



# e/;çns'k vk;qfoZKku fo'ofok|ky;] tcyiqj

## Report of Local Inquiry Committee for Grant of Continuation of Affiliation (Faculty of Dentistry)

(Note: Local Inquiry Committee report should be duly completed in all respect)

1	A	Name of the College	
	B	Address of the College	
	C	Phone No.	
	D	Mobile No.	
	E	Fax No.	
	F	Email	

2	Starting of BDS in the College			
a	Year of Foundation of college			
b	Year of Permission for BDS by DCI(attach a copy of latest DCI/Govt. of India notification)			A
c	Passing out of first BDS Batch			
d	Annual Admission			
E	Recognition of BDS degree by the University (If, yes attach latest letter of University)	Yes	No	B
F	Date of last inspection done for BDS by DCI			
G	Any deficiency pointed out by DCI (If, yes attach copy of letter of deficiencies by DCI)	Yes	No	C
H	Compliance of deficiencies pointed out by DCI (If, yes attach copy of letter of Compliance by the Institute/college)			D
I	Date of last inspection done for BDS by the University			
J	Any deficiency pointed out by University (If, yes attach copy of letter of deficiencies by University)	Yes	No	E
K	Compliance of deficiencies pointed out by University (If, yes attach copy of letter of Compliance by the Institute/college)	Yes	No	F

3	Total number of PG degree Subject running in the college with intake capacity (Attach list in this format)			Yes	No	G
	S.No.	Super specialty degree Subject	Annual intake permitted by DCI			
A	Recognition of already running PG degree by the DCI (If, yes attach latest copy of DCI /Govt. of India notification)			Yes	No	H
b	Recognition of running PG degree by the University (If, yes attach latest copy of University letter)			Yes	No	I

4	Total number of PG diploma Subject running in the college with intake capacity (Attach list in this format)		Yes	No	J
	S.No.	Super specialty degree Subject	Annual intake permitted by DCI		
a	Recognition of already running PG diploma by the DCI (If, yes attach latest copy of DCI /Govt. of India notification)		Yes	No	K
b	Recognition of running PG diploma by the University ( if any) (If, yes attach latest copy of University letter)		Yes	No	

5	Total number of Super specialty degree Subject running in the college with intake capacity (Attach list in this format)		Yes	No	M
	S.No.	Super specialty degree Subject	Annual intake permitted by DCI		
a	Recognition of already running Super specialty degree by the DCI (If, yes attach latest copy of DCI Recognition letter)		Yes	No	N
b	Recognition of running Super specialty degree by the University (If, yes attach latest copy of University letter)		Yes	No	

6.a	TEACHING STAFF: Availability of the teaching staff subject wise (Give teaching staff list in each subject and course as per norms of DCI as per bellow mentioned format)								P-1
<b>Subject:</b>									
<b>Intake of Seats</b>		<b>PG Degree</b>		<b>PG Diploma</b>			<b>Superspeciality</b>		
<b>Professor</b>			<b>Asso. Professor</b>			<b>Assist. Professor</b>			
Required with reference to no. of seats	Available	Shortfall	Required with reference to no. of seats	Available	Shortfall	Required with reference to no. of seats	Available	Shortfall	
<b>Demonstrator</b>			<b>Senior Resident</b>			<b>Junior Resident</b>			
Required with reference to no. of seats	Available	Shortfall	Required with reference to no. of seats	Available	Shortfall	Required with reference to no. of seats	Available	Shortfall	
6.b	Detail of Teaching staff Subject wise as per attached proforma "P-2"								P-2

7	Hospital (Detailed list should be attached, subject wise, as per norms of Apex council)			Q	
A	Owned or Rented If rented, name & full address of the Hospital and distance from College (Please attach copy of agreement)		Owned		Rented
B	<b>Information of the Hospital</b>				
i	Total Bed Strength .....				
iii	Average Indoor Admissions per day .....				
iv	Average Outpatient attendance per day For last three years (year wise) YEAR..... patients / day ..... YEAR..... patients / day ..... YEAR..... patients / day .....				
v	Average Bed Occupancy (%) For last three years (year wise) YEAR..... Bed Occupancy (%)..... YEAR..... Bed Occupancy (%)..... YEAR..... Bed Occupancy (%).....				

	<b>vi</b>	Casualty department : <b>Yes/No</b>		
	<b>vii</b>	Blood Bank : Size : .....	YES	NO
	<b>viii</b>	C.T. / M.R.I.	YES	NO
<b>C</b>	<b>Laboratories</b>			
<b>i</b>	Central Lab: (Average no. of investigations per day).....			
	<b>a</b>	<b>Bio Chemistry</b>		
		i) Clinical Biochemistry : .....tests / day		
		ii) Endocrinology: .....		
		iii) Other Fluids: .....		
	<b>b</b>	<b>Pathology</b>		
		i) Haematology : .....day		
		ii) Cytology : .....day		
		iii) Histo-pathology : .....day		
		iv) Blood bank : .....day		
<b>ii</b>	Break up of Chairs alone, a with attachments, Physiologic, Conventional etc. (Attach list of equipments)			
<b>iii</b>	No. of Air rotors and compressors		Yes	No
<b>iv</b>	No. of Air / Electrical motors and other devices			
<b>v</b>	No. of Ultrasonic scalers			
	No. of light cure units			
	No. of suction apparatus			
	Whether the Dental chairs and units are fully functional			
<b>E</b>	<b>Availability of</b>			
	<b>a</b>	Incinerator / Common Biomedical waste Management facility as per norms	Available	Not Available
	<b>b</b>	Central laundry / Contract as per norms	Available	Not Available
	<b>c</b>	Kitchen / Contract as per norms	Available	Not Available
<b>F</b>	<b>Radio diagnosis and Imaging Department</b>			
	<b>i</b>	Total no. of equipment's : .....		
	<b>ii</b>	No. of investigations /Year : .....		
		a) Total no. of conventional X-rays: .....		
		b) Total no. of special investigations: .....		
		No. of USG examinations: .....		
		CT Scan .....		
		MR Scan .....		
	<b>iii</b>	X-ray record section as per norms	Available	Not Available
	<b>iv</b>	24 hours Emergency diagnostic facilities	Available	Not Available
<b>G</b>	No. of Dental chairs provided in the PG clinic			
<b>H</b>	<b>Anaesthesiology Department &amp; Operative Facilities (Surgical)</b>			
<b>a</b>	<b>Operation theatres</b>			
	<b>i</b>	Number: .....		
	<b>ii</b>	Equipments as per norms (attach list)	Adequate	Inadequate
	<b>iii</b>	Air conditioning/ Central Cooling system as per norms	Available	Not available

b	<b>Anaesthesiology Section</b>				
	<b>i</b>	Equipments (attach list)			
	<b>ii</b>	Facilities for different type of anaesthetics as per norms	Available	Not Available	
	<b>iii</b>	Pre anaesthetic clinic	Available	Not Available	
<b>iv</b>	Post anaesthetic care unit	Available	Not Available		
I	<b>Intensive care unit</b>				
	<b>i</b>	Special Staff : (Attach separate list with Name Designation )			
	<b>ii</b>	Facilities Available (Attach separate list)			

8	<b>College Building and Infrastructural Facilities: (Required as per Council Norms)</b>				
	Whether each specialty building have adequate space to House Lecture Halls, Laboratory, Seminar Halls, office of Departmental Heads, Staff Room, Operation Theaters and Departmental Library with easy access for the Post Graduate apart from the space for the beds specified, as per norms of DCI (Attach Detailed list)	<i>drawing plan</i>		R	
		Yes	No		
No. of Lecture theatres A. <b>College</b> ..... B. <b>Hospital</b> .....					
Audiovisual aids	Yes	No			
Examination Hall Sitting Capacity.....	Yes	No			

9	<b>Available Facilities</b>				
	Auditorium with Seating capacity.....	Yes	No		
	Hostel facilities with capacity i. Boys..... ii. Girls..... (Single room Hostel accommodation should be provided for each student in the same premises to enable the Post Graduates to serve as residents for their respective Departments)				
	Guest house No. Of rooms and capacity.....	Yes	No		
	Residential quarters for the staff	Yes	No		
	Ambulances	Yes	No		
Staff vehicle	Yes	No			
Play Ground	Yes	No			

10	<b>LIBRARY FACILITIES</b> (Please attach detail list department wise wherever necessary as per norms of Apex council)			
A	<b>CENTRAL LIBRARY</b>			
	1	Space in sqft.....		
	2	<b>Reading Room</b> as per norms	Available	Not Available
	3	No. of Books.....		
	4	No. of Periodicals Subscribed annually	National.....	
			International.....	
	5	Back Nos. of journals	No. of Journals	
			No. of back volumes	
	6	Photocopy facility	Available	Not Available
	7	No. of computers.....		
8	Internet facilities	Available	Not Available	
9	Whether qualified Librarian appointed	YES	NO	
10	Web or Digital Library account of the University available	YES	NO	

11	<b>Attachment of information department wise (Separately for each department)</b>			S					
	<b>Department:-</b>								
A	<b>Equipments in the department</b> (Detailed list should be attached, subject wise, as per norms of Apex council)			S-1					
	The department shall have adequate number of all equipments including the latest ones necessary for training and as may be prescribed by the Dental Council of India for the specialty from time to time. (Attach list of Equipments)				<table border="1"> <tr> <td colspan="2">List Enclosed</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td></td> </tr> </table>	List Enclosed		Yes	No
List Enclosed									
Yes	No								
B	<b>Research:</b> Indicate Department wise number of publications in indexed / non-indexed journals / books / monograms from the institution during the last 5 years. ( Attach list separately with Title of Research article & Name of Author)			S-2					
C	<b>DEPARTMENTAL LIBRARY</b>			S-3					
	1	Name of the Department							
	2	Space							
	3	No. of Books							
	4	No. of Journals	National.....						
			International.....						
5	No. of computers								
6	Internet facilities	Available	Not Available						

12	Copies of audited statements for last preceding three financial years duly attested.	<table border="1"> <tr> <td colspan="2">Copy attached</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Copy attached		Yes	No	T
	Copy attached						
Yes	No						
	Latest Bank Balance Certificate	<table border="1"> <tr> <td colspan="2">Copy attached</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Copy attached		Yes	No	U
Copy attached							
Yes	No						

<b>13</b>	<b>Dean/ Principal</b>			
	Name			
	Date of Birth and Age			
	Qualification (s)			
	Total Experience in Years			
	Date of appointment in the institute(Attach copy of the order)	Yes	No	

<b>14</b>	<b>Suprintendent</b>			
	Name			
	Date of Birth and Age			
	Qualification (s)			
	Total Experience in Years			
	Date of appointment in the institute(Attach copy of the order)	Attached		
	Yes	No		

<b>15</b>	<b>Matron</b>			
	Name			
	Date of Birth and Age			
	Qualification (s)			
	Total Experience in Years			
	Date of appointment in the institute(Attach copy of the order)	Attached		
	Yes	No		

<b>16</b>	<b>ADMINISTRATIVE STAFF (List enclosed)</b>		List Enclosed		<b>Y</b>
			Yes	No	

**H) OVERALL REMARKS BY THE COMMITTEE: (Please attach separate sheet, if required)**

.....  
.....  
.....  
.....  
.....  
.....

*Place:* .....

*Date of Inspection:* .....

*Signature of LIC Inspectors:*

*(Member)*

*(Member)*

*(Member)*

*(Member Co-ordinator)*

**CHECK - LIST**  
**(First Time Affiliation)**

(Please attach papers as per check list)

Sr No	Documents description (Attach detailed information as per norms of Central Council)	To be filled by the Institute (Write either N/A or YES in columns, also mention page no. of the annexure)				To be filled by the Subject expert (Y= accepted N= not accepted)
		Appendices	Yes	Not Applicable (N/A)	Page No.	
2	Year of Permission for MBBS by DCI	A				
3	Recognition of MBBS degree (Attach a copy of University letter)	B				
4	Any deficiency pointed out by DCI in last inspection	C				
5	Compliance of deficiencies pointed out by DCI	D				
6	Any deficiency pointed out by University last inspection	E				
7	Compliance of deficiencies pointed out by University	F				
9	Total number of PG degree Subject running in the college with intake capacity	G				
10	Recognition of already running PG degree by the DCI	H				
	Recognition of running PG degree by the University	I				
11	Total number of PG diploma Subject running in the college with intake capacity	J				
12	Recognition of already running PG diploma by the DCI	K				
13	Recognition of running PG diploma by the University	L				
	Total number of Super specialty degree Subject running in the college with intake capacity	M				
14	Recognition of already running Super specialty by the DCI	N				
15	Recognition of running Super specialty by the University	O				
16	Teaching staff Details	P-1,P-2				
17	Hospital <i>(Detailed list should be attached, subject wise, as per norms of Apex council)</i>	Q				
18	College Building and Infrastructural Facilities	R				
19	Attachment of information department wise	S-1,S-2,S-3				
20	Copies of audited statements for last preceding three financial years duly attested.	T				
21	Latest Bank Balance Certificate	U				
22	Date of appointment of Dean in the institute	V				
23	Date of appointment of superintendent in the institute	W				
24	Date of appointment of matron in the institute	X				
25	Administrative staff list	Y				

**Note: All the Attachments/ Annexure must be signed by the Dean**



**CERTIFICATE OF DEAN / PRINCIPAL**

This is to certify that the information furnished in above Proforma is actually based on facts and as per available record of the College and Hospital is very true.

It is further certified that nothing has been neither hidden nor exaggerated while providing information.



Signature .....

Name of Principal/Dean.....

Name of College.....

Place : .....

Date :.....

## CERTIFICATE/REMARKS OF THE LOCAL INQUIRY COMMITTEE

We the Local Inquiry Committee members hereby certify that, we have thoroughly inspected the College and Hospital on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the institute.

We do not agree with the information supplied by the authorities of the institutes. The statements / data / figures which are not found correct or not based on facts, are encircled by red ink the correct figures are entered near the circle in red ink.

***(Scratch whichever is not applicable)***

Place :- .....

Date :- .....

Name &Signature

1) Member.....

2) Member .....

3) Member .....

4) Member Co-ordinator .....

**Statement Showing the Detail Information of Teaching Staff as on .....**

Name of the College: ..... College Phone No:.....

Name of the Department:.....College Email ID :.....

Subject wise Intake Capacity:.....College website: .....

Name of the Dean/ Principal:.....

Sr. no.	Name of Teacher	Designation	Qualification	Subject	Category	Date of Birth	Date of Appointment	Date of Retirement	Contact No. (Mobile)	Experience												Approval by MPMSU			
										Prof.			Asso. Prof.			A.P.			Demonstrator			Temp	Perma- nent	Letter No. & Date	
										from	to	Total	from	to	Total	from	to	Total	from	to	Total				

Note: Attach separate seat for every department

Date:  
Place:

Seal & Signature  
Principal/ Dean

