

Kerala University of Health Sciences
Thrissur



Inspection Proforma for Continuation of Affiliation of Dental Colleges

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

Name of College: _____

Name of Principal: _____ Phone No. _____

E-mail ID _____

No. of Seats applied for: 100 /50/40/60 (Strike off whichever is not applicable)

Date of Inspection : _____

University order No: _____ Dated: _____

Date of Last KUHS Affiliation Inspection (if any): _____

Name and Address of Inspectors

1. _____

2. _____

I. SCRUTINY OF REQUISITE PERMISSIONS

Name & Address of the Dental College

:

Email Address for Correspondence

:

Telephone & Fax No.

:

College Website Address

:

Status

: Govt. / Private

Year of Establishment

:

GOI Permission No. & Date

:

DCI Recognition letter No. & Date

State Government Essentiality

:

No& Date

Valid up to:

State Government NOC

:

No& Date

Valid up to:

III. DENTAL TEACHING STAFF

Sl No.	Designation	Faculty Name	DOB	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	PRINCIPAL with speciality							Yes/No/Leave*

PROSTHODONTICS AND CROWN & BRIDGE

1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*
3	READER							Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

CONSERVATIVE DENTISTRY & ENDODONTIC

Sl No.	Designation	Faculty Name	DOB	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*
3	READER							Yes/No/Leave*

ORAL PATHOLOGY AND ORAL MICROBIOLOGY

1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

ORAL & MAXILLOFACIAL SURGERY (For 50 admission only 1 Professor & 1 Reader)

Sl No.	Designation	Faculty Name	DOB	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*
3	READER							Yes/No/Leave*

PERIODONTICS (For 50 admission only 1 Professor & 1 Reader)

1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*
3	READER							Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

ORTHODONTICS & DENTOFACIAL ORTHOPAEDICS

Sl No.	Designation	Faculty Name	DOB	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	PROFESSOR							Yes/No/Leave*
2	READER							Yes/No/Leave*
3	READER							Yes/No/Leave*

PAEDIATRICS & PREVENTIVE DENTISTRY

1	READER							Yes/No/Leave*
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ORAL MEDICINE & RADIOLOGY

1	READER							Yes/No/Leave*
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PUBLIC HEALTH DENTISTRY

1	READER							Yes/No/Leave*
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* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

20							Yes/No/Leave*
21							Yes/No/Leave*
22							Yes/No/Leave*
23							Yes/No/Leave*
24							Yes/No/Leave*
25							Yes/No/Leave*
26							Yes/No/Leave*
27							Yes/No/Leave*
28							Yes/No/Leave*
29							Yes/No/Leave*
30							Yes/No/Leave*
31							Yes/No/Leave*
32							Yes/No/Leave*
33							Yes/No/Leave*
34							Yes/No/Leave*
35							Yes/No/Leave*
36							Yes/No/Leave*
37							Yes/No/Leave*
38							Yes/No/Leave*
39							Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

IV. MEDICAL TEACHING STAFF (Eligibility will be as per MCI Regulations – 5th December 1998)

Anatomy (For 50 admission 1 Reader & 2 Lectures)

Sl No.	Designation	Faculty Name	DOB	Qualification	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*
4	LECTURER								Yes/No/Leave*

PHYSIOLOGY (For 50 Admission 1 Reader & 2 Lectures)

1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

BIOCHEMISTRY

Sl No.	Designation	Faculty Name	DOB	Qualification	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*

PHARMACOLOGY (For 50 Admission 1 Reader & 2 Lectures)

1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*
4	LECTURER								Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

GENERAL PATHOLOGY

Sl No.	Designation	Faculty Name	DOB	Qualification	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*

MICROBIOLOGY

1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*
4	LECTURER								Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

GENERAL MEDICINE (For 50 Admission 1 Reader & 2 Lectures)

Sl No.	Designation	Faculty Name	DOB	Qualification	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*
4	LECTURER								Yes/No/Leave*

GENERAL SURGERY (FOR 50 ADMISSION 1 READER & 2 LECTURES)

1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*
3	LECTURER								Yes/No/Leave*
4	LECTURER								Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

ANAESTHESIA

Sl No.	Designation	Faculty Name	DOB	Qualification	Form 16	Total service college wise in all the previous Institutes (attach appendix)	DOJ& Experience in present institute	Total Experience as on the date of inspection after P.G in the speciality	*Present during Inspection (If present faculty to put full signature here)
1	READER								Yes/No/Leave*
2	LECTURER								Yes/No/Leave*

* If the teaching staff on leave, specify whether copy of the sanctioned leave certificate attached?

Signature of the Principal
With name seal

V. Summary – dental teaching staff

Departments	Professor		Reader			Lecturer		
	Required	Available	Required		Available	Required		Available
			50 Admission	100 Admission		50 Admission	100 Admission	
Prosthodontics and Crown & Bridge	1		2	2				
Oral Pathology & Oral Microbiology	1		1	1				
Conservative Dentistry & Endodontics	1		2	2				
Oral & Maxillofacial Surgery	1		1	2				
Periodontics	1		1	1				
Orthodontics & Dentofacial Orthopaedics	1		1	1				
Paediatric & Preventive Dentistry			1	1				
Oral Medicine & Radiology			1	1				
Public Health Dentistry			1	1				
Total	6*		11	13		30	40	

* Including one Principal from any speciality

VI. SUMMARY – MEDICAL TEACHING STAFF

Departments	Number of Readers		Number of Lectures		
	Required	Available	Required 50 admissions	Required 100 admissions	Available
Anatomy	1		2	4	
Physiology	1		2	2	
Biochemistry	1		2	2	
Pharmacology	1		2	3	
General Pathology	1		2	2	
Microbiology	1		2	2	
General Medicine	1		2	3	
General Surgery	1		2	3	
Anaesthesia	1		1	1	
Total	9		17	22	

VII. CLINICAL ACTIVITIES

1. Random check of Practical Note Book
(eg. General Anatomy , Physiology, Dental Anatomy, Biochemistry, Pathology, Microbiology, Microbiology, Pharmacology, Dental Materials, Oral Pathology, etc.)
2. Random check of clinical work
(eg. Dentures, Restoration, Exts, Prophylaxis, etc.)
3. Random check of patient's case history sheets
4. Random check of community dentistry education material and chart 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. Prosthetics – Full Dentures = 3, Partial Dentures = 4
 - ii. Oral Surgery – Extractions = 100, Minor Surgery = 5
 - iii. Phrophylaxis = 50
 - iv. Conservative & Endodontics – Restoration; Amalgam/GIC = 90, RCT = 10
 - v. Paedodontics – Fillings = 25, Exts = 3, Prophylaxis = 10, Fluorite Applications =5
 - vi. Orthodontia = Removable Appliances = 10

* Should have completed 75% of the above clinical work

VIII. CENTRAL LIBRARY

Total Number of Books	:	_____
Total Number of Journals	:	_____
Indian Journals	:	_____
International Journals	:	_____
Back Volumes	:	_____
E – Journals	:	_____
Total Area	:	_____
Seating Capacity (it should be 50% of total students strength)	:	_____
Journal Room	:	_____
Computer / Internet Room	:	_____
Room for Librarian	:	_____
Photocopying Area	:	_____
Staff available in the library	:	_____
Annual budget for library	:	_____

IX. DENTAL CHAIRS / UNITS

Total Dental chairs installed with all the attachments thereon : _____
 (Require : 100 for 50 and 200 for 100 admissions)

Whether all the chairs and units are function and electrically: yes / no
 operated ?

Number of dental chairs electrically operated : _____

Number of Dental Chairs non electrically operated : _____

X. MAJOR EQUIPMENTS & MATERIALS

Whether all major equipments are available as per DCI requirement in all departments*	Yes/ No
Attach list of available equipments as annexure	
Whether materials and instruments are available as per DCI requirements in all department*	Yes/ No

* Inspectors to physically verify the same with stock register

XI. CONSTRUCTED AREA

DENTAL COLLEGE BUILDING

Whether constructed area is adequate as per DCI norms				Yes / No	
<i>Total Constructed Area Required: 50,000 sqft for 50 admission and 1, 00,000 sqft for 100 admissions</i>					
Whether staff quarters available within the campus				Yes / No	
Whether separate boys hostel facility available within the campus				Yes / No	
Whether separate girls hostel facility available within the campus				Yes / No	
Dwelling	Single Room	Double Room	Triple Room	% of Accommodation against total strength	No of messes
Boys					
Girls					

XII. INFRASTRUCTURE & FUNCTIONAL REQUIREMENTS

Infrastructure	Available/ Not Available
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	
Laboratories (Dental Subjects)	
Pre – clinical prostodontics and Dental Material Lab	
Pre – clinical conservative lab	
Oral biology and Oral pathology lab	
Laboratory for orthodontics and pedodontics	
Laboratories (Material 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	

XIII. EXAMINATION HALL

SI NO	Particulars	Detail
1	Seating arrangement and spacing	Satisfactory/Not satisfactory
2	Extension of landline	Yes/No
3	CCTV	Available / Not available
4	Mobile Jammer	Available / Not available
5	Other	

XIV. CONFIDENTIAL ROOM

1	Two Computer	Available/ Not available
2	Two internet connections	Available /Not available
3	Printer	Available /Not available
4	Fax Machine	Available / Not available
5	CCTV	Available /Not available
6	Mobile Jammer	Available / Not available
7	NKN connection	Available / Not available
8	Generator	Available / Not available
9	UPS	Available / Not available
10	Other	

XV. Whether provided required number of eligible examiners for evaluation as per Kerala University of Health Sciences Norms (List should be submitted with inspection report)

XVI. Cardinal Deficiencies

1. Infrastructure

2. Equipments

3. Clinical material

4. Faculty

5. Academic training

XVII. Report of interaction with Students

XVIII. A copy each of the audited balance sheet(By Chartered Accountants) of the trust/society is to be furnished.

Check list for the Inspectors:

- | | |
|--|---------------|
| 1. Is the Inspection Proforma filled Completely and each page signed by <u>both the inspectors</u> | Yes No |
| 2. Has the State Government essentiality certificate and NOC been checked and found in order ? (copies to be attached as annexure) | Yes No |
| 3. Has the GOI Permission letter and Recognition letter from DCI verified (copies to be attached as annexure) | Yes No |
| 4. Has the details of trust, land and infrastructure documents etc. checked and found in order (copies to be attached as annexure) | Yes No |
| 5. Have you checked the Weekly Time Table programme for the entire last academic year (attach copy) | Yes No |
| 6. Is the attached hospital (100 bedded) located within 10 kms from the Dental College and the teachers are posted as per MCI Norms ? | Yes No |
| 7. Has the Hospital obtained sanction from the competent authority of the state? (copies to be attached as annexure) | Yes No |
| 8. Has the Percentage & daily occupancy in the attached 100 bedded hospital in the last 6 months verified(copies to be attached as annexure) | Yes No |
| 9. 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 Dental Council of India (Miscellaneous) Regulations 2007, The Gazette of India Part III Section (IV) page 3 serial No. 8 (Copies to be attached as Annexure) | |
| b. Teaching Experience | Yes No |
| c. Relieving certificates from previous Institution (Copies to be attached as Annexure) | |
| 10. Have you checked clinical material (to be checked at the end of the OPD) and patient inflow in Dental hospital as per norms (given in the inspection proforma) (copies to be attached as annexure) | Yes No |
| 11. Have you checked the Library for Journals/Books other facilities? (List to be attached as annexure) | Yes No |
| 12. Have you verified the list of equipments as per DCI norms and found adequate (List to be attached as annexure) | Yes No |
| 13. Whether any case of ragging has been reported in the Institution during the last one year, if yes action taken thereon | Yes No |
| 14. Whether the College fulfills all the requirements of faculty, infrastructure Hospital required to conduct the recognised BDS Course. | Yes No |

We hereby declare that all the documents regarding Building / Essentiality Certificate/University Affiliation/100 Bedded General Hospital / Teaching Staff etc have been physically verified by us and the confidentiality of the inspection report will be maintained.

(Inspector are requested not to write recommended/ not recommended)

Name & Signature of Inspector 1
Place
Date

Name & Signature of Inspector 2