

**BABA FARID UNIVERSITY OF HEALTH SCIENCES**  
**FARIDKOT**



**Annexures - I**

**INSPECTION REPORT**

**For starting MDS Course / Increase of Seats**

**CONSERVATIVE DENTISTRY & ENDODONTICS**

No. of Units

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

University Letter No. (    )- \_\_\_\_\_ Dated  
\_\_\_\_\_

<b>Date of Inspection</b>	
<b>Date of Last Inspection</b>	

<b>Name of Inspector (1)</b>	
<b>Address of the Inspector</b>	

<b>Name of Inspector (2)</b>	
<b>Address of the Inspector</b>	

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

**GENERAL INFORMATION**

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

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2. Date of recognition for BDS degree \_\_\_\_\_

3. State Government  
Essentiality/Permission Certificate : Issued By: \_\_\_\_\_

No. & Date: \_\_\_\_\_

Valid Upto: \_\_\_\_\_

4. (a) DCI Permission : Issued By: \_\_\_\_\_  
(Provisional / Permanent)

No. & Date: \_\_\_\_\_

Valid Upto: \_\_\_\_\_

(b) University Affiliation : Issued By: \_\_\_\_\_  
(Provisional / Permanent)

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

**6. 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 on 28 <sup>th</sup> February of current year	Present during Inspection	
								Designation	Institution	Period			
										From			To
<b>Professor &amp; H.O.D.</b>													
1													
<b>Professors</b>													
1													
2													
3													
<b>Readers</b>													
1													
2													
3													
<b>Sr. Lecturers</b>													
1													
2													
3													
<b>Lecturers</b>													

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)

**7. Non – Teaching & Technical Staff:**

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

\* As per DCI 2007 MDS regulations

**8. Staff Assessment for Publications:**

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

Inspector1:

Inspector 2:

**9. 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):

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

)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):

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

)iii) **Speciality**

On the day of Inspection: (UG & PG) =.....  
 \*(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):

<b>Month</b>						
<b>No. of Patients (UG/PG)</b>						

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

<b>Unit</b>	<b>Starting MDS</b>	<b>2<sup>nd</sup>Renewal</b>	<b>3<sup>rd</sup> &amp; 4<sup>th</sup>Renewal</b>	<b>Recognition</b>
1 Unit	40	50	60	60
2Units	80	90	100	100
3Units	120	130	140	140

Inspector1:

Inspector 2:

**10. 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			
Preclinical lab			
Patient waitingroom			
Total area (2000sft) as per DCI 2007 regulations			

**11. 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



## 12. EQUIPMENTS

**DEPARTMENT : Conservative Dentistry and Endodontics**

NAME	SPECIFICATION	QTY	Availability
Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airotor, lightcure	One chair & unit per PG student and Two chairs with unit for the faculty	
ENDOSONIC HANDPIECES – Physiosaline equipments		2	
Mechanized rotary instruments including hand pieces and hand instruments		3	
Glass bead sterilizers		3	
Autoclaves for bulk instrument sterilization Vacuum preferably		2	
Autoclaves for hand piece sterilization		2	
Apex locators		2	
Equipments for injectable thermoplasticized gutta percha pressurized local anaesthesia		2	
Operating microscopes	Desirable	1	
Pickling kits		2	
Surgical endo kits		2	
Low speed high torque motors		2	
Torque control hand pieces		2	
Set of hand instruments		2	
Sterilizer trays		4	
Variable Intensity Polymerization equipments VLC units		2	
Conventional VLC units		1	
LCD projector		1	
Over head projector		1	
Computer with Internet Connection with attached Printer & Scanner		1	
Clinical micro motors		2	
High speed hand pieces		2	
Composite kits with different shades and polishing kits		3	
Ceramic finishing kits		2	
Amalgam finishing kits		2	

Inspector1:

Inspector 2:

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

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

**13: Overall Impression:**

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

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

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Inspector1:

Inspector 2:

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

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Is the Inspection Proforma filled Completely and each page <b><u>signed by both the inspectors.</u></b>   | 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 <b>attached?</b>   | Yes | No |
| 5.  | Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months. <b>Distribution of beds in Medical Surgery etc. as per proforma.</b> Authority & attachment with 100 bedded/ Medical college and interaction with CMO/Registrar about Medical teaching of BDS/MDS - (Separate para with details).          |     |    |
| 6.  | Is the <b>list</b> 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 <b>at the end of the OPD</b> 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 2 <sup>nd</sup> year and 35-40 cases for 3 <sup>rd</sup> 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. | <b>Have you attached the details of the publications of the concerned faculty in the format provided in the inspection proforma.</b>  | 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.

Inspector1:

Inspector 2: