# **Kerala University of Health Sciences Thrissur**



# **Inspection Proforma for Renewal of Affiliation of Dental Colleges**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report) Name of College Inspected: Dated: \_\_\_\_\_ University inspection order No: No. of Seats applied for: Sl.no Course No. of Course Permanent recognition No. of Seats Units GOI order No. and Commence date (attach copies) ment year **BDS** 2 MDS Conservative Dentistry and **Endodontics** MDS Oral Pathology and 3 Microbiology MDS Oral and Maxillofacial Surgery 4 MDS Pedodontics and Preventive 5 Dentistry MDS Periodontology 6 MDS Prosthodontics and Crown and Bridge 8 MDS Orthodontics and Dentofacial Orthopaedics MDS Oral Medicine and Radiology MDS Public Health Dentistry 10 **Date of Inspection**: Date of Last KUHS Affiliation Inspection (if any):\_ Details of undertakings furnished to university after the last affiliation inspection if any. (Attach copies) Name and Address of Inspectors

# I. <u>SCRUTINY OF REQUISITE PERMISSIONS</u>

Name of Principal	:	
Contact Number and e-mail address	:	
Approval of Principal Appointment KUHS Order No.	:	
Name & Address of the Dental College	:	
Email Address for Correspondence	:	
Telephone & Fax No.	:	
Status of the Institution	:	Govt. /Self financing
Year of Establishment	:	
Signature of Inspectors:		
Signature of Inspectors:		
Signature of Inspectors:		

Whether the permission of the attached 100 bedded hospital : Yes / No is issued by the competent authority?  Name and Full Address of Hospital:  Distance of the hospital from the Dental College : by Road (Maximum 10 Kms - please clarify as to whether you have physically verified/taking the reading of Taxil/Car Meter)  Number of Beds : Total:	Own Hospital	Medical College	Govt. 0	General Hospi
Distance of the hospital from the Dental College by Road (Maximum 10 Kms - please clarify as to whether you have physically verified/taking the reading of Taxi/Car Meter)  Number of Beds : Total:	•		pital : Yes / No	
by Road (Maximum 10 Kms - please clarify as to whether you have physically verified/taking the reading of Taxi/Car Meter)  Number of Beds : Total:	Name and Full Address of Ho	ospital:		
by Road (Maximum 10 Kms - please clarify as to whether you have physically verified/taking the reading of Taxi/Car Meter)  Number of Beds : Total:    Man Power Requirement:   Medical Staff   Department   Required   Availa   General Surgery   2   General Medicine   2   Obstetrics & Gynaecology   2   ENT   2   Paediatrics   2   Anaesthesia   2   Orthopaedics   2   Orthopaedics   2   Department   1   Required   Availa   GDMO   1   Community Medicine   1   Hospital Administration   1   CLINICAL MATERIAL to be checked at the end of the OPD: (O.P Register to be checked)  ATTACHED HOSPITAL : During Inspection:   Attendances   Average (Last 6 months):   DENTAL COLLEGE O.P   During Inspection   Attendances   Average (Last 6 months):   CATELLITE CLINICS   No. of Satellite clinics with location   During Inspection   During In				
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#### III. DENTAL TEACHING STAFF

#### **Instructions to inspectors for faculty verification**

- 1. In Departments offering MDS course the teaching staff pattern should be in accordance with MDS 2017 regulations of DCI, i.e
  - (i) In colleges with 50 BDS admissions for I<sup>st</sup> unit of MDS in departments of (a) Prosthodontics and conservative Dentistry 1 Prof.;3 readers / Assoc. Professors;4 Lecturers/ Asst. professors. (b) All other Dental Specialties, 1 Prof.; 2 readers / Assoc. Professors; 2 Lecturers/ Asst. professors.
  - (ii) In Colleges with 100 BDS Admissions for I<sup>st</sup> unit of MDS in departments of (a) Prosthodontics and conservative Dentistry, 1 Prof.;3 readers / Assoc. Professors;6 Lecturers/ Asst. professors. (b) Periodontics & OMFS, 1 Prof.; 3 readers / Assoc. Professors; 3 Lecturers/ Asst. professors. (c) In all other Dental Specialties, 1 Prof.; 2 readers / Assoc. Professors; 3 Lecturers/ Asst. professors.
  - (iii) For second unit in the specialty there should be 1prof.;1 reader/ Assoc. professor;2 Lecturer/ Asst. prof. over and above the requirement of Ist unit
- 2. In Departments not offering MDS course the teaching staff pattern should be in accordance with revised BDS 2007 regulations of DCI/KUHS
- 3. Qualification and teaching experience for each post as prescribed in DCI MDS 2017 regulation
- 4. Maximum age limit for Dental Faculty 65 years
- 5. Part time faculty not accepted.
- 6. The Attendance of faculty to be verified with biometric punching of DCI/ Govt. of Kerala.
- 7. Details of KUHS evaluation camp duty to be verified with duty certificate issued by KUHS.
- 8. In case of faculty on leave on the date of inspection, Copy of leave letter authorized by Principal to be attached.
- 9. In the column for signature of faculty, if faculty is on leave, Specify whether the leave letter authorized by principal is attached or not.
- 10. Each page of the data sheet of faculty in the proforma to be signed by the Principal/ Head of institution and stamped with official seal.
- 11. Copy of previous three years Form 16 downloaded from IT dept. of each reader and Professor to be verified and attached.
- 12. Copy of the latest Form 16 downloaded from IT dept. of each Asst. professor to be verified and attached.
- 13. Bar code of KUHS Faculty ID card issued by KUHS to be scanned to ensure the faculty registration with the institution

S.	Designation	Faculty Name	DOB	KUHS Faculty	Copies of Form	Total Service	DOJ &	Total	*Present during
No.				ID number	16 downloaded	college wise in	Experience in	Experience as	Inspection. (If
					from IT dept.	all the previous	present institute	on the date of	present faculty to
					submitted	Institutes		inspection after	put full signature
						(attach		P.G in the	here)
						appendix)		specialty	
1.	PRINCIPAL				Yes/No				Yes/No/Leave*
	With specialty								

### PROSTHODONTICS AND CROWN & BRIDGE

\*If the teaching staff on leave, specify whether copy of the sanctioned leave certificate is attached

\*\* The valuation camp details of Jan/Feb and Jul/August examinations just preceding the inspection only be considered

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	**Dates of	**No. of	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	KUHS	Bundles of	Inspection. (If
				number	downloaded	in all the	present	on the date of	valuation camp	answer paper	present faculty
					from IT dept.	previous	institute	inspection	duty undertaken	evaluated at	to put full
					submitted	Institutes		after P.G in		KUHS	signature here)
						(attach		the specialty		valuation camp	
						appendix)				for each camp	
										duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1.	READER				Yes/No						Yes/No/Leave*

## **CONSERVATIVE DENTISTRY & ENDODONTICS**

S.	Designat	tion	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of KUHS	No. of Bundles	*Present during
N					Faculty ID	Form 16	college wise	Experience in	Experience as	valuation camp	of answer paper	Inspection. (If
					number	downloaded	in all the	present	on the date of	duty undertaken	evaluated at	present faculty
						from IT dept.	previous	institute	inspection		KUHS	to put full
						submitted	Institutes		after P.G in		valuation camp	signature here)
							(attach		the specialty		for each camp	
							appendix)				duty	
1.	PROFE	SSOR				Yes/No						Yes/No/Leave*
1	READE	ER				Yes/No						Yes/No/Leave*
1.	TCL IDE	211				103/110						100/110/20010

## ORAL PATHOLOGY AND ORAL MICROBIOLOGY

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of	No. of Bundles	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	KUHS	of answer	Inspection. (If
				number	downloaded	in all the	present	on the date of	valuation camp	paper	present faculty
					from IT dept.	previous	institute	inspection	duty	evaluated at	to put full
					submitted	Institutes		after P.G in	undertaken	KUHS	signature here)
						(attach		the specialty		valuation camp	
						appendix)				for each camp	
										duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1	READER				Yes/No						Yes/No/Leave*
1.	REA IDER				1 03/110						105/1(0/200/0

# ORAL & MAXILOFACIAL SURGERY

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of KUHS	No. of Bundles	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	valuation camp	of answer paper	Inspection. (If
				number	downloaded	in all the	present	on the date of	duty undertaken	evaluated at	present faculty
					from IT dept.	previous	institute	inspection		KUHS	to put full
					submitted	Institutes		after P.G in		valuation camp	signature here)
						(attach		the specialty		for each camp	
						appendix)				duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1.	READER				Yes/No						Yes/No/Leave*
					105/110						

# Signature of Principal

## **PERIODONTICS**

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of	No. of Bundles	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	KUHS	of answer	Inspection. (If
				number	downloaded	in all the	present	on the date of	valuation camp	paper evaluated	present faculty
					from IT dept.	previous	institute	inspection	duty	at KUHS	to put full
					submitted	Institutes		after P.G in	undertaken	valuation camp	signature here)
						(attach		the specialty		for each camp	
						appendix)				duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1.	READER				Yes/No						Yes/No/Leave*

## ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of KUHS	No. of Bundles	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	valuation camp	of answer	Inspection. (If
				number	downloaded	in all the	present	on the date of	duty	paper evaluated	present faculty
					from IT dept.	previous	institute	inspection	undertaken	at KUHS	to put full
					submitted	Institutes		after P.G in		valuation camp	signature here)
						(attach		the specialty		for each camp	
						appendix)				duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1.	READER				Yes/No						Yes/No/Leave*

## PAEDIATRIC & PREVENTIVE DENTISTRY

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of KUHS	No. of Bundles	*Present during
No.				Faculty ID	Form 16	college wise	Experience in	Experience as	valuation camp	of answer paper	Inspection. (If
				number	downloaded	in all the	present	on the date of	duty undertaken	evaluated at	present faculty
					from IT dept.	previous	institute	inspection		KUHS	to put full
					submitted	Institutes		after P.G in		valuation camp	signature here)
						(attach		the specialty		for each camp	
						appendix)				duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1.	READER				Yes/No						Yes/No/Leave*

# ORAL MEDICINE & RADIOLOGY

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of	No. of Bundles	*Present
No.				Faculty ID	Form 16	college wise	Experience	Experience	KUHS	of answer	during
				number	downloaded	in all the	in present	as on the date	valuation camp	paper	Inspection. (If
					from IT dept.	previous	institute	of inspection	duty	evaluated at	present faculty
					submitted	Institutes		after P.G in	undertaken	KUHS	to put full
						(attach		the specialty		valuation camp	signature here)
						appendix)				for each camp	
										duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave
											*
1	READER				Yes/No						Yes/No/Leave
1.	KENDEK				1 05/110						*

# Signature of Principal

## PUBLIC HEALTH DENTISTRY

S.	Designation	Faculty Name	DOB	KUHS	Copies of	Total Service	DOJ &	Total	Dates of	No. of Bundles	*Present
No.				Faculty ID	Form 16	college wise	Experience	Experience	KUHS	of answer	during
				number	downloaded	in all the	in present	as on the	valuation	paper	Inspection. (If
					from IT dept.	previous	institute	date of	camp duty	evaluated at	present faculty
					submitted	Institutes		inspection	undertaken	KUHS	to put full
						(attach		after P.G in		valuation	signature here)
						appendix)		the specialty		camp for each	
										camp duty	
1.	PROFESSOR				Yes/No						Yes/No/Leave*
1	READER				Yes/No						Yes/No/Leave*
1.	KE/IDEK				103/110						

LECTURERS/TUTORS	Lecturers MDS (25%)	:	Tutors BDS (75%):
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S.	MDS with	Faculty Name	DOB	KUHS Faculty ID	Total Service	DOJ &	Total	Copies of Form	*Present during
No.	speciality/BDS			number	college wise in all	Experience in	Experience as	16 downloaded	Inspection. (If
					the previous	present institute	on date of	from IT dept.	present faculty
					Institutes		inspection	submitted	to put full
							-		signature here)
1.									Yes/No/Leave*
2.									Yes/No/Leave*
3.									Yes/No/Leave*
4.									Yes/No/Leave*
5.									Yes/No/Leave*
6.									Yes/No/Leave*
7.									Yes/No/Leave*
8.									Yes/No/Leave*
9.									Yes/No/Leave*
10.									Yes/No/Leave*
10.									

#### IV. MEDICAL TEACHING STAFF

#### Instructions to inspectors for faculty verification

- 1) Minimum Qualifications for Teachers in Medical Institutions as per MCI Regulations, 1998 (AMENDED UPTO 8th JUNE, 2017)
  - a) Reader/ Assoc. Prof.- 5 years post PG teaching experience in the specialty
  - b) Asst. Prof.- Post Graduate degree in the specialty
- 2) The Attendance of faculty to be verified with biometric punching of DCI/MCI/ Govt. of Kerala.
- 3) Maximum age limit of Medical faculty is 70 years
- 4) Details of KUHS evaluation camp duty to be verified with duty certificate issued by KUHS.
- 5) In case of faculty on leave on the date of inspection, Copy of leave letter authorized by Principal be attached.
- 6) In the column for signature of faculty, if faculty is on leave, Specify whether the leave letter authorized by principal is attached or not.
- 7) Each page of the data sheet of faculty in the proforma to be signed by the Principal/ Head of institution and stamped with official seal.
- 8) Copy of previous three years Form 16 downloaded from IT dept. of each reader and Professor to be verified and attached.
- 9) Copy of the latest Form 16 downloaded from IT dept. of each Asst. professor to be verified and attached.

#### **ANATOMY**

S.	Designation	Faculty Name	DOB	KUHS	Copy of	Total	DOJ &	Total	Dates of	No. of	*Present
No.				Faculty ID	Form 16	Service	Experience	Experience	KUHS	Bundles of	during
				number	from IT dept.	college wise in all the	in present institute	as on the date of	valuation camp duty	answer paper evaluated at	Inspection. (If present faculty
					submitted	previous Institutes (attach		inspection after P.G in the specialty	undertaken	Valuation camp for each	to put full signature here)
-	DE ( DED /				77 (27	appendix)				camp duty	XZ /NI /I 🖫
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# **PHYSIOLOGY**

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	Dates of KUHS valuation camp duty undertaken	No. of Bundles of answer paper evaluated at KUHS valuation camp for each camp duty	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# **BIOCHEMISTRY**

S.	Designation	Faculty Name	DOB	KUHS	Copy of	Total	DOJ &	Total	Dates of	No. of	*Present
No				Faculty ID	Form 16	Service	Experience	Experience	KUHS	Bundles of	during
				number	from IT	college wise	in present	as on the	valuation	answer paper	Inspection. (If
					dept.	in all the	institute	date of	camp duty	evaluated at	present
					-	previous		inspection	undertaken	KUHS	faculty to put
					submitted	Institutes		after P.G in		valuation	full signature
						(attach		the specialty		camp for each	here)
						appendix)				camp duty	
1.	READER/				Yes/No						Yes/No/Leave*
	Assoc. Prof.										
1.	Asst. Prof./				Yes/No						Yes/No/Leave*
	Lecturer										

# **PHARMACOLOGY**

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	Dates of KUHS valuation camp duty undertaken	No. of Bundles of answer paper evaluated at KUHS valuation camp for each camp duty	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# GENERAL PATHOLOGY

S.	Designation	Faculty Name	DOB	KUHS	Copy of	Total	DOJ &	Total	Dates of	No. of	*Present
No				Faculty ID	Form 16	Service	Experience	Experience	KUHS	Bundles of	during
				number	from IT dept.	college wise in all the previous	in present institute	as on the date of inspection	valuation camp duty undertaken	answer paper evaluated at KUHS	Inspection. (If present faculty to put
					submitted	Institutes		after P.G in		valuation	full signature
						(attach		the		camp for	here)
						appendix)		specialty		each camp	
1	DEADED/				T. (3.1					duty	Yes/No/Leave*
1.	READER/ Assoc. Prof.				Yes/No						res/No/Leave*
1.	Asst. Prof./				Yes/No						Yes/No/Leave*
	Lecturer										

# **MICROBIOLOGY**

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	Dates of KUHS valuation camp duty undertaken	No. of Bundles of answer paper evaluated at KUHS valuation camp for each camp duty	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# GENERAL MEDICINE

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	Dates of KUHS valuation camp duty undertaken	No. of Bundles of answer paper evaluated at KUHS valuation camp for each camp duty	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# **GENERAL SURGERY**

S. No	Designation	Faculty Name	DOB	KUHS Faculty ID number	Copy of Form 16 from IT dept. submitted	Total Service college wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on the date of inspection after P.G in the specialty	Dates of KUHS valuation camp duty undertaken	No. of Bundles of answer paper evaluated at KUHS valuation camp for each camp duty	*Present during Inspection. (If present faculty to put full signature here)
1.	READER/ Assoc. Prof.				Yes/No						Yes/No/Leave*
1.	Asst. Prof./ Lecturer				Yes/No						Yes/No/Leave*

# **ANESTHESIA**

_~~	_											
S	S	Designation	Faculty Name	DOB	KUHS	Copy of	Total	DOJ &	Total	Dates of	No. of	*Present
					Faculty ID	Form 16	Service	Experience	Experience	KUHS	Bundles of	during
1	N				number	from IT	college	in present	as on the	valuation	answer paper	Inspection.
C	)					_	wise in all	institute	date of	camp duty	evaluated at	(If present
						dept.	the		inspection	undertaken	KUHS	faculty to put
						submitted	previous		after P.G in		valuation	full signature
							Institutes		the		camp for	here)
							(attach		specialty		each camp	
							appendix)				duty	
1	1	READER/				Yes/No						Yes/No/Leave*
١.		Assoc. Prof.										
1	1	Asst. Prof./				Yes/No						Yes/No/Leave*
١.		Lecturer										

# MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 50 ADMISSIONS (As per DCI Regulations 2006)

Department	Pı	ofessor-	<b>6</b> *	F	Reader-1	1	Lect	turer (M	DS)-8		Tutor-22	2
	Required	Available	Remarks of Inspector									
Prosthodontics	1			2			2			4		
Conservative Dentistry	1			2			2			4		
Oral Pathology & Microbiology	1			1			1			2		
Oral & Maxillofacial Surgery	1			1			2			4		
Periodontics	1			1			0			2		
Pedodontics				1			0			1		
Public Health Dentistry				1			0			3		
Oral Medicine & Radiology and diagnosis				1			1			1		
Orthodontics	1			1			0			1		
Total	6*			11			8			22		

<sup>\*</sup> Includes the Principal who can head any one of the six specialities.

# MINIMUM STAFFING PATTERN FOR UNDER GRADUATE DENTAL STUDIES FOR 100 ADMISSIONS (As per DCI Regulations 2006)

				<u> </u>								
Department	P	rofessor-	· <b>6</b> *		Reader-13			urer (MDS	S) -10		Tutor-30	)
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
Prosthodontics	1			2			2			4		
Conservative Dentistry	1			2			2			4		
Oral Pathology & Microbiology	1			1			2			4		
Oral & Maxillofacial Surgery	1			2			1			4		
Periodontics	1			2			0			3		
Pedodontics				1			0			3		
Public Health Dentistry				1			1			2		
Oral Medicine & Radiology and diagnosis				1			1			3		
Orthodontics	1			1			1			3		
Total	6*			13			10			30		

<sup>\*</sup> Includes the Principal who can head any one of the six specialities.

# Medical Teaching Staff in a Dental College Minimum Qualifications for Teachers in Medical Institutions Regulations latest MCI norms

Year	Subjects	Intake and Designation									
			50 Admissions		100 Admissions						
		Prof	Reader/ Assoc.	Asst. prof.	Prof	Reader/ Assoc.	Asst. prof				
I	Anatomy	-	1	2	=	1	4				
I	Physiology	-	1	2	-	1	2				
I	Biochemistry	-	1	2	-	1	2				
II	Pharmacology	-	1	2	-	1	3				
II	General Pathology	-	1	2	-	1	2				
II	Microbiology	-	1	2	-	1	2				
III	General Medicine	-	1	2	=	1	3				
III	General Surgery	-	1	2	-	1	3				
III	Anaesthesia	-	1	1	-	1	1				
	TOTAL		9	17		9	22				

# V. Other Staff available

Administrative Officer
Secretary to Dean
Public Relation officer

						•									
Designation	Receptionist	Establishment	Accounts	Admissions	Exams	Stores	Library	Maintenance	Security	Illustration	Clinical Depts.	Computer	Laboratories	Sports	Total
Managers/Office Supdt.															
Assistants															
Receptionist															
Librarian															
D.S.A.(Chair side Attendant)															
Dent. Tech.(Dental															
Mechanic)															
Dent. Hygst.															
Radiographer															
Photographer															
Artist															
Programmer															
Data Entry Operators															
Physical Director															
Engineer															
Electricians															
Plumber															
Carpenter															
Mason															
A.C. Tech.															
Helpers Electrical															
Sweepers & Scavangers															
Attenders															
Security Personal															
Dept. Secretaries															
Driver															

# OTHER STAFF PATTERN FOR 50 ADMISSIONS

Administrative Officer 1 Secretary to Dean 1 Public Relation officer 1

Designation	Receptionis t	Establishm ent	Accounts	Admissions	Exams	Stores	Library	Maintenanc e	Security	Illustration	Clinical Depts.	Computer	Laboratorie s	Sports	Total
Managers/ Office Suptd.		1	1						1			1			4
Assistants		1	1	1	1	1	2	1							8
Receptionist	8														8
Librarian							1								1
D.S.A.(Chair side											10				10
Attendant)											10				10
Dent. Tech. (Dental Mechanic)											6				6
Dent. Hygst.											3				3
Radiographer											2				2
Photographer										1					1
Artist										1					1
Programmer												1			1
Data Entry Operators												1			1
Physical Director														1	1
Engineer								1							1
Electricians								2							2
Plumber								1							1
Carpenter								1							1
Mason								1							1
A.C. Tech.								1							1
Helpers Electrical								1							1
Sweepers & Scavengers							2	2			3		3		10
Attenders	2	1	1		1	1	1	2			4	1	4		18
Security Personal									5						5
Dept. Secretaries											4				4
Driver									4						4
Nurses											3				3
Lab. Technicians													3		3

Note: The above staff pattern indicates minimum requirements for the stipulated admissions. However, the actual staff requirements may marginally vary depending upon the patients' flow, work culture and design of the building.

# OTHER STAFF PATTERN FOR 100 ADMISSIONS

Administrative Officer 1 Secretary to Dean 1 Public Relation officer 1

Designation	Receptionis t	Establishme nt	Accounts	Admissions	Exams	Stores	Library	Maintenanc e	Security	Illustration	Clinical Depts.	Computer	Laboratories	Sports	Total
Managers/OfficeSupdt.	1	1	1		1	1			1			1			7
Assistants		2	2	2	1	1	4	1							13
Receptionist	14														14
Librarian							1								1
D.S.A.(Chair side											20				20
Attendant)											20				20
Dent. Tech.(Dental											10				10
Mechanic)															
Dent. Hygst.											5				5
Radiographer											3				3
Photographer										1					1
Artist										1					1
Programmer												1			1
Data Entry Operators												2			2
Physical Director														1	1
Engineer								1							1
Electricians								4							4
Plumber								2							2
Carpenter								1							1
Mason								1							1
A.C. Tech.								1							1
Helpers Electrical								3							3
Sweepers & Scavangers							2	4			5		6		17
Attenders	3	1	1		1	2	2	3			5	1	6		25
Security Personal									6						6
Dept. Secretaries											8				8
Driver															2

<sup>(</sup> The list of faculties along with salary aquittance roll for the last one year should be attached along with the inspection report)

#### VI. PRE CLINICAL:

Preclinical records of first and second BDS students to be verified (as per KUHS Curriculum)

#### VII. CLINICAL ACTIVITIES

- Random check of Practical Note Books.
   (e.g. General Anatomy, Physiology, Dental Anatomy, Biochemistry, Pathology, Microbiology, Pharmacology, Dental Materials, Oral Pathology etc.)
- 2. Random check of Clinical Work. (e.g. Dentures, Restoration, extractions, Prophylaxis etc.)
- 3. Random check of Patient's Case History Sheets.
- 4. Random check of Community Dentistry education material and charts etc.
- 5. Random check of Clinical Work Note Books.
- 6. BDS student appearing for Final Professional University Examination as per BDS Course Regulations, 2007, Should have completed the following clinical work:
  - i. Prosthodontics Full Dentures = 3, Partial Dentures = 10
  - ii. Oral Surgery Extractions = 100, Minor Surgery = 5
  - iii. Periodontics, Oral Prophylaxis = 50
  - iv. Conservative and Endodontics Restoration; Amalgam/GIC = 90, RCT = 10

v.	v. Paedodontics – Fillings = 25, Exts = 3, Prophylaxis = 10, Fluoride Applications = 5.								
vi.	Orthodontia = Removable Appliance	s = 10.							
<u>OBSERVAT</u>									
VIII. CEN	NTRAL LIBRARY								
Total Num	aber of Books	:							
Total Num	ber of Journals	:							
Inc	dian Journals	:							
Int	ternational Journals	:							
Ва	ack Volumes	:							
Total Area	ı	:							
Seating Ca (it should I Journal Ro	be 50% of total students strength)	:							
Computer	/ Internet Room	:							
Room for 1	Librarian	:							
Photocopy	ing area	:							

Staff available in the Library :	
E Journals Availability (List to be attached):	
Books – Current Edition Available(List to be attached):	
IX. <u>DENTAL CHAIRS / UNITS</u>	
Total Dental Chairs Installed with all the attachments thereon (Required: 100 for 50 & 200 for 100 admissions)	:
Whether all the chairs and units are functioning and electrically operated?	: Yes / No
Number of Dental Chairs Electrically Operated	:
Number of Dental Chairs Non-Electrically Operated	:
X. MAJOR EQUIPMENTS & MATERIALS	
Whether all major equipments are available as per DCI BDS & MDS requirements in all departments*	Yes/No
Attach list of available equipments as annexure	
Whether materials & instruments are available as per DCI requirement in all departments*	Yes/No

# XI. CONSTRUCTED AREA

# DENTAL COLLEGE BUILDING

DEI (IIIE C	OLLEGE DO	ILDING							
Whether cons	structed area is	adequate as	per DCI	Yes/No					
norms									
Total Constru	icted Area Req	uired: 30,000	O Sq.ft for 50 a	admissions & 60,000 Sq.ft. for 100 a	ıdmissionsbesides				
the area for l	MDS course								
Whether staff	f quarters avail	able within th	ne campus	Yes/No					
Whether Sepa	arate Boys hos	tel facility av	ailable	Yes/No					
within the car	mpus	•							
Whether Sepa	arate Girls host	tel facility av	ailable	Yes/No					
within the car	mpus	•							
Dwelling	Single	Double	Triple	% of Accommodation	No of in house				
	room	room	room	against total strength	messes				
Boys									
Girls									
		]	J						

# XII. INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS For BDS course

Infrastructure	Requirement for	Requirement for	Availability
	50 admissions	100 admissions	
Administrative block	2000 sq. ft.	3000 sq. ft.	
Library	4500 sq. ft.	8000 sq. ft.	
Lecture Halls – 4	3200 sq. ft.	6400 sq. ft.	

<sup>\*</sup>inspectors to physically verify the same with stock register

Central Stores	400 sq. ft.	800 sq. ft.	
Maintenance room	600 sq. ft.	1000 sq. ft.	
Photography and artist room	250 sq. ft.	400 sq. ft.	
Medical Stores	250 sq. ft.	300 sq. ft.	
Amenities area	2000 sq. ft.	3200 sq. ft.	
Compressor and room for gas plant	200 sq. ft.	300 sq. ft.	
Cafeteria	800 sq. ft.	1500 sq. ft.	
Examination hall	1800 sq. ft.	3600 sq. ft.	
Auditorium	Min 400 seat	Min 500 seat	
Laboratories (Dental Subjects)			
Pre-clinical Prosthodontics and dental material lab	1500 sq. ft.	3000 sq. ft.	
Pre-clinical conservative lab	1300 sq. ft.	2500 sq. ft.	
Oral biology and oral pathology lab	1300 sq. ft.	2500 sq. ft.	
Laboratory for orthodontics and Pedodontics	800 sq. ft.	1500 sq. ft.	
Laboratories (Medical Subjects)			
(only for independent dental colleges)	4500 sq. ft.	7500 sq. ft.	
Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	1500 sq. ft.	2500 sq. ft.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	1500 sq. ft.	2500 sq. ft.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	1500 sq. ft.	2500 sq. ft.	
Laboratories (Clinical)			
Prosthodontics	1300 sq. ft.	2500 sq. ft.	
Conservative Dentistry	300 sq. ft.	600 sq. ft.	
Oral pathology for histopathology	400 sq. ft.	600 sq. ft.	
Haematology and clinical biochemistry	200 sq. ft.	300 sq. ft.	

XIII. A copy each of the audited balance sheet (By Charted Accountants) of the Trust/Society is to be furnished.

### XIV. Whether the following bodies have been constituted and functioning as

per the direction of the University

a) College Council

Yes/No

The minutes book should be verified and signed by the inspectors and the relevant pages of the minutes book should be attached with inspection report

b) College Union

c) PTA Yes/No

d) Students Support and Guidance Cell Yes/No

e) Academic Monitoring Cell Yes/No

f) Anti Ragging Committee Yes/No

g) Register for condonation of shortage of attendance Yes/No

XV. Details of examination related duties undertaken by faculty of college.

Name of faculty & details of duty undertaken in the Jan/Feb & Jun/July examinations just preceding the current inspection to be attached for the following;-

- a) University practical convener: (name of faculty, examination & subject)
- b) centralized evaluation camp chairperson (at KUHS Headquarters) (name of faculty, examination & subject)
- c) Zonal Evaluation camp chairperson: (name of faculty, examination & subject)
- d) Theory evaluation duties, with name of faculty, examination, subject & number of bundles evaluated.
- e) Practical external examinership: (name of faculty, examination, subject, exam center)

### **Check list for the Inspectors:**

4	Lotha Ingrestian Dreferms filled Completely and each nego signed by beth	Voc	NIa
1.	Is the Inspection Proforma filled Completely and each page <u>signed by both</u> <u>the inspectors.</u>	Yes	No
2.	Has the State Government essentiality certificate and NOC been checked and found in order? (Copies to be attached as Annexure)	Yes	No
3.	Has the GOI Permission letter and Recognition letter from DCI verified (Copies to be attached as Annexure)	Yes	No
4.	Has the details of trust, land and infrastructure documents etc. checked and found in order(Copies to be attached as Annexure)	Yes	No
5.	Have you checked the Weekly Time Table programme for the entire last academic year? (attach copy)	Yes	No
6.	Is the attached hospital (100 bedded) located within 10 kms from the Dental College and the teachers are posted as per MCI norms?	Yes	No
7.	Has the Hospital obtained sanction from the competent authority of the state? (Copies to be attached as Annexure)	Yes	No
8.	Has the Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months verified? (Copies to be attached as Annexure)	Yes	No
9.	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 (as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8 (Copies to be attached as Annexure)	Yes	No
	(b) Teaching Experience	Yes	No
	(c) Relieving certificates from previous Institution (Copies to be attached as Annexure)	Yes	No
	(d) Proof of KUHS evaluation duty, KUHS ID etc.	Yes	No
	(e) Proof of Residence(Copies to be attached as Annexure)	Yes	No
10.	Have you checked clinical material (to be checked at the end of the OPD) and patient inflow in the Dental hospital as per norms? (given in the inspection proforma) (Copies to be attached as Annexure)	Yes	No
11.	Have you checked the Library for Journals/Books other facilities? (List to be attached as Annexure)	Yes	No
12.	Have you verified the list of equipments as per DCI norms and found adequate. (List to be attached as Annexure)	Yes	No
13.	Whether any case of ragging has been reported in the Institution during the last one year, if yes, action taken thereon.	Yes	No
14.	Whether the College fulfills all the requirements of faculty, to conduct the recognised BDS and MDS Courses.	Yes	No
15.	Whether the College fulfills all the requirements of infrastructure and Hospital required to conduct the recognised BDS and MDS Courses.	Yes	No
16.	Have interacted with the BDS & MDS students and the report appended	Yes	No

We hereby declare that all the documents regarding Building / Essentiality Certificate/University Affiliation/100 Bedded General Hospital / Teaching Staff etc have been physically verified by us and the confidentiality of the inspection report will be maintained.

Signature of Inspector 1	Signature of Inspector 2
Place	Place
Date	Date

Comments of Inspectors		
1	Faculty	
2	No. of Patients	
3	Building & Infrastructure	
4	Equipments/Labs	
5	Feedback from students	
6	Any additional comments	

Signature of Inspector 1

Signature of Inspector 2