

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT



**INSPECTION PROFORMA FOR
ESTABLISHMENT OF NEW DENTAL COLLEGE
(For colleges established after 10/01/2006)**

AS PER DCI REGULATIONS 2006

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified by the Principal for submission along with the report)

No. of Seats applied for: **100**

BFUHS Letter No: _____ Dated: _____

Date of Inspection : _____

Name and Address of Inspectors

1. _____

2. _____

Note:-

- I: Each column will be completely filled by the Inspector by hand/computer printing in detail. Annexures will be duly certified by the inspectors and will be sent by the Inspectors to Baba Farid University of Health Sciences, Faridkot within 48 hours of Inspection.
- II: No annexure, except consolidated list of teaching staff in the DCI prescribed format, will be attached alongwith the Inspection Proforma.
- III: Each page of the Inspection Proforma will be certified by putting full signature and date of the University's Inspectors.

I. SCRUTINY OF REQUISITE PERMISSIONS

Name & Address of the Proposed :
Dental College _____

Email Address for :
Correspondence _____

Telephone & Fax No. : _____

Status : Govt. / Private

Registration details of the :
Society/Trust: _____

State Government Essentiality/
Permission Certificate : Issued By: _____

No. & Date: _____

Valid Upto: _____

DCI Permission : Issued By:
(Year to Year / Permanent) _____

No. & Date: _____

Valid Upto: _____

University Affiliation : Issued By:
(Provisional / Permanent) _____

No. & Date: _____

Valid Upto: _____

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

Own Hospital Medical College Govt. General Hospital

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

Name and Full Address of Hospital:

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

Name of the Issuing Competent Authority:

Distance of the hospital from the Dental College : _____
 By Road (please clarify as to whether you have
 physically verified/taking the reading of
 Taxi/ Car Meter)

Number of Beds : **Total:** _____

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

Area Requirements (As per Bureau of Indian Standards)

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

Man Power Requirement

(The consultants in the various departments should have atleast 8 years teaching experience after post graduation)

Medical Staff

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

Nursing Staff

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

Health Staff

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

Engineering Staff

Designation	Required	Available
Civil	2	
Mechanical	2	
Electrical	2	
Engineering Aid	4	

Other Staff

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

Administrative Staff

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

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

ATTACHED HOSPITAL : During Inspection: _____
Attendances Average (Last 6 months): _____

DENTAL COLLEGE : During Inspection: _____
HOSPITAL Attendances Average (Last 6 months): _____

*Minimum requirement of new patient's is 50 patients per day in Dental College Hospital

IV. DENTAL TEACHING STAFF

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.	PRINCIPAL With speciality									

PROSTHODONTICS

1.	PROFESSOR									
1.	READER									
2.	READER									

CONSERVATIVE DENTISTRY

1.	READER									
----	--------	--	--	--	--	--	--	--	--	--

LECTURERS/TUTORS**Lecturers MDS (25%) : _____ Tutors BDS (75%): _____**

S. No.	MDS with speciality/BDS	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										

S. No.	MDS with speciality/BDS	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
10.										
11.										
12.										
13.										
14.										
15.										
16.										

Note:- All affidavits of the teaching staff and their requisite documents should be in the same order as mentioned above
 *If the teaching staff is not present, whether the sanctioned leave certificate is attached?

V. MEDICAL TEACHING STAFF (Eligibility will be as per MCI Regulations – 5th December 1998)

ANATOMY

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									
3.	Lecturer									
4.	Lecturer									

PHYSIOLOGY

1.	Reader									
1.	Lecturer									
2.	Lecturer									

BIOCHEMISTRY

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									

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

* If the teaching staff is not present, whether the sanctioned leave certificate is attached?

VI. SUMMARY - DENTAL TEACHING STAFF

Department	Professor		Reader		Lecturer	
	Required	Available	Required	Available	Required	Available
Prosthodontics	1		2			
Conservative Dentistry	--		1			
Total	2*		3		10	

* Including one Principal from any speciality
 Attach list of entire faculty department-wise in attached University prescribed proforma as **Annexure-I**.

VII. SUMMARY - MEDICAL TEACHING STAFF

Departments	Number of Readers		Number of Lecturers	
	Required	Available	Required	Available
Anatomy	1		4	
Physiology	1		2	
Biochemistry	1		2	
Total	3		8	

Attach list of entire faculty department-wise in attached Univeristy prescribed proforma as **Annexure-I**.

DETAILS OF TEACHING STAFF SPECIALITY WISE

Annexure-I

Name of the Department:

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

Seal & Signature of the Head of the Dental Institution

Inspector 1 :

*Attach additional pages wherever required.

Inspector 2 :

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

VIII. NON-TEACHING STAFF/ MINISTERIAL STAFF:

Please furnish the details of non-teaching staff available at the said college.

		Requirement	Available
1	Managers/ Office Suptd.	7	
2.	Assistants	13	
3.	Receptionist	14	
4.	Librarian	1	
5.	D.S.A.(Chair side Attendant)	20	
6.	Dent. Tech. (Dental Mechanic)	10	
7.	Dent. Hygst.	5	
8.	Radiographer	3	
9.	Photographer	1	
10	Artist	1	
11	Programmer	1	
12	Data Entry Operators	2	
13	Physical Director	1	
14	Engineer	1	
15.	Electricians	4	
16.	Plumber	2	
17.	Carpenter	1	
18.	Mason	1	
19.	A.C. Tech.	1	
20	Helpers Electrical	3	
21.	Sweepers & Scavengers	17	
22.	Attenders	25	
23.	Security Personal	6	
24.	Dept. Secretaries	8	
25.	Driver	5	
26.	Nurses	9	
27.	Lab. Technicians	5	

IX. CENTRAL LIBRARY

Total Number of Books : _____

Total Number of Journals : _____

 Indian Journals : _____

 International Journals : _____

 Back Volumes : _____

Total Area : _____

Seating Capacity : _____

(it should be 50% of total students strength)

List of books recommended by the Dental Council of India : _____

Note: There should be 5 copies for 100 admissions

Journal Room : _____

Computer / Internet Room : _____

Room for Librarian : _____

Photocopying area : _____

Staff available in the Library : _____

X. DENTAL CHAIRS / UNITS*

Total Dental Chairs Installed with all the attachments thereon **(Required: 25 Dental Chairs)** : _____

Whether all the chairs and units are functioning and electrically operated? : Yes / No

 Number of Dental Chairs Electrically Operated : _____

 Number of Dental Chairs Non-Electrically Operated : _____

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

XI. MAJOR EQUIPMENTS

DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE

Name	Specification	Quantity	
		Required	Available
Dental Chairs and Units	As per specification	34	
Semi adjustable articulator	With face bow	2	
Extra oral/intra oral tracer		2	
Dewaxing unit		2	
Curing unit		2	
Dental casting machine		1	
Wax burnout furnace		1	
Pre heating furnace		1	
Surveying unit		2	
Heavy duty hand piece	Lab micromotors	4	
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	2	
Needle burner with syringe cutter		2	
Plaster Dispenser	One each for plaster and stone plaster	2	
Model Trimmer with Carborandum Disc		1	
Model Trimmer with Diamond Disc		2	
Acrylizer		3	
Lathe		2	
Flask press		4	
Deflasking unit		4	
Dewaxing unit		3	
Hydraulic Press		3	
Mechanical Press		2	
Vacuum mixing machine		1	
Lab Micro motor	With heavy duty handpiece	4	
Curing pressure pot		1	
Porcelain furnace		2	
Vibrator		2	
Sand blasting unit		2	
Ultrasonic cleaner		2	
Model Trimmer		4	
Hot water sterilizer		2	
Geyser	Compound bath	2	
H.P. grinder with suction		3	
Heavy duty lathe		2	
Phantom heads		50	
Pre-clinical working tables	Gas connection & bunson burner	100	

CERAMIC AND CAST PARTIAL LABORATORY

NAME	SPECIFICATIONS	Required	Available	Deficiency
Plaster Dispensor	One each for plaster and stone plaster	2		
Duplicator		1		
Pindex System		1		
Circular saw		1		
Burn out furnace		1		
Sandblasting machine	With two containers	1		
Electro-polisher		1		
Model Trimmer with Carborandum disc		1		
Model Trimmer with Diamond disc		1		
Induction casting machine		1		
Programmable porcelain furnace with vacuum pump with instrument kit and material kit		1		
Spot welder with soldering, attachment of cable		1		
Vacuum mixing machine		1		
Steam Cleaner		1		
Spindle Grinder 24,000 RPM with vacuum suction		1		
Wax heater		1		
Wax carver		1		
Curing pressure pot		1		
Milling machine		1		
Heavy duty lathe with suction		1		
Preheating furnace		1		
Palatal trimmer		1		
Ultrasonic cleaner	5 liters capacity	1		
Composite curing unit		1		
Micro surveyor		1		
PRE-CLINICAL PROSTHETICS LABORATORY	Work table preferably complete stainless steel fitted with light, Bunsen burner, air blower, working stool. Adequate number of lab micro motor with attached hand piece	60 20		
PLASTER ROOM FOR PRE-CLINICAL WORK				
Plaster dispenser	One each for plaster and stone plaster	2		
Vibrator		2		
Lathe		2		
Model Trimmer		1		
Carborandum Disc		1		
Diamond disc		1		

DEPARTMENT : CONSERVATIVE DENTISTRY AND ENDODONTICS

Name	Specification	Quantity	
		Required	Available
Dental Chairs and Units	As per specification	34	
Rubber dam kits		6	
Restorative instruments kits		10	
R.C.T. instrument kits		10	
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	3	
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket	2	
Needle burner with syringe cutter		4	
Amalgamator	With auto proportion, auto dispenser	3	
Rubber dam kits		6	
Pulp Tester-Digital		4	
Apex Locator		2	
Glass bead sterilizers		6	
Plaster dispensers		2	
Vibrator		2	
Ceramic Unit		1	
Casting machine		1	
Intra-oral X-ray Unit	Proper radiation safety	1	
Automatic Developer		1	
Radiovisiography	RVG with Computer	1	
Endo motor	With torque control Hps	1	
Bleaching unit		1	
Magnification loops		2	
Injectable gutta percha		2	
PHANTOM LAB UNIT	Phantom Table fitted with Halogen Operating Light Phantom Head body type neck joint for all the movement, TMJ movement. Modular with Air rotor, Micro motor with contra angle Hps, 3-way syringe, jaw with ivorine teeth, preferably soft gingival, dental operator's stool (not to use extracted or cadaver teeth).	60	

CHEMICAL LABORATORY

Plaster Dispenser	One each for plaster and stone plaster	2	
Model Trimmer	Carborandum disc	1	
	Diamond disc	1	
Lathe	Heavy Duty	2	

Lab Micromotor	With heavy duty handpiece	3	
Ultrasonic cleaner	Minimum capacity 5 liters	1	
Spindle Grinder		1	
Vibrator		2	
Burnout furnace		1	
Porcelain furnace		1	
Sandblasting Machine		1	
Lab Airrotor		1	
Pindex System		1	
Circular saw		1	
Vacuum mixer		1	
Pneumatic chisel		1	
Casting machine	Motor cast/induction casting preferred	1	

Whether all the above-mentioned equipments are functioning? : Yes / No

Whether detailed list of equipments as furnished by the college authority is attached : Yes / No

XII. CONSTRUCTED AREA

DENTAL COLLEGE BUILDING

Total Constructed Area Required: 60,000 Sq.ft.

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

STAFF QUARTERS (SEPARATE FROM HOSTEL)

Type (no of rooms)	No.	Occupancy Rate (verified)
Principals Bungalow		

HOSTEL FOR BOYS & GIRLS

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

Whether Hostels for Boys & Girls are within the campus : Yes / No

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

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

INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Infrastructure	Requirement	Availability
Administrative block	3000 sq. ft.	
Library	8000 sq. ft.	
Lecture Halls – 4	6400 sq. ft.	
Central Stores	800 sq. ft.	
Maintenance room	1000 sq. ft.	
Photography and artist room	400 sq. ft.	
Medical Stores	300 sq. ft.	
Amenities area	3200 sq. ft.	
Compressor and room for gas plant	300 sq. ft.	
Cafeteria	1500 sq. ft.	
Examination hall	3600 sq. ft.	
Auditorium (To accommodate at least 500 people)		
Laboratories (Dental Subjects)		
Pre-clinical Prosthodontics and dental material lab	3000 sq. ft.	
Pre-clinical conservative lab	2500 sq. ft.	
Oral biology and oral pathology lab	2500 sq. ft.	
Laboratory for orthodontics and Pedodontics	1500 sq. ft.	
Laboratories (Medical Subjects)		
(only for independent dental colleges)	7500 sq. ft.	
Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	2500 sq. ft.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	2500 sq. ft.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	2500 sq. ft.	
Laboratories (Clinical)		
Prosthodontics	2500 sq. ft.	
Conservative Dentistry	600 sq. ft.	
Oral pathology for histopathology	600 sq. ft.	
Haematology and clinical biochemistry	300 sq. ft.	

XIII. LAND & INFRASTRUCTURE DETAILS

LAND DOCUMENTS : Sale Deed/Lease Deed (verification of copies translated in English)

Total Area of Land (Minimum 5 acres of land) : _____

Year of Lease : _____

Lease Valid Till : _____

Survey Numbers : _____

Is the land contiguous and makes a single piece of land : Yes / No

Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority) : Yes / No

Verification of Ownership from Land Records : Yes / No

Total Constructed Area : _____

Whether Completion Certificate furnished from the competent authority : Yes / No

Whether Pollution Control norms are followed : Yes / No

Whether Bio-waste management is followed as per PCBI : Yes / No

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

XIV. A copy each of the audited balance sheet (By Chartered Accountants) of the Trust/Society is to be furnished.

We hereby declare that all the documents regarding Land / Building / Essentiality Certificate/DCI Permission/100 Bedded General Hospital / Teaching Staff etc have been physically verified by us.

Signatures of Inspector

Signatures of Inspector

**For Establishment
New Dental College BDS
Check list for the Inspectors:**

1. Is the Inspection Proforma filled Completely and each page **signed by both the inspectors.** Yes No
2. Has the essentiality certificate, DCI Permission and University affiliation been checked and found in order? Yes No
3. Is the attached hospital (100 bedded) as per the BIS norms and is located within 10 kms from the Dental College and the teachers are posted as per MCI norms? **Has the Hospital obtained sanction from the competent authority of the state i.e. State Government/Secretary Health/DGHS etc.** Yes No
4. Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months. Authority & attachment with 100 bedded/ Medical college and interaction with CMO/Registrar about future Medical teaching of BDS students- (Separate para with details).
5. Have the Dental and Medical faculty been checked for the following? Yes No
 - 1) Appointment:- The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act and as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8
 - 1) Affidavit (Yes/No) (c) Teaching Experience (Yes/No)
 - (d) Reliving certificates from previous Institution (Yes/No)
 - (e) Proof of Residence (Yes/No)
 - (f) DCI - Identity Card (Yes/No)
6. Is the list of teaching staff as per University format enclosed? Yes No
7. Have you checked clinical material **at the end of the OPD** and patient inflow as per norms? (given in the inspection proforma) Yes No

CLINICAL MATERIAL (PATIENTS) REQUIREMENT FOR BDS COURSE WITH 50 SEATS				
Starting BDS	2 nd year	3 rd year	4 th year	Recognition
25	50	75	75-100	75-100
CLINICAL MATERIAL (PATIENTS) REQUIREMENT FOR BDS COURSE WITH 100 SEATS				
50	75	100	100-150	100-150

8. Have you checked the Library for Journals/Books other facilities? Yes No
9. Have you submitted your detailed comments with strengths and shortcomings if any in your inspection report? Yes No
10. The inspection report should be confidential

Signature of Inspector
with full name and date

Signature of Inspector
with full name and date

Note: Please retain one copy of the Inspection Report duly signed by the Inspectors for future eventualities for a period of 8 weeks and the then destroy.