

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



**INSPECTION PROFORMA**  
**(For colleges established prior to 10/01/2006)**

**AS PER DCI REGULATIONS 1993**

(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: **100**

BFUHS Letter No: \_\_\_\_\_ Dated: \_\_\_\_\_

**Date of Inspection** : \_\_\_\_\_

**Date of Last Inspection:** \_\_\_\_\_

**Name and Address of Inspectors**

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:-**

I: Each column will be completely filled by the Inspector by hand/computer printing 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 Dental College : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Address for Correspondence : \_\_\_\_\_

Telephone & Fax No. : \_\_\_\_\_  
 \_\_\_\_\_

Status : Govt. / Private / Deemed

Year of Establishment : \_\_\_\_\_

GOI Permission No. & Date : \_\_\_\_\_

State Government Essentiality/ Permission Certificate : Issued By: \_\_\_\_\_

No. & Date: \_\_\_\_\_

Valid Upto: \_\_\_\_\_

DCI Permission (Year to Year / Permanent) : Issued By: \_\_\_\_\_

No. & Date: \_\_\_\_\_

Valid Upto: \_\_\_\_\_

University Affiliation (Provisional / Permanent) : Issued By: \_\_\_\_\_

No. & Date: \_\_\_\_\_

Valid Upto: \_\_\_\_\_

**II. Date and number of last annual admission with details\***

Category	No. admitted	Dates of admission	
		Commence	End
S.C.			
S.T.			
Backward			
Merit			
Management			
Others			
Total			

**III. HOSPITAL:** Requirement of the 100 bedded general hospital for teaching BDS students drawn up in accordance with the parameters prescribed by the Bureau of Indian Standards

Own Hospital       Medical College       Govt. General Hospital

Whether the permission of the attached 100 : Yes / No  
bedded hospital is issued by the competent  
authority?

Name and Full Address of Hospital:

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Name of the CMO with Tel No. & Mobile No.:

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Name of the Issuing Competent Authority:

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

**Area Requirements (As per Bureau of Indian Standards)**

	<b>Required</b>	<b>Available</b>
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

<b>Department</b>	<b>Required</b>	<b>Available</b>
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

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

## Health Staff

<b>Designation</b>	<b>Required</b>	<b>Available</b>
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

<b>Designation</b>	<b>Required</b>	<b>Available</b>
Civil	2	
Mechanical	2	
Electrical	2	
Engineering Aid	4	

## Other Staff

<b>Designation</b>	<b>Required</b>	<b>Available</b>
Drivers	2	
Carpenter	1	
Cooks	2	
Barber	1	
Class IV including chowkidars	55	

Administrative Staff

<b>Designation</b>	<b>Required</b>	<b>Available</b>
Office Superintendent	1	
Head Clerk	1	
Cashier	1	
Stenographer	1	
UDC	2	
LDC	4	

**CLINICAL MATERIAL:  
(Attendance Register to be checked)**

**ATTACHED HOSPITAL** : During Inspection: \_\_\_\_\_  
**Attendances** Average (Last 6 months): \_\_\_\_\_

**DENTAL COLLEGE** : During Inspection: \_\_\_\_\_  
**HOSPITAL Attendances** Average (Last 6 months): \_\_\_\_\_

\*Minimum requirement of new patient's is 100-150 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 <sup>th</sup> June of current year	*Present during Inspection
1.	PRINCIPAL With speciality									

**PROSTHODONTICS**

1.	PROFESSOR									
1.	READER									
2.	READER									
3.	READER									

**CONSERVATIVE DENTISTRY**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	PROFESSOR									
1.	READER									
2.	READER									

**ORAL PATHOLOGY**

1.	PROFESSOR									
1.	READER									

**ORAL & MAXILOFACIAL SURGERY**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	PROFESSOR									
1.	READER									
2.	READER									

**PERIODONTICS**

1.	PROFESSOR									
1.	READER									



**ORTHODONTICS**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	PROFESSOR									
1.	READER									

**PEDODONTICS**

1.	READER									
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**ORAL MEDICINE**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	READER									

**COMMUNITY DENTISTRY**

1.	READER									
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**LECTURERS/TUTORS****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 <sup>th</sup> June of current year	*Present during Inspection
1.										
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**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)**

**ANATOMY**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									

**PHYSIOLOGY & BIOCHEMISTRY**

1.	Reader									
1.	Lecturer									
2.	Lecturer									

**PHARMACOLOGY**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									

**PATHOLOGY & MICROBIOLOGY**

1.	Reader									
1.	Lecturer									
2.	Lecturer									

**GENERAL MEDICINE**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	Reader									
1.	Lecturer									
2.	Lecturer									

**GENERAL SURGERY**

1.	Reader									
1.	Lecturer									
2.	Lecturer									
3.	Lecturer									



**ANESTHESIA**

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 <sup>th</sup> June of current year	*Present during Inspection
1.	Reader									
1.	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	Professor		Reader		Lecturer	
	Required	Available	Required	Available	Required	Available
Prosthodontics	1		3		7	
Oral Pathology	1		1		2	
Conservative Dentistry	1		2		8	
Oral & Maxillofacial Surgery	1		2		4	
Periodontics	1		1		4	
Orthodontics	1		1		3	
Pedodontics	-		1		3	
Oral Medicine	-		1		3	
Public Health Dentistry	-		1		3	
Dental Materials	-		-		1	
Dental Anatomy	-		-		1	
<b>Total</b>	6*		13		39	

\* 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 of Readers		Number of Lecturers	
	Required	Available	Required	Available
Anatomy	1		2	
Physiology & Biochemistry	1		2	
Pharmacology	1		2	
Pathology & Microbiology	1		2	
General Medicine	1		2	
General Surgery	1		2	
Anesthesia	1		1	
<b>Total</b>	7		13	

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	Qualification			Details of Teaching Experience in an approved/recognized institution				Proof in support of Col. 6
				BDS/MDS Degree (Subject)	Year of Passing	University	After P.G.				
							Designation	Place	Date & Years		
				From	To						
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 :

\*Attach additional pages wherever required.

Inspector 2 :

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

**VIII. CLINICAL ACTIVITIES**

1. 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, Exts, 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, 1993\* and 2007. Should have completed the following clinical work.
  - i. Prosthetic – Full Dentures = 3, Partial Dentures = 10
  - ii. Oral Surgery – Extractions = 100, Minor Surgery = 5
  - iii. Prophylaxis = 50
  - iv. Conservative and Endodontics – Restoration; Amalgam/GIC = 90, RCT = 10
  - v. Paedodontics – Fillings = 25, Exts = 3, Prophylaxis = 10, Fluoride Applications = 5.
  - vi. Orthodontia = Removable Appliances = 10.

\*Should have completed 75% of the above clinical work.

**OBSERVATIONS**

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**IX. NON-TEACHING STAFF/ MINISTERIAL STAFF:**

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

		<b>Requirement</b>	<b>Available</b>
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	

**X. 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 5 copies for 100 admissions

Journal Room : \_\_\_\_\_

Computer / Internet Room : \_\_\_\_\_

Room for Librarian : \_\_\_\_\_

Photocopying area : \_\_\_\_\_

Staff available in the Library : \_\_\_\_\_

**XI. DENTAL CHAIRS / UNITS\***

Total Dental Chairs Installed with all the attachments :  
thereon \_\_\_\_\_

<b>Year</b>	<b>Required Dental Chairs</b>
IIIrd Year	100
IVth Year	200
Recognition	250

Whether all the chairs and units are functioning and : Yes / No  
electrically operated?

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

**XII. MAJOR EQUIPMENTS**

**DEPARTMENT: PROSTHODONTICS AND CROWN & BRIDGE**

<b>Name</b>	<b>Specification</b>	<b>Quantity</b>
		<b>Available</b>
Dental Chairs and Units	As per specification	
Semi adjustable articulator	With face bow	
Extra oral/intra oral tracer		
Dewaxing unit		
Curing unit		
Dental casting machine		
Wax burnout furnace		
Pre heating furnace		
Surveying unit		
Heavy duty hand piece	Lab micromotors	
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Needle burner with syringe cutter		
Plaster Dispenser	One each for plaster and stone plaster	
Model Trimmer with Carborandum Disc		
Model Trimmer with Diamond Disc		
Acrylizer		
Lathe		
Flask press		
Deflasking unit		
Dewaxing unit		

Hydraulic Press		
Mechanical Press		
Vacuum mixing machine		
Lab Micro motor	With heavy duty handpiece	
Curing pressure pot		
Porcelain furnace Vibrator Sand blasting unit Ultrasonic cleaner Model Trimmer Hot water sterilizer Geyser H.P. grinder with suction Heavy duty lathe Phantom heads Pre-clinical working tables	Compound bath          Gas connection & bunson burner	

### CERAMIC AND CAST PARTIAL LABORATORY

NAME	SPECIFICATIONS	Required	Available	Deficiency
Plaster Dispensor	One each for plaster and stone plaster	2		
Duplicator		1		
Pindex System		1		
Circular saw		1		
Burn out furnace		1		
Sandblasting machine	With two containers	1		
Electro-polisher		1		
Model Trimmer with Carborandum disc		1		
Model Trimmer with Diamond disc		1		
Induction casting machine		1		
Programmable porcelain furnace with vacuum pump with instrument kit and material kit		1		
Spot welder with soldering, attachment of cable		1		
Vacuum mixing machine		1		
Steam Cleaner		1		
Spindle Grinder 24,000 RPM with vacuum suction		1		
Wax heater		1		
Wax carver		1		
Curing pressure pot		1		
Milling machine		1		
Heavy duty lathe with suction		1		
Preheating furnace		1		
Palatal trimmer		1		
Ultrasonic cleaner	5 liters capacity	1		
Composite curing unit		1		

Micro surveyor		1		
PRE-CLINICAL PROSTHETICS LABORATORY	Work table preferably complete stainless steel fitted with light, Bunsen burner, air blower, working stool. Adequate number of lab micro motor with attached hand piece	60 20		
PLASTER ROOM FOR PRE-CLINICAL WORK				
Plaster dispenser	One each for plaster and stone plaster	2		
Vibrator		2		
Lathe		2		
Model Trimmer		1		
Carborandum Disc		1		
Diamond disc		1		

**DEPARTMENT : CONSERVATIVE DENTISTRY AND ENDODONTICS**

Name	Specification	Quantity
		Available
Dental Chairs and Units	As per specification	
Rubber dam kits		
Restorative instruments kits		
R.C.T. instrument kits		
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket	
Needle burner with syringe cutter		
Amalgamator	With auto proportion, auto dispenser	
Rubber dam kits		
Pulp Tester-Digital		
Apex Locator		
Glass bead sterilizers		
Plaster dispensers		
Vibrator		
Ceramic Unit		
Casting machine		
Intra-oral X-ray Unit	Proper radiation safety	
Automatic Developer		
Radiovisiography	RVG with Computer	
Endo motor	With torque control Hps	
Bleaching unit		
Magnification loops		
Injectable gutta percha		
PHANTOM LAB UNIT	Phantom Table fitted with 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 ( <u>not to use extracted or cadaver teeth</u> ).	
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### **CHEMICAL LABORATORY**

Plaster Dispenser	One each for plaster and stone plaster	
Model Trimmer	Carborandum disc	
	Diamond disc	
Lathe	Heavy Duty	
Lab Micromotor	With heavy duty handpiece	
Ultrasonic cleaner	Minimum capacity 5 liters	
Spindle Grinder		
Vibrator		
Burnout furnace		
Porcelain furnace		
Sandblasting Machine		
Lab Airrotor		
Pindex System		
Circular saw		
Vacuum mixer		
Pneumatic chisel		
Casting machine	Motor cast/induction casting preferred	

### **DEPARTMENT : ORAL PATHOLOGY AND ORAL MICROBIOLOGY**

Name	Specification	Quantity
		Available
Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	
Microscopes		
Microtome		
Wax bath		
Water bath		
Knife sharpner		
Hot plate		
Spencer knife		

### **DEPARTMENT: ORAL & MAXILLOFACIAL SURGERY**

#### **A) EXODONTIA**

Name	Specification	Quantity
		Available
Dental Chairs and Units	As per specification	
<b>Autoclaves</b>	Front loading Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Ultrasonic Cleaner	Minimum capacity 13 liters with mesh bucket	
Needle burner with syringe cutter		
Extraction forceps sets	Complete set	

Dental elevators	Complete set	
Minor Oral surgery kits		
Emergency drugs tray		
Oxygen cylinder with mask		
X-ray viewers		
Computer	Minimum Pentium IV	

### **B) MINOR SURGERY**

Dental Chairs and Units	As per specification	
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### **DEPARTMENT : PERIODONTOLOGY**

<b>Name</b>	<b>Specification</b>	<b>Quantity</b>
		<b>Available</b>
Dental Chairs and Units	As per specification	
	Note: Atleast 25% of the units should have the Airpolisher.	
Scaling instrument sets		
Surgical instrument sets		
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Ultrasonic scaler	Minimum capacity 13 liters with mesh bucket	
Electro surgical cautery		
Needle burner with syringe cutter		
LASER	Soft tissue laser	
Surgical motor with physio dispenser		

### **DEPARTMENT : ORTHODONTICS**

<b>Name</b>	<b>Specification</b>	<b>Quantity</b>
		<b>Available</b>
Dental Chairs and Units	As per specification	
Unit mount scaler		
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Ultrasonic Cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	
ORTHO LAB		
Plaster dispenser	One each for plaster and stone plaster	
Vibrator		
Model Trimmer		
Micromotor –	heavy duty	
Lathe		
X-ray viewers		
OPG with cephalostat	If available in radiology it is adequate.	
Welders		
Blue Torch		
Base Formers		

Typodont		
Set of Pliers		
Welder with soldering attachments		
Hydro solder		
Typhodont articulator	With metal teeth wax rim of Class I, II, III	
Pressure moulding machine		

**DEPARTMENT : PAEDIATRIC AND PREVENTIVE DENTISTRY**

Name	Specification	Quantity
		Available
Dental Chairs and Units	As per specification (Pedo chair preferred)	
<b>Autoclaves</b>	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	
Needle Burner with syringe cutter		
Amalgamator		
Pulp Tester-Digital		
Rubber dam kit for pedo		
Apex locator		
Endo motor	With torque control HPs	
Injectable gutta percha with condensation		
Radiovisiography	Digital intra X-ray system with pedo sensor and software	
Intra Oral Camera	With high resolution	
Scaling instruments		
Restorative instruments		
Extraction forceps		
Intra-oral X-ray		
Automatic Developer		
Computer	Minimum Pentium IV	

<b>PEDO LAB</b>		
Plaster dispenser	One each for plaster and stone plaster	
Model Trimmer	With diamond disc	
Model Trimer	Double disc one diamond and one carborandum disc	
Welder with soldering attachments		
Vibrator		
Lab micro motor	Heavy duty with Hps	
Dental Lathe		
Model Trimmer		
Steam cleaner		
Pressure moulding machine		
Carborandum Disc		
Diamond disc		

**DEPARTMENT : ORAL MEDICINE AND RADIOLOGY.**

Name	Specification	Quantity
		Available
	(Space allocation for each Dental chair 100 Sq Ft in all the Departments)	
Dental Chairs and Units	As per specification	
Panoramic X-Ray with Cephalometric	Preferably digital	
Intra Oral X-ray Unit	70 KV , 8mA, high frequency preferably Digital timer	
Pulp testers	Digital	
Automatic periapical X-ray Developer		
Automatic Panoramic with Cephalometric X-ray Developer		
X-ray viewer	For Panoramic and Cephalometric films	
Radiovisiography	Digital Intra X-ray System with one Sensor and Software	
General X-ray Unit		
Ortho Pantmograph	preferably digital	
Automatic Developers/ <i>Dark Room</i>		
Lead aprons		
Lead Gloves		
X-ray Hangers		
X-ray viewers		
Diagnostic Kits	Mouth mirror, dental probe, college tweezers	
<i>Lead Screen</i>		
<i>Biopsy Kit</i>		
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	
Computers	Minimum Pentium –IV	
Intra Oral Camera	With High resolution	
Needle Burner with Syringe Cutter		

**DEPARTMENT: PUBLIC HEALTH DENTISTRY**

Name	Specification	Quantity
		Available
Dental Chairs and Units	As per specification	
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket with digital timer	
Needle burner with syringe cutter		
MOBILE CLINIC		
Mobile dental van	Mobile dental van with two dental chairs with all the attachments and adequate sitting space for 15 to 20 people	

Dental chair with unit	Hydraulically operated with spittoon attachment, halogen light with 2 intensity, air ventury suction, airrotor, micromotor, 3 way-scaler and light cure, x-ray viewer, instrument tray, operating stool.	
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters.	
Intraoral x-ray	Portable, 70 KV, 8mA	
Glass bead sterilizers		
Compressor	1.25HP	
Metal Cabinet	With wash basin	
Portable dental chair	Suitcase unit with airrotor, micromotor, scaler and compressor 0.25HP	
Stabilizer	4KV	
Generator	4KV	
Water tank	400ltrs	
Oxygen cylinder		
Public address system		
TV and video cassette player		
Demonstration models		

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

### **XIII. CONSTRUCTED AREA**

#### **DENTAL COLLEGE BUILDING**

Total Constructed Area Required:

<b>Year</b>	<b>Required Constructed Area</b>
IIIrd Year	80,000 Sq. Ft.
IVth Year	1,00,000 Sq. Ft.
Recognition	1,00,000 Sq. Ft.

FLOOR	AREA (sqft)	CLININCAL FACILITIES	ACADEMIC DEPARTMENTS	ADMIN / LOGISTICS / SUPPORT	MAJOR FACILITIES
Basement					
Ground					
First					
Second					
Third					
Fourth					
Other					
<b>TOTAL</b>		<b>AREA (sq.ft.)</b>			

### STAFF QUARTERS (SEPARATE FROM HOSTEL)

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

### 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	Availability
Administrative block	
Library	
Lecture Halls – 4	
Central Stores	
Maintenance room	
Photography and artist room	
Medical Stores	
Amenities area	
Compressor and room for gas plant	
Cafeteria	
Examination hall	
Auditorium (To accommodate at least 500 people)	
Laboratories (Dental Subjects)	
Pre-clinical Prosthodontics and dental material lab	
Pre-clinical conservative lab	
Oral biology and oral pathology lab	

Laboratory for orthodontics and Pedodontics	
Laboratories (Medical Subjects)	
(only for independent dental colleges)	
Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	
Laboratories (Clinical)	
Prosthodontics	
Conservative Dentistry	
Oral pathology for histopathology	
Haematology and clinical biochemistry	

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

**We hereby declare that all the documents regarding Building / Essentiality Certificate/DCI Permission/100 Bedded General Hospital / Teaching Staff etc have been physically verified by us.**

\_\_\_\_\_  
Signatures of Inspector

\_\_\_\_\_  
Signatures of Inspector

**Check list for the Inspectors:**

- |                                                                                                                                                                |            |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1. Is the Inspection Proforma filled Completely ?                                                                                                              | <b>Yes</b> | <b>No</b> |
| 2. Has the essentiality certificate, affiliation by the Baba Farid University of Health Sciences, Faridkot and DCI permission been checked and found in order? | <b>Yes</b> | <b>No</b> |
| 3. Has the infrastructure and equipment been checked as per the prescribed DCI norms?                                                                          | <b>Yes</b> | <b>No</b> |
| 4. Is the attached hospital (100 beds) as per the BIS norms and the teachers are posted as per MCI norms?                                                      | <b>Yes</b> | <b>No</b> |
| 5. Is the list of teaching staff as per university format enclosed?                                                                                            | <b>Yes</b> | <b>No</b> |
| 6. Have the Dental and Medical faculty been checked for the following?                                                                                         |            |           |
| (a) affidavit                                                                                                                                                  | <b>Yes</b> | <b>No</b> |
| (b) experience                                                                                                                                                 | <b>Yes</b> | <b>No</b> |
| (c) reliving certificates                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| (d) TDS                                                                                                                                                        | <b>Yes</b> | <b>No</b> |
| (e) Form 16                                                                                                                                                    | <b>Yes</b> | <b>No</b> |
| (f) Proof of Residence                                                                                                                                         | <b>Yes</b> | <b>No</b> |
| 7. Have you checked clinical material as per norms?                                                                                                            | <b>Yes</b> | <b>No</b> |
| 8. Have you checked the Library for Journals/Books?                                                                                                            | <b>Yes</b> | <b>No</b> |
| 9. Have you submitted your detailed comments with shortcomings .                                                                                               | <b>Yes</b> | <b>No</b> |
| 10. Whether any case of Ragging has been reported in the institution during the last one year, if Yes, action taken thereon.                                   | <b>Yes</b> | <b>No</b> |

Inspector 1 :

Inspector 2 :