

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT



Annexures - I

INSPECTION REPORT

For 2nd Year Renewal – MDS Course / Increase of Seats

ORTHODONTICS & DENTOFACIAL ORTHOPEDICS

No. of Units

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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 DCI	
No. of seats granted by GOI	

DCI Letter No. DE-15()- _____ 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.

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													
3													

Inspector1:

Inspector 2:

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	2nd Renewal	3rd & 4th Renewal	Recognition
1 st Unit	15	25	30	30
2 nd Unit	40	45	50	50
3 rd Unit	60	65	70	70

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	Basic wire bending exercises	Appliances	Soldering & Welding exercises	Cephalometric exercises	Typhodont exercises

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

Table II: (Clinical Work)

S.No.	Name of the student	Year of study	No. of clinical cases presented	No. of clinical cases started	No. of transferred cases managing

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

Table IV:

S.No.	Name of the Student	Year of Study	LD Topic	Dissertation topic	Approved/Not approved by the University

Inspector1:

Inspector 2:

14. EQUIPMENTS:**DEPARTMENT : Orthodontics and Dentofacial Orthopedics**

NAME	SPECIFICATION	QTY.	Availability
Dental Chairs and Unit	Electrically operated with shadow less lamp, spittoon, 3 way syringe, instrument tray and suction	One chair & unit per PG student and Two chairs & unit for Faculty	
Vacuum/Pressure Moulding Unit		1	
Soldering torches		4	
Lab Micromotor		4	
Spot Welders		4	
Model Trimmer(Double Disc)		2	
Light Curing Unit		2	
Polishing Lathes		2	
Tracing Tables		3	
Digital Camera		1	
Computers with all accessories and software for orthodontic image manipulation		1	
Scanner with transparency adapter		1	
X-ray Veiwier		5	
O.H.P.		1	
LCD Projector		1	
Autoclave – microprocess based, Wet & Dry. High & Low Cycle		1	
Vacuum mixer		1	
Vibrators		2	
Plaster dispensers		2	
Dry Heat Sterilizer		1	
Ultrasonic Scaler		1	
Sets of Orthodontic Pliers		6 Sets	
Orthodontic Impression trays		4 Sets	
Ultrasonic tray cleaner		1	
Typodonts with full teeth set		6	
Anatomical Articulator with face		1	

Inspector1:

Inspector 2:

bow attachments			
Three Plane Articulators		1	
Hinge Articulators		5	
Hydro soldering Unit		1	
Electro polisher		1	

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):

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).
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 2nd year and 35-40 cases for 3rd 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: