

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (PROSTHODONTICS AND CROWN & BRIDGE)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								
3								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Sr. Lecturers/ Assistant Professor/Sr. Resident								
1								
2								
3								
Lecturers								
1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (PROSTHODONTICS AND CROWN & BRIDGE)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	University	Degree (Subject)	Year of Passing	University		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														
2														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (PERIODONTOLOGY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

3								
Sr. Lecturers/ Assistant Professor/Sr. Resident								
1								
2								
3								
Lecturers								
1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (CONSERVATIVE DENTISTRY AND ENDODONTICS)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														
2														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

SUMMERY : DENTAL TEACHING STAFF (Minimum faculty requirement of 1st Unit)

Department	Professor & HOD			Reader-			Lecturer/Assistant Professor		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
PERIODONTOLOGY	1			3			3		

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (ORAL & MAXILLOFACIAL SURGERY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.	
								Day 1	Day2
Professor & H.O.D.									
1									
Professors									
1									
2									
3									
Readers/ Associate Professor									

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

1									
2									
3									

Sr. Lecturers/ Assistant Professor/Sr. Resident

1									
2									
3									

Lecturers

1									
2									
3									

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF ((ORAL & MAXILLOFACIAL SURGERY))

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														
2														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (CONSERVATIVE DENTISTRY AND ENDODONTICS)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.	
								Day 1	Day2
Professor & H.O.D.									
1									
Professors									
1									
2									
3									
Readers/ Associate Professor									
1									

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

2									
3									
Sr. Lecturers/ Assistant Professor/Sr. Resident									
1									
2									
3									
Lecturers									
1									
2									
3									

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (CONSERVATIVE DENTISTRY AND ENDODONTICS)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

2														
3														
Lecturers														
1														
2														
3														

SUMMARY : DENTAL TEACHING STAFF (Minimum faculty requirement of 1st Unit)

Department	Professor & HOD			Reader-			Lecturer/Assistant Professor		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
CONSERVATIVE DENTISTRY AND ENDODONTICS	1			3			6		

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (ORTHODONTIIES AND DENTOFACIAL ORTHOPEDICS)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

3								
Sr. Lecturers/ Assistant Professor/Sr. Resident								
1								
2								
3								
Lecturers								
1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (ORTHODONTIHS AND DENTOFACIAL ORTHOPEDICS)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

2															
3															

Signature of Dean / Principal :

Signature of Member :

Signature of Convenor :

SUMMERY : DENTAL TEACHING STAFF (Minimum faculty requirement of 1st Unit)

Department	Professor & HOD			Reader-			Lecturer/Assistant Professor		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
ORTHODONTICS AND DENTOFACIAL ORTHOPAEDICS	1			2			3		

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								
3								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Sr. Lecturers/ Assistant Professor/Sr. Resident								
1								
2								
3								
Lecturers								
1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	University	Degree (Subject)	Year of Passing	University		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Lecturers													
1													
2													
3													

DENTAL TEACHING STAFF (Minimum faculty requirement of 1st Unit)

Department	Professor & HOD -9*			Reader-22			Lecturer/Assistant Professor - 33		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
ORAL & MAXILLOFACIAL PATHOLOGY AND ORAL MICROBIOLOGY	1			2			3		

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (PUBLIC HEALTH DENTISTRY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

3								
Sr. Lecturers/ Assistant Professor/Sr. Resident								
1								
2								
3								
Lecturers								
1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (CONSERVATIVE DENTISTRY AND ENDODONTICS)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	University	Degree (Subject)	Year of Passing	University		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
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3														
Lecturers														
1														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

2														
3														

SUMMERY : DENTAL TEACHING STAFF (Minimum faculty requirement of 1st Unit)

Department	Professor & HOD -9*			Reader-22			Lecturer/Assistant Professor - 33		
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector
PUBLIC HEALTH DENTISTRY	1			2			3		

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (PEDIATRIC AND PREVENTIVE DENTISTRY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								
3								
Sr. Lecturers/ Assistant Professor/Sr. Resident								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

1								
2								
3								

Lecturers

1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (PEDIATRIC DENTISTRY)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
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2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														
2														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

ANNEXURE FOR TEACHING DENTAL FACULTIES TO MDS DEGREE COURSE

a) DENTAL TEACHING STAFF (ORAL MEDICINE AND RADIOLOGY)

Sr. No.	Name	Date of Birth	Age	DOJ	Experience in present institute	Total Experience as on 31st January of current year	Total No. of Points for Publications as per Dental Council of India Guidelines Experience as on 15 th June of current year	*Present during Inspection with signature or absent.
								On the Day
Professor & H.O.D.								
1								
Professors								
1								
2								
3								
Readers/ Associate Professor								
1								
2								
3								

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Sr. Lecturers/ Assistant Professor/Sr. Resident								
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1								
2								
3								

Lecturers								
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1								
2								
3								

Remarks*

No faculty can be present for inspection in two institutes simultaneously in the same academic year (1st July to 30th June)

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

b) DENTAL TEACHING STAFF (ORAL MEDICINE AND RADIOLOGY)

Sr. No.	Name	Date of Birth	Age	ACI UID (if available) & Adhaar No.	Original Affidavit with date	Form 16	UG Qualification			PG Qualification			Total Service college wise in all the previous Institutes (attach appendix)	Remarks of Inspector
							Degree (Subject)	Year of Passing	Unive rsity	Degree (Subject)	Year of Passing	Universit y		
Professor & H.O.D.														
1														
Professor														
Readers/ Associate Professor														
1														
2														
3														
Sr. Lecturers/ Assistant Professor/Sr. Resident														
1														
2														
3														
Lecturers														
1														
2														

Signature of Member :

Signature of Dean / Principal :

Signature of Convenor :

Signature of Dean / Principal :

Signature of Member :

Signature of Convenor :