

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**PROSTHODONTICS AND CROWN &  
BRIDGE**

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |

|    |                                       |  |
|----|---------------------------------------|--|
| 5. | <b>Name of the Principal / Dean</b>   |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | Institutional e-mail Id               |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |          |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>VIII</b> | <b>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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|           |                                                                                                                                                                                                                          |                                           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.        | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.        | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10.       | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11.       | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12.       | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13.       | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14.       | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 15.       | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16.       | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|           | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|           | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|           | 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>                                                                                                  |                                           |
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                                                       |                                           |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                                                                                                                                                      |                              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6. | Distance from Dental college to Medical 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                       |
| 7. | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8. | Validity Period of MOU                                                                                                                                                               |                              |
| 9. | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms away).</b>                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 |
|------------|----------|----------|-----------|----------------------|
|------------|----------|----------|-----------|----------------------|

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                                         |    |  | During last<br>6 months | On the day<br>of inspection |  |
|---------------------------------------------------------|----|--|-------------------------|-----------------------------|--|
| General Ward –Medical<br>including allied specialities  | 30 |  |                         |                             |  |
| General Ward –Surgical<br>including allied specialities | 30 |  |                         |                             |  |
| Private Ward (A/C & Non A/c)                            | 09 |  |                         |                             |  |
| Maternity Ward                                          | 15 |  |                         |                             |  |
| Paediatric Ward                                         | 06 |  |                         |                             |  |
| Intensive Care Services (4% of<br>bed strength)         | 04 |  |                         |                             |  |
| Critical Care Services (6% of<br>bed strength)          | 06 |  |                         |                             |  |

#### 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        |           |                      |
| 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.

Signature of Member :

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Signature of

**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

| 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 |
|-------------|----------|-----------|----------------------|
|-------------|----------|-----------|----------------------|

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                       |   |  |  |
|-----------------------|---|--|--|
| Office Superintendent | 1 |  |  |
| Head Clerk            | 1 |  |  |
| Cashier               | 1 |  |  |
| Stenographer          | 1 |  |  |
| UDC                   | 2 |  |  |
| LDC                   | 4 |  |  |

|              |                                                                           |                            |                             |                                    |                         |  |
|--------------|---------------------------------------------------------------------------|----------------------------|-----------------------------|------------------------------------|-------------------------|--|
| <b>XI</b>    | <b>CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                         |                            |                             |                                    |                         |  |
|              | <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                            |                             |                                    |                         |  |
| <b>Floor</b> | <b>Area (Sqft)</b>                                                        | <b>Clinical Facilities</b> | <b>Academic Departments</b> | <b>Admin / Logistics / Support</b> | <b>Major Facilities</b> |  |
| Basement     |                                                                           |                            |                             |                                    |                         |  |
| Ground       |                                                                           |                            |                             |                                    |                         |  |
| First        |                                                                           |                            |                             |                                    |                         |  |
| Second       |                                                                           |                            |                             |                                    |                         |  |
| Third        |                                                                           |                            |                             |                                    |                         |  |
| Fourth       |                                                                           |                            |                             |                                    |                         |  |
| Other        |                                                                           |                            |                             |                                    |                         |  |
| <b>TOTAL</b> | <b>AREA (sq.ft.)</b>                                                      |                            |                             |                                    |                         |  |

|                                                     |                                                     |                    |                     |                             |
|-----------------------------------------------------|-----------------------------------------------------|--------------------|---------------------|-----------------------------|
| <b>XII</b>                                          | <b>INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |                    |                     |                             |
| <b>Infrastructure</b>                               |                                                     | <b>Requirement</b> | <b>Availability</b> | <b>Remarks of Inspector</b> |
| Administrative block                                |                                                     | 3000 sq. ft.       |                     |                             |
| Clinical Area (for common Clinic)                   |                                                     | 2500 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                         |                                                     | 300 sq. ft.        |                     |                             |
| Medical Stores cum Pharmacy                         |                                                     | 300 sq. ft.        |                     |                             |
| Faculty Room – Dental                               |                                                     | 1000 sq. ft.       |                     |                             |
| Amenities area                                      |                                                     | 1500 sq. ft.       |                     |                             |
| Boys Common Room                                    |                                                     | 300 sq. ft.        |                     |                             |
| Girls Common Room                                   |                                                     | 300 sq. ft.        |                     |                             |
| Room for Gas Cylinder (ventilated)                  |                                                     | 150 sq. ft.        |                     |                             |
| Compressor Room                                     |                                                     | 300 sq. ft.        |                     |                             |
| Cafeteria                                           |                                                     | 1500 sq. ft.       |                     |                             |
| Examination hall                                    |                                                     | 3600 sq. ft.       |                     |                             |
| Auditorium<br>(To accommodate at least 700 people)  |                                                     | 4000 sq. ft.       |                     |                             |
| Laboratories (Dental Subjects)                      |                                                     |                    |                     |                             |
| Pre-clinical Prosthodontics and dental material lab |                                                     | 3000 sq. ft.       |                     |                             |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | a) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | b) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

| Facility                        | Area (sq.ft.) | Available | Not Available |
|---------------------------------|---------------|-----------|---------------|
| <b>Faculty Rooms</b>            |               |           |               |
| <b>Clinics</b>                  |               |           |               |
| <b>Laboratory Space</b>         |               |           |               |
| <b>Seminar Room</b>             |               |           |               |
| <b>Department Library</b>       |               |           |               |
| <b>PG Common Room</b>           |               |           |               |
| <b>Preclinical Lab</b>          |               |           |               |
| <b>Patient Waiting Room</b>     |               |           |               |
| <b>Total Area (2000 sq.ft.)</b> |               |           |               |

|     |                                                                             |          |
|-----|-----------------------------------------------------------------------------|----------|
| XIV | DENTAL CHAIRS / UNITS                                                       |          |
|     | 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                                              | / 200    |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|  |                                                                                                                                                                                                                                                                                                                      |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>* 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 3 double bed rooms.                                                    | 1                      |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>Girls: Yes /No |
| <b>2</b> | Hostel facility is available for minimum 50% of total intake                                                           | Yes /No                         |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                                                                                                                               |                                                                                               |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                                                                               |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No                                                               |
| 13 | <b><u>Hostel Facility for PG:</u></b>                                                                                                                         | (a). Boys : <b>Available / Not available</b><br>(b). Girls : <b>Available / Not Available</b> |

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

| <b>XVI</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) |                  |                             |

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|    |                                                                                                                                                                                |          |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 4  | Total Number of Books (Minimum 600)<br>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 |          |  |
| 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) No of Back Volumes Journals in print (8-10 Years) of any 3 Journals of the concerned specialties - (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.)                                                                                                                                               | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No |  |
|    | Under graduate students                                                                                                                                                        | Yes / No |  |
|    | Post graduate students                                                                                                                                                         | Yes / No |  |
|    | Staff                                                                                                                                                                          | Yes / No |  |
| 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 |                           |         |

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|    |                                           |  |  |
|----|-------------------------------------------|--|--|
| 7  | Digital Library                           |  |  |
| 8  | Chief librarian /Assistant Librarian Room |  |  |
| 9  | Students Cloak Area                       |  |  |
| 10 | Seating Area                              |  |  |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                            | No. of Titles |           | No. of Books |           |
|--------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                  | Required      | Available | Required     | Available |
| Central Library<br>(Pertaining to the specialty) | 20            |           | 100          |           |
| No. of Books purchased in<br>last 5 years        | -             |           | -            |           |
| Department Library                               | 10            |           | 50           |           |

| Journals                                                                                         | International       |           | National |           |
|--------------------------------------------------------------------------------------------------|---------------------|-----------|----------|-----------|
|                                                                                                  | Required            | Available | Required | Available |
| Speciality & Related                                                                             | 4 – 6               |           | 2 - 3    |           |
| No. of Back volumes in print<br>form (8-10 years) of any<br>3 journals of concerned<br>specialty | Name of the Journal |           |          | Number    |
|                                                                                                  |                     |           |          |           |
|                                                                                                  |                     |           |          |           |
|                                                                                                  |                     |           |          |           |
|                                                                                                  |                     |           |          |           |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                                                                                              |  |
| Year/month up to which latest Foreign Journals available:                                                                                                                                              |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.<br/>All available books should be mandatorily in Original print form</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name &<br>Designation | Name of the<br>Journal | Category<br>I / II / III | Authorship<br>(1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup><br>etc.) | Year of<br>Publication | Points |
|------|-------------------------------|------------------------|--------------------------|---------------------------------------------------------------------------|------------------------|--------|
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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| S.No. | Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Points   |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1.    | <b>Category I:</b><br>(1) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                                                                                                                             | 15       |
|       | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|       | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
| Note  | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|       | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|       | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|       | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|       | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|       | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|       | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|       | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|       | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

|            |                                                                                                                                                                                      |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>                                                                                                                                                               |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|  |                                                                                                           |                         |
|--|-----------------------------------------------------------------------------------------------------------|-------------------------|
|  | OPD Attendance                                                                                            | Average (Last 6 months) |
|  | <b>ATTACHED GENERAL HOSPITAL</b><br>(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 100 to 150 patient's per day.                                                    |                         |
|  | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations. |                         |

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|          |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                       |                          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br>(applicable if Medical College is more than <b>10 kms</b> ).<br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                                                                                                       |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |
|------------|--------------------------------------------------------------------------------------------|--------------------------|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|            |                                                                                            | <b>New</b>               |
|            |                                                                                            | <b>Old</b>               |

**Average Number of Patients in Last Six Months**

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| <b>Month</b> |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>No. of Patients</b> |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|

|           |                                                                                       |                                 |  |  |  |  |
|-----------|---------------------------------------------------------------------------------------|---------------------------------|--|--|--|--|
| <b>iv</b> | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | <b>On the day of Inspection</b> |  |  |  |  |
|           |                                                                                       | <b>UG</b>                       |  |  |  |  |
|           |                                                                                       | <b>PG</b>                       |  |  |  |  |
|           |                                                                                       | <b>TOTAL</b>                    |  |  |  |  |

**Average of Patients in Last Six months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |
| <b>UG</b>              |  |  |  |  |  |  |
| <b>PG</b>              |  |  |  |  |  |  |
| <b>TOTAL</b>           |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Prosthodontics and Crown & Bridge**

| <b>Unit</b>          | <b>Starting MDS</b> | <b>2<sup>nd</sup> Renewal</b> | <b>3<sup>rd</sup> &amp; 4<sup>th</sup> Renewal</b> | <b>Recognition</b> |
|----------------------|---------------------|-------------------------------|----------------------------------------------------|--------------------|
| 1 <sup>st</sup> Unit | 20                  | 25                            | 30                                                 | 30                 |
| 2 <sup>nd</sup> Unit | 35                  | 40                            | 50                                                 | 50                 |

**FOR COLLEGES WITH 100 UG ADMISSIONS:**  
**Minimum Requirement (both UG & PG together)**

**Prosthodontics and Crown & Bridge**

| <b>Unit</b>          | <b>Starting MDS</b> | <b>2<sup>nd</sup> Renewal</b> | <b>3<sup>rd</sup> &amp; 4<sup>th</sup> Renewal</b> | <b>Recognition</b> |
|----------------------|---------------------|-------------------------------|----------------------------------------------------|--------------------|
| 1 <sup>st</sup> Unit | 30                  | 35                            | 40                                                 | 40                 |
| 2 <sup>nd</sup> Unit | 50                  | 55                            | 60                                                 | 60                 |

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**XX. EQUIPMENTS :-**

| DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE |                                                                     |                                                                                                                                         |                                                                             |         |              |                      |
|-----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------|--------------|----------------------|
| S. No.                                        | Name                                                                | Specification                                                                                                                           | Quantity                                                                    |         | Availability | Remarks of inspector |
| 1.                                            | Electrical Dental Chairs and Units                                  | With shadowless lamp, spittoon, 3-way syringe, instrument tray and motorized suction, micromotor and airtor attachment with handpieces. | One chair and unit per PG student and two chairs with unit for the faculty. |         |              |                      |
|                                               |                                                                     |                                                                                                                                         | 1 Unit                                                                      | 2 Units |              |                      |
| 2.                                            | Articulators – semi adjustable/ adjustable with face bow            |                                                                                                                                         | 6                                                                           | 12      |              |                      |
| 3.                                            | Micromotor – (Lab Type can also be attached (fixed) to wall         |                                                                                                                                         | 2                                                                           | 4       |              |                      |
| 4.                                            | Ultrasonic scaler                                                   |                                                                                                                                         | 2                                                                           | 2       |              |                      |
| 5.                                            | Light cures                                                         |                                                                                                                                         | 2                                                                           | 2       |              |                      |
| 6.                                            | Hot air oven                                                        |                                                                                                                                         | 1                                                                           | 1       |              |                      |
| 7.                                            | Autoclave                                                           |                                                                                                                                         | 2                                                                           | 2       |              |                      |
| 8.                                            | Surveyor                                                            |                                                                                                                                         | 2                                                                           | 2       |              |                      |
| 9.                                            | Refrigerator                                                        |                                                                                                                                         | 1                                                                           | 1       |              |                      |
| 10.                                           | X-ray viewer                                                        |                                                                                                                                         | 1                                                                           | 2       |              |                      |
| 11.                                           | Pneumatic, Crown bridge remover                                     |                                                                                                                                         | 2                                                                           | 3       |              |                      |
| 12.                                           | Needle destroyer                                                    |                                                                                                                                         | 1                                                                           | 2       |              |                      |
| 13.                                           | Intra oral camera                                                   |                                                                                                                                         | 1                                                                           | 1       |              |                      |
| 14.                                           | Digital SLR camera                                                  |                                                                                                                                         | 1                                                                           | 1       |              |                      |
| 15.                                           | Computer with internet connection with attached printer and scanner |                                                                                                                                         | 1                                                                           | 1       |              |                      |

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|                                      |                                                                                                       |                 |   |   |  |  |
|--------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------|---|---|--|--|
| 16.                                  | LCD projector                                                                                         |                 | 1 | 1 |  |  |
| <b>Clinical Lab for Prosthetics</b>  |                                                                                                       |                 |   |   |  |  |
| 1.                                   | Plaster dispenser                                                                                     |                 | 2 | 2 |  |  |
| 2.                                   | Model trimmer with carborandum Disc                                                                   |                 | 1 | 2 |  |  |
| 3.                                   | Model trimmer with diamond disc                                                                       |                 | 1 | 2 |  |  |
| 4.                                   | High speed lathe                                                                                      |                 | 2 | 3 |  |  |
| 5.                                   | Vibrator                                                                                              |                 | 2 | 4 |  |  |
| 6.                                   | Acrylizer                                                                                             |                 | 1 | 2 |  |  |
| 7.                                   | Dewaxing unit                                                                                         |                 | 1 | 2 |  |  |
| 8.                                   | Hydraulic press                                                                                       |                 | 1 | 1 |  |  |
| 9.                                   | Mechanical press                                                                                      |                 | 1 | 1 |  |  |
| 10.                                  | Vacuum mixing machine                                                                                 |                 | 1 | 1 |  |  |
| 11.                                  | Micro motor lab type                                                                                  |                 | 2 | 3 |  |  |
| 12.                                  | Curing pressure pot                                                                                   |                 | 1 | 1 |  |  |
| 13.                                  | Pressure molding machine                                                                              |                 | 1 | 1 |  |  |
| <b>Chrome – Cobalt Lab Equipment</b> |                                                                                                       |                 |   |   |  |  |
| 1.                                   | Duplicator                                                                                            |                 | 1 | 1 |  |  |
| 2.                                   | Pindex system                                                                                         |                 | 1 | 1 |  |  |
| 3.                                   | Burn-out furnace                                                                                      |                 | 1 | 1 |  |  |
| 4.                                   | Welder                                                                                                |                 | 1 | 1 |  |  |
| 5.                                   | Sandblaster                                                                                           | Micro and macro | 1 | 1 |  |  |
| 6.                                   | Electro – polisher                                                                                    |                 | 1 | 1 |  |  |
| 7.                                   | Model trimmer with carborandum disc                                                                   |                 | 1 | 1 |  |  |
| 8.                                   | Model trimmer with diamond disc                                                                       |                 | 1 | 1 |  |  |
| 9.                                   | Model trimmer with double disc (one Carborandum and one diamond disc)                                 |                 | 1 | 1 |  |  |
| 10.                                  | Casting machine, motor cast with the safety door closure, gas blow torch with regulator               |                 | 1 | 1 |  |  |
| 11.                                  | Dewaxing furnace                                                                                      |                 | 1 | 1 |  |  |
|                                      | Induction casting machine with vacuum pump, capable of casting titanium chrome cobalt precision metal |                 | 1 | 1 |  |  |

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| 12.                          | Spot welder with soldering, attachment of cable       |                   | 1  | 1  |  |  |
| 13.                          | Steam cleaner                                         |                   | 1  | 1  |  |  |
| 14.                          | Vacuum mixing machine                                 |                   | 1  | 1  |  |  |
| 15.                          | Spindle grinder 24,000 RPM with vacuum suction        |                   | 1  | 1  |  |  |
| 16.                          | Wax heater                                            |                   | 2  | 3  |  |  |
| 17.                          | Wax carvers (Full PKT Set)                            |                   | 2  | 3  |  |  |
| 18.                          | Milling machine                                       |                   | 1  | 1  |  |  |
| 19.                          | Stereo microscope                                     |                   | 1  | 1  |  |  |
| 20.                          | Magnifying work lamp                                  |                   | 1  | 1  |  |  |
| 21.                          | Heavy duty lathe with suction                         |                   | 1  | 1  |  |  |
| 22.                          | Preheating furnace                                    |                   | 1  | 1  |  |  |
| 23.                          | Dry model trimmer                                     |                   | 1  | 1  |  |  |
| 24.                          | Die cutting machine                                   |                   | 1  | 2  |  |  |
| 25.                          | Ultrasonic cleaner                                    |                   | 1  | 1  |  |  |
| 26.                          | Composite curing unit                                 |                   | 1  | 1  |  |  |
| <b>Ceramic Lab Equipment</b> |                                                       |                   |    |    |  |  |
| 1.                           | Fully programmable porcelain furnace with vacuum pump |                   | 1  | 1  |  |  |
| 2.                           | Ceramic kit (instruments)                             |                   | 3  | 3  |  |  |
| 3.                           | Ceramic materials (kit)                               |                   | 1  | 1  |  |  |
| 4.                           | Ceramic polishing kit                                 |                   | 2  | 2  |  |  |
| <b>Implant Equipment</b>     |                                                       |                   |    |    |  |  |
| 1.                           | Electrical dental chair and unit                      |                   | 1  | 1  |  |  |
| 2.                           | Physio dispenser                                      |                   | 1  | 1  |  |  |
| 3.                           | Implant kit                                           | Minimum 2 systems | 2  | 2  |  |  |
| 4.                           | Implants                                              |                   | 10 | 10 |  |  |
| 5.                           | Prosthetic components                                 |                   | 10 | 10 |  |  |
| 6.                           | Unit mount light cure                                 |                   | 1  | 2  |  |  |
| 7.                           | X-ray viewer                                          |                   | 1  | 2  |  |  |
| 8.                           | Needle destroyer                                      |                   | 1  | 2  |  |  |
| 9.                           | Ultrasonic cleaner capacity 3.5 lts                   |                   | 1  | 1  |  |  |
| 10.                          | Autoclave programmable for all recommended cycles     |                   | 1  | 2  |  |  |
| 11.                          | X-ray machine with                                    |                   | 1  | 1  |  |  |

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Convenor :

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|-----|------------------------------|--|---|---|--|--|
|     | <b>RVG</b>                   |  |   |   |  |  |
| 12. | Refrigerator                 |  | 1 | 1 |  |  |
| 13. | Surgical kit/prosthetic kit  |  | 2 | 2 |  |  |
| 14. | Educating models             |  | 1 | 1 |  |  |
| 15. | Implant removing instruments |  | 1 | 1 |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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               |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                               |         |
|----|---------------------------------------------------------------|---------|
| 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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)       | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                       |                 |
|-----------------------|-----------------|
|                       | <b>Comments</b> |
| <b>Infrastructure</b> |                 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                      |  |
|--------------------------------------|--|
| <b>Hostel Facility</b>               |  |
| <b>Clinical Material</b>             |  |
| <b>Staff Assessment</b>              |  |
| <b>Student Assessment</b>            |  |
| <b>Library facilities</b>            |  |
| <b>Equipment</b>                     |  |
| <b>Overall Department Assessment</b> |  |
| <b>Any other Observations</b>        |  |

|                                            |                                                                                                                                                                                                                               |                                              |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| XXIX                                       | OBSERVATION OF THE INSPECTION COMMISSION:<br>1)<br>2)                                                                                                                                                                         |                                              |
| XXX                                        | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No                                     |
| XXXI                                       | We hereby declare that all the documents have been physically verified by us.                                                                                                                                                 |                                              |
| Signature of Principal/Dean with seal      |                                                                                                                                                                                                                               |                                              |
| Signatures of Inspector (Member) with date |                                                                                                                                                                                                                               | Signatures of Inspector (Convener) with date |
| Residential address:                       |                                                                                                                                                                                                                               | Residential address:                         |
| Phone: Office :                            |                                                                                                                                                                                                                               | Phone: Office :                              |
| Residence :                                |                                                                                                                                                                                                                               | Residence :                                  |
| Mobile No.                                 |                                                                                                                                                                                                                               | Mobile No.                                   |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**MDS COURSE****The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                                                                                                                                                              | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|      | e) 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 |
|      | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|      | e) 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                            |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                        |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| XII  | Others<br>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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

**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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**PERIODONTOLOGY**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF PERIODONTOLOGY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |

|    |                                       |  |
|----|---------------------------------------|--|
| 5. | <b>Name of the Principal / Dean</b>   |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | Institutional e-mail Id               |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |          |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>VIII</b> | <b>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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                                                                                                                                                                                                                          |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.  | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.  | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10. | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11. | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12. | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13. | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14. | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|     | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|     | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|     | 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>                                                                                                  |                                           |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|           |                                                                                                                                                                                      |                              |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                   |                              |
| 1.        | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.        | Distance from Dental college to Medical 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                       |
| 7.        | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.        | Validity Period of MOU                                                                                                                                                               |                              |
| 9.        | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms away).</b>                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 :                                                |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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        |           |                      |
| 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

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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

| 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       |           |                      |

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**Administrative Staff**

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

| <b>XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                      |                      |                     |                      |                             |                  |  |
|---------------------------------------------------------------------------|----------------------|---------------------|----------------------|-----------------------------|------------------|--|
| <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                      |                     |                      |                             |                  |  |
| Floor                                                                     | Area (Sqft)          | Clinical Facilities | Academic Departments | Admin / Logistics / Support | Major Facilities |  |
| Basement                                                                  |                      |                     |                      |                             |                  |  |
| Ground                                                                    |                      |                     |                      |                             |                  |  |
| First                                                                     |                      |                     |                      |                             |                  |  |
| Second                                                                    |                      |                     |                      |                             |                  |  |
| Third                                                                     |                      |                     |                      |                             |                  |  |
| Fourth                                                                    |                      |                     |                      |                             |                  |  |
| Other                                                                     |                      |                     |                      |                             |                  |  |
| <b>TOTAL</b>                                                              | <b>AREA (sq.ft.)</b> |                     |                      |                             |                  |  |

| <b>XII INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |              |              |                      |
|---------------------------------------------------------|--------------|--------------|----------------------|
| Infrastructure                                          | Requirement  | Availability | Remarks of Inspector |
| Administrative block                                    | 3000 sq. ft. |              |                      |
| Clinical Area (for common Clinic)                       | 2500 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                             | 300 sq. ft.  |              |                      |
| Medical Stores cum Pharmacy                             | 300 sq. ft.  |              |                      |
| Faculty Room – Dental                                   | 1000 sq. ft. |              |                      |
| Amenities area                                          | 1500 sq. ft. |              |                      |
| Boys Common Room                                        | 300 sq. ft.  |              |                      |
| Girls Common Room                                       | 300 sq. ft.  |              |                      |
| Room for Gas Cylinder (ventilated)                      | 150 sq. ft.  |              |                      |
| Compressor Room                                         | 300 sq. ft.  |              |                      |
| Cafeteria                                               | 1500 sq. ft. |              |                      |
| Examination hall                                        | 3600 sq. ft. |              |                      |
| Auditorium<br>(To accommodate at least 700 people)      | 4000 sq. ft. |              |                      |

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|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Laboratories (Dental Subjects)                                    |              |  |  |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft. |  |  |
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | c) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | d) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

| Facility                        | Area (sq.ft.) | Available | Not Available |
|---------------------------------|---------------|-----------|---------------|
| <b>Faculty Rooms</b>            |               |           |               |
| <b>Clinics</b>                  |               |           |               |
| <b>Laboratory Space</b>         |               |           |               |
| <b>Seminar Room</b>             |               |           |               |
| <b>Department Library</b>       |               |           |               |
| <b>PG Common Room</b>           |               |           |               |
| <b>Preclinical Lab</b>          |               |           |               |
| <b>Patient Waiting Room</b>     |               |           |               |
| <b>Total Area (2000 sq.ft.)</b> |               |           |               |

|            |                                                                             |
|------------|-----------------------------------------------------------------------------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                |
|            | Electrical Dental Chairs Installed with all the attachments thereon         |
|            | Whether all the chairs and units are functioning and electrically operated? |
|            | Yes / No                                                                    |

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|  |                                                                                                                                                                                                                                                                                                                      |       |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|  | Total No. of functional Chairs                                                                                                                                                                                                                                                                                       | / 200 |
|  | <b>* 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |       |

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                      |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>Girls: Yes /No |
| <b>2</b> | Hostel facility is available for minimum 50% of total intake                                                           | Yes /No                         |

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Convenor :

Signature of

|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| <b>XVI</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) |                  |                             |

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|    |                                                                                                                                                                                |          |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 4  | Total Number of Books (Minimum 600)<br>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 |          |  |
| 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.)                                                                                                                                               | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No |  |
|    | Under graduate students                                                                                                                                                        | Yes / No |  |
|    | Post graduate students                                                                                                                                                         | Yes / No |  |
|    | Staff                                                                                                                                                                          | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |

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|    |                     |  |  |
|----|---------------------|--|--|
| 9  | Students Cloak Area |  |  |
| 10 | Seating Area        |  |  |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                                    | No. of Titles |           | No. of Books |           |
|----------------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                          | Required      | Available | Required     | Available |
| <b>Central Library<br/>(Pertaining to the specialty)</b> | <b>20</b>     |           | <b>100</b>   |           |
| <b>No. of Books purchased in<br/>last 5 years</b>        | -             |           | -            |           |
| <b>Department Library</b>                                | <b>10</b>     |           | <b>50</b>    |           |

| Journals                         | International |           | National     |           |
|----------------------------------|---------------|-----------|--------------|-----------|
|                                  | Required      | Available | Required     | Available |
| <b>Speciality &amp; Related</b>  | <b>4 - 6</b>  |           | <b>2 - 4</b> |           |
| <b>Back Volumes for 10 years</b> | <b>3</b>      |           | -            |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category | Points |
|-------|----------|--------|
|-------|----------|--------|

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Signature of

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1.   | <b>Category I:</b><br>(2) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                                                                                                                             | 15       |
|      | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|      | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|      | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|      | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(applicable if Medical College is more than <b>10 kms</b> )                                                                                      |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | <b>DENTAL COLLEGE HOSPITAL</b>                                                                                                                                                       |                         |

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Signature of

|  |                                                                                                           |                         |
|--|-----------------------------------------------------------------------------------------------------------|-------------------------|
|  | OPD Attendance                                                                                            | Average (Last 6 months) |
|  | * Minimum requirement of 100 to 150 patient's per day.                                                    |                         |
|  | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations. |                         |

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|          |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                      |                          |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms).</b><br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                                                                                                      |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |  |
|------------|--------------------------------------------------------------------------------------------|--------------------------|--|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |
|            |                                                                                            | <b>New</b>               |  |
|            |                                                                                            | <b>Old</b>               |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                       |                          |  |  |
|-----------|---------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>iv</b> | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|           |                                                                                       | UG                       |  |  |

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Convenor :

Signature of

|  |  |       |  |  |
|--|--|-------|--|--|
|  |  | PG    |  |  |
|  |  | TOTAL |  |  |

**Average of Patients in Last Six months**

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>Month</b>              |  |  |  |  |  |  |
| <b>No. of Patients UG</b> |  |  |  |  |  |  |
| <b>PG</b>                 |  |  |  |  |  |  |
| <b>TOTAL</b>              |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Periodontology**

| <b>Unit</b>          | <b>Starting MDS</b> | <b>2<sup>nd</sup> Renewal</b> | <b>3<sup>rd</sup> &amp; 4<sup>th</sup> Renewal</b> | <b>Recognition</b> |
|----------------------|---------------------|-------------------------------|----------------------------------------------------|--------------------|
| 1 <sup>st</sup> Unit | 30                  | 35                            | 40                                                 | 40                 |
| 2 <sup>nd</sup> Unit | 50                  | 60                            | 70                                                 | 70                 |

**FOR COLLEGES WITH 100 UG ADMISSIONS:**  
**Minimum Requirement (both UG & PG together)**

**Periodontology**

| <b>Unit</b>          | <b>Starting MDS</b> | <b>2<sup>nd</sup> Renewal</b> | <b>3<sup>rd</sup> &amp; 4<sup>th</sup> Renewal</b> | <b>Recognition</b> |
|----------------------|---------------------|-------------------------------|----------------------------------------------------|--------------------|
| 1 <sup>st</sup> Unit | 40                  | 50                            | 60                                                 | 60                 |
| 2 <sup>nd</sup> Unit | 80                  | 90                            | 100                                                | 100                |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

## XX. EQUIPMENTS

| DEPARTMENT OF PERIODONTOLOGY |                                           |                                                                                                                                                                                                                                                      |                                                                                       |               |              |                      |
|------------------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------|--------------|----------------------|
| S. No.                       | Name                                      | Specification                                                                                                                                                                                                                                        | Quantity                                                                              |               | Availability | Remarks of Inspector |
| 1.                           | Dental Chairs and Units                   | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra angle handpiece, airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable hand piece | One chair and unit per post-graduate student and Two chairs with unit for the faculty |               |              |                      |
|                              |                                           |                                                                                                                                                                                                                                                      | <b>Unit 1</b>                                                                         | <b>Unit 2</b> |              |                      |
| 2.                           | Autoclave (fully automatic) front loading |                                                                                                                                                                                                                                                      | 1                                                                                     | 2             |              |                      |
| 3.                           | Steel bin                                 |                                                                                                                                                                                                                                                      | 4                                                                                     | 6             |              |                      |
| 4.                           | Airoter hand pieces                       |                                                                                                                                                                                                                                                      | 2                                                                                     | 2             |              |                      |
| 5.                           | UV chamber                                |                                                                                                                                                                                                                                                      | 1                                                                                     | 1             |              |                      |
| 6.                           | Formalin chamber                          |                                                                                                                                                                                                                                                      | 1                                                                                     | 1             |              |                      |
| 7.                           | W.H.O probe                               |                                                                                                                                                                                                                                                      | 2                                                                                     | 2             |              |                      |
| 8.                           | Nabers probe                              |                                                                                                                                                                                                                                                      | 2                                                                                     | 2             |              |                      |
| 9.                           | Williams probe                            |                                                                                                                                                                                                                                                      | 2                                                                                     | 2             |              |                      |
| 10.                          | UNC-15 probe                              |                                                                                                                                                                                                                                                      | 4                                                                                     | 4             |              |                      |
| 11.                          | Gold Man fox probe                        |                                                                                                                                                                                                                                                      | 1                                                                                     | 1             |              |                      |
| 12.                          | Pressure sensitive probe                  |                                                                                                                                                                                                                                                      | 1                                                                                     | 1             |              |                      |
| 13.                          | Marquis color coded probe                 |                                                                                                                                                                                                                                                      | 1                                                                                     | 1             |              |                      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                           |     |   |   |  |  |
|-----|---------------------------|-----|---|---|--|--|
| 14. | Supra gingival scalers    | Set | 2 | 2 |  |  |
| 15. | Sub gingival scaler       | Set | 2 | 2 |  |  |
| 16  | Arkansas sharpening stone |     | 1 | 1 |  |  |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     | Surgical Instruments                                                               |                                              |        |   |  | Remarks of inspector |
|-----|------------------------------------------------------------------------------------|----------------------------------------------|--------|---|--|----------------------|
| 1.  | Routine surgical instrument kit (Benquis periosteal elevator, periosteal elevator) | Set                                          | 2      | 3 |  |                      |
| 2.  | Surgery trolleys                                                                   |                                              | 6      | 6 |  |                      |
| 3.  | X ray viewer                                                                       |                                              | 1      | 2 |  |                      |
| 4.  | Surgical cassette with sterilisation pouches                                       |                                              | 4      | 6 |  |                      |
| 5.  | Electro surgery unit                                                               |                                              | 1      | 1 |  |                      |
|     | <b>Special Surgical Instruments</b>                                                |                                              |        |   |  |                      |
| 1.  | Kirkland's knife                                                                   | Set                                          | 1      | 1 |  |                      |
| 2.  | Orban's knife                                                                      | Set                                          | 1      | 1 |  |                      |
| 3.  | Paquette blade handle                                                              |                                              | 1      | 1 |  |                      |
| 4.  | Krane kaplan pocket marker                                                         | Set                                          | 1      | 1 |  |                      |
| 5.  | Mc Calls universal curettes                                                        | Set                                          | 1      | 1 |  |                      |
| 6.  | Gracey's curettes (No.1-18)                                                        | Set                                          | 2      | 2 |  |                      |
| 7.  | Mini five curettes                                                                 | Set                                          | 1      | 1 |  |                      |
| 8.  | Cumine scaler                                                                      |                                              | 1      | 1 |  |                      |
| 9.  | Mallet                                                                             |                                              | 1      | 1 |  |                      |
| 10. | Chisel                                                                             |                                              | 1      | 1 |  |                      |
| 11. | Oschenbein chisel                                                                  | straight, curved                             | 1      | 1 |  |                      |
| 12. | Schluger bone file                                                                 |                                              | 1      | 1 |  |                      |
| 13. | Bone fixation screw kit                                                            |                                              | 1      | 1 |  |                      |
| 14. | Bone scraper                                                                       |                                              | 1      | 1 |  |                      |
| 15. | Bone trephines for harvesting autografts                                           | 1 Set                                        | 1      | 1 |  |                      |
| 16. | Bone regenerative materials                                                        | Bone graft and <b>GTR</b> membranes          | 5      | 5 |  |                      |
| 17. | Local drug delivery systems                                                        | At least two different drugs delivery agents | 1 each | 1 |  |                      |
| 18. | Root conditioning agent                                                            | At least two different agents                | 2      | 2 |  |                      |
| 19. | Micro needle holder                                                                |                                              | 1      | 1 |  |                      |
| 20. | Micro scissors                                                                     |                                              | 1      | 1 |  |                      |
| 21. | Magnifying loop (2.5 – 3.5)                                                        |                                              | 1      | 2 |  |                      |
| 22. | Operating microscope                                                               | Optional                                     | 1      | 1 |  |                      |
| 23. | 3 <sup>rd</sup> generation digital probe                                           | Optional                                     | 1      | 1 |  |                      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                         |                                                                     |                                |       |       |  |  |
|-----------------------------------------|---------------------------------------------------------------------|--------------------------------|-------|-------|--|--|
| 24.                                     | Bone expander and bone crester                                      | Optional                       | 1     | 1     |  |  |
| 25.                                     | Distraction osteogenesis kit                                        | Optional                       | 1     | 1     |  |  |
| 26.                                     | Bone mill                                                           | Optional                       | 1     | 1     |  |  |
| 27.                                     | Bone graft / membrane placement spoon                               |                                | 1     | 1     |  |  |
| 28.                                     | Bone condenser                                                      |                                | 1     | 1     |  |  |
| 29.                                     | Peizo-surgery unit                                                  | Optional                       | 1     | 1     |  |  |
| 30.                                     | Centrifuge for PRP/PRF preparation                                  | Optional                       | 1     | 1     |  |  |
| 31.                                     | Soft tissue laser (8 watt)                                          |                                | 1     | 1     |  |  |
| 32.                                     | Osteotome                                                           | Set Optional                   | 1     | 1     |  |  |
| <b>MISCELLANEOUS INSTRUMENTS</b>        |                                                                     |                                |       |       |  |  |
| 1.                                      | Composite gun with material kit                                     |                                | 1     | 1     |  |  |
| 2.                                      | Splinting kit with material                                         |                                | 2     | 3     |  |  |
| 3.                                      | Composite finishing kit                                             |                                | 1     | 1     |  |  |
| 4.                                      | Glass Ionomer cement                                                |                                | 1     | 1     |  |  |
| 5.                                      | Digital camera                                                      |                                | 1     | 1     |  |  |
| 6.                                      | Intra Oral camera                                                   |                                | 1     | 1     |  |  |
| 7.                                      | Ultrasonic cleaner                                                  |                                | 1     | 1     |  |  |
| 8.                                      | Emergency kit                                                       |                                | 1     | 1     |  |  |
| 9.                                      | Refrigerator                                                        |                                | 1     | 1     |  |  |
| 10.                                     | X-ray viewer                                                        |                                | 2     | 2     |  |  |
| 11.                                     | LCD projector                                                       |                                | 1     | 1     |  |  |
| 12.                                     | Computer with internet connection with attached printer and scanner |                                | 1     | 1     |  |  |
| <b><u>Implant Clinic Equipments</u></b> |                                                                     |                                |       |       |  |  |
| 13.                                     | Electrical dental chair and unit                                    |                                | 1     | 1     |  |  |
| 14.                                     | Physio dispenser                                                    |                                | 1     | 1     |  |  |
| 15.                                     | Implant kit                                                         | At least two different systems | 2     | 2     |  |  |
| 16.                                     | Implants                                                            |                                | 10    | 10    |  |  |
| 17.                                     | Implant maintenance kit (plastic instruments)                       |                                | 1 set | 1 set |  |  |
| 18.                                     | Implant guide                                                       |                                | 1     | 1     |  |  |
| 19.                                     | X-ray viewer                                                        |                                | 1     | 2     |  |  |
| 20.                                     | Needle destroyer                                                    |                                | 1     | 2     |  |  |
| 21.                                     | Ultrasonic cleaner capacity 3.5 lts                                 |                                | 1     | 1     |  |  |

Signature of Member :

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Convenor :

Signature of

|     |                                                   |  |   |   |  |  |
|-----|---------------------------------------------------|--|---|---|--|--|
| 22. | Autoclave programmable for all recommended cycles |  | 1 | 1 |  |  |
| 23. | RVG with x-ray machine                            |  | 1 | 1 |  |  |
| 24. | Refrigerator                                      |  | 1 | 1 |  |  |
| 25. | Surgical kit                                      |  | 2 | 2 |  |  |
| 26. | Sinus lift kit                                    |  | 1 | 1 |  |  |
| 27. | Educating models                                  |  | 1 | 1 |  |  |
| 28. | Implant removing kit                              |  | 1 | 1 |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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               |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                               |                                               |         |
|----|---------------------------------------------------------------|-----------------------------------------------|---------|
|    | 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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)       | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                        |                 |
|------------------------|-----------------|
|                        | <b>Comments</b> |
| <b>Infrastructure</b>  |                 |
| <b>Hostel Facility</b> |                 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                      |  |
|--------------------------------------|--|
| <b>Clinical Material</b>             |  |
| <b>Staff Assessment</b>              |  |
| <b>Student Assessment</b>            |  |
| <b>Library facilities</b>            |  |
| <b>Equipment</b>                     |  |
| <b>Overall Department Assessment</b> |  |
| <b>Any other Observations</b>        |  |

|                                            |                                                                                                                                                                                                                               |                                              |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| XXIX                                       | OBSERVATION OF THE INSPECTION COMMISSION:<br>1)<br>2)                                                                                                                                                                         |                                              |
| XXX                                        | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No                                     |
| XXXI                                       | We hereby declare that all the documents have been physically verified by us.                                                                                                                                                 |                                              |
| Signature of Principal/Dean with seal      |                                                                                                                                                                                                                               |                                              |
| Signatures of Inspector (Member) with date |                                                                                                                                                                                                                               | Signatures of Inspector (Convener) with date |
| Residential address:                       |                                                                                                                                                                                                                               | Residential address:                         |
| Phone: Office :                            |                                                                                                                                                                                                                               | Phone: Office :                              |
| Residence :                                |                                                                                                                                                                                                                               | Residence :                                  |
| Mobile No.                                 |                                                                                                                                                                                                                               | Mobile No.                                   |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**MDS COURSE****The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                                                                                                                                                              | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|      | e) 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 |
|      | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|      | e) 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

**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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

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



**INSPECTION PROFORMA – M.D.S.**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**ORAL & MAXILLOFACIAL SURGERY**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                       |  |
|----|---------------------------------------|--|
| 5. | <b>Name of the Principal / Dean</b>   |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | Institutional e-mail Id               |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>VIII</b> | <b>LAND &amp; INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached)</b> |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                                                                                                                                                                                                                          |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1.  | Total Area of Land<br>(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:<br>Dt.                             |
| 8.  | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.  | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10. | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11. | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12. | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13. | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14. | Whether Fire and Safety Certificate obtained from the competent authority                                                                                                                                                | Yes / No<br>Lr.No.<br>Date :              |
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>Date :              |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                                                                                                         |                                                                                                                                                                                      |                              |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 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>                                                                                                                                                                |                              |
|                                                                                                                         | OPD Registration Counter                                                                                                                                                             | Yes / No                     |
|                                                                                                                         | Bio-metric attendance registration                                                                                                                                                   | Yes / No                     |
|                                                                                                                         | 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> |                                                                                                                                                                                      |                              |
| <b>IX</b>                                                                                                               | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                   |                              |
| 1.                                                                                                                      | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.                                                                                                                      | Distance from Dental college to Medical 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                       |
| 7.                                                                                                                      | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.                                                                                                                      | Validity Period of MOU                                                                                                                                                               |                              |
| 9.                                                                                                                      | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br>(applicable if Medical College is more than <b>10 kms</b> away).                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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%          |           |                      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**Man Power Requirement****Medical Staff**

| <b>Designation</b>       | <b>Required</b> | <b>Available</b> | <b>Remarks of Inspector</b> |
|--------------------------|-----------------|------------------|-----------------------------|
| 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               |                  |                             |

**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**

| <b>Designation</b> | <b>Required</b> | <b>Available</b> | <b>Remarks of Inspector</b> |
|--------------------|-----------------|------------------|-----------------------------|
| Matron             | 1               |                  |                             |
| Sister incharge    | 6               |                  |                             |
| O.T. Nurses        | 6               |                  |                             |
| General Nurses     | 20              |                  |                             |
| Labour Room Nurses | 4               |                  |                             |

**Health Staff**

| <b>Designation</b> | <b>Required</b> | <b>Available</b> | <b>Remarks of Inspector</b> |
|--------------------|-----------------|------------------|-----------------------------|
|--------------------|-----------------|------------------|-----------------------------|

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                      |   |  |  |
|--------------------------------------|---|--|--|
| 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 | 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        |           |                      |

| XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING |                                                                    |                     |                      |                             |                  |  |
|-----------------------------------------------|--------------------------------------------------------------------|---------------------|----------------------|-----------------------------|------------------|--|
|                                               | Total completed Constructed Carpet 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                                        |                                                                    |                     |                      |                             |                  |  |
| Other                                         |                                                                    |                     |                      |                             |                  |  |
| TOTAL                                         | AREA (sq.ft.)                                                      |                     |                      |                             |                  |  |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

| <b>XII</b>                                                        | <b>INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |                     |                             |
|-------------------------------------------------------------------|-----------------------------------------------------|---------------------|-----------------------------|
| <b>Infrastructure</b>                                             | <b>Requirement</b>                                  | <b>Availability</b> | <b>Remarks of Inspector</b> |
| Administrative block                                              | 3000 sq. ft.                                        |                     |                             |
| Clinical Area (for common Clinic)                                 | 2500 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                                       | 300 sq. ft.                                         |                     |                             |
| Medical Stores cum Pharmacy                                       | 300 sq. ft.                                         |                     |                             |
| Faculty Room – Dental                                             | 1000 sq. ft.                                        |                     |                             |
| Amenities area                                                    | 1500 sq. ft.                                        |                     |                             |
| Boys Common Room                                                  | 300 sq. ft.                                         |                     |                             |
| Girls Common Room                                                 | 300 sq. ft.                                         |                     |                             |
| Room for Gas Cylinder (ventilated)                                | 150 sq. ft.                                         |                     |                             |
| Compressor Room                                                   | 300 sq. ft.                                         |                     |                             |
| Cafeteria                                                         | 1500 sq. ft.                                        |                     |                             |
| Examination hall                                                  | 3600 sq. ft.                                        |                     |                             |
| Auditorium<br>(To accommodate at least 700 people)                | 4000 sq. ft.                                        |                     |                             |
| Laboratories (Dental Subjects)                                    |                                                     |                     |                             |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft.                                        |                     |                             |
| Pre-clinical conservative lab                                     | 2500 sq. ft.                                        |                     |                             |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft.                                        |                     |                             |
| <b>LABORATORIES (Clinical)</b>                                    |                                                     |                     |                             |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft.                                        |                     |                             |
| Conservative Clinical Lab                                         | 600 sq. ft.                                         |                     |                             |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.                                         |                     |                             |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.                                         |                     |                             |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.                                         |                     |                             |

| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | a) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|  |                                                                                                             |
|--|-------------------------------------------------------------------------------------------------------------|
|  | b) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.) |
|--|-------------------------------------------------------------------------------------------------------------|

| Facility                 | Area (sq.ft.) | Available | Not Available |
|--------------------------|---------------|-----------|---------------|
| Faculty Rooms            |               |           |               |
| Clinics                  |               |           |               |
| Minor OT                 |               |           |               |
| Major OT Complex         |               |           |               |
| Recovery Room            |               |           |               |
| Male Wards               |               |           |               |
| Female wards             |               |           |               |
| Seminar Room             |               |           |               |
| Department Library       |               |           |               |
| PG Common Room           |               |           |               |
| Preclinical Lab          |               |           |               |
| Patient Waiting Room     |               |           |               |
| Total Area (2000 sq.ft.) |               |           |               |

|            |                                                                                                                                                                                                                                                                                                               |          |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                                                                                                                                                                                                                                                  |          |
|            | 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                                                                                                                                                                                                                                                                                | / 200    |
|            | * 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment |          |

| Sl. No. | Required for 100 admissions | BDS required | BDS Available | MDS required                                  | MDS Available |
|---------|-----------------------------|--------------|---------------|-----------------------------------------------|---------------|
|         |                             |              |               | post-graduate student and two for faculty per |               |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                        |    |  | Unit |  |
|----|--------------------------------------------------------|----|--|------|--|
| 1. | Prosthodontics and Crown & Bridge                      | 34 |  | -do- |  |
| 2. | Periodontics                                           | 34 |  | -do- |  |
| 3. | Oral Maxillofacial Surgery                             | 30 |  | -do- |  |
| 4. | Conservative Dentistry and Endodontics                 | 34 |  | -do- |  |
| 5. | Orthodontics and Dentofacial Orthopaedics              | 18 |  | -do- |  |
| 6. | Oral and Maxillofacial Pathology and Oral Microbiology | 02 |  | -do- |  |
| 7. | Public Health Dentistry                                | 16 |  | -do- |  |
| 8. | Pediatric Dentistry                                    | 20 |  | -do- |  |
| 9. | Oral Medicine and Radiology                            | 12 |  | -do- |  |

|           |                                                                                                 |                         |                           |
|-----------|-------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                       |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>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<br>Girls: Yes /No |
| <b>4</b> | Hostel Facility is available for PG students                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| <b>5</b> | Whether there are separate wardens for both the boys & Girls Hostel                                                    | Boys: Yes /No<br>Girls: Yes /No |
| <b>6</b> | If yes their names & telephone numbers.                                                                                | Boys:<br>Girls:                 |
| <b>7</b> | Whether Inmate Register maintained in both Hostel                                                                      | Boys: Yes /No<br>Girls: Yes /No |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| <b>XVI</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)<br>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 |                  |                             |
| 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)                                                                                              |                  |                             |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                                                                       |          |  |
|----|-------------------------------------------------------------------------------------------------------|----------|--|
|    | iv) e- Journals / e-Consortium details                                                                | Yes / No |  |
| 6  | Total Area (Minimum 8000 sq.ft.)                                                                      | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                         | Yes / No |  |
|    | Under graduate students                                                                               | Yes / No |  |
|    | Post graduate students                                                                                | Yes / No |  |
|    | Staff                                                                                                 | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |
| 9     | Students Cloak Area                       |                           |         |
| 10    | Seating Area                              |                           |         |

### **XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                                    | No. of Titles |           | No. of Books |           |
|----------------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                          | Required      | Available | Required     | Available |
| <b>Central Library<br/>(Pertaining to the specialty)</b> | <b>20</b>     |           | <b>100</b>   |           |
| <b>No. of Books purchased in last 5 years</b>            | -             |           | -            |           |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                    |    |  |    |  |
|--------------------|----|--|----|--|
| Department Library | 10 |  | 50 |  |
|--------------------|----|--|----|--|

| Journals                  | International |           | National |           |
|---------------------------|---------------|-----------|----------|-----------|
|                           | Required      | Available | Required | Available |
| Speciality & Related      | 4 - 6         |           | 2 - 4    |           |
| Back Volumes for 10 years | 3             |           | -        |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

### **XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category                                                                                                                                                                                                                                                                                                                                                                                                | Points |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.    | <b>Category I:</b><br>(1) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                        | 15     |
|       | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS | 10     |
|       | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                | 5      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |  |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |  |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |  |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |  |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |  |
|      | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |  |
|      | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |  |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |  |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |  |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(applicable if Medical College is more than 10 kms)                                                                                              |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | <b>DENTAL COLLEGE HOSPITAL</b>                                                                                                                                                       |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | * Minimum requirement of 100 to 150 patient's per day.                                                                                                                               |                         |
|            | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.                                                                            |                         |

### CLINICAL WORK LOAD

|   |                                                                                                           |                          |
|---|-----------------------------------------------------------------------------------------------------------|--------------------------|
| i | <b>MCI RECOGNIZED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|   |                                                                                                           |                          |

### Average Number of Patients in Last Six Months

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

OR

|    |                                                                                                      |                          |
|----|------------------------------------------------------------------------------------------------------|--------------------------|
| ii | <b>ATTACHED GENERAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|    |                                                                                                      |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

**(a) Details of Wards:**

| Department                                           | Required | Allotted | Occupied |
|------------------------------------------------------|----------|----------|----------|
| 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)          |          |          |          |

**(b) Medical Staff:**

| Department       | Required | Available |
|------------------|----------|-----------|
| General Surgery  | 2        |           |
| General Medicine | 2        |           |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                          |   |  |
|--------------------------|---|--|
| Obstetrics & Gynaecology | 2 |  |
| ENT                      | 2 |  |
| Paediatrics              | 2 |  |
| Anaesthesia              | 2 |  |
| Orthopaedics             | 2 |  |
| Pharmacologist           | 1 |  |
| Radiologist              | 1 |  |
| Plastic surgeon          | 1 |  |
| Community Medicine       | 1 |  |
| Neurosurgeon             | 1 |  |
| Hospital Administration  | 1 |  |

(c) **Nursing Staff:**

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

(d) **Health Staff:**

| <b>Designation</b>                   | <b>Required</b> | <b>Available</b> |
|--------------------------------------|-----------------|------------------|
| 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               |                  |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                 |   |  |
|-----------------|---|--|
| Medical Records | 1 |  |
|-----------------|---|--|

|    |                                                                                            |                          |  |
|----|--------------------------------------------------------------------------------------------|--------------------------|--|
| ii | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |
|    |                                                                                            | New                      |  |
|    |                                                                                            | Old                      |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|     |                                                                                       |                          |  |  |
|-----|---------------------------------------------------------------------------------------|--------------------------|--|--|
| iii | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|     |                                                                                       | UG                       |  |  |
|     |                                                                                       | PG                       |  |  |
|     |                                                                                       | <b>TOTAL</b>             |  |  |

**Average of Patients in Last Six months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |
| <b>UG</b>              |  |  |  |  |  |  |
| <b>PG</b>              |  |  |  |  |  |  |
| <b>TOTAL</b>           |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Oral & Maxillofacial Surgery**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition  |
|----------------------|--------------|-------------------------|-------------------------------------------|--------------|
| 1 <sup>st</sup> Unit | 30<br>(1+4)  | 35<br>(1+8)             | 40<br>(2+10)                              | 40<br>(2+10) |
| 2 <sup>nd</sup> Unit | 50<br>(2+12) | 60<br>(2+14)            | 70<br>(2+16)                              | 70<br>(2+16) |

The average of Major Surgeries + Minor Surgeries per week are mentioned above in the brackets

**FOR COLLEGES WITH 100 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Oral & Maxillofacial Surgery**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition   |
|----------------------|--------------|-------------------------|-------------------------------------------|---------------|
| 1 <sup>st</sup> Unit | 40<br>(1+4)  | 50<br>(1+8)             | 60<br>(2+10)                              | 60<br>(2+10)  |
| 2 <sup>nd</sup> Unit | 70<br>(2+12) | 80<br>(2+14)            | 100<br>(2+16)                             | 100<br>(2+16) |

The average of Major Surgeries + Minor Surgeries per week are mentioned above in the brackets

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

| XX . EQUIPMENTS                                 |                                                                                                                  |                                                                                                                                                      |                                                                              |   |              |                      |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---|--------------|----------------------|
| 3. DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY |                                                                                                                  |                                                                                                                                                      |                                                                              |   |              |                      |
| S. No.                                          | NAME                                                                                                             | SPECIFICATION                                                                                                                                        | Quantity                                                                     |   | Availability | Remarks of inspector |
| 1.                                              | Chairs and Units                                                                                                 | cally operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and high motorised suction, with micromotor and micro motor attachment | chair per post-graduate student and Two chairs for the faculty in each unit. |   |              |                      |
|                                                 |                                                                                                                  |                                                                                                                                                      |                                                                              | s |              |                      |
| 2.                                              | ave                                                                                                              | loading                                                                                                                                              |                                                                              |   |              |                      |
| 3.                                              | ators                                                                                                            |                                                                                                                                                      |                                                                              |   |              |                      |
| 4.                                              | ating saw, Reciprocating, Saggital saw with module                                                               | ll hand pieces                                                                                                                                       |                                                                              |   |              |                      |
| 5.                                              | al instruments<br>al surgery kit including tracheotomy kit<br>oral surgery kit<br>tomy kit                       |                                                                                                                                                      |                                                                              |   |              |                      |
|                                                 | urgery kit Bone grafting kit<br>Emergency kit<br>a set including bone plating kit<br>Implantology kit<br>nplants | um 2 systems                                                                                                                                         |                                                                              |   |              |                      |
| 6.                                              | ction osteogenesis kit                                                                                           |                                                                                                                                                      |                                                                              |   |              |                      |
| 7.                                              | surgical unit                                                                                                    |                                                                                                                                                      |                                                                              |   |              |                      |
| 8.                                              | al Magnifying loops 3x                                                                                           |                                                                                                                                                      |                                                                              |   |              |                      |
| 9.                                              | ting microscope and surgery kit                                                                                  | ble                                                                                                                                                  |                                                                              |   |              |                      |
| 10.                                             | atomes                                                                                                           |                                                                                                                                                      |                                                                              |   |              |                      |
| 11.                                             | e destroyer                                                                                                      |                                                                                                                                                      |                                                                              |   |              |                      |
| 12.                                             | onic Cleaner capacity 3.5 lts                                                                                    |                                                                                                                                                      |                                                                              |   |              |                      |
| 13.                                             | lin chamber                                                                                                      |                                                                                                                                                      |                                                                              |   |              |                      |
| 14.                                             | oxymeter/NIBP                                                                                                    |                                                                                                                                                      |                                                                              |   |              |                      |
| 15.                                             | ator                                                                                                             |                                                                                                                                                      |                                                                              |   |              |                      |
| 16.                                             | operation theatre with all facilities as per MCI guidelines                                                      |                                                                                                                                                      |                                                                              |   |              |                      |
| 17.                                             | ery and Intensive Care Unit with all necessary                                                                   |                                                                                                                                                      | s                                                                            | s |              |                      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                                                                       |  |  |  |  |  |
|-----|-----------------------------------------------------------------------|--|--|--|--|--|
|     | life support equipments                                               |  |  |  |  |  |
| 18. | optic light                                                           |  |  |  |  |  |
| 19. | ent beds                                                              |  |  |  |  |  |
| 20. | optic laryngoscope                                                    |  |  |  |  |  |
| 21. | uter with internet<br>connection with attached<br>printer and scanner |  |  |  |  |  |
| 22. | projector                                                             |  |  |  |  |  |
| 23. | erator                                                                |  |  |  |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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               |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                               |                                               |         |
|----|---------------------------------------------------------------|-----------------------------------------------|---------|
|    | 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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)       | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                               | Comments |
|-------------------------------|----------|
| Infrastructure                |          |
| Hostel Facility               |          |
| Clinical Material             |          |
| Staff Assessment              |          |
| Student Assessment            |          |
| Library facilities            |          |
| Equipment                     |          |
| Overall Department Assessment |          |
| Any other Observations        |          |

|      |                                                                                                                                                                                                                               |          |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| XXIX | <b>OBSERVATION OF THE INSPECTION COMMISSION:</b><br>1)<br>2)                                                                                                                                                                  |          |
| XXX  | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No |
| XXXI | <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 (Convener) with date                         |
| Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. | Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**MDS COURSE****The inspection report should be confidential.**

| S.No | Check list for the Inspectors:                                                                                                                                                                                                                                                                            | Mark<br>( <input type="checkbox"/> ) any one |    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                          | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                          | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                          | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                          | No |
|      | e) 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 |
|      | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                          | No |
|      | e) Appointment, Promotion and Reliving orders from previous Institutions                                                                                                                                                                                                                                  | Yes                                          | No |
|      | f) TDS Certificate                                                                                                                                                                                                                                                                                        | Yes                                          | No |
|      | g) Form 16 through Traces                                                                                                                                                                                                                                                                                 | Yes                                          | No |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

**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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

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



**INSPECTION PROFORMA – M.D.S.**

**LCA FOR STARTING OF NEW M.D.S.**

**COURSE**

**CONSERVATIVE DENTISTRY &  
ENDODONTICS**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

---

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**CONSERVATIVE DENTISTRY AND ENDODONTICS**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |
| 5.         | <b>Name of the Principal / Dean</b>                                                                                                                                                                                                              |                  |
|            | Age & Date of Birth                                                                                                                                                                                                                              |                  |
|            | Qualification with speciality                                                                                                                                                                                                                    |                  |
|            | Teaching Experience                                                                                                                                                                                                                              |                  |
|            | Mobile No.                                                                                                                                                                                                                                       |                  |
|            | Institutional e-mail Id                                                                                                                                                                                                                          |                  |
|            | Aadhaar Card No.                                                                                                                                                                                                                                 |                  |
|            | State Dental Council Registration No.                                                                                                                                                                                                            |                  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |          |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>VIII</b> | <b>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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|           |                                                                                                                                                                                                                          |                                           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.        | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.        | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10.       | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11.       | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12.       | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13.       | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14.       | Whether Fire and Safety Certificate obtained from the competent authority                                                                                                                                                | Yes / No<br>Lr.No.<br>Date :              |
| 15.       | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16.       | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|           | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|           | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|           | 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>                                                                                                  |                                           |
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                                                       |                                           |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                                                                                                                                                                                      |                              |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1.  | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.  | Distance from Dental college to Medical 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                       |
| 7.  | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.  | Validity Period of MOU                                                                                                                                                               |                              |
| 9.  | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |
| 10. | GOI Notification No. & Dated.                                                                                                                                                        |                              |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms away).</b>                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 :                                                |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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        |           |                      |
| 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

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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

| 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       |           |                      |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**Administrative Staff**

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

| XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING                      |               |                     |                      |                           |                  |  |
|--------------------------------------------------------------------|---------------|---------------------|----------------------|---------------------------|------------------|--|
| Total completed Constructed Carpet 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                                                             |               |                     |                      |                           |                  |  |
| Other                                                              |               |                     |                      |                           |                  |  |
| TOTAL                                                              | AREA (sq.ft.) |                     |                      |                           |                  |  |

| XII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS        |              |              |                      |
|-----------------------------------------------------|--------------|--------------|----------------------|
| Infrastructure                                      | Requirement  | Availability | Remarks of Inspector |
| Administrative block                                | 3000 sq. ft. |              |                      |
| Clinical Area (for common Clinic)                   | 2500 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                         | 300 sq. ft.  |              |                      |
| Medical Stores cum Pharmacy                         | 300 sq. ft.  |              |                      |
| Faculty Room – Dental                               | 1000 sq. ft. |              |                      |
| Amenities area                                      | 1500 sq. ft. |              |                      |
| Boys Common Room                                    | 300 sq. ft.  |              |                      |
| Girls Common Room                                   | 300 sq. ft.  |              |                      |
| Room for Gas Cylinder (ventilated)                  | 150 sq. ft.  |              |                      |
| Compressor Room                                     | 300 sq. ft.  |              |                      |
| Cafeteria                                           | 1500 sq. ft. |              |                      |
| Examination hall                                    | 3600 sq. ft. |              |                      |
| Auditorium<br>(To accommodate at least 700 people)  | 4000 sq. ft. |              |                      |
| Laboratories (Dental Subjects)                      |              |              |                      |
| Pre-clinical Prosthodontics and dental material lab | 3000 sq. ft. |              |                      |

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Convenor :

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|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | e) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | f) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

| Facility                 | Area (sq.ft.) | Available | Not Available |
|--------------------------|---------------|-----------|---------------|
| Faculty Rooms            |               |           |               |
| Clinics                  |               |           |               |
| Laboratory Space         |               |           |               |
| Seminar Room             |               |           |               |
| Department Library       |               |           |               |
| PG Common Room           |               |           |               |
| Preclinical Lab          |               |           |               |
| Patient Waiting Room     |               |           |               |
| Total Area (2000 sq.ft.) |               |           |               |

|     |                                                                             |          |
|-----|-----------------------------------------------------------------------------|----------|
| XIV | DENTAL CHAIRS / UNITS                                                       |          |
|     | 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                                              | / 200    |

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|  |                                                                                                                                                                                                                                                                                                                      |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>* 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                      |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>Girls: Yes /No |

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Convenor :

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|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 2  | Hostel facility is available for minimum 50% of total intake                                                                                                  | Yes /No                         |
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.) are available            | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| XVI | CENTRAL LIBRARY                                        | Available | Remarks of Inspector |
|-----|--------------------------------------------------------|-----------|----------------------|
| 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) |           |                      |

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|    |                                                                                                                                                                                |          |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 4  | Total Number of Books (Minimum 600)<br>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 |          |  |
| 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.)                                                                                                                                               | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No |  |
|    | Under graduate students                                                                                                                                                        | Yes / No |  |
|    | Post graduate students                                                                                                                                                         | Yes / No |  |
|    | Staff                                                                                                                                                                          | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |

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|    |                     |  |  |
|----|---------------------|--|--|
| 9  | Students Cloak Area |  |  |
| 10 | Seating Area        |  |  |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                            | No. of Titles |           | No. of Books |           |
|--------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                  | Required      | Available | Required     | Available |
| Central Library<br>(Pertaining to the specialty) | 20            |           | 100          |           |
| No. of Books purchased in<br>last 5 years        | -             |           | -            |           |
| Department Library                               | 10            |           | 50           |           |

| Journals                  | International |           | National |           |
|---------------------------|---------------|-----------|----------|-----------|
|                           | Required      | Available | Required | Available |
| Speciality & Related      | 4 - 6         |           | 2 - 4    |           |
| Back Volumes for 10 years | 3             |           | -        |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category                                                                                                                                                                                                                                                                         | Points |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.    | <b>Category I:</b><br>(3) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India. | 15     |

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|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|      | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|      | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|      | <b>Total Score Required:</b><br>For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(applicable if Medical College is more than 10 kms)                                                                                              |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | <b>DENTAL COLLEGE HOSPITAL</b>                                                                                                                                                       |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | * Minimum requirement of 100 to 150 patient's per day.                                                                                                                               |                         |
|            | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.                                                                            |                         |

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**CLINICAL WORK LOAD**

|          |                                                                                               |                           |  |
|----------|-----------------------------------------------------------------------------------------------|---------------------------|--|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br>(should be recorded at the end of the OPD hour up to 2 pm) | On the day of Inspection  |  |
|          |                                                                                               | <b>1<sup>st</sup> day</b> |  |
|          |                                                                                               | <b>2<sup>nd</sup> day</b> |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                |                           |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br>(applicable if Medical College is more than <b>10 kms</b> ).<br>(should be recorded at the end of the OPD hour up to 2 pm) | On the day of Inspection  |  |
|           |                                                                                                                                                                | <b>1<sup>st</sup> day</b> |  |
|           |                                                                                                                                                                | <b>2<sup>nd</sup> day</b> |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                      |                          |                           |
|------------|--------------------------------------------------------------------------------------|--------------------------|---------------------------|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br>(should be recorded at the end of the OPD hour up to 2 pm) | On the day of Inspection |                           |
|            |                                                                                      | <b>New</b>               | <b>1<sup>st</sup> day</b> |
|            |                                                                                      | <b>Old</b>               | <b>2<sup>nd</sup> day</b> |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                 |                           |                           |
|-----------|---------------------------------------------------------------------------------|---------------------------|---------------------------|
| <b>iv</b> | <b>Speciality</b><br>(should be recorded at the end of the OPD hour up to 2 pm) | On the day of Inspection  |                           |
|           |                                                                                 |                           | <b>1<sup>st</sup> day</b> |
|           |                                                                                 | <b>2<sup>nd</sup> day</b> |                           |
|           |                                                                                 | <b>UG</b>                 |                           |
|           |                                                                                 | <b>PG</b>                 |                           |
|           |                                                                                 | <b>TOTAL</b>              |                           |

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**Average of Patients in Last Six months**

| Month              |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
| No. of Patients UG |  |  |  |  |  |  |
| PG                 |  |  |  |  |  |  |
| TOTAL              |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Conservative Dentistry and Endodontics**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 35           | 40                      | 50                                        | 50          |
| 2 <sup>nd</sup> Unit | 60           | 70                      | 80                                        | 80          |

**FOR COLLEGES WITH 100 UG ADMISSIONS:**  
**Minimum Requirement (both UG & PG together)**

**Conservative Dentistry and Endodontics**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 50           | 60                      | 70                                        | 70          |
| 2 <sup>nd</sup> Unit | 80           | 90                      | 100                                       | 100         |

**XX. EQUIPMENTS :-****DEPARTMENT: CONSERVATIVE DENTISTRY AND ENDODONTICS**

| S. No. | Name                    | Specification                                                                                                                  | Quantity                                                         | Availability | Remarks of Inspector |
|--------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|----------------------|
| 1.     | Dental Chairs and Units | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor, airtor | One chair per post-graduate student and two for faculty per Unit |              |                      |

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|     |                                                                                                                     |                                                       |               |                |  |  |
|-----|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|----------------|--|--|
|     |                                                                                                                     | attachment with hand pieces (Fibre optic) and scaller |               |                |  |  |
|     |                                                                                                                     |                                                       | <b>Unit 1</b> | <b>Units 2</b> |  |  |
| 2.  | ENDOSONIC HANDPIECES – Micro endosonic Tips, retro treatment                                                        |                                                       | 2             | 3              |  |  |
| 3.  | Mechanised rotary instruments including hand pieces (speed and torque control) and hand instruments various systems |                                                       | 3             | 6              |  |  |
| 4.  | Rubber dam kit                                                                                                      |                                                       | 1 per chair   | 1 per chair    |  |  |
| 5.  | Autoclaves for bulk instrument sterilization vacuum (Front loading)                                                 |                                                       | 2             | 3              |  |  |
| 6.  | Autoclaves for hand piece sterilization                                                                             |                                                       | 1             | 1              |  |  |
| 7.  | Apex locators                                                                                                       |                                                       | 2             | 4              |  |  |
| 8.  | Pulp tester                                                                                                         |                                                       | 2             | 4              |  |  |
| 9.  | Equipments for injectable thermo plasticized gutta percha                                                           |                                                       | 1             | 2              |  |  |
| 10. | Operating microscopes 3 step or 5 step magnification                                                                |                                                       | 1             | 1              |  |  |
| 11. | Surgical endo kits (Microsurgery)                                                                                   |                                                       | 2             | 2              |  |  |
| 12. | Set of hand cutting instruments                                                                                     |                                                       | 1             | 2              |  |  |
| 13. | Sterilizer trays for autoclave                                                                                      |                                                       | 4             | 6              |  |  |
| 14. | Ultrasonic cleaner capacity 3.5 lts                                                                                 |                                                       | 1             | 1              |  |  |
| 15. | Variable Intensity polymerization equipments - <b>VLC</b> units                                                     | Desirable                                             | 1             | 1              |  |  |
| 16. | Conventional <b>VLC</b>                                                                                             |                                                       | 2             | 4              |  |  |

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|     |                                                                                                                       |                 |   |   |  |  |
|-----|-----------------------------------------------------------------------------------------------------------------------|-----------------|---|---|--|--|
|     | units                                                                                                                 |                 |   |   |  |  |
| 17. | Needle destroyer                                                                                                      |                 | 2 | 2 |  |  |
| 18. | Magnifying loupes                                                                                                     |                 | 1 | 2 |  |  |
| 19. | <b>LCD</b> projector                                                                                                  |                 | 1 | 1 |  |  |
| 20. | Composite kits with different shades and polishing kits                                                               |                 | 2 | 4 |  |  |
| 21. | Ceramic finishing kits, metal finishing kits                                                                          | In ceramic labs | 2 | 3 |  |  |
| 22. | Amalgam finishing kits                                                                                                |                 | 2 | 3 |  |  |
| 23. | <b>RVG</b> with x-ray machine developing kit                                                                          |                 | 1 | 1 |  |  |
| 24. | Chair side micro abrasion                                                                                             |                 | 1 | 1 |  |  |
| 25. | Bleaching unit                                                                                                        |                 | 1 | 1 |  |  |
| 26. | Instrument retrieval kits with Piezo Electric ultrasonic tips                                                         |                 | 1 | 1 |  |  |
| 27. | Computer with internet connection with attached printer and scanner                                                   |                 | 1 | 1 |  |  |
| 28. | Refrigerator                                                                                                          |                 | 1 | 1 |  |  |
| 29. | <b>Equipments for casting procedures</b>                                                                              |                 |   |   |  |  |
| 30. | Equipments for ceramics including induction casting machines/ burnout preheat furnaces/ wax elimination furnaces      |                 | 1 | 1 |  |  |
| 31. | Lab micro motor/ metal grinders / sand blasters/ polishing lathes/ duplicator equipment/ vacuum investment equipments |                 | 1 | 1 |  |  |
| 32. | Laser (preferably hard tissue)                                                                                        |                 | 1 | 1 |  |  |
| 33. | Face bow with semi adjustable                                                                                         |                 | 1 | 1 |  |  |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |                |          |   |   |  |
|-----|----------------|----------|---|---|--|
|     | articulator    |          |   |   |  |
| 34. | GP cutter      |          | 3 | 6 |  |
| 35. | Proffin system | Optional | 1 | 1 |  |
| 36. | Phantom Heads  |          | 3 | 6 |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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         |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|    |                                                               |         |
|----|---------------------------------------------------------------|---------|
| 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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)       | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                          |                 |
|--------------------------|-----------------|
|                          | <b>Comments</b> |
| <b>Infrastructure</b>    |                 |
| <b>Hostel Facility</b>   |                 |
| <b>Clinical Material</b> |                 |
| <b>Staff Assessment</b>  |                 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|                                      |  |
|--------------------------------------|--|
| <b>Student Assessment</b>            |  |
| <b>Library facilities</b>            |  |
| <b>Equipment</b>                     |  |
| <b>Overall Department Assessment</b> |  |
| <b>Any other Observations</b>        |  |

|             |                                                                                                                                                                                                                                                                   |          |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>XXIX</b> | <b>OBSERVATION OF THE INSPECTION COMMISSION:</b><br>1)<br>2)                                                                                                                                                                                                      |          |
| <b>XXX</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> | Yes / No |

**We hereby declare that all the documents have been physically verified by us.**

|                                                                      |                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------|
| Signature of Principal/Dean with seal                                |                                                                      |
| Signatures of Inspector (Member) with date                           | Signatures of Inspector (Convener) with date                         |
| Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. | Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**MDS COURSE****The inspection report should be confidential.**

| <b>S.No</b> | <b><u>Check list for the Inspectors:</u></b>                                                                                                                                                                                                                                                              | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|             | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|             | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|             | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|             | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|             | e) 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 |
|             | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|             | e) 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

**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 Member :

Signature of Principal / Dean :

Convenor :

Signature of

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**ORTHODONTICS AND DENTOFACIAL  
ORTHOPEDICS**

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

Signature of Member :

Signature of Principal / Dean :

Convenor :

Signature of

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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                                                                                                                                                                      | Lt.No.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |
| 5.         | <b>Name of the Principal / Dean</b>                                                                                                                                                                                                              |                  |
|            | Age & Date of Birth                                                                                                                                                                                                                              |                  |
|            | Qualification with speciality                                                                                                                                                                                                                    |                  |
|            | Teaching Experience                                                                                                                                                                                                                              |                  |

Signature of Member :

Signature of Principal / Dean :  
:

Signature of Convenor

|  |                                       |  |
|--|---------------------------------------|--|
|  | Mobile No.                            |  |
|  | Institutional e-mail Id               |  |
|  | Aadhaar Card No.                      |  |
|  | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>VIII</b> | <b>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)                                                       |  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                                                                                                                                                                          |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.  | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.  | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10. | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11. | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12. | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13. | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14. | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|     | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|     | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|     | 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>                                                                                                  |                                           |

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:

Signature of Convenor

|           |                                                                                                                                                                                      |                              |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                   |                              |
| 1.        | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.        | Distance from Dental college to Medical 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                       |
| 7.        | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.        | Validity Period of MOU                                                                                                                                                               |                              |
| 9.        | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms away).</b>                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 :                                                |

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| Department                                          | Required | Allotted | Occupancy            |                          | Remarks of Inspector |
|-----------------------------------------------------|----------|----------|----------------------|--------------------------|----------------------|
|                                                     |          |          | During last 6 months | On the day of inspection |                      |
| General Ward –Medical including allied specialties  | 30       |          |                      |                          |                      |
| General Ward –Surgical including allied specialties | 30       |          |                      |                          |                      |
| Private Ward (A/C & Non A/c)                        | 09       |          |                      |                          |                      |
| Maternity Ward                                      | 15       |          |                      |                          |                      |
| Paediatric Ward                                     | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)        | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)         | 06       |          |                      |                          |                      |

#### 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        |           |                      |
| 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

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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

| 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       |           |                      |

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**Administrative Staff**

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

| <b>XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                      |                      |                     |                      |                             |                  |  |
|---------------------------------------------------------------------------|----------------------|---------------------|----------------------|-----------------------------|------------------|--|
| <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                      |                     |                      |                             |                  |  |
| Floor                                                                     | Area (Sqft)          | Clinical Facilities | Academic Departments | Admin / Logistics / Support | Major Facilities |  |
| Basement                                                                  |                      |                     |                      |                             |                  |  |
| Ground                                                                    |                      |                     |                      |                             |                  |  |
| First                                                                     |                      |                     |                      |                             |                  |  |
| Second                                                                    |                      |                     |                      |                             |                  |  |
| Third                                                                     |                      |                     |                      |                             |                  |  |
| Fourth                                                                    |                      |                     |                      |                             |                  |  |
| Other                                                                     |                      |                     |                      |                             |                  |  |
| <b>TOTAL</b>                                                              | <b>AREA (sq.ft.)</b> |                     |                      |                             |                  |  |

| <b>XII INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |              |              |                      |
|---------------------------------------------------------|--------------|--------------|----------------------|
| Infrastructure                                          | Requirement  | Availability | Remarks of Inspector |
| Administrative block                                    | 3000 sq. ft. |              |                      |
| Clinical Area (for common Clinic)                       | 2500 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                             | 300 sq. ft.  |              |                      |
| Medical Stores cum Pharmacy                             | 300 sq. ft.  |              |                      |
| Faculty Room – Dental                                   | 1000 sq. ft. |              |                      |
| Amenities area                                          | 1500 sq. ft. |              |                      |
| Boys Common Room                                        | 300 sq. ft.  |              |                      |
| Girls Common Room                                       | 300 sq. ft.  |              |                      |
| Room for Gas Cylinder (ventilated)                      | 150 sq. ft.  |              |                      |
| Compressor Room                                         | 300 sq. ft.  |              |                      |
| Cafeteria                                               | 1500 sq. ft. |              |                      |
| Examination hall                                        | 3600 sq. ft. |              |                      |
| Auditorium<br>(To accommodate at least 700 people)      | 4000 sq. ft. |              |                      |

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|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Laboratories (Dental Subjects)                                    |              |  |  |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft. |  |  |
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | g) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | h) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

| Facility                        | Area (sq.ft.) | Available | Not Available |
|---------------------------------|---------------|-----------|---------------|
| <b>Faculty Rooms</b>            |               |           |               |
| <b>Clinics</b>                  |               |           |               |
| <b>Laboratory Space</b>         |               |           |               |
| <b>Seminar Room</b>             |               |           |               |
| <b>Department Library</b>       |               |           |               |
| <b>PG Common Room</b>           |               |           |               |
| <b>Preclinical Lab</b>          |               |           |               |
| <b>Patient Waiting Room</b>     |               |           |               |
| <b>Total Area (2000 sq.ft.)</b> |               |           |               |

|            |                                                                             |
|------------|-----------------------------------------------------------------------------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                |
|            | Electrical Dental Chairs Installed with all the attachments thereon         |
|            | Whether all the chairs and units are functioning and electrically operated? |
|            | Yes / No                                                                    |

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|  |                                                                                                                                                                                                                                                                                                                      |       |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|  | Total No. of functional Chairs                                                                                                                                                                                                                                                                                       | / 200 |
|  | <b>* 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |       |

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                      |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>Girls: Yes /No |

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|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 2  | Hostel facility is available for minimum 50% of total intake                                                                                                  | Yes /No                         |
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| XVI | CENTRAL LIBRARY                                        | Available | Remarks of Inspector |
|-----|--------------------------------------------------------|-----------|----------------------|
| 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) |           |                      |

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|    |                                                                                                                                                                                |          |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 4  | Total Number of Books (Minimum 600)<br>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 |          |  |
| 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.)                                                                                                                                               | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No |  |
|    | Under graduate students                                                                                                                                                        | Yes / No |  |
|    | Post graduate students                                                                                                                                                         | Yes / No |  |
|    | Staff                                                                                                                                                                          | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |

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|    |                     |  |  |
|----|---------------------|--|--|
| 9  | Students Cloak Area |  |  |
| 10 | Seating Area        |  |  |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                                    | No. of Titles |           | No. of Books |           |
|----------------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                          | Required      | Available | Required     | Available |
| <b>Central Library<br/>(Pertaining to the specialty)</b> | <b>20</b>     |           | <b>100</b>   |           |
| <b>No. of Books purchased in<br/>last 5 years</b>        | -             |           | -            |           |
| <b>Department Library</b>                                | <b>10</b>     |           | <b>50</b>    |           |

| Journals                         | International |           | National     |           |
|----------------------------------|---------------|-----------|--------------|-----------|
|                                  | Required      | Available | Required     | Available |
| <b>Speciality &amp; Related</b>  | <b>4 - 6</b>  |           | <b>2 - 4</b> |           |
| <b>Back Volumes for 10 years</b> | <b>3</b>      |           | -            |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category                                                                                                                                                                                                                                                                         | Points |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.    | <b>Category I:</b><br>(4) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India. | 15     |

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|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |    |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
|      | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      |          | 10 |
|      | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     |          | 5  |
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |    |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |    |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |    |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |    |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |    |
|      | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |    |
|      | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |    |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |    |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |    |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(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 100 to 150 patient's per day.                                                                                                                               |                         |
|            | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.                                                                            |                         |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |  |  |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|          |                                                                                                     |                          |  |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                      |                          |  |  |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms).</b><br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|           |                                                                                                                                                                      |                          |  |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |  |  |
|------------|--------------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|            |                                                                                            | <b>New</b>               |  |  |
|            |                                                                                            | <b>Old</b>               |  |  |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                       |                          |  |  |
|-----------|---------------------------------------------------------------------------------------|--------------------------|--|--|
| <b>iv</b> | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|           |                                                                                       | <b>UG</b>                |  |  |
|           |                                                                                       | <b>PG</b>                |  |  |
|           |                                                                                       | <b>TOTAL</b>             |  |  |

**Average of Patients in Last Six months**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>Month</b>              |  |  |  |  |  |  |
| <b>No. of Patients UG</b> |  |  |  |  |  |  |
| <b>PG</b>                 |  |  |  |  |  |  |
| <b>TOTAL</b>              |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Orthodontics & Dentofacial Orthopedics**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 15           | 20                      | 25                                        | 25          |
| 2 <sup>nd</sup> Unit | 30           | 35                      | 40                                        | 40          |

**FOR COLLEGES WITH 100 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Orthodontics & Dentofacial Orthopedics**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 20           | 25                      | 30                                        | 30          |
| 2 <sup>nd</sup> Unit | 40           | 45                      | 50                                        | 50          |

**XX. EQUIPMENTS :-**

| DEPARTMENT : ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS |                        |                                                                                           |                                                                  |              |                      |
|-------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------|----------------------|
| S.No.                                                 | Name                   | Specification                                                                             | Quantity                                                         | Availability | Remarks of inspector |
| 1.                                                    | Dental Chairs and Unit | Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and | One chair & unit per PG student and Two chairs with unit for the |              |                      |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                     | motorized suction | faculty |         |  |  |
|-----|---------------------------------------------------------------------|-------------------|---------|---------|--|--|
|     |                                                                     |                   | 1 Unit  | 2 Units |  |  |
| 2   | Vacuum /pressure moulding unit                                      |                   | 1       | 1       |  |  |
| 3.  | Hydrogen soldering unit                                             |                   | 1       | 1       |  |  |
| 4.  | Lab micromotor                                                      |                   | 3       | 5       |  |  |
| 5.  | Spot welders                                                        |                   | 3       | 5       |  |  |
| 6.  | Model trimmer (Double disc)                                         |                   | 2       | 3       |  |  |
| 7.  | Light curing unit                                                   |                   | 2       | 2       |  |  |
| 8.  | High intensity light curing unit                                    |                   | 1       | 2       |  |  |
| 9.  | Polishing lathes                                                    |                   | 2       | 3       |  |  |
| 10. | Tracing tables                                                      |                   | 3       | 5       |  |  |
| 11. | SLR digital camera                                                  |                   | 1       | 1       |  |  |
| 12. | Scanner with transparency adapter                                   |                   | 1       | 1       |  |  |
| 13. | X-ray viewer                                                        |                   | 3       | 4       |  |  |
| 14. | LCD projector                                                       |                   | 1       | 1       |  |  |
| 15. | Autoclaves for bulk instrument Sterilization vacuum (Front loading) |                   | 1       | 1       |  |  |
| 16. | Needle destroyer                                                    |                   | 1       | 1       |  |  |
| 17. | Dry heat sterilizer                                                 |                   | 1       | 1       |  |  |
| 18. | Ultrasonic scaler                                                   |                   | 1       | 1       |  |  |
| 19. | Sets of Orthodontic pliers                                          |                   | 3       | 3       |  |  |
| 20. | Orthodontic impression trays                                        |                   | 3       | 5       |  |  |
| 21. | Ultrasonic cleaner capacity 3.5 lts                                 |                   | 1       | 1       |  |  |
| 22. | Electropolisher                                                     |                   | 1       | 1       |  |  |
| 23. | Typhodonts with full teeth set                                      |                   | 3       | 3       |  |  |
| 24. | Anatomical articulator with face bow attachments                    |                   | 1       | 1       |  |  |
| 25. | Free plane articulators                                             |                   | 1       | 1       |  |  |
| 26. | Hinge articulators                                                  |                   | 4       | 4       |  |  |
| 27. | Computer software for cephalometrics                                |                   | 1       | 1       |  |  |
| 28. | Computer with internet connection with attached printer and scanner |                   | 1       | 1       |  |  |
| 29. | Refrigerator                                                        |                   | 1       | 1       |  |  |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|            |                                                            |                                     |
|------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b> | <b>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                            |
|            | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXI</b> | <b>FURNITURE</b>                                           |                                     |
| <b>I</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<br>Girls : Yes / No |
|            | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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         |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|                    |                                                 |                           |             |                      |
|--------------------|-------------------------------------------------|---------------------------|-------------|----------------------|
| <b>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Processing fee Rs. 60,000 + GST 18% 10,800)      | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                                      | <b>Comments</b> |
|--------------------------------------|-----------------|
| <b>Infrastructure</b>                |                 |
| <b>Hostel Facility</b>               |                 |
| <b>Clinical Material</b>             |                 |
| <b>Staff Assessment</b>              |                 |
| <b>Student Assessment</b>            |                 |
| <b>Library facilities</b>            |                 |
| <b>Equipment</b>                     |                 |
| <b>Overall Department Assessment</b> |                 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                               |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Any other Observations</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                               |          |
| <b>XXIX</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>OBSERVATION OF THE INSPECTION COMMISSION:</b><br>1)<br>2)                                                                                                                                                                  |          |
| <b>XXX</b>                                                                                                                                                                                                                                                                                                                                                                                               | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No |
| <b>XXXI</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>We hereby declare that all the documents have been physically verified by us.</b>                                                                                                                                          |          |
| <div>Signature of Principal/Dean with seal</div> <div> <div>Signatures of Inspector (Member) with date</div> <div>Residential address:</div> <div>Phone: Office :</div> <div>Residence :</div> <div>Mobile No.</div> </div> <div> <div>Signatures of Inspector (Convener) with date</div> <div>Residential address:</div> <div>Phone: Office :</div> <div>Residence :</div> <div>Mobile No.</div> </div> |                                                                                                                                                                                                                               |          |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**MDS COURSE****The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                |                                                                                                                                                                                                                                                                                                        | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a)                                                                                                                                                          | MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|      | b)                                                                                                                                                          | 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|      | c)                                                                                                                                                          | Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|      | d)                                                                                                                                                          | Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|      | e)                                                                                                                                                          | 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 |
|      | 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)                                                                                                                                                          | Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|      | e)                                                                                                                                                          | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Signature of Convenor

:

**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 Member :

Signature of Principal / Dean :

Signature of Convenor

:

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**ORAL & MAXILLOFACIAL  
PATHOLOGY AND ORAL  
MICROBIOLOGY**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL**  
**MICROBIOLOGY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College, Fax No. & e-mail ID                                                                                                                                                   |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |
| 5.         | <b>Name of the Principal / Dean</b>                                                                                                                                                                                                              |                  |

Signature of Member :

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|  |                                       |  |
|--|---------------------------------------|--|
|  | Age & Date of Birth                   |  |
|  | Qualification with speciality         |  |
|  | Teaching Experience                   |  |
|  | Mobile No.                            |  |
|  | Institutional e-mail Id               |  |
|  | Aadhaar Card No.                      |  |
|  | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                     |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>VIII</b> | <b>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<br>(Minimum 5 acres of land)                                                                                                     |  |

Signature of Member :

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Signature of Convenor

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|     |                                                                                                                                                                                                                          |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.  | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.  | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10. | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11. | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12. | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13. | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14. | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|     | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|     | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|     | Department of Conservative Dentistry and Endodontics                                                                                                                                                                     | Yes / No                                  |
|     | Lecture halls                                                                                                                                                                                                            | Yes / No                                  |

Signature of Member :

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Signature of Convenor

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|           |                                                                                                                                                                                      |                              |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|           | 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>                                                              |                              |
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                   |                              |
| 1.        | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.        | Distance from Dental college to Medical 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                       |
| 7.        | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.        | Validity Period of MOU                                                                                                                                                               |                              |
| 9.        | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |
| <b>X</b>  | <b>100 BEDDED GENERAL HOSPITAL<br/>(applicable if Medical College is more than 10 kms away).</b>                                                                                     |                              |

Signature of Member :

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|                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <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<br>Private Hospital<br>Government General Hospital |
| 2.                                                                                                                                                                                              | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                           | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.                                                                                                                                                                                              | <b>Name and Address of Hospital:</b>                                                                                                                                                  |                                                        |
| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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

Signature of Member :

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| Designation              | Required | Available | Remarks of Inspector |
|--------------------------|----------|-----------|----------------------|
| 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        |           |                      |

**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        |           |                      |

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|                  |   |  |  |
|------------------|---|--|--|
| Sr. Radiographer | 1 |  |  |
| CSSD             | 2 |  |  |
| Medical Records  | 1 |  |  |

**Engineering Staff**

| 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        |           |                      |

| XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING                      |               |                     |                      |                             |                  |  |
|--------------------------------------------------------------------|---------------|---------------------|----------------------|-----------------------------|------------------|--|
| Total completed Constructed Carpet 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                                                             |               |                     |                      |                             |                  |  |
| Other                                                              |               |                     |                      |                             |                  |  |
| TOTAL                                                              | AREA (sq.ft.) |                     |                      |                             |                  |  |

| XII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS |  |  |  |  |  |  |
|----------------------------------------------|--|--|--|--|--|--|
|----------------------------------------------|--|--|--|--|--|--|

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| Infrastructure                                                    | Requirement  | Availability | Remarks of Inspector |
|-------------------------------------------------------------------|--------------|--------------|----------------------|
| Administrative block                                              | 3000 sq. ft. |              |                      |
| Clinical Area (for common Clinic)                                 | 2500 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                                       | 300 sq. ft.  |              |                      |
| Medical Stores cum Pharmacy                                       | 300 sq. ft.  |              |                      |
| Faculty Room – Dental                                             | 1000 sq. ft. |              |                      |
| Amenities area                                                    | 1500 sq. ft. |              |                      |
| Boys Common Room                                                  | 300 sq. ft.  |              |                      |
| Girls Common Room                                                 | 300 sq. ft.  |              |                      |
| Room for Gas Cylinder (ventilated)                                | 150 sq. ft.  |              |                      |
| Compressor Room                                                   | 300 sq. ft.  |              |                      |
| Cafeteria                                                         | 1500 sq. ft. |              |                      |
| Examination hall                                                  | 3600 sq. ft. |              |                      |
| Auditorium<br>(To accommodate at least 700 people)                | 4000 sq. ft. |              |                      |
| Laboratories (Dental Subjects)                                    |              |              |                      |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft. |              |                      |
| Pre-clinical conservative lab                                     | 2500 sq. ft. |              |                      |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |              |                      |
| <b>LABORATORIES (Clinical)</b>                                    |              |              |                      |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |              |                      |
| Conservative Clinical Lab                                         | 600 sq. ft.  |              |                      |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |              |                      |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |              |                      |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |              |                      |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | i) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | j) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

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| Facility                 | Area (sq.ft.) | Available | Not Available |
|--------------------------|---------------|-----------|---------------|
| Faculty Rooms            |               |           |               |
| Clinics                  |               |           |               |
| Laboratory Space         |               |           |               |
| Seminar Room             |               |           |               |
| Department Library       |               |           |               |
| PG Common Room           |               |           |               |
| Preclinical Lab          |               |           |               |
| Patient Waiting Room     |               |           |               |
| Total Area (2000 sq.ft.) |               |           |               |

|            |                                                                                                                                                                                                                                                                                                                      |          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                                                                                                                                                                                                                                                         |          |
|            | 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                                                                                                                                                                                                                                                                                       | / 200    |
|            | * <b>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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |          |

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |

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|    |                             |    |  |      |  |
|----|-----------------------------|----|--|------|--|
| 9. | Oral Medicine and Radiology | 12 |  | -do- |  |
|----|-----------------------------|----|--|------|--|

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

|    |                                                                                                                                                               |  |                                 |  |  |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|--|
|    | <b>ii) HOSTEL FOR BOYS &amp; GIRLS. (To extent of 50% of strength)</b>                                                                                        |  |                                 |  |  |
| 1  | Whether the building of Hostels for Boys & Girls is <b>separate for the dental college building within the campus.</b>                                        |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 2  | Hostel facility is available for minimum 50% of total intake                                                                                                  |  | Yes /No                         |  |  |
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 4  | Hostel Facility is available for PG students                                                                                                                  |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 6  | If yes their names & telephone numbers.                                                                                                                       |  | Boys:<br>Girls:                 |  |  |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 8  | Whether Kitchen inside the campus are available                                                                                                               |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           |  | Boys: Yes /No<br>Girls: Yes /No |  |  |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines |  | Boys: Yes /No<br>Girls: Yes /No |  |  |

Signature of Member :

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Signature of Convenor

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|    |                         |                                 |
|----|-------------------------|---------------------------------|
| 13 | Hostel Facility for PG: | Boys: Yes /No<br>Girls: Yes /No |
|----|-------------------------|---------------------------------|

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

| XVI | CENTRAL LIBRARY                                                                                                                                                                | Available | Remarks of Inspector |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| 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)<br>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 |           |                      |
| 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.)                                                                                                                                               | Yes / No  |                      |
| 7   | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No  |                      |
|     | Under graduate students                                                                                                                                                        | Yes / No  |                      |
|     | Post graduate students                                                                                                                                                         | Yes / No  |                      |
|     | Staff                                                                                                                                                                          | Yes / No  |                      |
| 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                                                                                                                                                             |           |                      |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|    |                                                                                                     |  |  |
|----|-----------------------------------------------------------------------------------------------------|--|--|
| 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 librarian /Assistant Librarian Room |                           |         |
| 9     | Students Cloak Area                       |                           |         |
| 10    | Seating Area                              |                           |         |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                                    | No. of Titles |           | No. of Books |           |
|----------------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                          | Required      | Available | Required     | Available |
| <b>Central Library<br/>(Pertaining to the specialty)</b> | <b>20</b>     |           | <b>100</b>   |           |
| <b>No. of Books purchased in<br/>last 5 years</b>        | -             |           | -            |           |
| <b>Department Library</b>                                | <b>10</b>     |           | <b>50</b>    |           |

| Journals                         | International |           | National     |           |
|----------------------------------|---------------|-----------|--------------|-----------|
|                                  | Required      | Available | Required     | Available |
| <b>Speciality &amp; Related</b>  | <b>4 - 6</b>  |           | <b>2 - 4</b> |           |
| <b>Back Volumes for 10 years</b> | <b>3</b>      |           | -            |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & | Name of the | Category | Authorship | Year of | Points |
|------|----------------|-------------|----------|------------|---------|--------|
|------|----------------|-------------|----------|------------|---------|--------|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|  | Designation | Journal | I / II / III | (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Publication |  |
|--|-------------|---------|--------------|----------------------------------------------------------|-------------|--|
|  |             |         |              |                                                          |             |  |
|  |             |         |              |                                                          |             |  |
|  |             |         |              |                                                          |             |  |
|  |             |         |              |                                                          |             |  |
|  |             |         |              |                                                          |             |  |
|  |             |         |              |                                                          |             |  |

| S.No. | Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Points   |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1.    | <b>Category I:</b><br>(5) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                                                                                                                             | 15       |
|       | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|       | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
| Note  | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|       | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|       | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|       | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|       | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|       | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|       | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|       | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|       | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(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 100 to 150 patient's per day.                                                                                                                               |                         |
|            | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.                                                                            |                         |

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|          |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                       |                          |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br>(applicable if Medical College is more than <b>10 kms</b> ).<br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                                                                                                       |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |
|------------|--------------------------------------------------------------------------------------------|--------------------------|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|            |                                                                                            | <b>New</b>               |
|            |                                                                                            | <b>Old</b>               |

**Average Number of Patients in Last Six Months**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|    |                                                                                       |                                 |  |  |  |  |
|----|---------------------------------------------------------------------------------------|---------------------------------|--|--|--|--|
| iv | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | <b>On the day of Inspection</b> |  |  |  |  |
|    |                                                                                       | UG                              |  |  |  |  |
|    |                                                                                       | PG                              |  |  |  |  |
|    |                                                                                       | <b>TOTAL</b>                    |  |  |  |  |

**Average of Patients in Last Six months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |
| <b>UG</b>              |  |  |  |  |  |  |
| <b>PG</b>              |  |  |  |  |  |  |
| <b>TOTAL</b>           |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Oral & Maxillofacial Pathology and Oral Microbiology**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 1+2+3        | 1+3+3                   | 1+3+5                                     | 1+3+5       |
| 2 <sup>nd</sup> Unit | 2+4+6        | 2+5+8                   | 2+6+10                                    | 2+6+10      |

\* (Biopsy + Cytology + Hematology per week)

**FOR COLLEGES WITH 100 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Oral & Maxillofacial Pathology and Oral Microbiology**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 1+3+5        | 1+6+5                   | 2+6+10                                    | 2+6+10      |
| 2 <sup>nd</sup> Unit | 3+6+12       | 3+7+12                  | 3+7+14                                    | 3+7+14      |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

\* (Biopsy + Cytology + Hematology per week)

**XX. EQUIPMENTS :-**

| <b>DEPARTMENT: ORAL &amp; MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY</b> |                                                                                                                  |                                                                                                   |                   |                   |                     |                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------|-------------------|---------------------|-----------------------------|
| <b>S. No.</b>                                                               | <b>NAME</b>                                                                                                      | <b>SPECIFICATION</b>                                                                              | <b>Quantity</b>   |                   | <b>Availability</b> | <b>Remarks of inspector</b> |
|                                                                             |                                                                                                                  |                                                                                                   | <b>1 Unit</b>     | <b>2 Units</b>    |                     |                             |
| 1                                                                           | Dental Chairs and Units                                                                                          | Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and suction | 3                 | 6                 |                     |                             |
| 2.                                                                          | Adequate laboratory glassware's as required for processing of biopsy specimens and staining.                     | Reasonable quantity should be made available                                                      |                   |                   |                     |                             |
| 3.                                                                          | Adequate tissue capsules / tissue embedding cassettes                                                            | Reasonable quantity should be made available                                                      |                   |                   |                     |                             |
| 4.                                                                          | Paraffin wax bath                                                                                                | thermostatically controlled                                                                       | 1                 | 1                 |                     |                             |
| 5.                                                                          | Leuckhart pieces                                                                                                 |                                                                                                   | 10                | 10                |                     |                             |
| 6.                                                                          | Block holders                                                                                                    |                                                                                                   | 25                | 25                |                     |                             |
| 7.                                                                          | Microtome                                                                                                        | Manual                                                                                            | 1                 | 1                 |                     |                             |
| 8.                                                                          | Microtome                                                                                                        | semi – automated                                                                                  | 1                 | 1                 |                     |                             |
| 9.                                                                          | Tissue floatation water bath                                                                                     | thermostatically controlled                                                                       | 1                 | 1                 |                     |                             |
| 10.                                                                         | Slide warming table                                                                                              |                                                                                                   | 1                 | 1                 |                     |                             |
| 11.                                                                         | Steel slide racks for staining                                                                                   |                                                                                                   | 5                 | 5                 |                     |                             |
| 12.                                                                         | Diamond glass marker                                                                                             |                                                                                                   | 2                 | 2                 |                     |                             |
| 13.                                                                         | Research microscope with phase contrast, dark field, polarization, image analyzer , photomicrography attachments |                                                                                                   | 1                 | 1                 |                     |                             |
| 14.                                                                         | Multi head microscope                                                                                            | Penta headed                                                                                      | 1                 | 1                 |                     |                             |
| 15.                                                                         | Binocular compound microscope                                                                                    |                                                                                                   | 2 for faculty and | 4 for faculty and |                     |                             |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|                            |                                                                     |  | one per student | one per student |  |  |
|----------------------------|---------------------------------------------------------------------|--|-----------------|-----------------|--|--|
| 16.                        | Stereo microscope                                                   |  | 1               | 1               |  |  |
| 17.                        | Aluminum slide trays                                                |  | 5               | 5               |  |  |
| 18.                        | Wooden / plastic slide boxes                                        |  | 5               | 5               |  |  |
| 19.                        | Wax block storing cabinet                                           |  | 5,000 capacity  | 10,000 capacity |  |  |
| 20.                        | Slide storing cabinet                                               |  | 5,000 capacity  | 10,000 capacity |  |  |
| 21.                        | Refrigerator                                                        |  | 1               | 1               |  |  |
| 22.                        | Pipettes                                                            |  | 5               | 5               |  |  |
| 23.                        | Surgical kit for biopsy                                             |  | 3               | 6               |  |  |
| 24.                        | Immuno histo chemistry lab                                          |  | 1               | 1               |  |  |
| 25.                        | Computer with Internet Connection with attached printer and scanner |  | 1               | 1               |  |  |
| 26.                        | LCD projector                                                       |  | 1               | 1               |  |  |
| <b>Desirable Equipment</b> |                                                                     |  |                 |                 |  |  |
| 27                         | Cryostat                                                            |  | 1               | 1               |  |  |
| 28                         | Fluorescent microscope                                              |  | 1               | 1               |  |  |
| 29                         | Hard tissue microtome                                               |  | 1               | 1               |  |  |
| 30                         | Tissue storing cabinet (frozen)                                     |  | 1               | 1               |  |  |
| 31                         | Microwave                                                           |  | 1               | 1               |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |          |
|-------------|------------------------------------------------------------|----------|
| <b>XXI</b>  | <b>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 |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No |
| <b>XXII</b> | <b>FURNITURE</b>                                           |          |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|  |                                 |                                     |
|--|---------------------------------|-------------------------------------|
|  | <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<br>Girls : Yes / No |
|  | Common hall                     | Boys : Yes / No<br>Girls : Yes / No |

| <b>XXIII 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>XXIV SECURITY DEPOSIT for BDS</b>            |                       |                           |             |                      |
|-------------------------------------------------|-----------------------|---------------------------|-------------|----------------------|
| <b>Details of creation of Security Deposits</b> |                       |                           |             |                      |
| <b>Installment</b>                              | <b>Amount</b>         | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>                                   | <b>Rs.20,00,000/-</b> |                           |             |                      |
| <b>II Inst</b>                                  | <b>Rs.10,00,000/-</b> |                           |             |                      |
| <b>III Inst</b>                                 | <b>Rs.10,00,000/-</b> |                           |             |                      |
| <b>VI Inst</b>                                  | <b>Rs.10,00,000/-</b> |                           |             |                      |

| <b>XXV UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b> |  |                     |
|------------------------------------------------------------------------------------------------------------|--|---------------------|
| <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160)  |  | Receipt No.<br>Date |
| <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)        |  | Receipt No.<br>Date |
| <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)       |  | Receipt No.<br>Date |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                                      | <b>Comments</b> |
|--------------------------------------|-----------------|
| <b>Infrastructure</b>                |                 |
| <b>Hostel Facility</b>               |                 |
| <b>Clinical Material</b>             |                 |
| <b>Staff Assessment</b>              |                 |
| <b>Student Assessment</b>            |                 |
| <b>Library facilities</b>            |                 |
| <b>Equipment</b>                     |                 |
| <b>Overall Department Assessment</b> |                 |
| <b>Any other Observations</b>        |                 |

|                                            |                                                                                                                                                                                                                               |                                              |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| XXIX                                       | OBSERVATION OF THE INSPECTION COMMISSION:<br>1)<br>2)                                                                                                                                                                         |                                              |
| XXX                                        | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No                                     |
| XXXI                                       | We hereby declare that all the documents have been physically verified by us.                                                                                                                                                 |                                              |
| Signature of Principal/Dean with seal      |                                                                                                                                                                                                                               |                                              |
| Signatures of Inspector (Member) with date |                                                                                                                                                                                                                               | Signatures of Inspector (Convener) with date |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                      |                      |
|----------------------|----------------------|
| Residential address: | Residential address: |
| Phone: Office :      | Phone: Office :      |
| Residence :          | Residence :          |
| Mobile No.           | Mobile No.           |

### **MDS COURSE**

**The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                                                                                                                             | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                            | Yes                                                | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                          | Yes                                                | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                               | Yes                                                | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                    | Yes                                                | No |
|      | e) 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 |
|      | 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 | Yes                                                | No |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                                                                                                                                                  |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | Section (IV) page 3 serial No. 8                                                                                                                                                                 |     |    |
| b)  | Affidavit                                                                                                                                                                                        | Yes | No |
| c)  | Teaching experience                                                                                                                                                                              | Yes | No |
| d)  | Relieving certificates from the previous institutions                                                                                                                                            | Yes | No |
| e)  | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Signature of Convenor

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**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 Member :

Signature of Principal / Dean :

:

Signature of Convenor

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**PUBLIC HEALTH DENTISTRY**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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                                                                                                                                                                                                       |                  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|    |                                                                                                 |  |
|----|-------------------------------------------------------------------------------------------------|--|
| 3. | Name of the proposed Dental College<br>Full Address of the Dental College , Fax No. & e-mail ID |  |
| 4. | Name and details of authorities representing the Management present at the time of Inspection   |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 5. | <b>Name of the Principal / Dean</b>   |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | Institutional e-mail Id               |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------|
| Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution | Lr.No:<br>Dt.<br>Intake |
|---------------------------------------------------------------------------------------------------------------|-------------------------|

| <b>VIII 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:<br>Dt.                             |
| 8.                                                                                                                                                        | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.                                                                                                                                                        | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10.                                                                                                                                                       | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11.                                                                                                                                                       | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12.                                                                                                                                                       | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13.                                                                                                                                                       | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14.                                                                                                                                                       | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                                                                                       |                              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                         | Yes / No<br>Lr.No.<br>Date : |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                      | Yes / No<br>Lr.No.<br>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>                                                                                                                 |                              |
|     | OPD Registration Counter                                                                                                              | Yes / No                     |
|     | Bio-metric attendance registration                                                                                                    | Yes / No                     |
|     | 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>               |                              |

|           |                                    |
|-----------|------------------------------------|
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b> |
|-----------|------------------------------------|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|    |                                                                                                                                                                                      |                              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6. | Distance from Dental college to Medical 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                       |
| 7. | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8. | Validity Period of MOU                                                                                                                                                               |                              |
| 9. | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms away).</b>                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 :                                                |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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        |           |                      |
| 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

Signature of Member :

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:

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

| 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       |           |                      |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**Administrative Staff**

| <b>Designation</b>    | <b>Required</b> | <b>Available</b> | <b>Remarks of Inspector</b> |
|-----------------------|-----------------|------------------|-----------------------------|
| Office Superintendent | 1               |                  |                             |
| Head Clerk            | 1               |                  |                             |
| Cashier               | 1               |                  |                             |
| Stenographer          | 1               |                  |                             |
| UDC                   | 2               |                  |                             |
| LDC                   | 4               |                  |                             |

| <b>XI</b>    | <b>CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                         |                            |                             |                                    |                         |  |
|--------------|---------------------------------------------------------------------------|----------------------------|-----------------------------|------------------------------------|-------------------------|--|
|              | <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                            |                             |                                    |                         |  |
| <b>Floor</b> | <b>Area (Sqft)</b>                                                        | <b>Clinical Facilities</b> | <b>Academic Departments</b> | <b>Admin / Logistics / Support</b> | <b>Major Facilities</b> |  |
| Basement     |                                                                           |                            |                             |                                    |                         |  |
| Ground       |                                                                           |                            |                             |                                    |                         |  |
| First        |                                                                           |                            |                             |                                    |                         |  |
| Second       |                                                                           |                            |                             |                                    |                         |  |
| Third        |                                                                           |                            |                             |                                    |                         |  |
| Fourth       |                                                                           |                            |                             |                                    |                         |  |
| Other        |                                                                           |                            |                             |                                    |                         |  |
| <b>TOTAL</b> | <b>AREA (sq.ft.)</b>                                                      |                            |                             |                                    |                         |  |

| <b>XII</b>                                         | <b>INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |                     |                             |  |
|----------------------------------------------------|-----------------------------------------------------|---------------------|-----------------------------|--|
| <b>Infrastructure</b>                              | <b>Requirement</b>                                  | <b>Availability</b> | <b>Remarks of Inspector</b> |  |
| Administrative block                               | 3000 sq. ft.                                        |                     |                             |  |
| Clinical Area (for common Clinic)                  | 2500 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                        | 300 sq. ft.                                         |                     |                             |  |
| Medical Stores cum Pharmacy                        | 300 sq. ft.                                         |                     |                             |  |
| Faculty Room – Dental                              | 1000 sq. ft.                                        |                     |                             |  |
| Amenities area                                     | 1500 sq. ft.                                        |                     |                             |  |
| Boys Common Room                                   | 300 sq. ft.                                         |                     |                             |  |
| Girls Common Room                                  | 300 sq. ft.                                         |                     |                             |  |
| Room for Gas Cylinder (ventilated)                 | 150 sq. ft.                                         |                     |                             |  |
| Compressor Room                                    | 300 sq. ft.                                         |                     |                             |  |
| Cafeteria                                          | 1500 sq. ft.                                        |                     |                             |  |
| Examination hall                                   | 3600 sq. ft.                                        |                     |                             |  |
| Auditorium<br>(To accommodate at least 700 people) | 4000 sq. ft.                                        |                     |                             |  |
| Laboratories (Dental Subjects)                     |                                                     |                     |                             |  |

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|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft. |  |  |
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|                                 |                                                                                                                                                                                               |                  |                      |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| <b>XIII</b>                     | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |                  |                      |
|                                 | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |                  |                      |
|                                 | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |                  |                      |
|                                 | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |                  |                      |
|                                 | a) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |                  |                      |
|                                 | b) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |                  |                      |
| <b>Facility</b>                 | <b>Area (sq.ft.)</b>                                                                                                                                                                          | <b>Available</b> | <b>Not Available</b> |
| <b>Faculty Rooms</b>            |                                                                                                                                                                                               |                  |                      |
| <b>Clinics</b>                  |                                                                                                                                                                                               |                  |                      |
| <b>Seminar Room</b>             |                                                                                                                                                                                               |                  |                      |
| <b>Department Library</b>       |                                                                                                                                                                                               |                  |                      |
| <b>PG Common Room</b>           |                                                                                                                                                                                               |                  |                      |
| <b>Patient Waiting Room</b>     |                                                                                                                                                                                               |                  |                      |
| <b>Total Area (2000 sq.ft.)</b> |                                                                                                                                                                                               |                  |                      |

|            |                                                                                                                                                                                                                                                                                                                      |          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                                                                                                                                                                                                                                                         |          |
|            | 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                                                                                                                                                                                                                                                                                       | / 200    |
|            | * <b>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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |          |

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| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                      |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>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<br>Girls: Yes /No |

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|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| <b>XVI</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)<br>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 |                  |                             |
| 5          | Total Number of Journals No. 26                                                                                                                                                |                  |                             |

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|    |                                                                                                       |          |  |
|----|-------------------------------------------------------------------------------------------------------|----------|--|
|    | 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.)                                                                      | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                         | Yes / No |  |
|    | Under graduate students                                                                               | Yes / No |  |
|    | Post graduate students                                                                                | Yes / No |  |
|    | Staff                                                                                                 | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |
| 9     | Students Cloak Area                       |                           |         |
| 10    | Seating Area                              |                           |         |

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**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                            | No. of Titles |           | No. of Books |           |
|--------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                  | Required      | Available | Required     | Available |
| Central Library<br>(Pertaining to the specialty) | 20            |           | 100          |           |
| No. of Books purchased in<br>last 5 years        | -             |           | -            |           |
| Department Library                               | 10            |           | 50           |           |

| Journals                     | International |           | National |           |
|------------------------------|---------------|-----------|----------|-----------|
|                              | Required      | Available | Required | Available |
| Speciality & Related         | 4 - 6         |           | 2 - 4    |           |
| Back Volumes for 10<br>years | 3             |           | -        |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category                                                                                                                                                                                                                                                                         | Points |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 1.    | <b>Category I:</b><br>(1) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India. | 15     |

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|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|      | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|      | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|      | <b>Total Score Required:</b><br>For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(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 100 to 150 patient's per day.                                                                                                                               |                         |

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|  |                                                                                                           |
|--|-----------------------------------------------------------------------------------------------------------|
|  | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations. |
|--|-----------------------------------------------------------------------------------------------------------|

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|          |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                                                                                                      |                          |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms).</b><br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                                                                                                      |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |
|------------|--------------------------------------------------------------------------------------------|--------------------------|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|            |                                                                                            | <b>New</b>               |
|            |                                                                                            | <b>Old</b>               |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|           |                                                                                       |                          |
|-----------|---------------------------------------------------------------------------------------|--------------------------|
| <b>iv</b> | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                       | <b>UG</b>                |
|           |                                                                                       | <b>PG</b>                |
|           |                                                                                       | <b>TOTAL</b>             |

**Average of Patients in Last Six months**

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| <b>Month</b> |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

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|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>No. of Patients</b> |  |  |  |  |  |  |
| <b>UG</b>              |  |  |  |  |  |  |
| <b>PG</b>              |  |  |  |  |  |  |
| <b>TOTAL</b>           |  |  |  |  |  |  |

**(B) Number of Satellite Centres and adopted villages:**

(Minimum of 2 to 3 Satellite Centres or PHC Nodal Centres should be attached to the Department)

| <b>S.No.</b> | <b>Place of Centre/Village</b> | <b>No. of Patients treated in last one year</b> | <b>Distance from the College</b> |
|--------------|--------------------------------|-------------------------------------------------|----------------------------------|
|              |                                |                                                 |                                  |
|              |                                |                                                 |                                  |
|              |                                |                                                 |                                  |

Number of local schools and adopted by the Department (Minimum 2):

| <b>S.No.</b> | <b>Place of School</b> | <b>No. of Children Screened/referred in last one year</b> | <b>Distance from the College</b> |
|--------------|------------------------|-----------------------------------------------------------|----------------------------------|
|              |                        |                                                           |                                  |
|              |                        |                                                           |                                  |
|              |                        |                                                           |                                  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**  
Minimum Requirement (both UG & PG together)

**Public Health Dentistry (including Patients in Satellite Clinics)**

| <b>Unit</b>          | <b>Starting MDS</b> | <b>2<sup>nd</sup> Renewal</b> | <b>3<sup>rd</sup> &amp; 4<sup>th</sup> Renewal</b> | <b>Recognition</b> |
|----------------------|---------------------|-------------------------------|----------------------------------------------------|--------------------|
| 1 <sup>st</sup> Unit | 30                  | 35                            | 40                                                 | 40                 |
| 2 <sup>nd</sup> Unit | 50                  | 55                            | 60                                                 | 60                 |

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**FOR COLLEGES WITH 100 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Public Health Dentistry (including Patients in Satellite Clinics)**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 40           | 45                      | 50                                        | 50          |
| 2 <sup>nd</sup> Unit | 60           | 65                      | 70                                        | 70          |

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| XX. EQUIPMENTS:-                      |                                                                            |                                                                                                                                                                                                                                                                     |                                                                                      |         |              |                      |
|---------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------|--------------|----------------------|
| DEPARTMENT OF PUBLIC HEALTH DENTISTRY |                                                                            |                                                                                                                                                                                                                                                                     |                                                                                      |         |              |                      |
| S.No.                                 | Name                                                                       | Specification                                                                                                                                                                                                                                                       | Quantity                                                                             |         | Availability | Remarks of inspector |
|                                       | Instruments in the department for Comprehensive Oral Health Care Programme |                                                                                                                                                                                                                                                                     |                                                                                      |         |              |                      |
| 1.                                    | Dental chairs                                                              | Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and motorized suction, micromotor attachment with contra Angle handpiece,airoter attachment, ultrasonic scaler (Piezo) with detachable autoclavable Handpiece with min 3 tips. | One chair and unit per post-graduate student and one chair with unit for the faculty |         |              |                      |
|                                       |                                                                            |                                                                                                                                                                                                                                                                     | 1 Unit                                                                               | 2 Units |              |                      |
| 2.                                    | Extraction forceps                                                         |                                                                                                                                                                                                                                                                     | 4 sets                                                                               | 6 sets  |              |                      |
| 3.                                    | Filling instruments                                                        |                                                                                                                                                                                                                                                                     | 4 sets                                                                               | 6 sets  |              |                      |
| 4.                                    | Scaling instruments                                                        | Supra gingival scaling                                                                                                                                                                                                                                              | 4 sets                                                                               | 6 sets  |              |                      |
| 5.                                    | Amalgamator                                                                |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 6.                                    | Pulp tester                                                                |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 7.                                    | Autoclave                                                                  |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 8.                                    | X-ray viewer                                                               |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 9.                                    | Instrument cabinet                                                         |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 10.                                   | LCD or DLP multimedia projector                                            |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
| 11.                                   | Computer with internet connection With attached printer and scanner        |                                                                                                                                                                                                                                                                     | 1                                                                                    | 1       |              |                      |
|                                       | For peripheral dental care or field programme                              |                                                                                                                                                                                                                                                                     |                                                                                      |         |              |                      |

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|     |                                                                                                            |                |   |   |  |  |
|-----|------------------------------------------------------------------------------------------------------------|----------------|---|---|--|--|
| 12. | Staff bus                                                                                                  |                | 1 | 1 |  |  |
| 13. | Mobile dental clinic fitted with at least 2 dental chairs with complete dental unit with fire extinguisher |                | 1 | 1 |  |  |
| 14. | Ultrasonic scaler,                                                                                         |                | 1 | 2 |  |  |
| 15. | Ultrasonic cleaner capacity 3.5 lts                                                                        |                | 1 | 1 |  |  |
| 16. | Compressor                                                                                                 | One with chair |   |   |  |  |
| 17. | Generator                                                                                                  |                | 1 | 1 |  |  |
| 18. | Public address system, audio-visual aids                                                                   |                | 1 | 1 |  |  |
| 19. | Television                                                                                                 |                | 1 | 1 |  |  |
| 20. | Digital <b>Versatile Disc</b> Player                                                                       |                | 1 | 1 |  |  |
| 21. | Instrument cabinet, emergency medicine kits, Blood pressure apparatus                                      |                | 1 | 1 |  |  |
| 22. | Portable oxygen cylinder                                                                                   |                | 1 | 1 |  |  |
| 23. | Portable chair                                                                                             |                | 1 | 1 |  |  |
| 24. | Refrigerator                                                                                               |                | 1 | 1 |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                                                                                                                                         |                 |
|--------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>XXIII</b> | <b>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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Processing fee Rs. 60,000 + GST 18% 10,800)      | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                                      | <b>Comments</b> |
|--------------------------------------|-----------------|
| <b>Infrastructure</b>                |                 |
| <b>Hostel Facility</b>               |                 |
| <b>Clinical Material</b>             |                 |
| <b>Staff Assessment</b>              |                 |
| <b>Student Assessment</b>            |                 |
| <b>Library facilities</b>            |                 |
| <b>Equipment</b>                     |                 |
| <b>Overall Department Assessment</b> |                 |
| <b>Any other Observations</b>        |                 |

|             |                                                  |
|-------------|--------------------------------------------------|
| <b>XXIX</b> | <b>OBSERVATION OF THE INSPECTION COMMISSION:</b> |
|             | 1)                                               |
|             | 2)                                               |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                                                                      |                                                                                                                                                                                                                               |                                                                      |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| XXX                                                                  | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Yes / No                                                             |
| XXXI                                                                 | <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 (Convener) with date                         |
| Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. |                                                                                                                                                                                                                               | Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**MDS COURSE****The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                                                                                                                                                              | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|      | e) 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 |
|      | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|      | e) 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Signature of Convenor

:

**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 Member :

Signature of Principal / Dean :

Signature of Convenor

:

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



**INSPECTION PROFORMA – M.D.S**

**LCA FOR STARTING OF NEW  
M.D.S. COURSE**

**PEDIATRIC AND PREVENTIVE  
DENTISTRY**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**INSPECTION REPORT**

**DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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<br>Full Address of the Dental College , Fax No. & e-mail ID                                                                                                                                                  |                  |
| 4.         | Name and details of authorities representing the Management present at the time of Inspection                                                                                                                                                    |                  |
| 5.         | <b>Name of the Principal / Dean</b>                                                                                                                                                                                                              |                  |
|            | Age & Date of Birth                                                                                                                                                                                                                              |                  |
|            | Qualification with speciality                                                                                                                                                                                                                    |                  |
|            | Teaching Experience                                                                                                                                                                                                                              |                  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|  |                                       |  |
|--|---------------------------------------|--|
|  | Mobile No.                            |  |
|  | Institutional e-mail Id               |  |
|  | Aadhaar Card No.                      |  |
|  | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |
|            | Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution                                                                                         | Lr.No:<br>Dt.<br>Intake          |

|             |                                                                                                                                                         |  |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>VIII</b> | <b>LAND &amp; INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed<br/>(not less than 30 years) - (Attested Copies of original documents must be attached)</b> |  |
| 1.          | Total Area of Land<br>(Minimum 5 acres of land)                                                                                                         |  |
| 2.          | Year of Lease                                                                                                                                           |  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                                                                                                                                                                          |                                           |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 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:<br>Dt.                             |
| 8.  | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.  | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10. | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11. | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12. | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13. | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14. | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                                                                                                            | Yes / No<br>Lr.No.<br>Date :              |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                                                                                                         | Yes / No<br>Lr.No.<br>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>                                                                                                                                                                                                    |                                           |
|     | OPD Registration Counter                                                                                                                                                                                                 | Yes / No                                  |
|     | Bio-metric attendance registration                                                                                                                                                                                       | Yes / No                                  |
|     | Department of Conservative Dentistry and Endodontics                                                                                                                                                                     | Yes / No                                  |
|     | Lecture halls                                                                                                                                                                                                            | Yes / No                                  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|  |                                                                                                                         |          |
|--|-------------------------------------------------------------------------------------------------------------------------|----------|
|  | 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> |          |

|           |                                                                                                                                                                                      |                              |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b>                                                                                                                                                   |                              |
| 1.        | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6.        | Distance from Dental college to Medical 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                       |
| 7.        | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8.        | Validity Period of MOU                                                                                                                                                               |                              |
| 9.        | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                  |
|----------|--------------------------------------------------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL<br/>(applicable if Medical College is more than 10 kms away).</b> |
|----------|--------------------------------------------------------------------------------------------------|

Signature of Member :

Signature of Principal / Dean :

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Signature of Convenor

|                                                                                                                                                                                                 |                                                                                                                                                                                       |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <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<br>Private Hospital<br>Government General Hospital |
| 2.                                                                                                                                                                                              | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                           | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.                                                                                                                                                                                              | <b>Name and Address of Hospital:</b>                                                                                                                                                  |                                                        |
| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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%          |           |                      |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

**Man Power Requirement****Medical Staff**

| Designation              | Required | Available | Remarks of Inspector |
|--------------------------|----------|-----------|----------------------|
| 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        |           |                      |

**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        |           |                      |

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|                                      |   |  |  |
|--------------------------------------|---|--|--|
| 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 | 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        |           |                      |

| <b>XI</b> | <b>CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                         |                     |                      |                             |                  |  |
|-----------|---------------------------------------------------------------------------|---------------------|----------------------|-----------------------------|------------------|--|
|           | <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                     |                      |                             |                  |  |
| Floor     | Area (Sqft)                                                               | Clinical Facilities | Academic Departments | Admin / Logistics / Support | Major Facilities |  |
| Basement  |                                                                           |                     |                      |                             |                  |  |

Signature of Member :

Signature of Principal / Dean :

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Signature of Convenor

|        |               |  |  |  |  |  |
|--------|---------------|--|--|--|--|--|
| Ground |               |  |  |  |  |  |
| First  |               |  |  |  |  |  |
| Second |               |  |  |  |  |  |
| Third  |               |  |  |  |  |  |
| Fourth |               |  |  |  |  |  |
| Other  |               |  |  |  |  |  |
| TOTAL  | AREA (sq.ft.) |  |  |  |  |  |

| <b>XII</b>                                                        | <b>INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |                     |                             |  |
|-------------------------------------------------------------------|-----------------------------------------------------|---------------------|-----------------------------|--|
| <b>Infrastructure</b>                                             | <b>Requirement</b>                                  | <b>Availability</b> | <b>Remarks of Inspector</b> |  |
| Administrative block                                              | 3000 sq. ft.                                        |                     |                             |  |
| Clinical Area (for common Clinic)                                 | 2500 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                                       | 300 sq. ft.                                         |                     |                             |  |
| Medical Stores cum Pharmacy                                       | 300 sq. ft.                                         |                     |                             |  |
| Faculty Room – Dental                                             | 1000 sq. ft.                                        |                     |                             |  |
| Amenities area                                                    | 1500 sq. ft.                                        |                     |                             |  |
| Boys Common Room                                                  | 300 sq. ft.                                         |                     |                             |  |
| Girls Common Room                                                 | 300 sq. ft.                                         |                     |                             |  |
| Room for Gas Cylinder (ventilated)                                | 150 sq. ft.                                         |                     |                             |  |
| Compressor Room                                                   | 300 sq. ft.                                         |                     |                             |  |
| Cafeteria                                                         | 1500 sq. ft.                                        |                     |                             |  |
| Examination hall                                                  | 3600 sq. ft.                                        |                     |                             |  |
| Auditorium<br>(To accommodate at least 700 people)                | 4000 sq. ft.                                        |                     |                             |  |
| Laboratories (Dental Subjects)                                    |                                                     |                     |                             |  |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft.                                        |                     |                             |  |
| Pre-clinical conservative lab                                     | 2500 sq. ft.                                        |                     |                             |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft.                                        |                     |                             |  |
| <b>LABORATORIES (Clinical)</b>                                    |                                                     |                     |                             |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft.                                        |                     |                             |  |
| Conservative Clinical Lab                                         | 600 sq. ft.                                         |                     |                             |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.                                         |                     |                             |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.                                         |                     |                             |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.                                         |                     |                             |  |

| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>          |
|-------------|------------------------------------------------------------------|
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b> |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>           |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|  |                                                                                                                                                                                               |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|  | k) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|  | l) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |
|  | c)                                                                                                                                                                                            |
|  | Play Area                                                                                                                                                                                     |

| Facility                        | Area (sq.ft.) | Available | Not Available |
|---------------------------------|---------------|-----------|---------------|
| Faculty Rooms                   |               |           |               |
| Clinics                         |               |           |               |
| Laboratory Space                |               |           |               |
| Seminar Room                    |               |           |               |
| Department Library              |               |           |               |
| PG Common Room                  |               |           |               |
| Preclinical Lab                 |               |           |               |
| Patient Waiting Room            |               |           |               |
| Minor OT with recovery Area     |               |           |               |
| Play Area                       |               |           |               |
| <b>Total Area (2000 sq.ft.)</b> |               |           |               |

|            |                                                                                                                                                                                                                                                                                                               |          |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                                                                                                                                                                                                                                                                  |          |
|            | 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                                                                                                                                                                                                                                                                                | / 200    |
|            | * 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment |          |

| Sl. No. | Required for 100 admissions | BDS required | BDS Available | MDS required | MDS Available |
|---------|-----------------------------|--------------|---------------|--------------|---------------|
|---------|-----------------------------|--------------|---------------|--------------|---------------|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|    |                                                        |    |  |                                                    |  |
|----|--------------------------------------------------------|----|--|----------------------------------------------------|--|
|    |                                                        |    |  | post-graduate student and two for faculty per Unit |  |
| 1. | Prosthodontics and Crown & Bridge                      | 34 |  | -do-                                               |  |
| 2. | Periodontics                                           | 34 |  | -do-                                               |  |
| 3. | Oral Maxillofacial Surgery                             | 30 |  | -do-                                               |  |
| 4. | Conservative Dentistry and Endodontics                 | 34 |  | -do-                                               |  |
| 5. | Orthodontics and Dentofacial Orthopaedics              | 18 |  | -do-                                               |  |
| 6. | Oral and Maxillofacial Pathology and Oral Microbiology | 02 |  | -do-                                               |  |
| 7. | Public Health Dentistry                                | 16 |  | -do-                                               |  |
| 8. | Pediatric Dentistry                                    | 20 |  | -do-                                               |  |
| 9. | Oral Medicine and Radiology                            | 12 |  | -do-                                               |  |

|           |                                                                                                 |                      |                           |
|-----------|-------------------------------------------------------------------------------------------------|----------------------|---------------------------|
| <b>XV</b> | <b>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<br>/ 19 Nos. |                           |
| <b>3</b>  | Type (No. of rooms)                                                                             | No.                  | Occupancy Rate (verified) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                    |                           |

|          |                                                                                                                        |                                 |
|----------|------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|          | <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<br>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<br>Girls: Yes /No |
| <b>4</b> | Hostel Facility is available for PG students                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| <b>5</b> | Whether there are separate wardens for both the boys & Girls Hostel                                                    | Boys: Yes /No<br>Girls: Yes /No |

Signature of Member :

Signature of Principal / Dean :

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Signature of Convenor

|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| <b>XVI</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)<br>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 |                  |                             |
| 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                                                                                       |                  |                             |

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|    |                                                                                                       |          |  |
|----|-------------------------------------------------------------------------------------------------------|----------|--|
|    | 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.)                                                                      | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                         | Yes / No |  |
|    | Under graduate students                                                                               | Yes / No |  |
|    | Post graduate students                                                                                | Yes / No |  |
|    | Staff                                                                                                 | Yes / No |  |
| 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 librarian /Assistant Librarian Room |                           |         |
| 9     | Students Cloak Area                       |                           |         |
| 10    | Seating Area                              |                           |         |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                            | No. of Titles |           | N        |           |
|--------------------------------------------------|---------------|-----------|----------|-----------|
|                                                  | Required      | Available | Required | Available |
| Central Library<br>(Pertaining to the specialty) | 20            |           | 100      |           |
| No. of Books purchased in last 5 years           | -             |           | -        |           |
| Department Library                               | 10            |           | 50       |           |

| Journals                  | International |           | N        |           |
|---------------------------|---------------|-----------|----------|-----------|
|                           | Required      | Available | Required | Available |
| Speciality & Related      | 4 - 6         |           | 2 - 4    |           |
| Back Volumes for 10 years | 3             |           | -        |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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| S.No | Faculty name & Designation | Name of the Journal | Category I / II / III | Authorship (1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> etc.) | Year of Publication | Points |
|------|----------------------------|---------------------|-----------------------|---------------------------------------------------------------------|---------------------|--------|
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |
|      |                            |                     |                       |                                                                     |                     |        |

| S.No. | Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P  |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1.    | <b>Category I:</b><br>(6) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                                                                                                                                                                                                                                          | 15 |
|       | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                                                                                                                                   | 10 |
|       | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5  |
| Note  | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.<br>For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.<br>Maximum of 3 publications would be considered for allotting points in Category III.<br>Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points. |    |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |  |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
|  | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |  |
|  | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |  |
|  | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |  |
|  | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |  |
|  | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |  |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(applicable if Medical College is more than 10 kms)                                                                                              |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | <b>DENTAL COLLEGE HOSPITAL</b>                                                                                                                                                       |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | * Minimum requirement of 100 to 150 patient's per day.                                                                                                                               |                         |
|            | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations.                                                                            |                         |

**CLINICAL WORK LOAD**

|          |                                                                                                     |                          |
|----------|-----------------------------------------------------------------------------------------------------|--------------------------|
| <b>i</b> | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|          |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| <b>Month</b> |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>No. of Patients</b> |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|

|           |                                                                                                                                                                      |                          |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>ii</b> | <b>ATTACHED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms).</b><br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|           |                                                                                                                                                                      |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|            |                                                                                            |                          |
|------------|--------------------------------------------------------------------------------------------|--------------------------|
| <b>iii</b> | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|            |                                                                                            | <b>New</b>               |
|            |                                                                                            | <b>Old</b>               |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|    |                                                                                       |   |              |  |  |
|----|---------------------------------------------------------------------------------------|---|--------------|--|--|
| iv | <b>Speciality</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | O |              |  |  |
|    |                                                                                       |   | UG           |  |  |
|    |                                                                                       |   | PG           |  |  |
|    |                                                                                       |   | <b>TOTAL</b> |  |  |

**Average of Patients in Last Six months**

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>Month</b>              |  |  |  |  |  |  |
| <b>No. of Patients UG</b> |  |  |  |  |  |  |
| <b>PG</b>                 |  |  |  |  |  |  |
| <b>TOTAL</b>              |  |  |  |  |  |  |

**FOR COLLEGES WITH 50 UG ADMISSIONS**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**Minimum Requirement (both UG & PG together)****Pediatric Dentistry**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 20           | 25                      | 30                                        | 30          |
| 2 <sup>nd</sup> Unit | 35           | 40                      | 45                                        | 45          |

**FOR COLLEGES WITH 100 UG ADMISSIONS**  
**Minimum Requirement (both UG & PG together)**

**Pediatric Dentistry**

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 30           | 35                      | 40                                        | 40          |
| 2 <sup>nd</sup> Unit | 50           | 55                      | 60                                        | 60          |

**XX. EQUIPMENTS :-**

**DEPARTMEN  
T :  
PED  
IAT  
RIC  
AN  
D  
PRE  
VEN  
TIV  
E  
DEN  
TIS  
TRY**

| S. No. | Name | Specification | Quantity | Availability | R<br>e<br>m<br>a<br>r |
|--------|------|---------------|----------|--------------|-----------------------|
|        |      |               |          |              |                       |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                     |                                                                                                                                                                                                                                                                     |                                                                                     |                |  |                                                               |
|-----|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------|--|---------------------------------------------------------------|
|     |                                                                     |                                                                                                                                                                                                                                                                     |                                                                                     |                |  | k<br>s<br>o<br>f<br>i<br>n<br>s<br>p<br>e<br>c<br>t<br>o<br>r |
| 1.  | Dental Chairs and Units                                             | Electrically operated with shadowless lamp, spittoon, 3 way syringe, and motorised suction, micromotor attachment with contra angle miniature handpiece, airtor attachment with miniature handpiece, dental operator stool (40% dental chairs shall be pedo chairs) | One chair & unit per post-graduate student and Two chairs with unit for the faculty |                |  |                                                               |
|     |                                                                     |                                                                                                                                                                                                                                                                     | <b>1 Unit</b>                                                                       | <b>2 Units</b> |  |                                                               |
| 2.  | Pedo extraction forceps sets                                        |                                                                                                                                                                                                                                                                     | 3                                                                                   | 4              |  |                                                               |
| 3.  | Autoclaves for bulk instrument sterilization vacuum (Front loading) |                                                                                                                                                                                                                                                                     | 1                                                                                   | 2              |  |                                                               |
| 4.  | RVG with intra oral x-ray unit                                      |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 5.  | Automatic developer                                                 |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 6.  | Pulp tester                                                         |                                                                                                                                                                                                                                                                     | 2                                                                                   | 3              |  |                                                               |
| 7.  | Apex locator                                                        |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 8.  | Rubber dam kit                                                      | One set per student                                                                                                                                                                                                                                                 | 1                                                                                   | 1              |  |                                                               |
| 9.  | Injectable GP condenser                                             |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 10. | Endodontic pressure syringe                                         |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 11. | Glass bead steriliser                                               |                                                                                                                                                                                                                                                                     | 2                                                                                   | 4              |  |                                                               |
| 12. | Spot welder                                                         |                                                                                                                                                                                                                                                                     | 2                                                                                   | 3              |  |                                                               |
| 13. | Ultrasonic scalers                                                  |                                                                                                                                                                                                                                                                     | 2                                                                                   | 4              |  |                                                               |
| 14. | Needle destroyer                                                    |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |
| 15. | Formalin chamber                                                    |                                                                                                                                                                                                                                                                     | 1                                                                                   | 1              |  |                                                               |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|     |                                                                     |                               |          |          |  |  |
|-----|---------------------------------------------------------------------|-------------------------------|----------|----------|--|--|
| 16. | Ultrasonic cleaner capacity 3.5 lts                                 |                               | 1        | 1        |  |  |
| 17. | X-ray viewer                                                        |                               | 2        | 3        |  |  |
| 18. | Amalgamator                                                         |                               | 1        | 2        |  |  |
| 19. | Plaster dispenser                                                   |                               | 2        | 2        |  |  |
| 20. | Dental lathe                                                        |                               | 1        | 2        |  |  |
| 21. | Vibrator                                                            |                               | 2        | 3        |  |  |
| 22. | Typodonts                                                           | One set per . Student         | 1 per PG | 1 per PG |  |  |
| 23. | Soldering unit                                                      |                               | 1        | 1        |  |  |
| 24. | Band pinching beak pliers                                           |                               | 2 Sets   | 2 Sets   |  |  |
| 25. | Proximal contouring pliers                                          |                               | 2        | 3        |  |  |
| 26. | Crown crimping pliers                                               |                               | 2        | 3        |  |  |
| 27. | Double beak pliers anterior and posterior                           |                               | 2        | 3        |  |  |
| 28. | Lab micro motor                                                     |                               | 2        | 3        |  |  |
| 29. | Acryliser                                                           |                               | 1        | 2        |  |  |
| 30. | Magnifying loupes                                                   |                               | 1        | 1        |  |  |
| 31. | Conscious sedation unit                                             | Desirable                     | 1        | 1        |  |  |
| 32. | Pulse oxymeter                                                      |                               | 1        | 1        |  |  |
| 33. | Phantom head table with attached Light, Airtor and micro motor      | One set per each P.G. Student | 1 per PG | 1 per PG |  |  |
| 34. | Computer with internet connection with attached printer and scanner |                               | 1        | 1        |  |  |
| 35. | LCD projector                                                       |                               | 1        | 1        |  |  |
| 36. | Refrigerator                                                        |                               | 1        | 1        |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|            |                                                            |          |
|------------|------------------------------------------------------------|----------|
| <b>XXI</b> | <b>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 |
|            | iv) Anti Ragging Committee as per norms                    | Yes / No |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|             |                                 |                                     |
|-------------|---------------------------------|-------------------------------------|
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                     | Boys : Yes / No<br>Girls : Yes / No |

|       |                                                               |                                                                                                                                         |          |
|-------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------|
| XXIII | EXAMINATION HALL FACILITIES<br>(Required area 3600 sq. ft)    |                                                                                                                                         |          |
|       | Sl. No.                                                       | Description                                                                                                                             | Quantity |
|       | 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  |

|             |                                          |                |      |               |
|-------------|------------------------------------------|----------------|------|---------------|
| XXIV        | SECURITY DEPOSIT for BDS                 |                |      |               |
|             | Details of creation of Security Deposits |                |      |               |
| Installment | Amount                                   | FDR No. & Date | Bank | Maturity Date |
| I Inst      | Rs.20,00,000/                            |                |      |               |
| II Inst     | Rs.10,00,000/-                           |                |      |               |
| III Inst    | Rs.10,00,000/-                           |                |      |               |
| VI Inst     | Rs.10,00,000/-                           |                |      |               |

|            |                                                                                                        |
|------------|--------------------------------------------------------------------------------------------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b> |
|------------|--------------------------------------------------------------------------------------------------------|

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|  |                                                                                                           |                     |
|--|-----------------------------------------------------------------------------------------------------------|---------------------|
|  | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|  | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Processing fee Rs. 60,000 + GST 18% 10,800)      | Receipt No.<br>Date |
|  | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |
|              | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b>                                                                                                                                                           |  |

**XXVIII. OVERALL IMPRESSION :-**

|                                      | <b>Comments</b> |
|--------------------------------------|-----------------|
| <b>Infrastructure</b>                |                 |
| <b>Hostel Facility</b>               |                 |
| <b>Clinical Material</b>             |                 |
| <b>Staff Assessment</b>              |                 |
| <b>Student Assessment</b>            |                 |
| <b>Library facilities</b>            |                 |
| <b>Equipment</b>                     |                 |
| <b>Overall Department Assessment</b> |                 |
| <b>Any other Observations</b>        |                 |

|             |                                                              |
|-------------|--------------------------------------------------------------|
| <b>XXIX</b> | <b>OBSERVATION OF THE INSPECTION COMMISSION:</b><br>1)<br>2) |
|-------------|--------------------------------------------------------------|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |                                                                                                                                                                                                                               |                            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| XXX | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the <b>statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20</b> | Y<br>e<br>s<br>/<br>N<br>o |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|

|      |                                                                               |
|------|-------------------------------------------------------------------------------|
| XXXI | We hereby declare that all the documents have been physically verified by us. |
|------|-------------------------------------------------------------------------------|

|                                            |                                              |
|--------------------------------------------|----------------------------------------------|
| Signature of Principal/Dean with seal      |                                              |
| Signatures of Inspector (Member) with date | Signatures of Inspector (Convener) with date |
| Residential address:                       | Residential address:                         |
| Phone: Office :                            | Phone: Office :                              |
| Residence :                                | Residence :                                  |
| Mobile No.                                 | Mobile No.                                   |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**MDS COURSE****The inspection report should be confidential.**

| S.No | <b><u>Check list for the Inspectors:</u></b>                                                                                                                |                                                                                                                                                                                                                                                                                                        | <b>Mark<br/>(<input type="checkbox"/>) any one</b> |    |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----|
| 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 |
|      | a)                                                                                                                                                          | MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                                | No |
|      | b)                                                                                                                                                          | 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                                | No |
|      | c)                                                                                                                                                          | Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                                | No |
|      | d)                                                                                                                                                          | Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                                | No |
|      | e)                                                                                                                                                          | 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 |
|      | 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)                                                                                                                                                          | Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                                | No |
|      | e)                                                                                                                                                          | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

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

|      | ANNEXURE                                                                                                                                                                                                                                                                 |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                |
| XII  | Others<br>Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste<br>Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary<br>Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of Bio |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|  |                                                                                                                                                                                                                        |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | 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 |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### **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 Member :

Signature of Principal / Dean :

:

Signature of Convenor

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



## **INSPECTION PROFORMA – M.D.S.**

### **LCA FOR STARTING OF NEW M.D.S. COURSE**

### **ORAL MEDICINE AND RADIOLOGY**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE**  
**TO GRANT OF LETTER OF CONSENT OF AFFILIATION FOR**  
**STARTING OF M.D.S. COURSE**

**INSPECTION REPORT**

**DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY**

|            |                                                                                                                                                                                                                                                  |                  |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <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.<br>Date : |
| <b>III</b> | Date of Inspection                                                                                                                                                                                                                               |                  |
| <b>IV</b>  | Date of Last Inspection                                                                                                                                                                                                                          |                  |
| <b>V</b>   | <b>ORGANIZATION 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>VI</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                                                                                                                                                                                                       |                  |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|    |                                                                                                 |  |
|----|-------------------------------------------------------------------------------------------------|--|
| 3. | Name of the proposed Dental College<br>Full Address of the Dental College , Fax No. & e-mail ID |  |
| 4. | Name and details of authorities representing the Management present at the time of Inspection   |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 5. | <b>Name of the Principal / Dean</b>   |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | Institutional e-mail Id               |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|    |                                          |  |
|----|------------------------------------------|--|
| 6. | <b>a) Name of the Speciality applied</b> |  |
|    | <b>b) No. of seats applied</b>           |  |

|    |                                       |  |
|----|---------------------------------------|--|
| 7. | <b>Name of the Head of Department</b> |  |
|    | Age & Date of Birth                   |  |
|    | Qualification with speciality         |  |
|    | Teaching Experience                   |  |
|    | Mobile No.                            |  |
|    | E-mail Id                             |  |
|    | Aadhaar Card No.                      |  |
|    | State Dental Council Registration No. |  |

|            |                                                                                                                                                                                                       |                                  |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>VII</b> | <b>PERMISSION LETTERS</b>                                                                                                                                                                             |                                  |
|            | <b>DETAILS OF B.D.S. COURSE</b>                                                                                                                                                                       |                                  |
|            | State Govt. Permission / Essentiality Certificate                                                                                                                                                     | Lr.No:<br>Dt.<br>from the year : |
|            | Consent for affiliation issued by the University                                                                                                                                                      | Lr.No:<br>Dt.<br>from the year : |
|            | DCI /GOI's formal permission for starting the B.D.S course                                                                                                                                            | Lr.No:<br>Dt.<br>from the year : |
|            | Provisional Affiliation issued by the University – B.D.S Course                                                                                                                                       | Proc.No.<br>Dt.                  |
|            | Year of commencement of the I B.D.S Degree course                                                                                                                                                     | From the year                    |
|            | Continuance of Provisional Affiliation issued by the University with intake from commencement of BDS Course till date (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> and CRI) | Proc.No.<br>Dt.<br>Intake        |

Signature of Member :

Signature of Principal / Dean :

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Signature of Convenor

|                                                                                                               |                         |
|---------------------------------------------------------------------------------------------------------------|-------------------------|
| Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution | Lr.No:<br>Dt.<br>Intake |
|---------------------------------------------------------------------------------------------------------------|-------------------------|

| <b>VIII 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:<br>Dt.                             |
| 8.                                                                                                                                                        | Total Constructed Area (in Sq.ft)                                                                                                                                                                                        |                                           |
| 9.                                                                                                                                                        | Whether Completion Certificate furnished from the competent authority                                                                                                                                                    | Lr.No:<br>Dated:                          |
| 10.                                                                                                                                                       | Whether Pollution Control Board Certificate obtained                                                                                                                                                                     | Yes /Applied for / No<br>Lr.No.<br>Date : |
| 11.                                                                                                                                                       | Whether sewage treatment plant is available                                                                                                                                                                              | Yes / No<br>Lr.No.<br>Date :.             |
| 12.                                                                                                                                                       | Whether Bio-Medical waste management is followed as per PCBI                                                                                                                                                             | Yes / No<br>Lr.No.<br>Date :              |
| 13.                                                                                                                                                       | Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations                                                                                                                       | Yes / No<br>Lr.No.<br>Date :              |
| 14.                                                                                                                                                       | Whether obtained from the competent authority<br>1. Fire and Safety Certificate<br>2. Sanitary Certificate                                                                                                               | Yes /Applied for / No<br>Lr.No.<br>Date : |

Signature of Member :

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|     |                                                                                                                                       |                              |
|-----|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 15. | Whether AERB Certificate for Equipments obtained from the competent authority                                                         | Yes / No<br>Lr.No.<br>Date : |
| 16. | Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)                                      | Yes / No<br>Lr.No.<br>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>                                                                                                                 |                              |
|     | OPD Registration Counter                                                                                                              | Yes / No                     |
|     | Bio-metric attendance registration                                                                                                    | Yes / No                     |
|     | 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>               |                              |

|           |                                    |
|-----------|------------------------------------|
| <b>IX</b> | <b>MEDICAL COLLEGE ATTACHMENT:</b> |
|-----------|------------------------------------|

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|    |                                                                                                                                                                                      |                              |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. | Type                                                                                                                                                                                 | Own<br>Private<br>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<br>Lr.No.<br>Date :   |
| 6. | Distance from Dental college to Medical 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                       |
| 7. | Whether MOU is signed by competent Authorities between Medical and Dental College for teaching B.D.S & M.D.S. Course Students                                                        | Yes/No                       |
| 8. | Validity Period of MOU                                                                                                                                                               |                              |
| 9. | Whether the above mentioned Medical College has given attachment to any other Dental College other than the proposed dental college                                                  | Yes/No                       |

|          |                                                                                                                                                                                                 |                                                        |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>X</b> | <b>100 BEDDED GENERAL HOSPITAL</b><br>(applicable if Medical College is more than <b>10 kms</b> away).                                                                                          |                                                        |
|          | <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<br>Private Hospital<br>Government General Hospital |
| 2.       | Name of the Issuing Competent Authority<br>Whether the permission of the attached 100 bedded hospital is issued by the competent authority?                                                     | Yes / No.<br>Lr.No.<br>Date:                           |
| 3.       | <b>Name and Address of Hospital:</b>                                                                                                                                                            |                                                        |
| 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 :                                                |

Signature of Member :

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| 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)                         | 09       |          |                      |                          |                      |
| Maternity Ward                                       | 15       |          |                      |                          |                      |
| Paediatric Ward                                      | 06       |          |                      |                          |                      |
| Intensive Care Services (4% of bed strength)         | 04       |          |                      |                          |                      |
| Critical Care Services (6% of bed strength)          | 06       |          |                      |                          |                      |

#### 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        |           |                      |
| 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

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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

| 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       |           |                      |

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**Administrative Staff**

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

| <b>XI CONSTRUCTED AREA - DENTAL COLLEGE BUILDING</b>                      |                      |                     |                      |                             |                  |  |
|---------------------------------------------------------------------------|----------------------|---------------------|----------------------|-----------------------------|------------------|--|
| <b>Total completed Constructed Carpet Area Required : 1,00,000 Sq.ft.</b> |                      |                     |                      |                             |                  |  |
| Floor                                                                     | Area (Sqft)          | Clinical Facilities | Academic Departments | Admin / Logistics / Support | Major Facilities |  |
| Basement                                                                  |                      |                     |                      |                             |                  |  |
| Ground                                                                    |                      |                     |                      |                             |                  |  |
| First                                                                     |                      |                     |                      |                             |                  |  |
| Second                                                                    |                      |                     |                      |                             |                  |  |
| Third                                                                     |                      |                     |                      |                             |                  |  |
| Fourth                                                                    |                      |                     |                      |                             |                  |  |
| Other                                                                     |                      |                     |                      |                             |                  |  |
| <b>TOTAL</b>                                                              | <b>AREA (sq.ft.)</b> |                     |                      |                             |                  |  |

| <b>XII INFRASTRUCTURE &amp; FUNCTIONAL REQUIREMENTS</b> |              |              |                      |
|---------------------------------------------------------|--------------|--------------|----------------------|
| Infrastructure                                          | Requirement  | Availability | Remarks of Inspector |
| Administrative block                                    | 3000 sq. ft. |              |                      |
| Clinical Area (for common Clinic)                       | 2500 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                             | 300 sq. ft.  |              |                      |
| Medical Stores cum Pharmacy                             | 300 sq. ft.  |              |                      |
| Faculty Room – Dental                                   | 1000 sq. ft. |              |                      |
| Amenities area                                          | 1500 sq. ft. |              |                      |
| Boys Common Room                                        | 300 sq. ft.  |              |                      |
| Girls Common Room                                       | 300 sq. ft.  |              |                      |
| Room for Gas Cylinder (ventilated)                      | 150 sq. ft.  |              |                      |
| Compressor Room                                         | 300 sq. ft.  |              |                      |
| Cafeteria                                               | 1500 sq. ft. |              |                      |
| Examination hall                                        | 3600 sq. ft. |              |                      |

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|                                                                   |              |  |  |
|-------------------------------------------------------------------|--------------|--|--|
| Auditorium<br>(To accommodate at least 700 people)                | 4000 sq. ft. |  |  |
| Laboratories (Dental Subjects)                                    |              |  |  |
| Pre-clinical Prosthodontics and dental material lab               | 3000 sq. ft. |  |  |
| Pre-clinical conservative lab                                     | 2500 sq. ft. |  |  |
| Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab | 2500 sq. ft. |  |  |
| <b>LABORATORIES (Clinical)</b>                                    |              |  |  |
| Prosthodontics Cast Partial and Ceramic                           | 2500 sq. ft. |  |  |
| Conservative Clinical Lab                                         | 600 sq. ft.  |  |  |
| Histopathology Lab for Oral Pathology                             | 300 sq. ft.  |  |  |
| Haematology and Clinical Biochemistry                             | 400 sq. ft.  |  |  |
| AERB certified Radiographic Room along with Dark Room             | 600 sq. ft.  |  |  |

|             |                                                                                                                                                                                               |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>XIII</b> | <b>SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-</b>                                                                                                                                       |
|             | <b>Constructed Area for P.G. Study (Applicable for one unit)</b>                                                                                                                              |
|             | <b>INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:</b>                                                                                                                                        |
|             | Space:<br>In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree               |
|             | a) A minimum of 125 sq. ft. area for each dental chair in the clinic. The area of the clinic shall be in accordance with the number of dental chairs required to be placed in the department. |
|             | b) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)                                                                                   |

| Facility                            | Area (sq.ft.) | Available | Not Available |
|-------------------------------------|---------------|-----------|---------------|
| Faculty Rooms                       |               |           |               |
| Clinics                             |               |           |               |
| Laboratory Space                    |               |           |               |
| Seminar Room                        |               |           |               |
| Department Library                  |               |           |               |
| PG Common Room                      |               |           |               |
| Patient Waiting Room                |               |           |               |
| Total Area (2000 sq.ft.)            |               |           |               |
| Radiology Section as per AERB norms |               |           |               |

|            |                                                                     |
|------------|---------------------------------------------------------------------|
| <b>XIV</b> | <b>DENTAL CHAIRS / UNITS</b>                                        |
|            | Electrical Dental Chairs Installed with all the attachments thereon |

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|  |                                                                                                                                                                                                                                                                                                                      |          |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|  | Whether all the chairs and units are functioning and electrically operated?                                                                                                                                                                                                                                          | Yes / No |
|  | Total No. of functional Chairs                                                                                                                                                                                                                                                                                       | / 200    |
|  | <b>* 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 Hand piece, instrument tray and suction, Dental operator stool with height adjustment</b> |          |

| Sl. No. | Required for 100 admissions                            | BDS required | BDS Available | MDS required                                       | MDS Available |
|---------|--------------------------------------------------------|--------------|---------------|----------------------------------------------------|---------------|
|         |                                                        |              |               | post-graduate student and two for faculty per Unit |               |
| 1.      | Prosthodontics and Crown & Bridge                      | 34           |               | -do-                                               |               |
| 2.      | Periodontics                                           | 34           |               | -do-                                               |               |
| 3.      | Oral Maxillofacial Surgery                             | 30           |               | -do-                                               |               |
| 4.      | Conservative Dentistry and Endodontics                 | 34           |               | -do-                                               |               |
| 5.      | Orthodontics and Dentofacial Orthopaedics              | 18           |               | -do-                                               |               |
| 6.      | Oral and Maxillofacial Pathology and Oral Microbiology | 02           |               | -do-                                               |               |
| 7.      | Public Health Dentistry                                | 16           |               | -do-                                               |               |
| 8.      | Pediatric Dentistry                                    | 20           |               | -do-                                               |               |
| 9.      | Oral Medicine and Radiology                            | 12           |               | -do-                                               |               |

|           |                                                                                                 |                        |                           |
|-----------|-------------------------------------------------------------------------------------------------|------------------------|---------------------------|
| <b>XV</b> | <b>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) |
|           | Guest House with minimum 2 double bed rooms.                                                    | 1                      |                           |

|  |                                                                        |
|--|------------------------------------------------------------------------|
|  | <b>ii) HOSTEL FOR BOYS &amp; GIRLS. (To extent of 50% of strength)</b> |
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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|    |                                                                                                                                                               |                                 |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1  | Whether the building of Hostels for Boys & Girls is <b>separate for the dental college building within the campus.</b>                                        | Boys: Yes /No<br>Girls: Yes /No |
| 2  | Hostel facility is available for minimum 50% of total intake                                                                                                  | Yes /No                         |
| 3  | Whether hostel is shared by other colleges/institutions                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |
| 4  | Hostel Facility is available for PG students                                                                                                                  | Boys: Yes /No<br>Girls: Yes /No |
| 5  | Whether there are separate wardens for both the boys & Girls Hostel                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 6  | If yes their names & telephone numbers.                                                                                                                       | Boys:<br>Girls:                 |
| 7  | Whether Inmate Register maintained in both Hostel                                                                                                             | Boys: Yes /No<br>Girls: Yes /No |
| 8  | Whether Kitchen inside the campus are available                                                                                                               | Boys: Yes /No<br>Girls: Yes /No |
| 9  | Whether there is a separate Mess for boys and Girls                                                                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 10 | Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan )                                                           | Boys: Yes /No<br>Girls: Yes /No |
| 11 | Whether basic amenities (electricity, Ventilation, Telephone, Internet, water treatment Plant, wash room for every 4 students, etc.,) are available           | Boys: Yes /No<br>Girls: Yes /No |
| 12 | Whether there is a separate area for recreation (TV), play area for indoor / out door games, gymnasium for boys & Girls & reading room with books & megazines | Boys: Yes /No<br>Girls: Yes /No |
| 13 | Hostel Facility for PG:                                                                                                                                       | Boys: Yes /No<br>Girls: Yes /No |

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

| XVI | CENTRAL LIBRARY                                        | Available | Remarks of Inspector |
|-----|--------------------------------------------------------|-----------|----------------------|
| 1   | Name of the Chief Librarian with qualifications (MLIS) |           |                      |
| 2   | Assistant Librarian with qualifications (MLIS)         |           |                      |

Signature of Member :

Signature of Principal / Dean :

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Signature of Convenor

|    |                                                                                                                                                                                |          |  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 3  | Timing of functioning of the Library (minimum 8 hours)                                                                                                                         |          |  |
| 4  | Total Number of Books (Minimum 600)<br>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 |          |  |
| 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.)                                                                                                                                               | Yes / No |  |
| 7  | Seating Capacity (it should be minimum 50% of total strength)                                                                                                                  | Yes / No |  |
|    | Under graduate students                                                                                                                                                        | Yes / No |  |
|    | Post graduate students                                                                                                                                                         | Yes / No |  |
|    | Staff                                                                                                                                                                          | Yes / No |  |
| 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 |                           |         |

Signature of Member :

Signature of Principal / Dean :

:

Signature of Convenor

|    |                                           |  |  |
|----|-------------------------------------------|--|--|
| 7  | Digital Library                           |  |  |
| 8  | Chief librarian /Assistant Librarian Room |  |  |
| 9  | Students Cloak Area                       |  |  |
| 10 | Seating Area                              |  |  |

**XVII LIBRARY DETAILS FOR PG STUDENTS:**

| Books                                               | No. of Titles |           | No. of Books |           |
|-----------------------------------------------------|---------------|-----------|--------------|-----------|
|                                                     | Required      | Available | Required     | Available |
| Central Library<br>(Pertaining to the<br>specialty) | 20            |           | 100          |           |
| No. of Books purchased in<br>last 5 years           | -             |           | -            |           |
| Department Library                                  | 10            |           | 50           |           |

| Journals                     | International |           | National |           |
|------------------------------|---------------|-----------|----------|-----------|
|                              | Required      | Available | Required | Available |
| Speciality & Related         | 4 - 6         |           | 2 - 4    |           |
| Back Volumes for 10<br>years | 3             |           | -        |           |

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| Year/month up to which latest Indian Journals available :                                                                         |  |
| Year/month up to which latest Foreign Journals available:                                                                         |  |
| <b>Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.</b> |  |

**XVIII. STAFF ASSESSMENT FOR PUBLICATIONS :-**

| S.No | Faculty name<br>& Designation | Name of the<br>Journal | Category<br>I / II / III | Authorship<br>(1 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup><br>etc.) | Year of<br>Publication | Points |
|------|-------------------------------|------------------------|--------------------------|---------------------------------------------------------------------------|------------------------|--------|
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |
|      |                               |                        |                          |                                                                           |                        |        |

| S.No. | Category | Points |
|-------|----------|--------|
|-------|----------|--------|

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|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1.   | <b>Category I:</b><br>(1) Journals Indexed to Pubmed – Medline<br>Please see- <a href="http://www.ncbi.nlm.nih.gov/pubmed">www.ncbi.nlm.nih.gov/pubmed</a><br>(2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.                                                                                                                                                                                                                             | 15       |
|      | <b>Category II:</b><br>(1) Medical / Dental Journals published by Government Health Universities <b>awarding</b> dental degree or Govt. Universities <b>awarding</b> dental degree<br>(2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies<br>(3) Author of Text / Reference Book concerned to respective specialty<br>(4) PhD. or any other similar additional qualification after MDS                                                                                                      | 10       |
|      | <b>Category III:</b><br>(1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association<br>(2) Contribution of Chapters in the Text Book                                                                                                                                                                                                                                                                                                                                     | 5        |
| Note | For any publication, except original research, first author (principal author) will be given 100% points and remaining authors (co-authors) will be given 50% points and up to a maximum of 5 co-authors will be considered.                                                                                                                                                                                                                                                                                 |          |
|      | For original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.                                                                                                                                                                                                                                                                                                                                                                                            |          |
|      | Maximum of 3 publications would be considered for allotting points in Category III.                                                                                                                                                                                                                                                                                                                                                                                                                          |          |
|      | Publication in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.                                                                                                                                                                                                                                                                                                                                |          |
|      | For the purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 <sup>th</sup> of June of every year either for starting of MDS Course or increase of admission capacity in MDS Course, as the case may be, to the Central Government u/s 10A of the Dentists Act, 1948, for each academic year, as prescribed in the Time Schedule annexed to the Dental Council of India Regulations 2006 as amended from time to time. |          |
|      | <b>Total Score Required:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |
|      | For Professor and HOD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 marks |
|      | Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 30 marks |
|      | Reader/Associate Professor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 marks |

|            |                                                                                                                                                                                      |                         |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <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><br>(applicable if Medical College is more than <b>10 kms</b> )                                                                                      |                         |
|            | OPD Attendance                                                                                                                                                                       | Average (Last 6 months) |
|            | <b>DENTAL COLLEGE HOSPITAL</b>                                                                                                                                                       |                         |

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|  |                                                                                                           |                         |
|--|-----------------------------------------------------------------------------------------------------------|-------------------------|
|  | OPD Attendance                                                                                            | Average (Last 6 months) |
|  | * Minimum requirement of 100 to 150 patient's per day.                                                    |                         |
|  | *Minimum requirement of new patient's for Medical College is 800 Patients per day as per MCI Regulations. |                         |

**CLINICAL WORK LOAD**

|   |                                                                                                     |                          |
|---|-----------------------------------------------------------------------------------------------------|--------------------------|
| i | <b>ATTACHED MEDICAL COLLEGE</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|   |                                                                                                     |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|    |                                                                                                                                                                      |                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| ii | <b>ATTACHED GENERAL HOSPITAL</b><br><b>(applicable if Medical College is more than 10 kms).</b><br><i>(should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|    |                                                                                                                                                                      |                          |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

|     |                                                                                            |                          |
|-----|--------------------------------------------------------------------------------------------|--------------------------|
| iii | <b>DENTAL HOSPITAL</b><br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |
|     |                                                                                            | <b>New</b>               |
|     |                                                                                            | <b>Old</b>               |

**Average Number of Patients in Last Six Months**

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| <b>Month</b>           |  |  |  |  |  |  |
| <b>No. of Patients</b> |  |  |  |  |  |  |

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| iv | Speciality<br><i>should be recorded at the end of the OPD hour up to 2 pm)</i> | On the day of Inspection |  |  |
|----|--------------------------------------------------------------------------------|--------------------------|--|--|
|    |                                                                                | UG                       |  |  |
|    |                                                                                | PG                       |  |  |
|    |                                                                                | <b>TOTAL</b>             |  |  |

#### Average of Patients in Last Six months

| Month              |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
| No. of Patients UG |  |  |  |  |  |  |
| PG                 |  |  |  |  |  |  |
| TOTAL              |  |  |  |  |  |  |

#### FOR COLLEGES WITH 50 UG ADMISSIONS Minimum Requirement (both UG & PG together)

##### Oral Medicine & Radiology

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 75           | 80                      | 90                                        | 100         |
| 2 <sup>nd</sup> Unit | 110          | 120                     | 130                                       | 130         |

#### FOR COLLEGES WITH 100 UG ADMISSIONS Minimum Requirement (both UG & PG together)

##### Oral Medicine & Radiology

| Unit                 | Starting MDS | 2 <sup>nd</sup> Renewal | 3 <sup>rd</sup> & 4 <sup>th</sup> Renewal | Recognition |
|----------------------|--------------|-------------------------|-------------------------------------------|-------------|
| 1 <sup>st</sup> Unit | 100          | 120                     | 140                                       | 150         |
| 2 <sup>nd</sup> Unit | 160          | 170                     | 180                                       | 180         |

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Signature of Convenor

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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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| XX. EQUIPMENTS:-                          |                                                                                  |                                                                                   |                                                                        |   |              |                      |
|-------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|---|--------------|----------------------|
| DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY |                                                                                  |                                                                                   |                                                                        |   |              |                      |
| No.                                       | Name                                                                             | Specification                                                                     | Quantity                                                               |   | Availability | Remarks of inspector |
| 1.                                        | 1 Chairs and Units                                                               | Electrically operated shadowless spittoon, 3 syringe, instrument tray and suction | Chair and unit post-graduate student and one with unit for the faculty |   |              |                      |
|                                           |                                                                                  |                                                                                   | 1                                                                      | 1 |              |                      |
|                                           |                                                                                  |                                                                                   |                                                                        |   |              |                      |
| 2.                                        | with intra oral radiography machine (Approved)                                   | 1 kVp with full compatibility                                                     |                                                                        |   |              |                      |
| 3.                                        | oral radiography machine                                                         | 1 kVp                                                                             |                                                                        |   |              |                      |
| 4.                                        | panoramic radiography machine with cephalometric and TMJ attachment with printer | 1 full compatibility                                                              |                                                                        |   |              |                      |
| 5.                                        | oral camera                                                                      |                                                                                   |                                                                        |   |              |                      |
| 6.                                        | ester                                                                            |                                                                                   |                                                                        |   |              |                      |
| 7.                                        | slave                                                                            |                                                                                   |                                                                        |   |              |                      |
| 8.                                        | biopsy tool                                                                      |                                                                                   |                                                                        |   |              |                      |
| 9.                                        | equipment                                                                        |                                                                                   |                                                                        |   |              |                      |
| 10.                                       | cal trolley                                                                      |                                                                                   |                                                                        |   |              |                      |
| 11.                                       | emergency medicines kit                                                          |                                                                                   |                                                                        |   |              |                      |
| 12.                                       | oral cassettes with intensifying screens (Conventional and rare earth)           |                                                                                   |                                                                        |   |              |                      |
| 13.                                       | screens                                                                          |                                                                                   |                                                                        |   |              |                      |
| 14.                                       | aprons                                                                           |                                                                                   |                                                                        |   |              |                      |
| 15.                                       | gloves                                                                           |                                                                                   |                                                                        |   |              |                      |
| 16.                                       | graphic filters conventional and rare                                            |                                                                                   |                                                                        |   |              |                      |
| 17.                                       | room with safe light facility                                                    |                                                                                   |                                                                        |   |              |                      |
| 18.                                       | panoramic radiographic processors                                                |                                                                                   |                                                                        |   |              |                      |
| 19.                                       | graphic film lead containers                                                     |                                                                                   |                                                                        |   |              |                      |
| 20.                                       | lead collars                                                                     |                                                                                   |                                                                        |   |              |                      |

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|    |                                                                  |  |  |  |  |  |
|----|------------------------------------------------------------------|--|--|--|--|--|
| 21 | l<br>momanometer                                                 |  |  |  |  |  |
| 22 | l blood glucose                                                  |  |  |  |  |  |
| 23 | l camera                                                         |  |  |  |  |  |
| 24 | viewer boxes                                                     |  |  |  |  |  |
| 25 | nal probes                                                       |  |  |  |  |  |
| 26 | graphy cannula                                                   |  |  |  |  |  |
| 27 | nated mouth mirror<br>and probe                                  |  |  |  |  |  |
| 28 | uter with internet<br>ction with attached<br>printer and scanner |  |  |  |  |  |
| 29 | projector                                                        |  |  |  |  |  |
| 30 | erator                                                           |  |  |  |  |  |

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

|                                          |          |
|------------------------------------------|----------|
| Research Facility                        | Yes / No |
| Stipend for PG Students                  | Yes / No |
| Stipend Amount for PG students per month | Rs.      |

|             |                                                            |                                     |
|-------------|------------------------------------------------------------|-------------------------------------|
| <b>XXI</b>  | <b>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                            |
|             | iv) Anti Ragging Committee as per norms                    | Yes / No                            |
| <b>XXII</b> | <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<br>Girls : Yes / No |
|             | Common hall                                                | Boys : Yes / No<br>Girls : Yes / No |

|              |                                                                |                    |                 |
|--------------|----------------------------------------------------------------|--------------------|-----------------|
| <b>XXIII</b> | <b>EXAMINATION HALL FACILITIES (Required area 3600 sq. ft)</b> |                    |                 |
|              | <b>Sl. No.</b>                                                 | <b>Description</b> | <b>Quantity</b> |

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|    |                                                               |                                                                                                                                         |         |
|----|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|
|    | 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>XXIV</b>        | <b>SECURITY DEPOSIT for BDS</b>                 |                           |             |                      |
|                    | <b>Details of creation of Security Deposits</b> |                           |             |                      |
| <b>Installment</b> | <b>Amount</b>                                   | <b>FDR No. &amp; Date</b> | <b>Bank</b> | <b>Maturity Date</b> |
| <b>I Inst</b>      | <b>Rs.20,00,000/-</b>                           |                           |             |                      |
| <b>II Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>III Inst</b>    | <b>Rs.10,00,000/-</b>                           |                           |             |                      |
| <b>VI Inst</b>     | <b>Rs.10,00,000/-</b>                           |                           |             |                      |

|            |                                                                                                           |                     |
|------------|-----------------------------------------------------------------------------------------------------------|---------------------|
| <b>XXV</b> | <b>UNIVERSITY FEES WITH GST 18% FOR STARTING OF NEW M.D.S. DEGREE COURSE REGARDING TO ISSUE OF LCA</b>    |                     |
|            | <b>Application fee : Rs.14,160/-</b> (per speciality)<br>(Application fee of Rs.12,000/- + GST 18% 2,160) | Receipt No.<br>Date |
|            | <b>Processing fee : Rs.70,800/-</b> (per speciality)<br>(Procesing fee Rs. 60,000 + GST 18% 10,800)       | Receipt No.<br>Date |
|            | <b>Inspection Fee : Rs.59,000/-</b> (per speciality)<br>(Inspection fee of Rs.59,000 + GST 18% 9000)      | Receipt No.<br>Date |

|              |                                                                                                                                                                                                                                                                    |  |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>XXVI</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                                                                                                                                                                                                                                             |  |
|              | 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>XXVII</b> | <b>PAST DEFICIENCIES:</b>                                                                                                                                                                                                                                          |  |

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Signature of Principal / Dean :

Signature of Convenor

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|  |                                                                                                          |  |
|--|----------------------------------------------------------------------------------------------------------|--|
|  | <b>Details of rectification of past deficiencies observed by the previous year inspection commission</b> |  |
|--|----------------------------------------------------------------------------------------------------------|--|

**XXVIII. OVERALL IMPRESSION :-**

|                                      | <b>Comments</b> |
|--------------------------------------|-----------------|
| <b>Infrastructure</b>                |                 |
| <b>Hostel Facility</b>               |                 |
| <b>Clinical Material</b>             |                 |
| <b>Staff Assessment</b>              |                 |
| <b>Student Assessment</b>            |                 |
| <b>Library facilities</b>            |                 |
| <b>Equipment</b>                     |                 |
| <b>Overall Department Assessment</b> |                 |
| <b>Any other Observations</b>        |                 |

|                                                                      |                                                                                                                                                                                                                        |          |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| XXIX                                                                 | OBSERVATION OF THE INSPECTION COMMISSION:<br>1)<br>2)                                                                                                                                                                  |          |
| XXX                                                                  | Whether the Trust / Society / Institute has fulfilled all the conditions and requirements as specified in the statutes to issue of Letter of Consent of Affiliation for M.D.S. Degree Course the academic year 20 - 20 | Yes / No |
| XXXI                                                                 | We hereby declare that all the documents have been physically verified by us.                                                                                                                                          |          |
| Signature of Principal/Dean with seal                                |                                                                                                                                                                                                                        |          |
| Signatures of Inspector (Member) with date                           | Signatures of Inspector (Convener) with date                                                                                                                                                                           |          |
| Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No. | Residential address:<br>Phone: Office :<br>Residence :<br>Mobile No.                                                                                                                                                   |          |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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**MDS COURSE****The inspection report should be confidential.**

| S.No | Check list for the Inspectors:                                                                                                                                                                                                                                                                            | Mark<br>( <input type="checkbox"/> ) any one |    |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----|
| 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 |
|      | a) MCI Approved / Recognised Medical College.                                                                                                                                                                                                                                                             | Yes                                          | No |
|      | b) 100 Bedded General Hospital.                                                                                                                                                                                                                                                                           | Yes                                          | No |
|      | c) Authority of attachment                                                                                                                                                                                                                                                                                | Yes                                          | No |
|      | d) Medical Teaching Staff for BDS/MDS                                                                                                                                                                                                                                                                     | Yes                                          | No |
|      | e) 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 |
|      | 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) Relieving certificates from the previous institutions                                                                                                                                                                                                                                                  | Yes                                          | No |
|      | e) 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

:

|     |    |                                                                                                                                                                                                  |     |    |
|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     | 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 |
| 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><u>the end of both the days</u></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><u>list of special cases treated with details in the speciality</u></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. |    | Has the CCTV Camera been checked and found in order?                                                                                                                                             | Yes | No |
| 23. |    | 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 |

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

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

|      | ANNEXURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I    | Trust Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| II   | Permission letters :-<br>State Government<br>University<br>Dental Council of India<br>Ministry of Health (GOI)                                                                                                                                                                                                                                                                                                                                                                           |
| III  | Land and infrastructure Documents<br>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<br>List of non teaching staff on the date of inspection                                                                                                                                                                                                                                                                                                                                                                                       |
| XI   | Documents for fee details                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| XII  | Others<br>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 Biometric 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 Member :

Signature of Principal / Dean :

Signature of Convenor

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**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 Member :

Signature of Principal / Dean :

Signature of Convenor

:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor

: