BABA FARID UNIVERSITY OF HEALTH SCIENCES FARIDKOT



INSPECTION PROFORMA FOR ESTABLISHMENT OF NEW DENTAL COLLEGE (For colleges established after 10/01/2006)

AS PER DCI REGULATIONS 2006

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified by the Principal for submission along with the report)

No. of Seats ap	plied for: 50			
BFUHS Letter I	No:		_ Dated: _	
Date of Inspec	etion :			
Name and Add	ress of Inspe	ctors		
1.				
2.				

Note:-

- I: Each column will be completely filled by the Inspector in detail. Annexures will be duly certified by the inspectors and will be sent by the Inspectors to Baba Farid University of Health Sciences, Faridkot within 48 hours of Inspection.
- II: No annexure, except consolidated list of teaching staff in the University prescribed format, will be attached alongwith the Inspection Proforma.
- III: Each page of the Inspection Proforma will be certified by putting full signature and date of the University's Inspectors.

I. SCRUTINY OF REQUISITE PERMISSIONS Name & Address of the Proposed Dental College Email Address for Correspondence Telephone & Fax No. Status : Govt. / Private Registration details of the: Society/Trust: State Government Essentiality/ Permission Certificate : Issued By: No. & Date: Valid Upto: DCI Permission : Issued By: (Year to Year / Permanent) No. & Date: Valid Upto: University Affiliation : Issued By: (Provisional / Permanent) No. & Date: Valid Upto: **HOSPITAL:** Requirement of the 100 bedded general hospital for II. teaching BDS students drawn up in accordance with the parameters prescribed by the Bureau of Indian Standards as per the DCI Regulations, 2006 Medical College Own Hospital Govt. General Hospital Hospital Whether the permission of the attached 100: Yes / No bedded hospital is issued by the competent authority? Name and Full Address of Hospital: Name of the CMO with Tel No. & Mobile No.: Name of the Issuing Competent Authority:

Distance of the hospital from the Dental College :
by Road (please clarify as to whether you have
physically verified/taking the reading of
Taxi/Car Meter)

Number of Beds : Total: _____

Department	Required	Allotted	Occupancy	
			During	On the
			last 6	day of
			months	inspection
General Ward – Medical	30			
including allied specialities				
General Ward –Surgical	30			
including allied specialities				
Private Ward (A/C & Non A/c)	9			
Maternity Ward	15			
Paediatric Ward	6			
Intensive Care Services (4% of	4			
bed strength)				
Critical Care Services (6% of bed				
strength)				

Area Requirements (As per Bureau of Indian Standards)

	Required	Available
Covered Area	20 sq.m./bed	
Inpatient Services	40%	
Outpatient Services	35%	
Department and supportive services	25%	

Man Power Requirement

(The consultants in the various departments should have atleast 8 years teaching experience after post graduation)

Medical Staff

Department	Required	Available
General Surgery	2	
General Medicine	2	
Obstetrics & Gynaecology	2	
ENT	2	
Paediatrics	2	
Anaesthesia	2	
Orthopaedics	2	
Pharmacologist	1	
Radiologist	1	
GDMO	1	
Community Medicine	1	
Hospital Administration	1	

Nursing Staff

Designation	Required	Available
Matron	1	
Sister Incharge	6	
O.T. Nurses	6	
General Nurses	20	
Labour Room Nurses	4	

Health Staff

Designation	Required	Available
Female Health Assistant	1	
Extension Educator Paramedical Staff	1	
Lab Technician/Blood Bank Tech	4	
ECG Technician	1	
Pharmacist	4	
Sr. Radiographer	1	
CSSD	2	
Medical Records	1	

Engineering Staff

Designation	Required	Available
Civil	2	
Mechanical	2	
Electrical	2	
Engineering Aid	4	

Other Staff

Designation	Required	Available
Drivers	2	
Carpenter	1	
Cooks	2	
Barber	1	
Class IV including chowkiders	55	

Administrative Staff

Designation	Required	Available
Office Superintendent	1	
Head Clerk	1	
Cashier	1	
Stenographer	1	
UDC	2	
LDC	4	

CLINICAL MATERIAL to be checked at the end of the OPD: (Attendance Register to be checked)

ATTACHED HOSPITAL Attendances	:	During Inspection: Average (Last 6 months):	
DENTAL COLLEGE HOSPITAL Attendances	:	During Inspection: Average (Last 6 months):	

^{*}Minimum requirement of new patient's is 25 patients per day in Dental College Hospital

IV. DENTAL TEACHING STAFF

S. No.	Designation	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service College wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.	PRINCIPAL								· ·	
PRO	STHODONTICS									
1.	PROFESSOR									
1.	READER									
CON	SERVATIVE DEN	TISTRY								
1.	READER									

LECTURERS/TUTOR	45	ĸ	o	ľ	T)	U	ľ	I.	/ '	S	к	Ŀ	к	U	T'	C	Æ	L
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Lecturers - MDS (25%): _____ Tutors - BDS (75%): _____

S. No.	MDS with Speciality/BDS	Faculty Name	DOB	Original Affidavit with date	ID CARD No	Form 16	Total Service College wise in all the previous Institutes (attach appendix)	DOJ & Experience in present institute	Total Experience as on 15 th June of current year	*Present during Inspection
1.							арренан			
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

Note:- All affidavits of the teaching staff and their requisite documents should be in the same order as mentioned above *If the teaching staff is not present, whether the sanctioned leave certificate is attached?

V. MEDICAL TEACHING STAFF (Eligibility will be as per MCI Regulations – 5th December 1998) ANATOMY

S. No.	Designation	Faculty Name	DOB	Original Affidavit with	ID CARD No	Form 16	Total Service College wise in all	DOJ & Experience	Total Experience	*Present during
				date			the previous Institutes (attach appendix)	in present institute	as on 15 th June of current year	Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									

PHYSIOLOGY

1.	Reader				
1.	Lecturer				
2.	Lecturer				

BIOCHEMISTRY

1.	Reader				
1.	Lecturer				
2.	Lecturer				

Note:- All affidavits of the teaching staff and their requisite documents should be in the same order as mentioned above *If the teaching staff is not present, whether the sanctioned leave certificate is attached?

VI. SUMMARY - DENTAL TEACHING STAFF

Department	Pro	fessor	Reader		Lec	turer
	Required	Available	Required	Available	Required	Available
Prosthodontics	1		1			
Conservative Dentistry			1			
Total	2*		2		10	

^{*} Including one Principal from any speciality

Attach list of entire faculty department-wise in attached University prescribed proforma as **Annexure-I**.

VII. SUMMARY - MEDICAL TEACHING STAFF

Departments	Number o	f Readers	Number o	f Lecturers
	Required	Available	Required	Available
Anatomy	1		2	
Physiology	1		2	
Biochemistry	1		2	
Total	3		6	

Attach list of entire faculty department-wise in attached University prescribed proforma as **Annexure-I**.

DETAILS OF TEACHING STAFF SPECIALITY WISE

Annexure-I

Name of the Department:

Sr. No.	Name	Present Designation	Date of Birth		Qualifica	tion	Details of approve		Experience ed instituti		Proof in support of Col. 6
				BDS/MDS	Year of	University		After P.			
				Degree	Passing		Designation	Place		& Years	
				(Subject)					From	То	
1.	2.	3.	4.		5.			6.	, ,		7.
1.		Principal									
2.		Professor & HOD									
3.		Professor									
4.		Professor									
5.		Reader									
6.		Reader									
7.		Reader									
8.		Senior Lecturer									
9.		Senior Lecturer									
10.		Tutor (experience after BDS)									

Seal & Signature of the Head of the Dental Institution

Inspector 1:

Inspector 2:

*Attach additional pages wherever required.

Note: Teaching experience to be filled up/verified by the inspectors themselves(s) and must be attached and forwarded with Inspection Report Proforma.

VIII. NON-TEACHING STAFF/ MINISTERIAL STAFF:

Please furnish the details of non-teaching staff available at the said college.

		Requirement	Available
1	Managers/ Office Suptd.	4	
2.	Assistants	8	
3.	Receptionist	8	
4.	Librarian	1	
5.	D.S.A.(Chair side Attendant)	10	
6.	Dent. Tech. (Dental Mechanic)	6	
7.	Dent. Hygst.	3	
8.	Radiographer	2	
9.	Photographer	1	
10	Artist	1	
11	Programmer	1	
12	Data Entry Operators	1	
13	Physical Director	1	
14	Engineer	1	
15.	Electricians	2	
16.	Plumber	1	
17.	Carpenter	1	
18.	Mason	1	
19.	A.C. Tech.	1	
20	Helpers Electrical	1	
21.	Sweepers & Scavengers	10	
22.	Attenders	18	
23.	Security Personal	5	
24.	Dept. Secretaries	4	
25.	Driver	4	
26.	Nurses	3	
27.	Lab. Technicians	3	

IX. CENTRAL LIBRARY

Total Number of Books	:
Total Number of Journals Indian Journals International Journals Back Volumes	
Total Area	:
Seating Capacity (it should be 50% of total students strength)	:
List of books recommended by the Dental Council of India Note: There should be 3 copies of each title for 50 admissions	:
Journal Room	:
Computer / Internet Room	:
Room for Librarian	:
Photocopying area	:
Staff available in the Library	

X. <u>DENTAL CHAIRS / UNITS*</u>

Total Dental Chairs Installed with all the attachments thereon (Required: 20 Dental Chairs)	:	
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	:	

* **Specification:** Electrically operated, Spittoon attachment, Halogen Light with 2 intensity, high power evacuation system, Air ventury suction, X-ray viewer, Airrotor, Micromotor with straight and contrangle Handpiece, 3 way syringe, ultrasonic sealer with 3 tips, Light cure unit, instrument tray and suction, Dental operator stool with height adjustment

XI. MAJOR EQUIPMENTS

DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE

Name	Specification	Qua	ntity
		Required	Available
Dental Chairs and	As per specification	17	
Units			
Semi adjustable	With face bow	2	
articulator			
Extra oral/intra oral		2	
tracer			
Dewaxing unit		1	
Curing unit		1	
Dental casting		1	
machine			
Wax burnout		1	
furnace			
Pre heating furnace		1	
Surveying unit		1	
Heavy duty hand	Lab micromotors	3	
piece			
Autoclave	Having wet and dry cycle, which	1	
	can achieve 135°C with		
	minimum capacity of 20 liters		
Needle burner with		1	
syringe cutter			
Plaster Dispenser	One each for plaster and stone	2	
	plaster		
Model Trimmer with		1	
Carborandum Disc			
Model Trimmer with		1	
Diamond Disc		_	
Acrylizer		2	
Lathe		1	
Flask press		4	
Deflasking unit		4	
Dewaxing unit		2	
Hydraulic Press		2	
Mechanical Press		1	
Vacuum mixing		1	
machine			
Lab Micro motor	With heavy duty handpiece	3	
Curing pressure pot		1	
Porcelain furnace		1	
Vibrator		1	
Sand blasting unit		2	
Ultrasonic cleaner		1	
Model Trimmer		2	
Hot water sterilizer	O 11	1	
Geyser	Compound bath	1	
H.P. grinder with		2	
suction		2	
Heavy duty lathe	Con compostion 0 1	50 50	
Phantom heads	Gas connection & bunson	50	
Pre-clinical working	burner		
tables			

CERAMIC AND CAST PARTIAL LABORATORY

NAME	SPECIFICATIONS	Required	Available	Deficiency
Plaster Dispensor	One each for plaster and stone	2		
_	plaster			
Duplicator		1		
Pindex System		1		
Circular saw		1		
Burn out furnace		1		
Sandblasting	With two containers	1		
machine				
Electro-polisher		1		
Model Trimmer with		1		
Carborandum disc				
Model Trimmer with		1		
Diamond disc				
Induction casting		1		
machine				
Programmable		1		
porcelain furnace				
with vacuum pump				
with instrument kit				
and material kit				
Spot welder with		1		
soldering,				
attachment of cable		1		
Vacuum mixing		1		
machine Steam Cleaner		1		
		1 1		
Spindle Grinder 24,000 RPM with		1		
vacuum suction				
Wax heater		1		
Wax neater Wax carver		1		
Curing pressure pot		1		
Milling machine		1		
Heavy duty lathe		1		
with suction		_		
Preheating furnace		1		
Palatal trimmer		1		
Ultrasonic cleaner	5 liters capacity	1		
Composite curing	o more capacity	1		
unit		_		
Micro surveyor		1		
PRE-CLINICAL	Work table preferably complete	60		
PROSTHETICS	stainless steel fitted with light,			
LABORATORY	Bunsen burner, air blower,			
	working stool.	20		
	Adequate number of lab micro			
	motor with attached hand piece			
D				
PLASTER ROOM				
FOR PRE-CLINICAL				
WORK				
Plaster dispenser	One each for plaster and stone	2		
77:1	plaster	0		
Vibrator		2		
Lathe Model Trimmer		2		<u> </u>
		1		
Carborandum Disc		1		
Diamond disc		1		

DEPARTMENT: CONSERVATIVE DENTISTRY AND ENDODONTICS

Name	Specification	Quantity		
	•	Required	Available	
Dental Chairs and	As per specification	17		
Units				
Rubber dam kits		4		
Restorative		5		
instruments kits				
R.C.T. instrument		5		
kits				
Autoclaves	Having wet and dry cycle, which	2		
	can achieve 135°C with			
	minimum capacity of 20 liters			
Ultrasonic cleaner	Minimum capacity 13 liters with	1		
	mesh bucket			
Needle burner with		3		
syringe cutter				
Amalgamator	With auto proportion, auto dispenser	2		
Rubber dam kits	T. T.	4		
Pulp Tester-Digital		2		
Apex Locator		1		
Glass bead sterilizers		4		
Plaster dispensers		2		
Vibrator		1		
Ceramic Unit		1		
Casting machine		1		
Intra-oral X-ray Unit	Proper radiation safety	1		
Automatic Developer	•	1		
Radiovisiography	RVG with Computer	1		
Endo motor	With torque control Hps	1		
Bleaching unit		1		
Magnification loops		1		
Injectable gutta		1		
percha				
PHANTOM LAB UNIT	Phantom Table fitted with	30		
	Halogen Operating Light			
	Phantom Head body type neck			
	joint for all the movement, TMJ			
	movement. Modular with Air			
	rotor, Micro motor with contra			
	angle Hps, 3-way syringe, jaw			
	with ivorine teeth, preferably soft			
	gingival, dental operator's stool (not to use extracted or cadaver			
	teeth).			
	wear.			

CHEMICAL LABORATORY

Plaster Dispenser	One each for plaster and stone	2	
-	plaster		
Model Trimmer	Carborandum disc	1	
	Diamond disc	1	
Lathe	Heavy Duty	1	
Lab Micromotor	With heavy duty handpiece	2	
Ultrasonic cleaner	Minimum capacity 5 liters	1	

Spindle Grinder		1	
Vibrator		1	
Burnout furnace		1	
Porcelain furnace		1	
Sandblasting		1	
Machine			
Lab Airrotor		1	
Pindex System		1	
Circular saw		1	
Vacuum mixer		1	
Pneumatic chisel		1	
Casting machine	Motor cast/induction casting preferred	1	

Whether all the above-mentioned equipments are functioning? : Yes / No

Whether detailed list of equipments as furnished by the college: Yes / No authority is attached

XII. CONSTRUCTED AREA

DENTAL COLLEGE BUILDING

Total Constructed Area Required: 30,000 Sq.ft.

Total Collo	i ucica m	ca Required. 5	0,000 54.16.		
FLOOR	AREA	CLININCAL	ACADEMIC	ADMIN /	MAJOR
	(sqft)	FACILITIES	DEPARTMENTS	LOGISTICS /	FACILITIES
	/			SUPPORT	
Basement					
Ground					
First					
Second					
Third					
Fourth					
Other					
TOTAL		AREA (sq.ft.)			
_		(==1:==*)			

STAFF QUARTERS (SEPARATE FROM HOSTEL)

Type (no of rooms)	No.	Occupancy Rate (verified)
Principals Bunglow		

HOSTEL FOR BOYS & GIRLS

Whether the building of Hostels for Boys & Girls is separate from : Yes / No

the dental college building and staff quarters

Whether Hostels for Boys & Girls are within the campus : Yes / No

Whether hostel is shared by other colleges/institutions : Yes / No

Dwelling	Single Seater	Twin Seater	Triple Seater	% of Accom against total strength	No of equipped Common Rooms	No of messes	Remarks
Boys							
Girls							

INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Infrastructure	Requirement	Availability
Administrative block	2000 sq. ft.	
Library	4500 sq. ft.	
Lecture Halls – 4	3200 sq. ft.	
Central Stores	400 sq. ft.	
Maintenance room	600 sq. ft.	
Photography and artist room	250 sq. ft.	
Medical Stores	250 sq. ft.	
Amenities area	2000 sq. ft.	
Compressor and room for gas plant	200 sq. ft.	
Cafeteria	800 sq. ft.	
Examination hall	1800 sq. ft.	
Auditorium		
(To accommodate at least 400 people)		
Laboratories (Dental Subjects)		
Pre-clinical Prosthodontics and dental material lab	1500 sq. ft.	
Pre-clinical conservative lab	1300 sq. ft.	
Oral biology and oral pathology lab	1300 sq. ft.	
Laboratory for orthodontics and Pedodontics	800 sq. ft.	
Laboratories (Medical Subjects)		
(only for independent dental colleges)	4500 sq. ft.	
Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	1500 sq. ft.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	1500 sq. ft.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	1500 sq. ft.	
Laboratories (Clinical)	1000	
Prosthodontics	1300 sq. ft.	
Conservative Dentistry	300 sq. ft.	
Oral pathology for histopathology	400 sq. ft.	
Haematology and clinical biochemistry	200 sq. ft.	

XIII. LAND & INFRASTRUCTURE DETAILS

	LAND DOCUMENTS	:	Sale Deed/Lease Deed (verification of copies translated in English)
	Total Area of Land (Minimum 5 acres of land)	:	
	Year of Lease	:	
	Lease Valid Till	:	
	Survey Numbers	:	
	Is the land contiguous and makes a single piece of land	:	Yes / No
	Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority)	:	Yes / No
	Verification of Ownership from Land Records	:	Yes / No
	Total Constructed Area	:	
	Whether Completion Certificate furnished from the competent authority	:	Yes / No
	Whether Pollution Control norms are followed	:	Yes / No
	Whether Bio-waste management is followed as per PCBI	:	Yes / No
	Please ensure that all the land documents duly cerchecked by you	rtifi	ed by the Revenue Authority have been
XIV.	A copy each of the audited balance sh the Trust/Society is to be furnished.	ıee	t (by Charted Accountants) of
	We hereby declare that all the docume	ent	s regarding Land / Building /
Esser	ntiality Certificate/DCI Permission/10	0	Bedded General Hospital /
Teacl	hing Staff etc have been physically verific	ed	by us.
Signa	utures of Inspector		Signatures of Inspector
witl	h Name & Date		with Name & Date

For Establishment New Dental College BDS Check list for the Inspectors:

- 1. Is the Inspection Proforma filled Completely and each page <u>signed by both the</u> Yes No <u>inspectors.</u>
- 2. Has the essentiality certificate and DCI permission been checked and found in Yes No order?
- 3. Is the attached hospital (100 bedded) as per the BIS norms and is located within Yes 10 kms from the Dental College and the teachers are posted as per MCI norms?

 Has the Hospital obtained sanction from the competent authority of the state i.e. State Government/Secretary Health/DGHS etc.
- 4. Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months. Authority & attachment with 100 bedded/ Medical college and interaction with CMO/Registrar about future Medical teaching of BDS students-(Separate para with details).
- 5. Have the Dental and Medical faculty been checked for the following? Yes No
 - 1) Appointment:- The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act and as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8
 - 1) Affidavit (Yes/No) (c) Teaching Experience (Yes/No)
 - (d) Reliving certificates from previous Institution (Yes/No)
 - (e) Proof of Residence (Yes/No)
 - (f) DCI Identity Card (Yes/No)
- 6. Is the list of teaching staff as per University format enclosed?

Yes No

7. Have you checked clinical material <u>at the end of the OPD</u> and patient Yes No inflow as per norms? (given in the inspection proforma)

COURSE WI	TH 50 SEATS	•	REQUIREME	ENT FOR BDS	
Starting BDS	2 nd year	3 rd year	4 th year	Recognition	
25	50	75	75-100	75-100	
CLINICAL MATERIAL (PATIENTS) REQUIREMENT FOR BDS COURSE WITH 100 SEATS					
50	75	100	100-150	100-150	

- 8. Have you checked the Library for Journals/Books other facilities? Yes No
- 9. Have you submitted your detailed comments with strengths and shortcomings if Yes No any in your inspection report?
- 10. The inspection report should be confidential.

Signature of Inspector with full name and date

Signature of Inspector with full name and date

Note: Please retain one copy of the Inspection Report duly signed by the Inspectors for future eventualities for a period of 8 weeks and the then destroy.