1 | |
| Programmable Porcelain Furnace with Vacuum pump | | 1 | |
| Spot Welder with Soldering, attachment of Cable | | 1 | |
| Steam Cleaner | | 1 | |
| Spindle Grinder 24,000 ROM with Vacuum Suction | | 1 | |
| Wax Heater | | 2 | |
| Wax Carver | | 2 | |
| Milling Machine | | 1 | |
| Stereo Microscope | | 1 | |
| Magnifying Work Lamp | | 1 | |
| Heavy duty lathe with suction | | 1 | |
| Dry model Trimmer | | 1 | |
| Die cutting machine | | 2 | |
| Ultrasonic cleaner | | 1 | |
| Composite curing unit | | 1 | |
| Ceramic Lab Equipment | | | |
| Ceramic Furnace | | 1 | |
| Ceramic Kit (instruments) | | 6 | |
| Ceramic Materialx | | | |
| Implant Equipment | | | |
| Implant Kit | | 2 | |
| Implants | | 25 | |
| Prosthetic Components | | 25 | |
| Unit Mount Light Cure | | 2 | |
| X-ray Viewer | | 2 | |
| Ultrasonic Cleaner | | 1 | |
| Implant Micro Surgeyor | | 1 | |
| Camera | | 1 | |
| Electrical Dental chairs and Units | | 2 | |
| X-ray Machine | | 1 | |
| Short cycle autoclave | | 1 | |
| Refrigerator | | 1 | |
| Surgical Kit | | 2 | |
| Sinus lift instruments | | 1 | |
| Educating Models | | | |

Note : These requirements are in addition to requirement for BDS Course.

CLINICAL MATERIAL to be checked at the end of the OPD

Number of Patients in the Deptt. of Speciality : On the day of Inspection: _____
(PG Section)

Minimum of 20 patients per day required for starting MDS Course in the PG department of Prosthodontics and Crown & Bridge for a seat matrix upto 3 seats.

XVIII.SHOW CAUSE NOTICE

Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc./ if so, furnish details

XIX. DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY :

Reduction of sanctioned strength, if any : Govt.of India Lr.No.
Dt:
No. of seats reduced :
from the academic :

XXII COMPLIANCE OF GUIDELINES :

Whether the institution has fulfilled all the conditions for: B.D.S.Degree course as referred to in 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.

XX. UNIVERSITY ADMINISTRATIVE EXPENSES FEE :

XXI PAST DEFICIENCIES:

Details of rectification of past deficiencies observed by the previous year inspection commission

XXII. OBSERVATION OF THE INSPECTION COMMISSION:

- a. Whether the Trust/Society/Institution/college has fulfilled all the conditions and requirements as specified in the statutes to grant provisional affiliation for conducting entire B.D.S. Degree Course of study for the academic year 20 - 20
- b. Other specific remarks of the Inspection Commission :
(The findings should be recorded in a separate sheet annexed to this report)

Signature of the Member:
(name in block letters)

Signature of the convenor :
(name in block letters)

Residential Address :

Phone No : Office :
Residence :
Mobile No. :

Residential Address :

Phone No : Office :
Residence :
Mobile

No. :

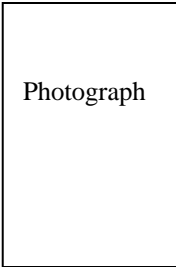
ANNEXURE

1. Trust details
1. Land
2. Building
3. General Hospital & Basic Sciences Department
4. Outpatient department
5. Hostel
6. Classroom and auditorium
7. Dental Departments
8. Dental Chairs & Equipments
9. Staff:- Teaching, Non teaching, paramedical
10. Library

**AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER)**

I, Dr. _____ S/o, D/o, W/o _____ presently working full-time as _____ (mentioned designation) in _____ (name and address of the Dental College), solemnly affirm and declare that I am not working in any other institution in any capacity and not in full-time private practice.

I also solemnly affirm and declare as under :-
Date of Birth :



QUALIFICATIONS :

| Degree | College of Study | University | Year & Month of Passing | Speciality | Registration No. of UG & PG with date | Name of the State Dental Council |
|-----------|------------------|------------|-------------------------|------------|---------------------------------------|----------------------------------|
| B.D.S. | | | | | | |
| M.D.S. | | | | | | |
| Any Other | | | | | | |

TEACHING EXPERIENCE

Details of the previous appointments/teaching experience after MDS Qualification only if employed on full-time basis as teaching experience on part-time/visiting basis or on daily wages basis are not acceptable and will not be taken into consideration for determining length of teaching experience :

| Position | Name of Institution | From | To | Total Experience Year-Month-Day |
|--------------------------------------|---------------------|------|----|---------------------------------|
| Lecturer (Full-time) | | | | |
| Asstt. Professor /Reader (Full-time) | | | | |
| Associate Professor (Full-time) | | | | |
| Professor (Full-time) | | | | |
| Dean/Principal (Full-time) | | | | |

Before joining present institution I was working at _____ as _____ and relieved on _____ after _____ resigning/retiring.

(a) Relieving Order No. & Date :
(Enclose copies of Relieving Order, Experience Certificates, T.D.S. Certificate)

(b) Appointment Order No. & Date
of the previous appointment :
(Copy attached)

A certified copy of – (a) Appointment letter of the previous institutions, (b) Resignation to the previous institutions or Relieving letter from the previous institutions are attached.

I am not working in any other medical college/dental college in the State or outside the State in any capacity viz. full-time/part-time.

TDS Deduction yearly for last three years :

| S. No. | Financial Year | Total Tax Deducted Yearly |
|--------|----------------|---------------------------|
| 1) | | |
| 2) | | |
| 3) | | |

(A certified copy each of my Form 16 (TDS certificate) for financial years* _ is attached)

*In the case of Professor last three financial years and in the case of Reader last one financial year.

For proof of the residential Address please attach any one of the following documents :- (a) Ration Card (b) Telephone Bill in the name of Deponent (c) Election Card (d) Water Bill in the name of Deponent (e) Proof of Children Education (f) Electricity Bill in the name of Deponent

Phone & Fax Number of Dental College

:

Address of Office :

Phone No. :

Address of Residence :

Phone No. :

E-Mail address :

Date of Joining the present Institution :

PAN No.

I.T. Circle :

DEPONENT

Full time/Part time : I have been appointed as full-time Professor/Reader/Lecturer at the said college.

Appointment Order No. & Date of the present appointment : (Copy attached)

Salary offered on the U.G.C. Pay-scales : I have been offered UGC Pay-Scales for the above-said post by the above college authority

Letter of Acceptance : I have accepted the above offer (a copy of the letter of acceptance is enclosed).

I also solemnly declare that the information furnished herein is true to the best of my knowledge and nothing has been concealed and no statement made therein is false.

[N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.]

DEPONENT

Date :

Counter Signature

This is to certify that the information given by the above deponent is correct and nothing has been concealed therefrom and deponent is working in the _____ (department) as _____ (designation) as a full-time teacher in our college and is not engaged in full-time private practice anywhere.

[N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.]

Chairman of the Trust

Seal with Date

Principal of the College with seal

Attestation by Notary Public/Oath Commissioner

CERTIFIED THAT THE DEPONENT

Dr.

S/o, W/o, D/o

Identified by Shri

has solemnly affirmed before me at _____

on at Sl. No.

that the contents of the affidavit which

have been read and explained to him/her

are true and correct to his/her knowledge.

Signature Notary Public/Oath Commissioner

We have verified all the relevant documents and confirmed that information given are true to our knowledge and the above staff member was present during the inspection.

DEPONENT

Starting of MDS courses

Check list for the Inspectors/Visitors:

All Inspection Reports by the Council's Inspectors/Visitors will be put on the website of Ministry of Health & Family Welfare, Govt. of India, New Delhi. Please be specific while preparing the Inspection Report.

Is the Inspection Proforma filled Completely and each page signed by both the inspectors. Yes No

Attached Separate Sheet for each PG Student.

Name of PG & date of admission _____ Name of Guide & date of appointment as guide & BDS Teaching experience _____

- (a) Library Dissertation Topic. _____
 (b) Thesis Topic date of acceptance by University _____
 (c) Assessment sheet and log book - (i) Table -1, (ii) Table -2 (iii) Table -3 of the section (III) of MDS Regulation 2007
 (d) List of special cases with detail informations done in the last three years.

Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months. Distribution of beds in Medical Surgery etc. as per proforma. Authority & attachment with 100 bedded/ Medical college (MCI approved/recognised) and interaction with CMO/Registrar/Superintendent/ Principal/Dean about Medical teaching of BDS/MDS – (Separate para with details).

Is the attached hospital (100 bedded) as per the BIS norms and is located within 10 kms from the Dental College and the teachers are posted as per MCI norms and the update registration certificate from State Government attached? Yes No

Is the list of teaching staff as per DCI format enclosed? Yes No

Have the Dental and Medical faculty been checked for the following?

- (a) 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
 (b) Affidavit (Yes/No) (c) Teaching Experience (Yes/No)
 (d) Reliving certificates from previous Institution (Yes/No)
 (e) TDS certificate (Yes/No) (f) Form 16 (Yes/No)
 (g) Proof of Residence (Yes/No) (h) DCI – Identity Card (Yes/No)
 (j) Any staff on Notice Period (Not to be considered after submission of resignation) (Yes/No)
 (k) Biometric Attendance made functional so far. If not, give reason
 (l) Signature of the teaching faculty on the day of inspection.

Have you checked clinical material at the end of the OPD and patient inflow as per norms? (given in the inspection proforma). Daily 40 patient for 3 PG in each speciality plus 100-150 patients for UG in 100 seats dental college. Yes No

Have you checked the E-library/library for Journals/Books other facilities as per DCI norms. Yes No

Have you submitted your detailed comments with strengths and shortcomings if any in your inspection report? Yes No

Have you attached the copies of the publications of the concerned faculty HOD –3, Prof –2 & Reader –1, in the following format: - Yes No

| S. N | Faculty Name | Designation | Speciality Name | No. of Publications | Name of the Publications in an Indexed Journal National / International OR in any of the National Dental Speciality Association Journals, as a first author. |
|------|--------------|-------------|-----------------|---------------------|--|
| | | | | | |
| | | | | | |

Whether any case of ragging has been reported in the Institution during the last one Yes No

year, if yes, action taken thereon.

1 Signature of Inspector
with full name and date

2 Signature of Inspector
with full name and date

Note:-

1. Please retain one copy of the Inspection Report duly signed by the Inspectors for future eventualities for a period of 8 weeks and then destroy.
2. A College with 100 admission and 9 P.G. specialities with 2 -3 seats each should have a OPD of 450 – 500 patients daily.