

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



**Annexures - I**

**INSPECTION REPORT**

**For 3<sup>rd</sup> & 4<sup>th</sup> Year Renewal – MDS Course / Increase of Seats**

No. of Units

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**PROSTHODONTICS AND CROWN & BRIDGE**

<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.**

Inspector1:

Inspector 2:

**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:

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No. & Date:

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Valid Upto:

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4. (a) DCI Permission

: Issued By:

(Provisional / Permanent)

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No. & Date:

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Valid Upto:

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(b) University Affiliation

: Issued By:

(Provisional / Permanent)

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No. & Date:

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Valid Upto:

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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 <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													

Inspector1:

Inspector 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)

**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 <sup>st</sup> /2 <sup>nd</sup> /3 <sup>rd</sup> ..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):

<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)**

Unit	Starting MDS	2 <sup>nd</sup> Renewal	3 <sup>rd</sup> & 4 <sup>th</sup> Renewal	Recognition
1 <sup>st</sup> Unit	25	30	40	40
2 <sup>nd</sup> Unit	45	50	60	60
3 <sup>rd</sup> Unit	70	75	80	80

Inspector1:

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			
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 (Pre-Clinical Work\*):**

S.No	Name of the Student	Year of Study	Complete Dentures	Removable Partial Dentures	Fixed Prosthodontics	Maxillo Facial Prosthesis

\* Pre-clinical work as per DCI Revised MDS Course Regulations-2007

**Table II: (Clinical Work)**

S.No.	Name of the student	Year of study	Complete dentures	Removable partial dentures	Cast Partial dentures	Metal ceramic / ceramic	Maxillofacial prosthesis	Implant Prosthodontics

Minimum Requirement:

1. Complete dentures – five cases
2. Removable partial dentures –two cases
3. Cast partial denture – one case
4. Three units of metal ceramic / ceramic
5. One case of Maxillofacial prosthesis including relining, rebases
6. One case of Implant Prosthodontics

**Table III:**

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

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 5 per year
3. Lectures for undergraduates – 1 per year

Inspector1:

Inspector 2:

**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

**Table V:**

Sl.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: Prosthodontics and Crown & Bridge***

NAME	SPECIFICATION	QTY.	Availability
Electrical Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction, micromotor, airtor	One chair & unit per PG student and Two chairs & unit for Faculty	
Articulators – Semi adjustable	With Face-bow	6	
Airtor & Airmotor Handpieces		6	
Micromotor – (Lab Type)		2	
Ultrasonic Scaler		4	
Light Cure		2	
Sterilization : - Hot Air oven		1	
Autoclave		1	
Surveyor		2	
Refrigerator		1	
X-ray viewer		1	
Pneumatic crown remover		2	
Needle destroyer			

Inspector1:

Inspector 2:

<b>Clinical Lab For Prosthetics</b>			
Plaster Dispenser		2	
Model Trimmer with Carborandum Disc		1	
Model Trimmer with Diamond Disc		1	
Lathe		2	
<b>High Speed lathe</b>		2	
Vibrator		1	
Acrylizer		1	
Dewaxing Unit		1	
Hydraulic Press		1	
Mechanical Press		1	
Vacuum Mixing machine		1	
Micro motor lab type		2	
Curing pressure pot		1	
Pressure molding machine		1	
<b>Chrome – Cobalt Lab Equipment</b>			
Duplicator		1	
Pindex System		1	
Burn-out furnace		2	
Welder		1	
Sandblaster (micro & macro)		2	
Electro – Polisher			
Model Trimmer with Carborandum Disc		1	
Model Trimmer with Diamond Disc		1	

Model Trimmer with Double disc one Carborandum and one Diamond Disc		1	
Casting Machine Motor Cast with the safety door closure Gas blow torch with Regulator		1	

Inspector1:

Inspector 2:

Dewaxing Furnace		1	
Induction Casting Machine with Vacuum pump, capable of casting Titanium Chrome Cobalt precision Metal		1	
Programmable Porcelain Furnace with Vacuum pump		1	
Spot Welder with Soldering, attachment of Cable		1	
Steam Cleaner		1	
Spindle Grinder 24,000 RPM with Vacuum Suction		1	
Wax Heater		2	
Wax Carver		2	
Milling Machine		1	
Stereo Microscope		1	
Magnifying Work Lamp		1	
Heavy duty lathe with suction		1	
Preheating furnace		1	
Dry model Trimmer		1	
Die cutting machine		2	
Ultrasonic cleaner		1	
Composite curing unit		1	
<b>Ceramic Lab Equipment</b>			
Ceramic Furnace		1	
Ceramic Kit (instruments)		6	
Ceramic Materialx			
<b>Implant Equipment</b>			
Implant Kit		2	
Implants		25	
Prosthetic Components		25	
Unit Mount Light Cure		2	
X-ray Viewer		2	
Ultrasonic Cleaner		1	
Implant Micro Surveyor		1	

Inspector1:

Inspector 2:

Camera		1	
Electrical Dental chairs and Units		2	
Strengthen Unit		1	
X-ray Machine		1	
Short cycle autoclave		1	
Refrigerator		1	
Surgical Kit		2	
Sinus lift instruments set		1	
Educating Models			

**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):**

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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 **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?
  - (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<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. **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: