

**DIRECTORATE OF MEDICAL EDUCATION
GOVERNMENT OF KERALA**

MEDICAL COLLEGE (P.O) THIRUVANANTHAPURAM

**APPLICATION FOR STARTING DIPLOMA COURSE IN DENTAL
HYGIENIST**

1. Name of Institution :

Address of the Institution :

Phone No :

Fax No. :

Name of the University with which the College
is affiliated :

2. Name of the Applicant :

Address of Applicant :

Phone no :

Email ID :

3. The date and year of in which BDS admission
started :

(Attach a copy of approval - State Government,
DCI & Central Government)

No. of annual admission for BDS course :

Number of years of admissions made since the

5. Details of the clinical cases done in the Department of Periodontics. (Attach separate sheet) :
6. Details of the floor plan for (preclinical and clinical lab), lecture hall, common room & lockers and Hostel accommodation for I & II year DHC. (Attach separate sheet) :
7. Details of Teaching and Non-teaching staff working in the Dept. of Periodontics.
8. Details of teaching staff identified for DHC students. (Attach separate sheet duly signed by the faculty members) :
9. Details of equipments available for teaching DHC students (Attach separate sheet)
10. Details of staff identified for teaching Medical subjects.
11. Details of Community Dental Health programmes taken up by the Dept./Institution.

Signature of Applicant

Name and Date

Declaration

I, hereby declare that the information provided by me in this application is true and correct to the best of my knowledge.

Signature of the applicant with date