

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT



Annexures - I

INSPECTION REPORT

2nd Year Renewal - MDS Course / Increase of Seats

No. of Units

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ORAL MEDICINE & RADIOLOGY

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 University	
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.

Inspector1:

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

: Issued By:

(Provisional / Permanent)

No. & Date:

Valid Upto:

(b) University Affiliation

: Issued By:

(Provisional / Permanent)

No. & Date:

Valid Upto:

Inspector1:

Inspector 2:

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

Inspector1:

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.

Inspector1:

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													

Inspector1:

Inspector 2:

3													
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

Inspector1:

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

Inspector1:

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: (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):

Month						
No. of Patients (UG/PG)						

Minimum requirement (both UG & PG together)

Unit	Starting MDS	2 nd Renewal	3 rd & 4 th Renewal	Recognition
1 st Unit	70	80	100	100
2 nd Unit	120	130	150	150
3 rd Unit	170	180	200	200

Inspector1:

Inspector 2:

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

Facility	Area (Sft.)	Available	Not Available
Faculty rooms			
Clinics			
Radiology			
Seminar room			
Department Library			
PG common room			
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

Inspector1:

Inspector 2:

13. POST GRADUATE ACADEMIC DETAILS:

Table I (Preclinical):

SI 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

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

Table II:

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

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	LD Topic	Dissertation topic	Approved or Not by the University	Progress of the Dissertation		
						Good	Fair	Poor

Inspector1:

Inspector 2:

14. EQUIPMENTS:

DEPARTMENT: Oral Medicine and Radiology

NAME	SPECIFICATION	QTY.	Availability
Dental Chairs and Units	Electrically operated with shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	One chair & unit per PG student and Two chairs & unit for Faculty	
Intra Oral Radiography Machine	55-70 kVp with Digital Compatibility	1	
Extra Oral Radiography machine	100 kVp	1	
Panoramic Radiography (OPG) Machine with	Digital Compatibility	1	
Intra-Oral Camera		1	
Pulp Tester		2	
Autoclave		2	
Punch Biopsy Tool		2	
Biopsy Equipment		2	
Surgical Trolley		2	
Emergency Medicines Kit		1	
Extra Oral Cassettes with Intensifying Screens (Conventional & Rare Earth)		4	
Lead Screens		2	
Lead Aprons		2	
Lead Gloves		2	
Radiographic Filters (Conventional & Rare Earth)		1	
Dark Room with Safe light facility		1	
Automatic Radiographic Film Processors		2	
Radiographic Film storage Lead Containers		1	
X-ray Viewer boxes		2	
Lacrimal Probes		2 sets	
Sialography Cannula		2 sets	
Computer with Internet Connection with attached Printer & Scanner		1	
Illuminated Mouth Mirror & Probe		2	

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

Inspector1:

Inspector 2:

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):

Inspector1:

Inspector 2:

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

- | | | |
|--|-----|----|
| 1. Is the Inspection Proforma filled Completely and each page <u>signed by both the inspectors.</u> | 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). | | |
| 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? | | |
| (a) Appointment:- The appointment of faculty in private dental colleges should be made through proper selection committee. | Yes | No |
| (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 2 nd year and 35-40 cases for 3 rd 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.

Inspector1:

Inspector 2: