

BABA FARID UNIVERSITY OF HEALTH SCIENCES
FARIDKOT



Annexures - I

INSPECTION REPORT

For 2nd YEAR RENEWAL – MDS COURSE / Increase of Seats

No. of Units

| |
|--|
| |
|--|

PUBLIC HEALTH DENTISTRY

| | |
|---|--|
| 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 the 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

(Provisional / Permanent)

: Issued By: _____

No. & Date: _____

Valid Upto: _____

(b) University Affiliation

(Provisional / Permanent)

: Issued By: _____

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 |
|-------|----------------------------|---------------------|-----------------|--|---------------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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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

a) 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 | 25 | 30 | 40 | 40 |
| 2 nd Unit | 45 | 50 | 60 | 60 |
| 3 rd Unit | 70 | 75 | 80 | 80 |

b) Number of satellite centres attached and their location:

(Minimum of 2 to 3 Satellite centres or PHC Nodal centres should be attached to the Department)

| S. No. | Place of the Centre | No. of Patients treated in last one year | Distance from the College |
|--------|---------------------|--|---------------------------|
| | | | |
| | | | |
| | | | |

Inspector1:

Inspector 2:

c) Number of local schools adopted by the Department (min 2):

| S. No. | Place of the School | No. of Patients treated/referred in last one year | Distance from the College |
|--------|---------------------|---|---------------------------|
| | | | |
| | | | |

11. SPECIALITY DEPARTMENT INFRA STRUCTURE DETAILS:

Constructed Area for P.G Study

| Facility | Area (Sft.) | Available | Not Available |
|--|-------------|-----------|---------------|
| Faculty rooms | | | |
| Clinics | | | |
| Health Education Room | | | |
| Seminar room | | | |
| Department Library | | | |
| PG common room | | | |
| Museum | | | |
| 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

| S No. | Name of the student | Year of study | Camps Organised | Health Education Programs Undertaken | Indices Recorded | Preventive Restorations | Fluoride Applications | Comprehensive Cases Undertaken |
|-------|---------------------|---------------|-----------------|--------------------------------------|------------------|-------------------------|-----------------------|--------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Table II:

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

Minimum Requirements for each student:

1. Journal Discussions – 5 per year
2. Seminars – 7 per year
3. Clinical case discussions – 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 : Public Health Dentistry**

| NAME | SPECIFICATION | QTY. | Availability |
|---|--|---|---------------------|
| Instruments in the department for comprehensive oral health care programme | | | |
| Dental chairs | Electrically operated with shadowless lamp, spittoon, 3 way syringe, Micro motor, Aerator, scalar, light cure unit instrument tray and suction | One chair & unit per PG student and Two chairs & unit for Faculty | |
| Extraction forceps | | 4 sets | |
| Filling instruments | | 4 sets | |
| Scaling instruments | Super gingival scaling | 4 sets | |
| Prosthetic instruments | | 4 sets | |
| Amalgamator | | 2 | |
| Pulp tester | | 2 | |
| Autoclave | | 2 | |
| Sterilizer | | 2 | |
| X-ray viewer | | 1 | |
| Instrument cabinet | | 1 | |
| Overhead Projector | | 1 | |
| LCD or DLP multimedia projector | | 1 | |
| Computer with Internet Connection with attached Printer & Scanner | | 2 | |
| Peripheral Dental care or Field programme | | | |
| Staff bus | | 1 | |
| Mobile dental clinic fitted with at least 2 dental chairs with complete dental unit | | 1 | |
| Ultrasonic scaler, compressor | | 1 | |
| Generator | | 1 | |
| Public address system, audio-visual aids | | 1 | |
| Television | | 1 | |
| DVD Player | | 1 | |
| Instrument cabinet, emergency medicine kits, BP Apparatus | | 1 | |
| Portable oxygen cylinder portable chair | | 1 | |

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 **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: