

Summary of the Inspection Report (to be filled in neatly)

Date of Inspection: -

Course: BDS/MDS

Name of the Inspectors:-

1. Teaching Staff

Designation	Required as per norms	Available	Deficiency
Professor			
Reader			
Lecturer			
Tutors			

Others (Part time)

2. Clinical Material

Hospital

Own/affiliated

If affiliated, distance from the College

Facilities

Please annex the complete details duly certified by the Medical Suptd. of the Hospital.

Brief Summary:-

Deficiencies

3. Hostel

Total number of rooms:-

Number of rooms earmarked course wise:-

BDS

MDS

Brief Summary:-

Deficiencies

4. Building

Brief Summary:-

Deficiencies

5. Equipment

Brief Summary: -

Deficiencies

Findings of Inspection Committee

Name of inspector(s)

Signature
