

DIRECTORATE OF MEDICAL EDUCATION

GOVERNMENT OF KERALA

PROFORMA FOR INSPECTION FOR STARTING DIPLOMA COURSE IN DENTAL MECHANIC 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
Mechanic 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
Mechanic 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 mechanic 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 Mechanic Course :

Mechanic Course :

b. (A copy to be attached)

Annual admission to the Dental

3. Details of teaching staff – Dental/Medical for DMC

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

4. Building details:

Area in Sq.Meter

a. Preclinical and clinical lab

For I and II year DMC

Lab for acrylic work :

Lab for wax work :

Lab for metal work :

Lab for ceramic work :

b. Class room for lecture class

I and II year DMC :

c. Common room and lockers :

d. Hostel accommodation for

DMC students :

5. Facilities for students:

a. Hostel facility available or not :

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

c. Equipments (copy of purchase bill

has to be attached) : Quantity Bill Number

1. Burn-out Furnaces
2. Ceramic Furnace
3. Casting Machines
4. Dental Lathe
5. Model trimmers
6. Air Compressor
7. Acrylizer
8. Details of other equipment and appliances

d. Teaching aids :

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

- No. of OPD in the department of Prosthodontics :
- No. of Complete denture :
- No. of Removable Partial Dentures :
- No. of Crowns & F P D s :
- No. of obturators and other surgical appliances :
- No. OPD in the Dept. of Orthodontics :
- No. of Orthodontic appliances :

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