

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



INSPECTION PROFORMA – M.D.S

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR 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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF PROSTHODONTICS AND CROWN & BRIDGE

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	
	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
(a)	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :								
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.								
	No. of students admitted in last year batch	<table border="1"> <tr> <td>First Year</td> <td></td> </tr> <tr> <td>Second Year</td> <td></td> </tr> <tr> <td>Third Year</td> <td></td> </tr> <tr> <td>Final Year</td> <td></td> </tr> </table>	First Year		Second Year		Third Year		Final Year	
First Year										
Second Year										
Third Year										
Final Year										
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.								

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached)	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution: Yes / No
Lr. No.
Date

7(a). Date and number of last annual admission with details

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			
Backward			
Merit			
Management			
Others			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:	
1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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 :

Signature of Convenor :

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).	
	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	
1.	Type	Own Private Hospital Government General Hospital
2.	Name of the Issuing Competent Authority Whether the permission of the attached 100 bedded hospital is issued by the competent authority?	Yes / No. Lr.No. Date:
3.	Name and Address of Hospital:	
4.	Name of the Allopathic CMO with Tel No. & Mobile No.:	
5.	Distance of the hospital from the Dental College by Road in km (please clarify as to whether you have physically verified /taking the reading of Taxi/Car Meter by ticking yes or no)	Yes / No
6.	Number of Beds in Hospital	Total :

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		

XII 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 :

Signature of Convenor :

XIII 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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-
	Constructed Area for P.G. Study (Applicable for one unit)
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:
	Space: 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.)

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XVI	ACCOMMODATION		
	i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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	

	ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No	
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No	
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No	
6	If yes their names & telephone numbers.	Boys: Girls:	
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No	
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No	
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No	
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No	
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (1) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1 st day	2 nd day
		UG	
		PG	
		TOTAL	

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)

Prosthodontics and Crown & Bridge

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	35	40	50	50

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

Prosthodontics and Crown & Bridge

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

POST GRADUATE ACADEMIC DETAILS :-**Table I : (Pre-Clinical and Clinical Work*):**

S.No	Name of the Student	Year of Study	Complete Dentures	Removable Partial Dentures	Fixed Prosthodontics	Maxillo Facial Prosthesis

Table II: Academic Presentation by PG Students

S. No.	Name of the student	Year of study	Complete dentures	Removable partial dentures	Cast Partial dentures	Metal ceramic / ceramic	Maxillofacial prosthesis	Implant Prosthodontics

Minimum Requirements for each student (per year) :-

1. Complete Dentures with balanced occlusion using face bow & intra occlusal records – Eight cases
2. Removable partial dentures – Five cases
3. Cast partial denture – One case
4. Ten units of metal ceramic / ceramic
5. One case of Maxillofacial prosthesis including relining, rebases
6. One case of Implant Prosthodontics

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Lectures for undergraduates – 1 per year

Table IV: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
						Good	Fair	Poor

Table V: Scientific Presentation Attended

S.No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXI. 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		
16.	LCD projector		1	1		
Clinical Lab for Prosthetics						
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Chrome – Cobalt Lab Equipment						
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		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Ceramic Lab Equipment						
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		
Implant Equipment						
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 RVG		1	1		
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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Stipend Amount for PG students per month	Rs.
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XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.
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1.	Theory:
a) No. of examination papers in university exam with title of each paper b) Attach full set of question papers c) Duration of the written exam d) Total Marks e) Classification grades for pass/fail	
2.	Practicals:
a) Total number of candidates examined b) Duration of exam in days: c) Start & finish time of exams: d) Venue: e) List of exercises with marks & time allotted for each f) Classification grades for pass/fail	
3	Viva Voce: (a) Duration of viva voce for each candidate
4	Constitution of the Board of Examiners:
Attach copy of University order (a) Indicate for the Chairman & Examiners the following: Name & Designation Institution where employed Qualification with Degree & Year of acquisition Teaching Experience	

XXIII OTHER FACILITIES		
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV FURNITURE		
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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 center?		Yes /No
5.	Whether the jammer in the center?		Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

XXVII	UNIVERSITY FEES WITH GST 18% FOR ISSUE OF CONTINUANCE OF PROVISIONAL AFFILIATION	
	Inspection Fee: - Rs. 59,000/- (CPA Rs.50,000 + GST 18% 9000)	Receipt No. Date
	RTGS Details	
	GST No. of the Institution	
XXVIII	SHOW CAUSE NOTICE	
	Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc. /	
	if so, furnish details	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII OVERALL IMPRESSION :-

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

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXV	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 20 - 20	Yes / No
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XXXVI	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	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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 the end of both the days 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 list of special cases treated with details in the speciality 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of Bio metric Attendance, Evidence for CCTV, Anti Ragging Committee, Satellite Clinic for Rural Area, Establishment of Tobacco Cessation Center, Copy of RC book for Bus, Audited statement for annual accounts for last year

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

INSTRUCTIONS FOR INSPECTORS AND PRINCIPAL

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR M.D.S. COURSE**

PERIODONTOLOGY

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF PERIODONTOLOGY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	
	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
a.	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.
	No. of students admitted in last year batch	First Year Second Year Third Year Final Year
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date .:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution: Yes / No
Lr. No.
Date

7(a). **Date and number of last annual admission with details**

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			
Backward			
Merit			
Management			
Others			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:	
1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
-----------	--

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		
ECG Technician	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 chowkiders	55		

Administrative Staff

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

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS	
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-		
	Constructed Area for P.G. Study (Applicable for one unit)		
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:		
	Space: 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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Faculty Rooms			
Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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-	

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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

ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (2) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1 st day	2 nd day
		UG	
		PG	
		TOTAL	

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)

Periodontology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	60	70	70

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

Periodontology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	40	50	60	60
2 nd Unit	80	90	100	100

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

POST GRADUATE ACADEMIC DETAILS:**Table I (Pre-Clinical and Clinical Work*):**

S.No	Name of the Student	Year of Study	Pre-clinical Work		Clinical Work	Didactic/Research Activities
			Medical	Dental		

Table II: Academic Presentation by PG Students

S. No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for under graduates

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Clinical case discussions – 5 per year
4. Lectures for undergraduates – 1 per year

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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Table IV: Clinical Work*

S.No	Name of the Student	Year of study	Clinical Work (Completed/Not Completed)

Table V: Scientific Presentation Attended

S.No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXI. 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			
			Unit 1	Unit 2		
2.	Auto clave (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		
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 :

Signature of Convenor :

	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		
	Special Surgical Instruments					
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.	Oschnebein chisel	straight, curved	1	1		
12.	Schlager 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 GTR 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 rd generation digital	Optional	1	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	probe					
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		
	MISCELLANEOUS INSTRUMENTS					
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		
	<u>Implant Clinic Equipments</u>					
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		1	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	capacity 3.5 lts					
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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.	
1.	Theory:
a)	No. of examination papers in university exam with title of each paper
b)	Attach full set of question papers
c)	Duration of the written exam
d)	Total Marks
e)	Classification grades for pass/fail
2.	Practicals:
a)	Total number of candidates examined
b)	Duration of exam in days:
c)	Start & finish time of exams:
d)	Venue:
e)	List of exercises with marks & time allotted for each
f)	Classification grades for pass/fail
3	Viva Voce: (a) Duration of viva voce for each candidate
4	Constitution of the Board of Examiners:
Attach copy of University order	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

(a) Indicate for the Chairman & Examiners the following:

Name & Designation

Institution where employed

Qualification with Degree & Year of acquisition

Teaching Experience

XXIII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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 center?		Yes /No
5.	Whether the jammer in the center?		Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

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

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXIII. OVERALL IMPRESSION :-

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

XXXVI	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No
XXXVI	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	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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 the end of both the days 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 list of special cases treated with details in the speciality 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR MDS COURSE**

ORAL & MAXILLOFACIAL SURGERY

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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNATION)

INSPECTION REPORT

DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , 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 :

Signature of Convenor :

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

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
a.	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.
	No. of students admitted in last year batch	First Year Second Year Third Year Final Year
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed	
I	(not less than 30 years) - (Attested Copies of original documents must be attached)	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution:	Yes / No Lr. No. Date		
7(a). Date and number of last annual admission with details			
Category	No. Admitted	Date of admission	
		Commence	End
S.C.			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S.T.			
Backward			
Merit			
Management			
Others			
Total			

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS			
Infrastructure	Requirement	Availability	Remarks of Inspector

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-
	Constructed Area for P.G. Study (Applicable for one unit)
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:
	Space: 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			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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-	

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	i) STAFF QUARTERS (SEPARATE FROM HOSTEL)	
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

	ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)	
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 Girls: Yes /No
12	Whether there is a separate area for recreation (TV), play area for indoor / outdoor games, gymnasium for boys & Girls & reading room with books & megazines	Boys: Yes /No Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (3) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	MCI RECOGNIZED MEDICAL COLLEGE should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

OR

ii	ATTACHED GENERAL HOSPITAL should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

(a) **Details of Wards:**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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	
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:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

(d) **Health Staff:**

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

ii	DENTAL HOSPITAL should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
		New	1 st day	
		Old	2 nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
			1 st day	2 nd day
		UG		
		PG		
		TOTAL		

Average of Patients in Last Six months

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Month						
No. of Patients UG						
PG						
TOTAL						

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

Oral & Maxillofacial Surgery

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30 (1+4)	35 (1+8)	40 (2+10)	40 (2+10)
2 nd Unit	50 (2+12)	60 (2+14)	70 (2+16)	70 (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 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	40 (1+4)	50 (1+8)	60 (2+10)	60 (2+10)
2 nd Unit	70 (2+12)	80 (2+14)	100 (2+16)	100 (2+16)

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

POST GRADUATE ACADEMIC DETAILS :-

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Table I (Pre-Clinical and Clinical Work*):

S.No	Name of student	Year of study	Attendance	1 st 6 months		
				Exodontia	Suturing	Wiring

Minimum Requirements for Each Student:

1. Minimum of 200 Extractions
2. All types of Wiring Exercises on Models
3. Suturing techniques on pillow

Table II: Academic Presentation by PG Students

S.No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for under graduates

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Clinical case discussions – 5 per year
4. Lectures for undergraduates – 1 per year

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Table IV: Clinical Work*

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S. No	Name of the Student	Year of study	Clinical Work (Completed/Not Completed)

Table V: Scientific Presentation Attended

S. No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

Table VI: (Postings in Allied Medical Subjects)

S.No	Name of the student	Year of study	Posted	Not posted

(General medicine, General surgery, ENT, Ophthalmology, Neurosurgery, Casualty, Radiology, Anesthesia, Oncology)

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX . EQUIPMENTS						
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY						
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			
			1 Unit	2 Units		
2.	Autoclave	Front loading	2	3		
3.	Fumigators		1	1		
4.	Oscillating saw,	With all hand pieces	1	1		
5.	Surgical instruments General surgery kit Including tracheotomy kit Minor oral surgery kit Osteotomy kit		2	2		
			5	10		
			1	1		
	Cleft surgery kit		1	1		
	Bone grafting kit		1	1		
	Emergency kit		1	1		
	Trauma set including bone plating kit		2	2		
	Implantology kit with implants	Minimum 2 systems	1	1		
			2	2		
			10	10		
6.	Distraction osteogenesis kit		1	1		
7.	Piezo surgical unit		1	1		
8.	Magnifying loops		1	1		
9.	Operating microscope and Microsurgery kit	desirable	1	1		
10.	Dermatomes		1	1		
11.	Needle destroyer		2	3		
12.	Ultrasonic Cleaner capacity 3.5 lts		1	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

13.	Formalin chamber		1	1		
14.	Pulse oxymeter		1	1		
15.	Ventilator		1	1		
16.	Major operation theatre with all facilities		1	1		
17.	Recovery and Intensive Care Unit with all necessary life support equipments		2 beds	2 beds		
18.	Fiber optic light		1	1		
19.	In-patient beds		20	20		
20.	Fiber optic laryngoscope		1	1		
21.	Computer with internet connection with attached printer and scanner		1	1		
22.	LCD projector		1	1		
23.	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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.

1.	Theory:
a) No. of examination papers in university exam with title of each paper	
b) Attach full set of question papers	
c) Duration of the written exam	
d) Total Marks	
e) Classification grades for pass/fail	
2.	Practicals:
a) Total number of candidates examined	
b) Duration of exam in days:	
c) Start & finish time of exams:	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

d) Venue:
e) List of exercises with marks & time allotted for each
f) Classification grades for pass/fail
3 Viva Voce: (a) Duration of viva voce for each candidate
4 Constitution of the Board of Examiners:
Attach copy of University order
(a) Indicate for the Chairman & Examiners the following: Name & Designation Institution where employed Qualification with Degree & Year of acquisition Teaching Experience

XXIII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 center?	Yes /No
5.	Whether the jammer in the center?	Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

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

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII. OVERALL IMPRESSION :-

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

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No
XXXVI	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: Phone: Office : Residence : Mobile No.		Residential address: Phone: Office : Residence : Mobile No.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

S.No	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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 :

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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

INSTRUCTIONS FOR INSPECTORS AND PRINCIPAL

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR M.D.S. COURSE**

**CONSERVATIVE DENTISTRY &
ENDODONTICS**

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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
a.	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.
	No. of students admitted in last year batch	First Year Second Year Third Year Fourth Year
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))		
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution:	Yes / No Lr. No. Date
---	--

7(a). Date and number of last annual admission with details

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Backward			
Merit			
Management			
Others			
Total			

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
-----------	--

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		
ECG Technician	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 chowkiders	55		

Administrative Staff

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

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS			
Infrastructure	Requirement	Availability	Remarks of Inspector

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-		
	Constructed Area for P.G. Study (Applicable for one unit)		
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:		
	Space: 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
Faculty Rooms			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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-	

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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

ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (4) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Average Number of Patients in Last Six Months

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
			1 st day	2 nd day
		UG		
		PG		
		TOTAL		

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	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	35	40	50	50
2 nd Unit	60	70	80	80

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

Conservative Dentistry and Endodontics

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	50	60	70	70
2 nd Unit	80	90	100	100

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

POST GRADUATE ACADEMIC DETAILS:-**Table I: (Pre-Clinical and Clinical Work*):**

S. No.	Name of the Student	Year of Study	Pre-clinical Work on Typhodont	Pre-clinical Work on Natural Teeth	Pre- clinical Endodontics	Clinical Work

Table II: Academic Presentation by PG Students

S. No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for undergraduates

Minimum Requirements for each student (per year) :-

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Clinical case discussions – 5 per year
4. Lectures for undergraduates – 1 per year

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Table IV: Clinical Work*

S. No	Name of the Student	Year of study	Clinical Work (Completed / Not Completed)

Table V: Scientific Presentation Attended

S. No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

XXI. 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 attachment with hand pieces (Fibre optic) and scaller	One chair per post-graduate student and two for faculty per Unit			
			Unit 1	Unit 2		
2.	ENDOSONIC HANDPIECES – Micro endosonic Tips, retro treatment		2	3		
3.	Mechanised rotary		3	6		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	instruments including hand pieces (speed and torque control) and hand instruments various systems					
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 - VLC units	Desirable	1	1		
16.	Conventional VLC units		2	4		
17.	Needle destroyer		2	2		
18.	Magnifying loupes		1	2		
19.	LCD 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		

Signature of Member :

Signature of Principal / Dean :

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23.	RVG 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.	Equipments for casting procedures					
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 articulator		1	1		
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.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.

1. Theory:

a) No. of examination papers in university exam with title of each paper

b) Attach full set of question papers

c) Duration of the written exam

d) Total Marks

e) Classification grades for pass/fail

2. **Practicals:**

a) Total number of candidates examined

b) Duration of exam in days:

c) Start & finish time of exams:

d) Venue:

e) List of exercises with marks & time allotted for each

f) Classification grades for pass/fail

3 **Viva Voce:** (a) Duration of viva voce for each candidate

4 **Constitution of the Board of Examiners:**

Attach copy of University order

(a) Indicate for the Chairman & Examiners the following:

Name & Designation

Institution where employed

Qualification with Degree & Year of acquisition

Teaching Experience

XXIII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Common hall	Boys : Yes / No Girls : Yes / No
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XXV	EXAMINATION HALL FACILITIES (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 center?		Yes /No
5.	Whether the jammer in the center?		Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

XXVII	UNIVERSITY FEES WITH GST 18% FOR ISSUE OF CONTINUANCE OF PROVISIONAL AFFILIATION	
	Inspection Fee: - Rs. 59,000/- (CPA Rs.50,000 + GST 18% 9000)	Receipt No. Date
	RTGS Details	
	GST No. of the Institution	
XXVIII	SHOW CAUSE NOTICE	
	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	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII. OVERALL IMPRESSION :-

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

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXVI	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	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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 the end of both the days 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 list of special cases treated with details in the speciality 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR M.D.S. COURSE**

**ORTHODONTICS AND DENTOFACIAL
ORTHOPEDICS**

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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION.)

INSPECTION REPORT

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	
	Qualification with speciality	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
(a)	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :								
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.								
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :								
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.								
	No. of students admitted in last year batch	<table border="1"> <tr> <td>First Year</td> <td></td> </tr> <tr> <td>Second Year</td> <td></td> </tr> <tr> <td>Third Year</td> <td></td> </tr> <tr> <td>Final Year</td> <td></td> </tr> </table>	First Year		Second Year		Third Year		Final Year	
First Year										
Second Year										
Third Year										
Final Year										
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.								

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution:	Yes / No Lr. No. Date		
7(a). Date and number of last annual admission with details			
Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Backward			
Merit			
Management			
Others			
Total			

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).	
	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	
1.	Type	Own Private Hospital Government General Hospital
2.	Name of the Issuing Competent Authority Whether the permission of the attached 100 bedded hospital is issued by the competent authority?	Yes / No. Lr.No. Date:
3.	Name and Address of Hospital:	
4.	Name of the Allopathic CMO with Tel No. & Mobile No.:	
5.	Distance of the hospital from the Dental College by Road in km (please clarify as to whether you have physically verified /taking the reading of Taxi/Car Meter by ticking yes or no)	Yes / No
6.	Number of Beds in Hospital	Total :

Department	Required	Allotted	Occupancy	Remarks of Inspector
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

			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 concerned subject and as per the TEQ Regulation shall be recognized Post Graduate teacher in

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		

Administrative Staff

Designation	Required	Available	Remarks of Inspector
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

XII 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.)					

XIII 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 (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.		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Dental Anatomy, Embryology, Oral Histology and Oral Pathology Lab	2500 sq. ft.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-
	Constructed Area for P.G. Study (Applicable for one unit)
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:
	Space: 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.)

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.)			

XV	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 :

Signature of Convenor :

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

XVI ACCOMMODATION**i) STAFF QUARTERS (SEPARATE FROM HOSTEL)**

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

	ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)	
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

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

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd Year students		
5	Total Number of Journals No. 26		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	i) Indian Journals - (1 National Journal in each subject of the 9 Dental specialties)		
	ii) Indian Journals - (1 National Journal in each subject of the 8 basic medical science)		
	iii) International Journals - (1 International Journals for each 9 dental specialty)		
	iv) Back Volumes - (Back Volumes of all National Journal of 9 Dental Specialties)		
	iv) e- Journals / e-Consortium details	Yes / No	
6	Total Area (Minimum 8000 sq.ft.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (5) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks
XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
			1st day
			2nd day
		UG	
		PG	
		TOTAL	

Average of Patients in Last Six months

Month						
No. of Patients						
UG						

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

PG						
TOTAL						

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

Orthodontics & Dentofacial Orthopedics

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	15	20	25	25
2 nd Unit	30	35	40	40

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

Orthodontics & Dentofacial Orthopedics

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	40	45	50	50

POST GRADUATE ACADEMIC DETAILS:

Table I (Pre-Clinical Work*):

S.No	Name of the Student	Year of Study	Basic wire bending exercises	Appliances	Soldering & Welding exercises	Cephalometric exercises	Typhodont exercises

Table II: (Clinical Work)

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S.No.	Name of the student	Year of study	No. of clinical cases presented	No. of clinical cases started	No. of transferred cases managing

Table III: Academic Presentation by PG Students

S.No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Lectures taken for under graduates

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Lectures for undergraduates – 1 per year

Table IV: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved / Not by the University

Table V: Scientific Presentation Attended

S.No	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

XXI. 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 motorized suction	One chair & unit per PG student and Two chairs with unit for the 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		3	5		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	trays					
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		

	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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.	
1.	Theory:
a) No. of examination papers in university exam with title of each paper	
b) Attach full set of question papers	
c) Duration of the written exam	
d) Total Marks	
e) Classification grades for pass/fail	
2.	Practicals:
a) Total number of candidates examined	
b) Duration of exam in days:	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

c) Start & finish time of exams:
d) Venue:
e) List of exercises with marks & time allotted for each
f) Classification grades for pass/fail
3 Viva Voce: (a) Duration of viva voce for each candidate
4 Constitution of the Board of Examiners:
Attach copy of University order
(a) Indicate for the Chairman & Examiners the following: Name & Designation Institution where employed Qualification with Degree & Year of acquisition Teaching Experience

XXIII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 center?	Yes /No
5.	Whether the jammer in the center?	Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

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

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No
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XXXIII. OVERALL IMPRESSION :-

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

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No

XXXVI	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	<u>Check list for the Inspectors:</u>	Mark	
		(☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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
	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 <u>the end of both the days</u> 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 <u>list of special cases treated with details in the speciality</u> 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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

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

	ANNEXURE
I	Trust Documents
II	Permission letters :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

INSTRUCTIONS FOR INSPECTORS AND PRINCIPAL

The institution details to be duly typed and filled by the Principal/Dean.
Soft copy of filled Proforma should be submitted to the Inspectors on their arrival.
A separate computer system with printer and scanner along with a supporting staff should be provided for purpose of inspection.
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).
The completed proforma along with all annexures must be submitted to this University with in 48 hours of inspection.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

The scanned copy of the signed inspection report must be sent to the University by email to the Registrar of this University (registrar@tnmgrmu.ac.in).

All supportive evidence / documents should be annexed in a Soft bound (Not Spiral)

Please retain one copy of the Inspection Report duly signed by the Inspectors for future eventualities for a period of 06 (six) months.

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



Signature of Member :

Signature of Convenor :

INSPECTION PROFORMA – M.D.S

CONTINUANCE OF PROVISIONAL AFFILIATION TO CONDUCT RECOGNITION FOR M.D.S. COURSE

ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

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

INSPECTION REPORT

ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	
	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	
6.	a) Name of the Speciality applied	
	b) No. of seats applied	
7.	Name of the Head of Department	
	Age & Date of Birth	
	Qualification with speciality	
	Teaching Experience	
	Mobile No.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	E-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

VII	PERMISSION LETTERS	
(a)	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.
	No. of students admitted in last year batch	First Year
		Second Year
		Third Year
		Final Year

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.
---	---------------

INCREASE OF INTAKE, IF ANY :	
a) Name of the Speciality applied	
b) No. of seats applied	
c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date .:
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution: Yes / No
Lr. No.
Date

7(a). Date and number of last annual admission with details

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

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

7(b)

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:	
1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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 :

Signature of Principal / Dean :

Signature of Convenor :

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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Infrastructure	Requirement	Availability	Remarks of Inspector
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-
	Constructed Area for P.G. Study (Applicable for one unit)
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:
	Space: 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.)

Facility	Area (sq.ft.)	Available	Not Available
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Faculty Rooms			
Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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-	

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	i) STAFF QUARTERS (SEPARATE FROM HOSTEL)	
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

	ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)	
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (6) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	2nd day
		UG	
		PG	
		TOTAL	

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 & Maxillofacial Pathology and Oral Microbiology

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	1+2+3	1+3+3	1+3+5	1+3+5
2 nd Unit	2+4+6	2+5+8	2+6+10	2+6+10

* (Biopsy + Cytology + Hematology per week)

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Oral & Maxillofacial Pathology and Oral Microbiology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	1+3+5	1+6+5	2+6+10	2+6+10
2 nd Unit	3+6+12	3+7+12	3+7+14	3+7+14

* (Biopsy + Cytology + Hematology per week)

POST GRADUATE ACADEMIC DETAILS:

Table I (Pre – Clinical):

S.No.	Name of the student	Year of study	Attendance	Ground sections	Decalcified sections	Tooth Carving

Minimum Requirements for each student

Ground Sections – 3 LS & 2 Cs

Decalcified sections – 2 primary & 2 permanent teeth

Tooth Carving – All permanent Teeth Except Third Molars

Table II: Academic Presentation by PG Students

S. No	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for under graduates

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Clinical case discussions – 5 per year
4. Lectures for undergraduates – 2 per year

Table III (Postings in allied Medical/Dental subjects):

S.No.	Name of the student	Year of study	Subject	Posted	Not posted
			Oral Medicine and Radiology		
			Hematology and Bio chemistry		
			Histo Pathology		
			Gen. Pathology		
			Micro Biology		
			Dermatology		
			Oncology		

Table IV: Academic Activities by PG Students

S.No	Name of the Student	Year of Study	LD Topic	Short Term Topic	Disser tation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Table V: Scientific Presentation Attended

S.No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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Minimum Requirements for each student:**1. Scientific Presentations – 1****2. Speciality Conferences / PG Conventions attended – 2****XX. EQUIPMENTS :-**

DEPARTMENT: ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY						
S. No.	NAME	SPECIFICATION	Quantity		Availability	Remarks of inspector
			1 Unit	2 Units		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

14.	Multi head microscope	Penta headed	1	1		
15.	Binocular compound microscope		2 for faculty and one per student	4 for faculty and 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		
.	Desirable Equipment					
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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.	
1.	Theory:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

a) No. of examination papers in university exam with title of each paper	
b) Attach full set of question papers	
c) Duration of the written exam	
d) Total Marks	
e) Classification grades for pass/fail	
2.	Practicals:
a) Total number of candidates examined	
b) Duration of exam in days:	
c) Start & finish time of exams:	
d) Venue:	
e) List of exercises with marks & time allotted for each	
f) Classification grades for pass/fail	
3	Viva Voce: (a) Duration of viva voce for each candidate
4	Constitution of the Board of Examiners:
Attach copy of University order	
(a) Indicate for the Chairman & Examiners the following: Name & Designation Institution where employed Qualification with Degree & Year of acquisition Teaching Experience	

XXII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIII	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXIV	EXAMINATION HALL FACILITIES (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

XXV	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

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

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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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	
XXVIII	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXIX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXX	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXI	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXII. OVERALL IMPRESSION :-

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

XXXIII	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXIV	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 20 - 20	Yes / No
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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	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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 the end of both the days 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 list of special cases treated with details in the speciality 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of Bio metric Attendance, Evidence for CCTV, Anti Ragging Committee, Satellite Clinic for Rural Area, Establishment of Tobacco Cessation Center, Copy of RC book for Bus, Audited statement for annual accounts for last year

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

INSTRUCTIONS FOR INSPECTORS AND PRINCIPAL

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

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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :



INSPECTION PROFORMA – M.D.S

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR 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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	
	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
(a)	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :	
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.	
	No. of students admitted in last year batch	First Year	
		Second Year	
		Third Year	
		Final Year	
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.	

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))		
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:
10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution: Yes / No
Lr.. No.
Date

7(a). Date and number of last annual admission with details

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			
Backward			
Merit			
Management			
Others			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:	
1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		
ECG Technician	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		

XII	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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-		
	Constructed Area for P.G. Study (Applicable for one unit)		
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:		
	Space: In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree		
	m) 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.		
	n) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)		
Facility	Area (sq.ft.)	Available	Not Available

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Faculty Rooms			
Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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			

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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

ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	oints
1.	Category I: (7) Journals Indexed to Pubmed – Medline base see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (2) Contribution of Chapters in the Text Book	5
Note	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.	
	original research, all authors will be given equal points and upto a maximum of 6 authors will be considered.	
	um of 3 publications would be considered for allotting points in Category III.	
	tion in Tabloids / Souvenirs / Dental News magazines / abstracts of conference proceedings / Letter of acceptance etc. will not be considered for allotment of points.	
	purposes of this table, the crucial date for consideration of the publications shall be the last date for submission of application i.e. 30 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
			1 st day	2 nd day
		UG		
		PG		
		TOTAL		

Average of Patients in Last Six months

Month						
No. of Patients						
UG						
PG						
TOTAL						

(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)

S.No.	Place of Centre/Village	No. of Patients treated in last one year	Distance from the College

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

S.No.	Place of School	No. of Children Screened/referred in last one year	Distance from the College

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

Public Health Dentistry (including Patients in Satellite Clinics)

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

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

Public Health Dentistry (including Patients in Satellite Clinics)

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	40	45	50	50
2 nd Unit	60	65	70	70

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

POST GRADUATE ACADEMIC DETAILS:**Table I:**

S No.	Name of the student	Year of study	Camps Organised	Health Education Programs Undertaken	Indices Recorded	Preventive Restorations	Fluoride Applications	Comprehensive Cases Under taken

Table II: Academic Presentation by PG Students

S.No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for under graduates

Minimum Requirements for each student:

1. Journal Discussions – 5 per year 2. Seminars – 7 per year 3. Clinical case discussions – 5 per year 4. Lectures for undergraduates – 2 per year

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Table IV: Scientific Presentation Attended

S.No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

Table V: Postings in allied Medical / Dental subjects

(Oncology/Radio Therapy/Community Medicine and participation in any national health programme)

S No.	Name of the student	Year of study	Posted/Participated	Not Posted/Not Participated

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXI. EQUIPMENTS:-						
DEPARTMENT OF PUBLIC HEALTH DENTISTRY						
S.N o 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 hand piece 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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

11.	Computer with internet connection with attached printer and scanner		1	1		
	For peripheral dental care or field programme					
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 Versatile Disc 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		

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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.

1. Theory:

a) No. of examination papers in university exam with title of each paper

b) Attach full set of question papers

c) Duration of the written exam

d) Total Marks

e) Classification grades for pass/fail

2. **Practicals:**

a) Total number of candidates examined

b) Duration of exam in days:

c) Start & finish time of exams:

d) Venue:

e) List of exercises with marks & time allotted for each

f) Classification grades for pass/fail

3 **Viva Voce:** (a) Duration of viva voce for each candidate

4 **Constitution of the Board of Examiners:**

Attach copy of University order

(a) Indicate for the Chairman & Examiners the following:

Name & Designation

Institution where employed

Qualification with Degree & Year of acquisition

Teaching Experience

XXIII OTHER FACILITIES

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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 center?		Yes /No
5.	Whether the jammer in the center?		Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

XXVII	UNIVERSITY FEES WITH GST 18% FOR ISSUE OF CONTINUANCE OF PROVISIONAL AFFILIATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Inspection Fee: - Rs. 59,000/- (CPA Rs.50,000 + GST 18% 9000)	Receipt No.
	RTGS Details	Date
	GST No. of the Institution	

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII. OVERALL IMPRESSION :-

	Comments
Infrastructure	
Hostel Facility	
Clinical Material	
Staff Assessment	
Student Assessment	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Library facilities	
Equipment	
Overall Department Assessment	
Any other Observations	

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No
XXXVI	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	<u>Check list for the Inspectors:</u>	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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 <u>the end of both the days</u> 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 <u>list of special cases treated with details in the speciality</u> 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR MDS COURSE**

**PEDIATRIC AND PREVENTIVE
DENTISTRY**

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	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.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
a.	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :								
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.								
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :								
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.								
	No. of students admitted in last year batch	<table border="1"> <tr> <td>First Year</td> <td></td> </tr> <tr> <td>Second Year</td> <td></td> </tr> <tr> <td>Third Year</td> <td></td> </tr> <tr> <td>Final Year</td> <td></td> </tr> </table>	First Year		Second Year		Third Year		Final Year	
First Year										
Second Year										
Third Year										
Final Year										
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.								

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution:		Yes / No Lr. No. Date	
7(a). Date and number of last annual admission with details			
Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Backward			
Merit			
Management			
Others			
Total			

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
-----------	--

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		
ECG Technician	1		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 chowkiders	55		

Administrative Staff

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

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-		
	Constructed Area for P.G. Study (Applicable for one unit)		
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:		
	Space: In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree		
	o) 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.		
	p) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)		
Facility	Area (sq.ft.)	Available	Not Available

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Faculty Rooms			
Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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			

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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

ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (8) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iii	DENTAL HOSPITAL (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		New	1st day
		Old	2nd day

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
			1 st day	2 nd day
		UG		
		PG		
		TOTAL		

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)

Pediatric Dentistry

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	20	25	30	30
2 nd Unit	35	40	45	45

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

Pediatric Dentistry

Unit	Starting MDS	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	30	35	40	40
2 nd Unit	50	55	60	60

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

POST GRADUATE ACADEMIC DETAILS:**Table I (Pre-Clinical and Clinical Work*):**

S.No	Name of the Student	Year of Study	Pre-clinical Work on Typhodont	Pre-clinical Work on Natural Teeth	Pre- clinical Endodontics	Clinical Work

Table II: Academic Presentation by PG Students

S.No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Clinical Case Discussions	Lectures taken for under graduates

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Clinical case discussions – 5 per year
4. Lectures for undergraduates – 1 per year

Table III: Academic Activities by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Shot Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Table IV: Clinical Work*

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S.No	Name of the Student	Year of study	Clinical Work (Completed/Not Completed)

Table V: Scientific Presentation Attended

S.No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

XXI. EQUIPMENTS :-

DEPARTMENT : PEDIATRIC AND PREVENTIVE DENTISTRY					
S. No.	NAME	SPECIFICATION	Quantity	Availability	Remarks of inspector
1.	Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, and motorised suction, micromotor attachment with contra angle miniature	One chair & unit per post-graduate student and Two chairs with unit for the faculty		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

		handpiece,airotor attachment with miniature handpiece, dental operater stool (40% dental chairs shall be pedo chairs)				
			1 Unit	2 Units		
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		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

30.	Magnifying loupes		1	1		
31.	Conscious sedation unit	Desirable	1	1		
32.	Pulse oxymeter		1	1		
33.	Phantom head table with attached Light, Airotor 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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.	
1.	Theory:
a)	No. of examination papers in university exam with title of each paper
b)	Attach full set of question papers
c)	Duration of the written exam
d)	Total Marks
e)	Classification grades for pass/fail
2.	Practicals:
a)	Total number of candidates examined
b)	Duration of exam in days:
c)	Start & finish time of exams:
d)	Venue:
e)	List of exercises with marks & time allotted for each
f)	Classification grades for pass/fail
3	Viva Voce: (a) Duration of viva voce for each candidate
4	Constitution of the Board of Examiners:
Attach copy of University order	
(a) Indicate for the Chairman & Examiners the following:	
Name & Designation	
Institution where employed	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Qualification with Degree & Year of acquisition Teaching Experience		
XXII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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 center?		Yes /No
5.	Whether the jammer in the center?		Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

II Inst	Rs. 5,00,000/ (per specialty)			
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XXVII	UNIVERSITY FEES WITH GST 18% FOR ISSUE OF CONTINUANCE OF PROVISIONAL AFFILIATION		
	Inspection Fee: - Rs. 59,000/- (CPA Rs.50,000 + GST 18% 9000)	Receipt No.	Date
	RTGS Details		
	GST No. of the Institution		

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic
XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII. OVERALL IMPRESSION :-

	Comments
Infrastructure	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Hostel Facility	
Clinical Material	
Staff Assessment	
Student Assessment	
Library facilities	
Equipment	
Overall Department Assessment	
Any other Observations	

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No
XXXVI	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.

MDS COURSE

The inspection report should be confidential.

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

S.No	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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
	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Biometric Attendance made functional so far. If not, given reason	Yes	No
12.	Has the clinical material till <u>the end of both the days</u> 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 <u>list of special cases treated with details in the speciality</u> 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

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

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

**CONTINUANCE OF PROVISIONAL
AFFILIATION TO CONDUCT
RECOGNITION FOR M.D.S. COURSE**

ORAL MEDICINE AND RADIOLOGY

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032
MASTER OF DENTAL SURGERY (M.D.S.) DEGREE COURSE
TO GRANT OF CONTINUANCE OF PROVISIONAL AFFILIATION FOR
(RECOGNITION)

INSPECTION REPORT

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

I	Name of the Convenor with Designation and Address, Mobile No.	
	Names of Member(s) with Designation and Address, Mobile No.	
II	University Letter No. & date in which the Inspection Commission Constituted	Lr.No. Date :
III	Date of Inspection	
IV	Date of Last Inspection	
V	ORGANIZATION APPLYING FOR PERMISSION	
	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)	
VI	DETAILS	
1.	a. Name of the Managing Trustee and Name of the Society / Trust and its full registered address with telephone Numbers (Telex No., Fax No., e-mail No.)	
	b. Enclose trust details with audited accounts for the last 3 years.	
2.	Name of the other courses run by the Trust	
3.	Name of the proposed Dental College Full Address of the Dental College , Fax No. & e-mail ID	
4.	Name and details of authorities representing the Management present at the time of Inspection	
5.	Name of the Principal / Dean	
	Age & Date of Birth	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	Qualification with speciality	
	Teaching Experience	
	Mobile No.	
	Institutional e-mail Id	
	Aadhaar Card No.	
	State Dental Council Registration No.	

6.	a) Name of the Speciality applied	
	b) No. of seats applied	

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

VII	PERMISSION LETTERS	
a.	DETAILS OF B.D.S. COURSE	
	State Govt. Permission / Essentiality Certificate	Lr.No: Dt. from the year :
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :
	DCI /GOI's formal permission for starting the B.D.S course	Lr.No: Dt. from the year :
	Provisional Affiliation issued by the University – B.D.S Course	Proc.No. 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 st , 2 nd , 3 rd , 4 th and CRI)	Proc.No. Dt. Intake
	Govt. of India notification of the recognition of the Entire B.D.S degree course conducted by the institution	Lr.No: Dt. Intake

b.	DETAILS OF M.D.S. COURSE	
	Consent for affiliation issued by the University	Lr.No: Dt. from the year :

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	DCI /GOI's formal permission for starting the course	Lr.No: Dt. from the year :								
	Provisional Affiliation issued for increase of intake by the University	Proc.No. Dt.								
	Year of commencement of the I M.D.S Degree course	Lr.No: Dt. from the year :								
	Continuance of Provisional Affiliation issued by the University with intake from commencement of MDS Course till date	Proc.No. Dt.								
	No. of students admitted in last year batch	<table border="1"> <tr> <td>First Year</td> <td></td> </tr> <tr> <td>Second Year</td> <td></td> </tr> <tr> <td>Third Year</td> <td></td> </tr> <tr> <td>Final Year</td> <td></td> </tr> </table>	First Year		Second Year		Third Year		Final Year	
First Year										
Second Year										
Third Year										
Final Year										
	DCI/Govt. Of India, Ministry of Health and Family Welfare notification of the recognition of the MDS degree course conducted by the institution	Lr.No: Dt.								

	INCREASE OF INTAKE, IF ANY :	
	a) Name of the Speciality applied	
	b) No. of seats applied	
	c) Unit	

VIII	LAND & INFRASTRUCTURE DETAILS (Sale Deed/ Lease Deed (not less than 30 years) - (Attested Copies of original documents must be attached))	
1.	Total Area of Land (Minimum 5 acres of land)	
2.	Year of Lease	
3.	Lease Valid Till (not less than 30 years – Lease Deed obtained from the Government authority)	
4.	Survey Numbers	
5.	Is the land contiguous and makes a single piece of land	Yes / No
6.	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act 1978, TN Town & Country Planning Act 1971, TN Land Reform Act 1961)	Yes / No
7.	Verification of Ownership from Land Records	Lr.No: Dt.
8.	Total Constructed Area (in Sq.ft)	
9.	Whether Completion Certificate furnished from the competent authority	Lr.No: Dated:

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

10.	Whether Pollution Control Board Certificate obtained	Yes /Applied for / No Lr.No. Date :
11.	Whether sewage treatment plant is available	Yes / No Lr.No. Date :.
12.	Whether Bio-Medical waste management is followed as per PCBI	Yes / No Lr.No. Date :
13.	Whether Hospital Waste Management (Bio-Waste incinerator) is available as per the 2018 regulations	Yes / No Lr.No. Date :
14.	Whether Fire and Safety Certificate obtained from the competent authority	Yes / No Lr.No. Date :
15.	Whether AERB Certificate for Equipments obtained from the competent authority	Yes / No Lr.No. Date :
16.	Anatomical Act certificate from Director Medical Education (to be obtained from Medical College)	Yes / No Lr.No. Date :
17.	“Establishment of Tobacco Cessation Centers in Dental Institution – An Integrated Approach in India ---- Operational Guidelines 2018”	Yes / No
18	CCTV Camera :	
	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
	Note: Please ensure that all the land documents duly certified by the Revenue Authority have been checked by you	

IX. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR

Is the institution a Minority Institution:	Yes / No Lr. No. Date
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7(a). Date and number of last annual admission with details

Category	No. Admitted	Date of admission	
		Commence	End
S.C.			
S.T.			

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Backward			
Merit			
Management			
Others			
Total			

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

7(b)

S.No.	Name of the Student	Name of the Guide	NEET Roll No.	NEET Ranking		Sign. of the Student	
				State	All India	Day 1	Day 2

X	MEDICAL COLLEGE ATTACHMENT:
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

1.	Type	Own Private Government
2.	Name & Address of the Medical College	
3.	Name of the Principal/Dean	
4.	Email address and contact number	
5.	Medical College duly recognized by Medical Council of India	Yes/No Lr.No. 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

XI	100 BEDDED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms away).
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Department	Required	Allotted	Occupancy		Remarks of Inspector
			During last 6 months	On the day of inspection	
General Ward –Medical including allied specialities	30				
General Ward –Surgical including allied specialities	30				
Private Ward (A/C & Non A/c)	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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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		
Extension Educator Paramedical Staff	1		
Lab Technician/Blood Bank Tech	4		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 chowkiders	55		

Administrative Staff

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

XII 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.)					

XIII INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 (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.		
LABORATORIES (Clinical)			
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.		

XIV	SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS :-		
	Constructed Area for P.G. Study (Applicable for one unit)		
	INFRASTRUCTURE FUNCTIONAL REQUIREMENTS FOR MDS:		
	Space: In addition to the BDS functional programme the following physical facilities shall be made available to start postgraduate training programmes leading to MDS degree		
	q) 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.		
	r) Each department shall be equipped with a seminar hall, library, sterilization room, (800 to 1000 sq.ft.)		
Facility		Area (sq.ft.)	AvailableNot Available

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Faculty Rooms			
Clinics			
Laboratory Space			
Seminar Room			
Department Library			
PG Common Room			
Preclinical Lab			
Patient Waiting Room			
Total Area (2000 sq.ft.)			

XV	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
	* 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 post-graduate student and two for faculty per Unit	MDS Available
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			

XVI	ACCOMMODATION
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Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

i) STAFF QUARTERS (SEPARATE FROM HOSTEL)		
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

ii) HOSTEL FOR BOYS & GIRLS. (To extent of 50% of strength)		
1	Whether the building of Hostels for Boys & Girls is separate for the dental college building within the campus.	Boys: Yes /No 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 Girls: Yes /No
4	Hostel Facility is available for PG students	Boys: Yes /No Girls: Yes /No
5	Whether there are separate wardens for both the boys & Girls Hostel	Boys: Yes /No Girls: Yes /No
6	If yes their names & telephone numbers.	Boys: Girls:
7	Whether Inmate Register maintained in both Hostel	Boys: Yes /No Girls: Yes /No
8	Whether Kitchen inside the campus are available	Boys: Yes /No Girls: Yes /No
9	Whether there is a separate Mess for boys and Girls	Boys: Yes /No Girls: Yes /No
10	Whether Basic facilities in the Hostel room for students (1 Cot, 1 Cupboard / Table / Chair / fan)	Boys: Yes /No 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 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 Girls: Yes /No
13	Hostel Facility for PG:	Boys: Yes /No Girls: Yes /No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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							

XVII	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) 6 Titles for all specialties plus 5 copies each of all the subjects of first year, 2 nd year & 3 rd 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.)		
7	Seating Capacity (it should be minimum 50% of total strength)		
	Under graduate students		
	Post graduate students		
	Staff		
8	List of books recommended by the Dental Council of India. There should be 5 copies for 100 admissions		
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		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	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		

XVIII LIBRARY DETAILS FOR PG STUDENTS:

Books	No. of Titles		No. of Books	
	Required	Available	Required	Available
Central Library (Pertaining to the specialty)	20		100	
No. of Books purchased in 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:	
Note: All the journals of the speciality and allied subjects shall be available out of which 50 % should be in print form.	

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XIX. STAFF ASSESSMENT FOR PUBLICATIONS :-

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

S.No.	Category	Points
1.	Category I: (9) Journals Indexed to Pubmed – Medline Please see- www.ncbi.nlm.nih.gov/pubmed (2) Journals published by Indian/International Dental Speciality Associations approved by Dental Council of India.	15
	Category II: (1) Medical / Dental Journals published by Government Health Universities awarding dental degree or Govt. Universities awarding dental degree (2) Original Research/Study approved by I.C.M.R/Similar Govt. Bodies (3) Author of Text / Reference Book concerned to respective specialty (4) PhD. or any other similar additional qualification after MDS	10
	Category III: (1) Journals published by Deemed Universities / Dental Institutions / Indian Dental Association (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 th 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.	
	Total Score Required:	
	For Professor and HOD:	40 marks
	Professor:	30 marks
	Reader/Associate Professor:	20 marks

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XX	CLINICAL MATERIALS 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:	
	MEDICAL COLLEGE	
	OPD Attendance	Average (Last 6 months)
	ATTACHED GENERAL HOSPITAL (applicable if Medical College is more than 10 kms)	
	OPD Attendance	Average (Last 6 months)
	DENTAL COLLEGE HOSPITAL	
	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	ATTACHED MEDICAL COLLEGE (should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection	
		1st day	
		2nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

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

Average Number of Patients in Last Six Months

Month						
No. of Patients						

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

iii	DENTAL HOSPITAL should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
		New	1 st day	
		Old	2 nd day	

Average Number of Patients in Last Six Months

Month						
No. of Patients						

iv	Speciality should be recorded at the end of the OPD hour up to 2 pm)	On the day of Inspection		
			1 st day	2 nd day
		UG		
		PG		
		TOTAL		

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	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	75	80	90	100
2 nd Unit	110	120	130	130

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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

Oral Medicine & Radiology

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	100	120	140	150
2 nd Unit	160	170	180	180

POST GRADUATE ACADEMIC DETAILS:-

Table I (Preclinical):

S. No	Name of the student	Year of study	Attendance	Radiographic Tracings			Age assessment by radiographic method
				Intra Oral	Extra Oral	TMJ	

Minimum requirements for each student

Radiographic tracings of all Intra oral and Extra oral radiographs including TMJ : each 2
 Age assessment by radiographic method: **10 cases**

Table II: Academic Presentation by PG Students

S. No.	Name of the student	Year of study	Attendance	Journal Discussions	Seminars	Interesting Case Recordings	Lectures taken for under graduates

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

Minimum Requirements for each student:

1. Journal Discussions – 10 per year
2. Seminars – 5 per year
3. Interesting Case Recordings – 5 per year
4. Lectures for undergraduates – 2 per year

Table III:

S. No	Name of the student	Year of study	Attendance	Intra Oral Radiographs	Extra Oral Radiographs	Case History Recordings	FNAC/ Biopsy

Minimum Requirements per student:

1. Intra oral radiographs: 200 per year
2. Extra oral radiographs: 50 per year
3. Case history recordings: 75 cases per year
4. FNAC/ Biopsy: 25 per year

Table IV:

S. No	Name of the student	Year of study	Subject	Posted	Not posted
			General Medicine		
			General Radiology including C.T, M.R.I etc.		
			General Surgery		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

			Oncology		
			Dermatology		
			Forensic Medicine		
			E.N.T		

Table V: Academic Activity by PG Students

S.No.	Name of the Student	Year of Study	LD Topic	Short Term Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
							Good	Fair	Poor

Table VI: Scientific Presentation Attended

S. No.	Name of the Student	Year of Study	Conferences /PG Conventions / CDE Programmes			
			Speciality		Non Speciality / Allied	
			Attended	Presented	Attended	Presented

Minimum Requirements for each student:

1. Scientific Presentations – 1
2. Speciality Conferences / PG Conventions attended – 2

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXI. EQUIPMENTS:-**DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY**

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 suction	One chair and unit per post-graduate student and one chair with unit for the faculty			
			1 Unit	2 Units		
2.	RVG with intra oral radiography machine (FDA Approved)	55-70 kVp with digital compatibility	1	1		
3.	Extra oral radiography machine	100 kvp	1	1		
4.	Panoramic radiography (OPG) machine with cephalometric and TMJ attachment with printer	Digital compatibility	1	1		
5.	Intra-oral camera		1	2		
6.	Pulp tester		2	4		
7.	Autoclave		1	1		
8.	Punch biopsy tool		2	3		
9.	Biopsy equipment		1	2		
10.	Surgical trolley		2	2		
11.	Emergency medicines kit		1	1		
12.	Extra oral cassettes with intensifying screens (Conventional and rare earth)		4	6		
13.	Lead screens		2	2		
14.	Lead aprons		2	2		
15.	Lead gloves		2	2		
16.	Radiographic filters (Conventional and rare earth)		1	1		
17.	Dark room with safe light facility		1	1		
18.	Automatic radiographic film processors		2	2		

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

19	Radiographic film storage lead containers		1	1		
20	Thyroid collars		1	1		
21	Digital sphygmomanometer		1	1		
22	Digital blood glucose tester		1	1		
23	Digital camera		1	1		
24	X-ray viewer boxes		2	3		
25	Lacrimal probes		2 sets	2 Sets		
26	Sialography cannula		2 sets	2 Sets		
27	Illuminated mouth mirror and probe		2	2		
28	Computer with internet connection with attached printer and scanner		1	1		
29	LCD projector		1	1		
30	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.

XXII. EXAMINATIONS

Please furnish the scheme of exam as laid down by the University.

1.	Theory:
a) No. of examination papers in university exam with title of each paper b) Attach full set of question papers c) Duration of the written exam d) Total Marks e) Classification grades for pass/fail	
2.	Practicals:
a) Total number of candidates examined b) Duration of exam in days:	

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c) Start & finish time of exams:
d) Venue:
e) List of exercises with marks & time allotted for each
f) Classification grades for pass/fail
3 Viva Voce: (a) Duration of viva voce for each candidate
4 Constitution of the Board of Examiners:
Attach copy of University order
(a) Indicate for the Chairman & Examiners the following: Name & Designation Institution where employed Qualification with Degree & Year of acquisition Teaching Experience

XXIII	OTHER FACILITIES	
	i) Rural centres with suitable staff and equipments	Yes / No
	ii) To Satellite Center 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
XXIV	FURNITURE	
	Adequate Furniture for :	
	Faculty	Yes / No
	Non-teaching Staff	Yes / No
	Adequate Furniture :	Yes / No
	Lockers for students	Boys : Yes / No Girls : Yes / No
	Common hall	Boys : Yes / No Girls : Yes / No

XXV	EXAMINATION HALL FACILITIES (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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

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 center?	Yes /No
5.	Whether the jammer in the center?	Yes /No

XXVI	SECURITY DEPOSIT for MDS			
	Details of creation of Security Deposits			
Installment	Amount	FDR No. & Date	Bank	Maturity Date
I Inst	Rs. 5,00,000/ (per specialty)			
II Inst	Rs. 5,00,000/ (per specialty)			

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

XXVIII	SHOW CAUSE NOTICE	
	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	
XXIX	PAST DEFICIENCIES:	
	Details of rectification of past deficiencies observed by the previous year inspection commission	

XXX	DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY:	
	Reduction of sanctioned strength , if any	Govt. of India Lr.No. Date. No. of seats reduced from the academic

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

XXXI	COMPLIANCE OF GUIDELINES	
	Whether the institution has fulfilled all the conditions: for M.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	
XXXII	THE PROPOSED DENTAL COLLEGE SHALL SHOW EVIDENCE OF AN ANNUAL RECEIPT NOT LESS THAN RS.4,00,00,000/-	Yes / No

XXXIII. OVERALL IMPRESSION :-

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

XXXIV	OBSERVATION OF THE INSPECTION COMMISSION: 1) 2)	
XXXV	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 20 - 20	Yes / No
XXXVI	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: Phone: Office : Residence : Mobile No.		Residential address: Phone: Office : Residence : Mobile No.

MDS COURSE

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

The inspection report should be confidential.

S.No	Check list for the Inspectors:	Mark (☐) any one	
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors?</u>	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
	m) Any staff on Notice Period (not to be considered after submission of	Yes	No

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :

	resignation.		
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 <u>the end of both the days</u> 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 <u>list of special cases treated with details in the speciality</u> 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 :- State Government University Dental Council of India Ministry of Health (GOI)
III	Land and infrastructure Documents Building Completion Certificate,
IV	Medical College Attachment Details
V	General Hospital Details
VI	Constructed area
VII	Details of Accommodation for Staff Quarters and Hostel
VIII	Central Library
IX	Clinical material details
X	Affidavit – Medical, Dental teaching staff List of non teaching staff on the date of inspection
XI	Documents for fee details
XII	Others Pollution Control Board Certificate, Sewage treatment Plant, Bio Medical Waste Management Certificate, Bio-Waste incinerator, Fire & Safety Certificate, Sanitary Certificate, AERB Certificate for Equipments, Anatomical Act Certificate, Proof of 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

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

Signature of Member :

Signature of Principal / Dean :

Signature of Convenor :