

**THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032**  
**BACHELOR OF DENTAL SURGERY DEGREE COURSE**  
**TO GRANT CONTINUANCE OF PROVISIONAL AFFILIATION**  
**FOR CONDUCTING II BDS DEGREE COURSE**  
**INSPECTION REPORT FOR THE ACADEMIC YEAR 20 – 20**

Note:-

Each column will be completely filled by the Inspector by computer printing / typing / handwritten in detail. Annexures after being signed by the Principal, will be duly certified by the inspectors and will be sent by the college authorities to the University within 48 hours of Inspection.

I. Name of the convenor with Designation and :  
Address, Mobile No.

Names of Member(s) with Designation and :  
Address, Mobile No.

II. University Letter No. & date in which the :  
Inspection Commission Constituted

IV. Date of Inspection :  
Date of the last Inspection :

V. Name and details of authorities representing the :  
Management present at the time of Inspection.

**I. TRUST DETAILS**

1. Name of the Managing Trustee and Name of the :  
Society/Trust and its full registered address with  
telephone Numbers  
(Telex No., Fax No., E-mail No. etc.)  
Enclose trust details with audited accounts for  
the last 3 years.

2. Name of the Dental College :  
Full Address of the Dental College with Telephone,  
Fax Nos. & E-Mail Address  
Name of the Principal of the Dental College :  
Qualification :  
Teaching Experience :

3. Name of the other courses run by the Trust :

**II. PERMISSION LETTERS**

1. State Govt. Permission-Essentiality Certificate	Lr.No: Dt. : Valid upto
2. Consent for affiliation issued by the University	Lr.No: Dt. : Valid upto
3. DCI/GOI's formal permission for starting the course	Lr.No: Dt. :
4. Provisional Affiliation issued by the University	Proc.No: Dt. : Valid upto
5. Year of commencement of the I BDS Degree Course	Year : No of Intake
6. DCI/Govt. India notification of the recognition of the BDS degree course conducted by the institution	Lr.No: Dt. :

III. 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 a single piece of land	:	Yes / No
Approval Plans/ Land Use Conversion (Approved by LDA/ Municipality/ Competent Authority that the land does not attract the TN Urban Land Ceiling Act1978, TN Town & Country Planning Act1971, TN Land Reform Act 1961)	:	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 certified by the Revenue Authority have been checked by you

IV. BUILT UP AREA

Total Constructed Area Required: 1,00,000 Sq.ft.

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

Infrastructure	Requirement	Availability
Dental Departments ( 9 )	27000 sq.ft.	
Administrative block	3000 sq. ft.	
Library	8000 sq. ft.	
Lecture Halls – 4	6400 sq. ft.	
Central Stores	800 sq. ft.	
Maintenance room	1000 sq. ft.	
Photography and artist room	400 sq. ft.	
Medical Stores	300 sq. ft.	
Amenities area	3200 sq. ft.	
Compressor and room for gas plant	300 sq. ft.	
Cafeteria	1500 sq. ft.	
Examination hall	3600 sq. ft.	
Auditorium (To accommodate 500 people)		
Faculty Recreation Hall		
Laboratories (Pre Clinical)		
Pre-clinical Prosthodontics and dental material lab	3000 sq. ft.	
Pre-clinical conservative lab	2500 sq. ft.	
Oral biology and oral pathology lab	2500 sq. ft.	
Laboratory for orthodontics and Pedodontics	1500 sq. ft.	
Laboratories (Medical Subjects)		
(only for independent dental colleges)	7500 sq. ft.	

Anatomy dissection hall with storage for cadavers, osteology, demonstration room etc.	2500 sq. ft.	
One laboratory for physiology and pathology and microbiology with stores and preparation rooms for individual subjects attached to it.	2500 sq. ft.	
Laboratory for biochemistry and pharmacology with store and preparation rooms separately for both subjects	2500 sq. ft.	
Laboratories (Clinical)		
Prosthodontics	2500 sq. ft.	
Conservative Dentistry	600 sq. ft.	
Oral pathology for histopathology	600 sq. ft.	
Haematology and clinical biochemistry	300 sq. ft.	
Others		
Hostel for UG & PG students		
Staff Quarters		
Play Ground		
Basic Sciences Departments (9)	27000sq.ft.	

#### V.HOSTEL FOR BOYS & GIRLS

Whether the building of Hostels for Boys & Girls is separate from the dental college building and staff quarters : Yes / No

Whether there is a separate hostel for post graduate & undergraduate students. Yes / No

Whether Hostels for Boys & Girls are within the campus. If not how far from the campus. : Yes / No

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

Whether there are separate wardens for both the boys & Girls Hostel If yes their names & telephone numbers. Yes / No

Whether there is a separate area for recreation(TV), play area for indoor games, gymnasium for boys & reading room Yes / No

Whether basic amenities (water , wash room etc.,) are available 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							

#### VI.CENTRAL LIBRARY :

Name of the Chief Librarian with qualifications :

Assistant Librarian with qualifications :

Time of functioning of the 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 strength)

Undergraduate students :

Post graduate students :

Staff : \_\_\_\_\_

List of books recommended by the Dental Council of India

There should be 5 copies for 100 admissions : \_\_\_\_\_

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

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

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

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

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

Audio Visual aids available  
 Number of CD's  
 Academic  
 Educational  
 Annual budget for Books, Journals, Audiovisual aids  
 provided & utilized to be verified with invoice

---

**VII.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 bedded hospital is issued by the competent authority? : Yes / No

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 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)**

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

**Man Power Requirement**

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

\*Minimum requirement of new patient's is 75 patients per day in Dental College Hospital

**VIII.DENTAL CHAIRS**

Total Dental Chairs Installed with all the attachments thereon : \_\_\_\_\_  
(Required: 100 Dental Chairs)  
Whether all the chairs and units are functioning and 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

Required for 100 admissions

200

Prosthodontics	34
Conservative Dentistry	34
Periodontics	34
Oral Medicine	12
Oral Surgery	30
Orthodontics	18
Public Health Dentistry	16

IX.MAJOR EQUIPMENTS

DEPARTMENT 1.: PROSTHODONTICS AND CROWN & BRIDGE

Name	Specification	Quantity	
		Required	Available
Dental Chairs and Units	As per specification	34	
Semi adjustable articulator	With face bow	2	
Extra oral/intra oral tracer		2	
Dewaxing unit		2	
Curing unit		2	
Dental casting machine		1	
Wax burnout furnace		1	
Pre heating furnace		1	
Surveying unit		2	
Heavy duty hand piece	Lab micromotors	4	
Autoclave	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	2	
Needle burner with syringe cutter		2	
Plaster Dispenser	One each for plaster and stone plaster	2	
Model Trimmer with Carborandum Disc		1	
Model Trimmer with Diamond Disc		2	
Acrylizer		3	
Lathe		2	
Flask press		4	
Deflasking unit		4	
Dewaxing unit		3	
Hydraulic Press		3	
Mechanical Press		2	
Vacuum mixing machine		1	
Lab Micro motor	With heavy duty handpiece	4	
Curing pressure pot		1	
Porcelain furnace		2	
Vibrator		2	
Sand blasting unit		2	
Ultrasonic cleaner		2	
Model Trimmer		4	
Hot water sterilizer		2	
Geyser	Compound bath	2	
H.P. grinder with suction		3	
Heavy duty lathe		2	
Phantom heads	Gas connection & bunson burner	50	
Pre-clinical working tables		100	

CERAMIC AND CAST PARTIAL LABORATORY

NAME	SPECIFICATIONS	Required	Available
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 2.: CONSERVATIVE DENTISTRY AND ENDODONTICS

Name	Specification	Quantity	
		Required	Available
Dental Chairs and Units	As per specification	34	
Rubber dam kits		6	
Restorative instruments kits		10	
R.C.T. instrument kits		10	
Autoclaves	Having wet and dry cycle, which can achieve 135°C with minimum capacity of 20 liters	3	
Ultrasonic cleaner	Minimum capacity 13 liters with mesh bucket	2	
Needle burner with syringe cutter		4	
Amalgamator	With auto proportion, auto dispenser	3	
Rubber dam kits		6	
Pulp Tester-Digital		4	
Apex Locator		2	
Glass bead sterilizers		6	
Plaster dispensers		2	
Vibrator		2	
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		2	
Injectable gutta percha		2	
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 ivory teeth, preferably soft gingival, dental operator's stool (not to use extracted or cadaver teeth).	60	

#### CHEMICAL LABORATORY

Plaster Dispenser	One each for plaster and stone plaster	2	
Model Trimmer	Carborandum disc	1	
	Diamond disc	1	
Lathe	Heavy Duty	2	
Lab Micromotor	With heavy duty handpiece	3	
Ultrasonic cleaner	Minimum capacity 5 liters	1	
Spindle Grinder		1	
Vibrator		2	
Burnout furnace		1	
Porcelain furnace		1	
Sandblasting Machine		1	
Lab Airrotor		1	
Pindex System		1	
Circular saw		1	
Vacuum mixer		1	
Pneumatic chisel		1	
Casting machine	Motor cast/induction casting preferred	1	

#### DEPARTMENT 3. : ORAL PATHOLOGY AND ORAL MICROBIOLOGY

Name	Specification	Quantity	
		Required	Available
Dental Chairs and Units	With shadowless lamp, spittoon, 3 way syringe, instrument tray and suction	2	
Microscopes		50	
Microtome		1	
Wax bath		1	
Water bath		1	
Knife sharpner		1	
Hot plate		1	
Spencer knife		1	

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

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

#### X. OTHER FACILITIES

1. Rural centres with suitable staff and equipments :
2. One bus for the use of the students :
3. Hospital Waste Management :
4. Anti Ragging Committee :



**XI. SECURITY DEPOST**

Details regarding creation of Security Deposits

Instalment	Amount	FDR No. & Date	Bank	Maturity Date
I Instl				
II Instl				
III Instl				
IV Instl				

**XII CONSTITUTION OF GOVERNING BODY OF THE COLLEGE :**

1. The name and designation of the officer of the university :  
who is the member nominated under statutes 17(1)  
of the Dental statutes the Governing
2. As per statute 17(4) of the statutes when the last meeting :  
of the Governing Body of the college was met (a copy  
of the record of the proceedings of the Governings Body  
meeting may be enclosed

**XIII PASS PERCENTAGE FOR THE PAST THREE YEARS**

	2007-2008	2008-2009	2009-2010
.I Year			

**XIV. NUMBER OF CANDIDATES ADMITTED IN THE PREVIOUS YEAR**

Is the institution a Minority Institution:  
Provide necessary documents. :

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







XVI.MEDICAL TEACHING STAFF (Eligibility will be as per MCI Regulations ).

1.ANATOMY

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

2.PHYSIOLOGY

1.	Reader									
1.	Lecturer									
2.	Lecturer									

3.BIOCHEMISTRY

1.	Reader									
1.	Lecturer									
2.	Lecturer									

4.PHARMACOLOGY

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

5.GENERAL PATHOLOGY

1.	Reader									
1.	Lecturer									
2.	Lecturer									

6.MICROBIOLOGY

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?

1. Faculty ID Card issued by the Dental Council of India is mandatory.
2. The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act of the concerned State)
- 3.Attendance Particulars of all staff to be verified – Biometric or Physical.
- 4.Salary credited to the bank statement for previous month

SUMMARY - DENTAL TEACHING STAFF

Department	Professor		Reader		Lecturer	
	Required	Available	Required	Available	Required	Available
Prosthodontics	1		2			
Oral Pathology	1		1			
Conservative Dentistry	1		2			
Oral & Maxillofacial Surgery						
Periodontics						
Orthodontics						
Pedodontics						
Oral Medicine						
Public Health Dentistry						
<b>Total</b>	<b>4*</b>		<b>5</b>		<b>30</b>	

Including one Principal from any speciality

SUMMARY - MEDICAL TEACHING STAFF

Departments	Number of Readers		Number of Lecturers	
	Required	Available	Required	Available
Anatomy	1		4	
Physiology	1		2	
Biochemistry	1		2	
Pharmacology	1		3	
General Pathology	1		2	
Microbiology	1		2	
General Medicine				
General Surgery				
Anesthesia				
<b>Total</b>	<b>6</b>		<b>15</b>	

Attach list of entire faculty department-wise in attached prescribed proforma

DETAILS OF TEACHING STAFF SPECIALITY WISE

Name of the Department:

Sr. No.	Name	Present Designation	Date of Birth	Qualification		
				BDS/MDS Degree (Subject)	Year of Passing	University
1.	2.	3.	4.	5.		
1.		Principal				
2.		Professor & HOD				
3.		Professor				
4.		Professor				
5.		Reader				
6.		Reader				
7.		Reader				
8.		Senior Lecturer				
9.		Senior Lecturer				
10.		Tutor ( after BDS)				

XVI.NON-TEACHING STAFF/ MINISTERIAL STAFF:

		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	

XVII. 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.

XVIII.FURNITURE :

Adequate Furniture for staff  
Adequate Furniture for students

Available  
Available

**XIX.SHOW CAUSE NOTICE**

Whether show cause notice, if any, was issued for the inadequacy of facilities / teaching staff etc./ if so, furnish details

**XX. DETAILS OF REDUCTION OF SANCTIONED STRENGTH IF ANY :**

Reduction of sanctioned strength, if any : Govt.of India Lr.No.  
Dt:  
No. of seats reduced :  
from the academic :

**XXI COMPLIANCE OF GUIDELINES :**

Whether the institution has fulfilled all the conditions for: B.D.S.Degree course as referred to in various provisions in the Dental Council of India Regulations and in the Tamil Nadu Dr.M.G.R.Medical University Statutes for the Affiliation of Dental Colleges.

**XXII. UNIVERSITY ADMINISTRATIVE EXPENSES FEE :**

**XXIV PAST DEFICIENCIES:**

Details of rectification of past deficiencies observed by the previous year inspection commission

**XXIII. OBSERVATION OF THE INSPECTION COMMISSION:**

- a. Whether the Trust/Society/Institution/college has fulfilled all the conditions and requirements as specified in the statutes to grant provisional affiliation for conducting entire B.D.S. Degree Course of study for the academic year 20 - 20
- b. Other specific remarks of the Inspection Commission :  
(The findings should be recorded in a separate sheet annexed to this report)

Signature of the Member:  
(name in block letters)

Signature of the convenor :  
(name in block letters)

Residential Address :

Phone No : Office :  
Residence :  
Mobile No. :

Residential Address :

Phone No : Office :  
Residence :  
Mobile No. :



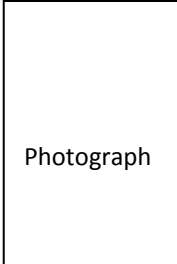
**AFFIDAVIT  
(ON NON-JUDICIAL STAMP PAPER)**

I, Dr. \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_ presently working full-time as \_\_\_\_\_ (mentioned designation) in \_\_\_\_\_ (name and address of the Dental College), solemnly affirm and declare that I am not working in any other institution in any capacity and not in full-time private practice.

I also solemnly affirm and declare as under :-  
Date of Birth :

**QUALIFICATIONS :**

Degree	College of Study	University	Year & Month of Passing	Speciality	Registration No. of UG & PG with date	Name of the State Dental Council
B.D.S.						
M.D.S.						
Any Other						



**TEACHING EXPERIENCE**

Details of the previous appointments/teaching experience after MDS Qualification only if employed on full-time basis as teaching experience on part-time/visiting basis or on daily wages basis are not acceptable and will not be taken into consideration for determining length of teaching experience :

Position	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer (Full-time)				
Asstt. Professor /Reader (Full-time)				
Associate Professor (Full-time)				
Professor (Full-time)				
Dean/Principal (Full-time)				

**DEPONENT**  
Date

Before joining present institution I was working at \_\_\_\_\_ as \_\_\_\_\_ and relieved on \_\_\_\_\_ after resigning/retiring.

(a) Relieving Order No. & Date :  
(Enclose copies of Relieving Order, Experience Certificates, T.D.S. Certificate)

(b) Appointment Order No. & Date  
of the previous appointment :  
(Copy attached)

A certified copy of – (a) Appointment letter of the previous institutions, (b) Resignation to the previous institutions or Relieving letter from the previous institutions are attached.

I am not working in any other medical college/dental college in the State or outside the State in any capacity viz. full-time/part-time.

TDS Deduction yearly for last three years :

S. No.	Financial Year	Total Tax Deducted Yearly
1)		
2)		
3)		

(A certified copy each of my Form 16 (TDS certificate) for financial years\* \_ is attached)

\*In the case of Professor last three financial years and in the case of Reader last one financial year.

For proof of the residential Address please attach any one of the following documents :- (a) Ration Card (b) Telephone Bill in the name of Deponent (c) Election Card (d) Water Bill in the name of Deponent (e) Proof of Children Education (f) Electricity Bill in the name of Deponent

Phone & Fax Number of Dental College

:

\_\_\_\_\_

Address of Office :

\_\_\_\_\_

Phone No. :

\_\_\_\_\_

Address of Residence :

\_\_\_\_\_

Phone No. :

\_\_\_\_\_

E-Mail address :

\_\_\_\_\_

Date of Joining the present Institution :

\_\_\_\_\_

PAN No.

I.T. Circle :

DEPONENT

DEPONENT

DEPONENT

Full time/Part time : I have been appointed as full-time Professor/Reader/Lecturer at the said college.

Appointment Order No. & Date of the present appointment : (Copy attached)

Salary offered on the U.G.C. Pay-scales : I have been offered UGC Pay-Scales for the above-said post by the above college authority

Letter of Acceptance : I have accepted the above offer (a copy of the letter of acceptance is enclosed).

I also solemnly declare that the information furnished herein is true to the best of my knowledge and nothing has been concealed and no statement made therein is false.

[N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.]

DEPONENT

Date :

Counter Signature

This is to certify that the information given by the above deponent is correct and nothing has been concealed therefrom and deponent is working in the \_\_\_\_\_ (department) as \_\_\_\_\_ (designation) as a full-time teacher in our college and is not engaged in full-time private practice anywhere.

[N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.]

Chairman of the Trust

Seal with Date

Principal of the College with seal

Attestation by Notary Public/Oath Commissioner

CERTIFIED THAT THE DEPONENT

Dr. ....

S/o, W/o, D/o .....

Identified by Shri .....

has solemnly affirmed before me at \_\_\_\_\_

on ..... at Sl. No. ....

that the contents of the affidavit which have been read and explained to him/her

are true and correct to his/her knowledge.

Signature Notary Public/Oath Commissioner

We have verified all the relevant documents and confirmed that information given are true to our knowledge and the above staff member was present during the inspection.

**CHECK LIST FOR THE INSPECTORS FOR BDS**

All Inspection Reports by the Council’s Inspectors/Visitors will be put on the website Please be specific while preparing the Inspection Report.

Is the Inspection Proforma filled Completely and each page signed by both the inspectors. Yes No

Has the essentiality certificate and University affiliation been checked and found in order? Yes No

Have you checked the clinical work books and log books of all the students appearing in the final BDS Examinations for 3<sup>rd</sup> & 4<sup>th</sup> BDS Yes No

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? Has the Hospital obtained sanction from the competent authority of the state i.e. State Government/Secretary Health/DGHS etc. Yes No

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 Medical teaching of BDS– (Separate para with details). Have the Dental and Medical faculty been checked for the following? Yes No

(a) Appointment:- The appointment of faculty in private dental colleges should be made through proper selection committee (as per University Act of the concerned state and as per Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8

(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)

(j) Any staff on Notice Period (Not to be considered after submission of resignation) (Yes/No)

(k) Biometric Attendance made functional so far. If not, give reason

(l) Signature of the teaching faculty on the day of inspection.

Is the list of teaching staff as per DCI format enclosed? Yes No

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

CLINICAL MATERIAL (PATIENTS) REQUIREMENT FOR BDS COURSE WITH 50 SEATS				
Starting BDS	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> 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

Have you checked the Library for Journals/Books other facilities? Yes No

Whether any case of ragging has been reported in the Institution during the last one year, if yes, action taken thereon. Yes No

Have you attached the copy of the University’s Question Papers in all specialities. Yes No

Have you submitted your detailed comments with strengths and shortcomings if any in your inspection report? Yes No

The inspection report should be confidential

## ANNEXURE

1. Trust details
1. Land
2. Building
3. General Hospital & Basic Sciences Department
4. Outpatient department
5. Hostel
6. Classroom and auditorium
7. Dental Departments
8. Dental Chairs & Equipments
9. Staff:- Teaching, Non teaching, paramedical
10. Library