

DIRECTORATE OF MEDICAL EDUCATION GOVERNMENT OF KERALA

PROFORMA FOR INSPECTION FOR STARTING DIPLOMA COURSE IN DENTAL HYGIENIST IN DENTAL COLLEGES IN KERALA

1. Details of institution

A. Name of the Institution with full
postal address. :

B. Name of the administrative
authority managing the Dental
Hygienist Course at the collage

Name :

Address :

Phone no :

Email ID :

C. Name of the authority or public
body that (a) Finance and
(b) manages funds for the Dental
Hygienist Course

D. Name of the University with which
the college is affiliated :

E. Date and year of which first admission for BDS was made :

(Furnish a copy of approval from the sanctioning authority)

F. Course other than the dental Hygienist offered at the college and the number of admission in each course. :

Course offered

- I.
- II.
- III.
- IV.

Annual admission

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2. Details of the course:

a. Rules and regulation by the institution for the Dental Hygienist Course :

(A copy to be attached)

b. Annual admission to the Dental

Hygienist Course :

3. Details of teaching staff Dental/Medical for DHC:

a. Staff teaching : Attach separate list duly signed by the faculties

Name	Designation	Qualifications	Date of joining in the Institution	Paid or Honorary	Part time or Fulltime	Experience	Whether exclusively for this course

b. Staff non teaching – please give details :

Name	Designation	Qualifications	Date of joining	Experience

4. Building details:

Area in Sq.Meter

- a. Preclinical and clinical lab

For I and II year DHC

- b. Histopathology Lab
- c. Subject wise technical laboratories
- d. Dental Hygienist clinic
- e. No. of Dental Chairs
- f. Common room and lockers, Toilets :
- g. Hostel accommodation for

DHC students :

- 5. a. Hostel facility available or not :

- b. Library; separate or combined with the Dental College :

- c. Details of books available for the course :

- 6. Equipments (copy of purchase bill has to be attached) : Quantity Bill Number

- a. Dental Chairs

- b. Ultrasonic scalers

- c. Hand instruments

- d. Autoclave

- 7. Radiology Section

- a. Details of IOPA machine

- b. Panoramic machine

- c. Extra oral machine
- d. Automatic processor
- e. Manual processing facilities
- f. Teaching aids like OHP, LCD, Charts models etc.

(Copy of bill to be attached)

8. Details of clinical works done per year for the last 2 years

- No. of OPD in the department of Periodontics :
- No. of Supragingival scaling :
- No. of Subgingival scaling :
- No. of Periodontal surgeries :
- Details of dental camps conducted
- Details of school health programmes
- Details of community Dental Health Care Programmes
- No. of patients in Dental Radiology section
- No. of IOPA
- No. of Extra oral
- Details of Basic subject departments

Anatomy, Physiology, Pharmacology, Pathology, Microbiology

7. Any other informations:

8. Remarks of the inspectors:

Name, Designation and Signature of Inspectors

1)

2)

3)

UNDER TAKING

I hereby declare that If NOC is sanctioned by Government all minimum requirements stipulated by Dental Council of India, Dental Mechanic course Regulations 2008 will be made available before DCI Inspection before starting the course.

Signature of the applicant with date