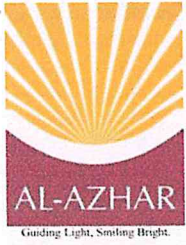


Off : 04862 224366

Fax: 04862 229586



AL-AZHAR DENTAL COLLEGE

(APPROVED BY DENTAL COUNCIL OF INDIA & AFFILIATED TO KUHS)

RUN BY NOORUL ISLAM TRUST

PERUMPILLICHIRA P. O., THODUPUZHA, IDUKKI DIST., KERALA- 685 605

DR. HARVEY THOMAS M.D.S
PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the following are the documents stating sanctioned posts by the board of management and SRA- DCI and KUHS.



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605



**INSPECTION PROFORMA - 2018
BDS PERIODIC**

**AS PER DCI REGULATIONS 2006 & REVISED BDS
COURSE REGULATIONS 2007**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified by the Principal/Dean for submission along with the report)

No. of Seats applied for: **100**

DCI Ref/ Letter No: DE-_____ Dated: _____

Date of Inspection : _____

Name and Address of Inspectors

1. _____

2. _____

VERY IMPORTANT FOR INSPECTORS AND PRINCIPAL

Note:-

- I: **The institution details to be duly typed and filled by the Principal/Dean. The Inspector(s) should fill the "Available/Remarks/Observation Column" in his/her own handwriting with ink PEN.**
- Each page should be duly signed by the Principal/Dean.
 - Proforma should be submitted to the Inspectors on their arrival.
 - Inspector should verify all the contents of the proforma and submit the same alongwith their observation to the council within 48 hours of inspection.
 - All documents should be submitted to the DCI in English or translated in English and certified by the competent authority.
- II: No annexure, except consolidated list of teaching staff in the Dental Council of India prescribed format, will be attached alongwith the Inspection Proforma.

Signature of Principal/Dean with seal

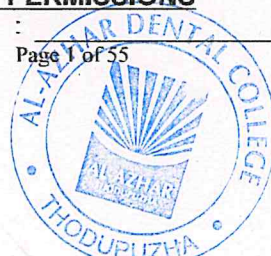
I. SCRUTINY OF REQUISITE PERMISSIONS

Name & Postal Address of the

Signature of Inspector-1

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Signature of Inspector-2



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605

SUMMARY - DENTAL TEACHING & CLINICAL STAFF

Department	Professor-6*			Reader-13			Lecturer-10		Tutor-30	
	Required	Available	Remarks of Inspector	Required	Available	Remarks of Inspector	Available	Remarks of Inspector	Available	Remarks of inspector
Prosthodontics	1	1		2	2		4		2	
Conservative Dentistry	1	1		2	3		2		4	
Oral Pathology & Microbiology	1	1		1	1		3		2	
Oral & Maxillofacial Surgery	1	1		2	3		4		4	
Periodontics	1	1		2	3		3		0	
Pedodontics				1	1		2		2	
Public Health Dentistry				1	1		2		2	
Oral Medicine & Radiology and diagnosis		1		1	3		1		4	
Orthodontics	1	1		1	3		3		0	
Total	6*	7		13	18		24		20	

* Includes the Principal/Dean who can head any one of the six specialties.

Note: There should **NOT** be more than ONE Professor in each specialty.

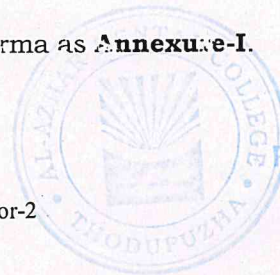
Attach list of entire faculty department-wise in attached DCI prescribed Performa as **Annexure-I**.

Signature of Principal/Dean with seal

Signature of Inspector-1

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Signature of Inspector-2



Prof. Dr. Harvey Thomas MDS
 Principal
 Al-Azhar Dental College
 Thodupuzha - 685 605

Kerala University of Health Sciences
Thrissur



**Inspection Proforma for Continuation of Provisional Affiliation of
the Dental College for the Academic year**

(All Points and parameters are to be verified and established in person by the designated Inspectors. All necessary documents to be verified and attested by the Principal for submission along with the report)

Name of College Inspected: _____

University inspection order No: _____ Dated: _____

No. of Seats applied for:

Sl.no	Course	No. of Seats	No. of Units	Course Commence ment year	Permanent recognition GOI order No. and date (attach copies)
1	BDS				
2	MDS Conservative Dentistry and Endodontics				
3	MDS Oral Pathology and Microbiology				
4	MDS Oral and Maxillofacial Surgery				
5	MDS Pedodontics and Preventive Dentistry				
6	MDS Periodontology				
7	MDS Prosthodontics and Crown and Bridge				
8	MDS Orthodontics and Dentofacial Orthopaedics				
9	MDS Oral Medicine and Radiology				
10	MDS Public Health Dentistry				

Date of Inspection : _____

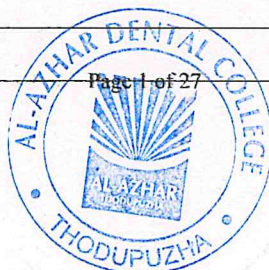
Date of Last KUHS Affiliation Inspection (if any): _____

Details of undertakings furnished to university after the last affiliation inspection if any. (Attach copies)

Name and Address of Inspectors

1. _____

2. _____



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 695

2. Minimum faculty requirement of 1st Unit in an undergraduate institute having basic infrastructure of 100 admission

Department / Speciality	Professor (HOD)	Readers/ Associate Professors	Lecturers/Assistant Professor
Prosthodontics and Crown & Bridge	1	3	6
Conservative Dentistry and Endodontics	1	3	6
Periodontology	1	3	3
Orthodontics & Dentofacial Orthopedics	1	2	3
Oral & Maxillofacial Surgery	1	3	3
Oral & Maxillofacial Pathology and Oral Microbiology	1	2	3
Oral Medicine & Radiology	1	2	3
Pediatric Dentistry	1	2	3
Public Health Dentistry	1	2	3



Prof. Dr. Harvey Thomas MDS
Principal
Al-Azhar Dental College
Thodupuzha - 685 605