

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT



Annexures - I

INSPECTION REPORT

For 3rd & 4th Year Renewal - MDS Course / Increase of Seats

No. of Units

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ORAL PATHOLOGY & MICROBIOLOGY

Name of the College	
No. of seats applied	
No. of seats sanctioned by the State Govt.	
No. of seats sanctioned by the University	
No. of seats sanctioned by the DCI	
No. of seats granted by GOI	

University Letter No. ()- _____ Dated _____

Date of Inspection	
Date of Last Inspection	

Name of Inspector (1)	
Address of the Inspector	

Name of Inspector (2)	
Address of the Inspector	

For any clarification please go through DCI Regulations and their subsequent amendments, as the case may be.

Inspector 1:

Inspector 2:

GENERAL INFORMATION

1. Name of the Dental College with full address, Email Address, Telephone & Fax No.

2. Date of recognition for BDS degree _____

3. State Government Essentiality/
Permission Certificate

: Issued By: _____

No. & Date: _____

Valid Upto: _____

4. (a) DCI Permission

(Provisional / Permanent)

: Issued By: _____

No. & Date: _____

Valid Upto: _____

(b) University Affiliation

(Provisional / Permanent)

: Issued By: _____

No. & Date: _____

Valid Upto: _____

5. **PRINCIPAL**

Name of the Principal: _____

Speciality : _____

Address : i. Resi _____

ii. Office _____

Telephone: i. Resi: _____

ii. Office: _____

iii. Mobile: _____

Fax : _____

Email : _____

State Dental Council Regn.no. _____ State _____

Qualification & Experience: adequate/ inadequate

Inspector 1:

Inspector 2:

6. Date and number of last annual admission with details*

Category	No. admitted	Dates of admission	
		Commence	End
SC			
ST			
Backward			
Merit			
Management			
Others			
Total			

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

Inspector 1:

Inspector 2:

7. DENTAL TEACHING STAFF

S. No	Faculty Name & Designation	DOB	Qualification & Year of Passing	University	DCI ID CARD No	Original Affidavit with date	Form 16	Details of Teaching Experience in an approved/recognized institution after P.G. (proof of support to be provided)			Total Experience as on 28 th February of current year	Present during Inspection	
								Designation	Institution	Period			
										From			To
Professor & H.O.D.													
1													
Professors													
1													
2													
3													
Readers													
1													
2													
3													
Sr. Lecturers													
1													
2													
3													

Inspector 1:

Inspector 2:

Lecturers												
1												
2												

Remarks*

- (i) Whether the faculty has obtained NOC or not Yes / No
- (ii) Whether the faculty was present in any other BDS/MDS inspection in the current academic year. Yes / No
- (iii) Whether the faculty has got students registered under him in the previous institution who have yet to complete MDS Course. Give details as follow:

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

8. Non – Teaching & Technical Staff:

S. no	Non- Teaching / Technical Staff	Required*	Available

* As per DCI 2007 MDS regulations

Inspector 1:

Inspector 2:

9. Staff Assessment for Publications:

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

Inspector 1:

Inspector 2:

10. Clinical Material

(i) Attached General Hospital

On the day of Inspection:
 *(should be recorded at the end of the OPD hours)

Average Number of Patients per day in Last Six Months (Total No. of Patients in a month/No. of working days):

Month						
No. of Patients						

(ii) Dental Hospital

On the day of Inspection:
 *(should be recorded at the end of the OPD hours)

Average Number of Patients per day in Last Six Months (Total No. of Patients in a month/No. of working days):

Month						
No. of Patients						

(iii) Speciality

On the day of Inspection:
 *(should be recorded at the end of the OPD hours)

Biopsy –

Cytology –

Hematology -

Average Number of Patients per day in Last Six Months (Total No. of Patients in a month/No. of working days):

Month						
Biopsy						
Cytology						
Hematology						

Minimum requirement:

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
3 rd Unit	4+7+16	4+8+16	4+8+18	4+8+18

* (Biopsy + Cytology + Hematology)

Inspector 1:

Inspector 2:

11. SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS:**Constructed Area for P.G Study**

Facility	Area (Sft.)	Available	Not Available
Faculty rooms			
Clinics			
Laboratory Space			
Seminar room			
Department Library			
PG common room			
Museum			
Patient waiting room			
Total area (2000sft) as per DCI 2007 regulations			

12. Library Details:

Books	No. of Titles	No. of Books
Central Library(Pertaining to Speciality)		
Department Library		

Minimum Requirements:

Central Library (Pertaining to Speciality) – 20 Titles
 Department Library – 10 Titles

Journals	International	National
Speciality & Related		
Back Volumes		

Minimum Requirements:

Speciality & Related – 6 - 8 international and 2 - 4 national
 Back Volumes – Minimum 3 International Journals for 10 years

Inspector 1:

Inspector 2:

13. 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

1. Ground Sections – 3 LS & 2 Cs
2. Decalcified sections – 2 primary & 2 permanent teeth
3. Tooth Carving – All permanent Teeth Except Third Molars

Table II:

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 – 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:

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

Inspector 1:

Inspector 2:

Table V:

SI.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

14. EQUIPMENTS:

DEPARTMENT : Oral Pathology & Microbiology

NAME	SPECIFICATION	QTY	Availability
ESSENTIAL EQUIPMENT			
Dental Chairs and Units	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and suction	One chair & unit per PG student	
Adequate laboratory glassware's as required for processing of biopsy specimens & staining.			
Tissue capsules / Tissue embedding cassettes		25 – 30	
Paraffin wax bath (thermostatically controlled)		1	
Leuckhart pieces		10	
Block holders		25	
Semi automatic microtome		1	
Automatic Microtome knife Sharpner		1 (Optional)	
Tissue floatation water bath (thermostatically controlled)		1	
Slide warming table		1	
Steel slide racks for staining		1+2	
Diamond glass marker		2	
Research microscope with phase contrast, dark field, polarization, CCTV & photomicrography attachments		1	

Inspector 1:

Inspector 2:

Binocular Compound Microscope		4, 1/PG	
Aluminum slide trays		5	
Wooden / Plastic slide boxes		5	
Wax block storing cabinet		1+2	
Slide storing cabinet		1 of 10,000 capacity	
Refrigerator		1	
Micropipettes		2	
Computer with Internet Connection with attached Printer & Scanner		1	
DESIRABLE EQUIPMENT			
Cryostat		1	
Fluorescent Microscope		1	
Image analysis software		1	
Automatic processing equipment		1	
Hard tissue microtome		1	
Stereo microscope		1	
Microwave		1	
Tissue storing cabinet (Frozen state)		1	

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

15. Overall Impression:

	Deficient	Satisfactory
Infrastructure		
Clinical Material		
Staff Assessment		
Student Assessment		
Library facilities		
Equipment		
Overall Department Assessment		

16. Any other Observations (not more than 3 lines):

Inspector 1:

Inspector 2:

For Renewal MDS Course
Check list for the Inspectors/Visitors:

1. Is the Inspection Proforma filled Completely and each page **signed by both the inspectors.** Yes No
2. Has the essentiality certificate, University affiliation, permission by Dental Council of India/Govt. of India been checked and found in order? Yes No
3. Has the infrastructure and equipment been checked as per the prescribed DCI norms. Have the vouchers for clearance of payment to the suppliers been verified. Yes No
4. Is the attached hospital (100 bedded) as per the BIS norms and is located within 10 kms from the Dental College and the teachers are posted as per MCI norms and the update registration certificate from State Government **attached?** Yes No
5. Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months. **Distribution of beds in Medical Surgery etc. as per proforma.** Authority & attachment with 100 bedded/ Medical college and interaction with CMO/Registrar about Medical teaching of BDS/MDS - (Separate para with details). Yes No
6. Is the list of teaching staff as per format enclosed? Yes No
7. 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.
 - (b) Affidavit (Yes/No) (c) Teaching Experience (Yes/No)
 - (d) Reliving certificates from previous Institution (Yes/No)
 - (e) TDS certificate (Yes/No) (f) Form 16 (Yes/No)
 - (g) Proof of Residence (Yes/No) (h) DCI - Identity Card (Yes/No)
 - (i) Any staff on Notice Period (Not to be considered after submission of resignation) (Yes/No)
 - (j) Signature of the teaching faculty on the day of inspection.
8. Have you checked clinical material **at the end of the OPD** and patient inflow as per norms? (given in the inspection proforma). Daily 100-150 patients for UG in 100 seats dental college. In addition daily 20-25 cases for 2nd year and 35-40 cases for 3rd year MDS renewal in the last 6 months. Yes No
9. Have you checked the E-library/library for Journals/Books other facilities as per DCI norms. Yes No
10. Have you submitted your detailed comments with strengths and shortcomings if any in your inspection reports? Yes No
11. **Have you attached the details of the publications of the concerned faculty in the format provided in the inspection proforma.** Yes No
12. Whether any case of ragging has been reported in the Institution during the last one year, if yes, action taken thereon. Yes No
13. Have you verified the records of the satellite clinics run by the college for the rural posting of the interns. Yes No

1 Signature of Inspector
with full name and date

2 Signature of Inspector
with full name and date

Note:

1. A College with 100 admission and 9 P.G. specialties with 2 -3 seats each should have a OPD of 450 - 500 patients daily.

Inspector 1:

Inspector 2: