

**DIRECTORATE OF MEDICAL EDUCATION**

**GOVERNMENT OF KERALA**

MEDICAL COLLEGE (P.O) THIRUVANANTHAPURAM

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

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 from DCI/GOI)

No. of annual admission for BDS course :

Number of years of admissions made since the  
commencement of the BDS course :

5. Details of the clinical cases done in the Department of Prosthodontics & Orthodontics. (Attach separate sheet) :

A. OPD in Dept. of Prosthodontics.

No. of RPDs/Month

No. of CD/month

No. of crown/FPDs

No. of obturators & other Surgical appliances

B. No. of OP in Dept. of Orthodontics

No. of Removal appliances

Types

No. of Fixed appliance

No. of Myo functional appliances

6. Details of the floor plan for preclinical and clinical lab, lecture hall, common room & lockers and Hostel accommodation for I & II year DMC. (Attach separate sheet) :

7. a. Details of teaching staff for teaching DMC students. (Attach separate sheet duly signed by the faculty members) :

b. Non teaching staff

8. a. Details of teaching staff of Dept. of

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