

Standard Application form for
Accreditation of
Colleges/Hospitals/Institutions
For DNB (Dental) Programmes
2007



NATIONAL BOARD OF EXAMINATIONS

(Ministry of Health & Family Welfare, Govt. of India)

Mahatma Gandhi Marg (Ring Road)

Ansari Nagar, new Delhi-110029

Tel.:26589517, 26589119

Fax : 011-26589781

APPLICATION FORM FOR FRESH ACCREDITATION FOR DNB (DENTAL)

Instruction in filling up this Proforma

1. The copy of this proforma will be supplied by the Executive Director of NBE to the Principal/Dean of the Dental/Medical Colleges. They should get it to duly fill up complete in all respects with the requisite enclosures, and send to the **Executive Director, National Board of Examinations, Ring Road, Ansari nagar, New Delhi-110029.**
2. Please provide complete information to all the queries in the proforma. Please type/write clearly in the space provided against each query. Additional information may be furnished in A4 Sized sheets if the space provided in the form is inadequate.
3. A separate proforma should be used for each of the Specialties, (if there is more than one specialty for accreditation).
4. Where the query does not apply to the Institution indicate N.A. (not applicable).
5. All enclosures should be serially numbered as Annexures and same indicated in the proforma.
6. All the documents and the proforma should be bound together in a combined book or a document file to prevent loss or mix-up of the sheets.
7. All pages should bear the seal and dated signature of the Principal/Dean /Head of the hospital attesting to the information contained therein.

Principal/Dean/Director/Superintendent

Please fill in block letters only

Name of Institution:.....

DNB Dental Course being requested for;

No. of seats applied for

Year from which course is to be started.....

PART I : GENERAL INFORMATION

1. Name of the Dental College/Medical College/Hospital/Institution and year of establishment
2. Full Postal address of the Dental College/Hospital/Institution
3. Tel. No. STD code, Fax No, Telex, E-Mail:
4. Name of the Authority managing the Institution:
5. Full Postal Address of the Authority managing the Institution:
6. Tel No, STD Code, Fax No, Telex, E-mail of Trust/Govt.
7. Name of the Dean/Principal of the College/Director/Superintendent of the Hospital/Institution

Principal/Dean/Director/Superintendent

8. Address, Tel No, Fax No if different from item. 2:

9. University to which the College & courses are affiliated:
10. Full Postal address of the Registrar of the University:

11. Tel No, STD Code, Fax No, Telex, E-Mail of Registrar
12. Date of Inspection by University Inspection Committee:
13. Attach true copy of University Order granting affiliation: Annexure
14. Attach true copies of University Orders of Periodic Inspection: Annexure
15. Number seats applied by the Institute for the DNB course being inspected:
16. Number of seats actually sanctioned by the University. Attach copy of U.O. Annexure
17. Academic year & Date from which DNB course proposed to be started:
18. Year & Date of starting BDS Course in the Institution:
19. DCI sanctioned seats, & No of admissions presently made for BDS:
20. Date of recognition for BDS degree. Attach copy of notification: Annexure
21. Details of other DCI recognized courses offered/conducted in the Institution.
22. Is the institution/hospital recognized by DCI in the discipline for which accreditation by National Board of Examinations is required
 - a. Internship
 - b. House job

Principal/Dean/Director/Superintendent

**PART - II : PHYSICAL FACILITIES OF THE DEPARTMENT
EXCLUSIVELY EARMARKED FOR THE P.G.
PROGRAMME**

1. SPACE-FLOOR AREA:

| | |
|-----------------------------------|--------|
| Post Graduate Clinic: | sq.f.t |
| Patient waiting lobby: | |
| Post Graduate clinical laboratory | |
| Pre clinical laboratory | |
| Seminar Room | |
| Professor's Room: | |
| Readers Room & Lecturers Room: | |
| Research Room | |
| Computer Room: | |
| Plaster Room: | |
| Store Room: | |
| Research Room/ Animal Facilities | |
| Additional area | |
| Total Area | _____ |

Principal/Dean/Director/Superintendent

2. EQUIPMENT:

- (i) No. of Dental Chairs provided in the PG Clinic
- (ii) Break up of chairs-chair alone, with attachments, Physiologic, conventional etc.
- (iii) Number of chairs which are fully functional
- (iv) No. of Air rotors and compressors
- (v) No. of Air/electrical motors or other devices:
- (vi) No. of Ultrasonic Scales
- (vii) No. of light curing Units:
- (viii) No. of suction apparatus
- (ix) List of sterilization equipment
- (x) List of special equipment as relevant to each speciality
- (xi) List of Hand Instruments
- (xii) List of furniture
- (xiii) List of research equipment
- (xiv) Any other items

Principal/Dean/Director/Superintendent

3. AUDIO-VISUAL EQUIPMENT & FACILITIES:

Furnish details of the following items, specifications and proof of ownership

- (i) 35 MM SLR camera
- (ii) Slide projector
- (iii) Over head projector
- (iv) Computer, with colour printer and other accessories
- (v) Software-word processing & statistical packages available.
- (vi) LCD Projector
- (vii) Television
- (viii) Video recorder, and video camera
- (ix) Details of teaching materials such as models, charts, museum specimens etc.
- (x) List of Education video cassettes, CD-ROM, Slide-tape series etc.

4. STOCK POSITION OF CONSUMABLE MATERIALS

- (i) Whether materials are provided free to the Post Graduate students:
- (ii) Whether fee is levied from patient
- (iii) If fee is levied give details of the fee levied
- (iv) Furnish stock position of consumables for the last one year.

Principal/Dean/Director/Superintendent

5. LIBRARY FACILITIES:

- (i) Whether there is a Departmental reference library:
- (ii) List of books of author & edition of books held in the Department Library
- (iii) List of Journal, with Volume & Issue of books held in the Department Library
- (iv) List of other books reference books held in the Department Library
- (v) List of back issues of Journals held in the Department Library
- (vi) Whether there is a Central/College Library
- (vii) List of books, author & edition of books held in the Central / College Library
- (viii) List of current, Journals, with volume/issue no held in the Central/College library
- (ix) List of other books/reference books held in the Central/College Library
- (x) List of back issues of Journals held in the Central / College Library
- (xi) List of Journals being currently subscribed to:
- (xii) Budget for Library with break up for Journal and book purchase
- (xiii) Whether Medline Data base is available
- (xiv) Whether Index to Dental Literature is available
- (xv) Whether there is an Internet/Ernet connection or access to it:
- (xvi) List of Periodicals & Newspapers subscribed to:
- (xvii) Whether a photocopying facility is available
- (xviii) Duration for which Library is open
- (xix) Indexing system i.e. Dewey Decimal System etc. being followed

Principal/Dean/Director/Superintendent

PART –III STAFF/FACULTY/CONSULTANT

1.Full Time Sr. Consultants (having 8 years experience after Post graduation in the speciality):

| Name | Qualification | Experience | Remarks |
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2.Full Time Jr. Consultants (having 5 years experience after Post graduation in the speciality):

| Name | Qualification | Experience | Remarks |
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3.Full Time Sr. Residents (with Post graduation in the speciality):

| Name | Qualification | Experience | Remarks |
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Principal/Dean/Director/Superintendent

4. Full Time Sr. Residents (without Post graduation in the speciality):

| Name | Qualification | Experience | Remarks |
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4.Furnish the particulars of all staff working in the Deptt. in the following consolidated format given below. Furnish the particulars of each individual Teaching Staff members of the Speciality Department ; Furnish the particulars of each individual Teaching Staff Members of the Basic Sciences/ Allied Department in the format given herewith i.e. Deptts. Of Anatomy, Physiology and others.

| Sl.No. | Name | Designation | Date of birth | BDS MDS Speciality | Year of passing & University | Teaching experience before PG | Part time/Full time | Remarks |
|--------|------|-------------|---------------|--------------------|------------------------------|-------------------------------|---------------------|---------|
| | | | | | | | | |
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5. Furnish the particulars of each individual Non-Teaching Staff members in the format given herewith. This may be used for the following categories. Dental Mechanics, Hygienists, Nurses, Laboratory technicians, Lab. Assts. Radiographer, Photographer, Stenotypists, Attenders, Safai Karamcharis etc..

| Sl.No. | Name | Designation | Date of birth | Qualifications | Year of passing & University | Part time/Full time | Remarks |
|--------|------|-------------|---------------|----------------|------------------------------|---------------------|---------|
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6. Please furnish appointment orders of all Staff, Teaching & Non-teaching.

7. In Non-Governmental Institutions, please furnish notarized affidavit on stamp paper of denomination of Rs.10 by all teaching staff that they are not employed in any other institution.

Principal/Dean/Director/Superintendent



NATIONAL BOARD OF EXAMINATIONS
FACULTY DATA CARD

All information to be typed or entered in a clean and legible hand

Name:

Designation:

Speciality:

Official Address:

Recent
passport size
photograph

Tel. Fax. E.mail:

Residential Address:

Tel.Fax, E-Mail:

QUALIFICATIONS :

| Degree | College of Study | University | Year & Month of passing | Remarks |
|----------------|-------------------------|-------------------|------------------------------------|----------------|
| BDS | | | | |
| MDS/DNB | | | | |
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Inspector/Principal/Dean/Director/Superintendent

TEACHING EXPERIENCE:

(List all positions from first teaching appointment onwards chronologically, Attach Appointment orders for each category/Institution)

| Faculty Position | Institution | From | To | Experience in years & months | Remarks |
|-------------------------|--------------------|-------------|-----------|---|----------------|
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DECLARATION

I solemnly declare that the information furnished herein is true to the best of my knowledge

Signature

Countersigned

Principal/Dean

Attested

Seal of the institution

Notary Public

Principal/Dean/Director/Superintendent

PART -IV CLINICAL MATERIAL AVAIBILITY:

Please furnish the statistics in additional sheets of the following

1. Total no. of out patients seen in the Oral Medicine Department for the last three years.
2. Total no. of patients seen in the Department OP month wise for the last three years.
3. Statistical break up of clinical problems seen amongst OP patient
4. Details of speciality procedures/Operations/Specialised treatment carried out in the Department for the last three years.
5. Fee levied from the patients: Give details per procedure

PART V - : SCIENTIFIC ACTIVITIES

Indicate Staff and Student Scientific Activity Separately

1. List Conference/Seminar/Symposis/Continuing Education/Training programmes attended for the last 3 years
2. List no. of papers read at Local/State/National/International Conferences by the faculty
3. List no. of papers published by the Faculty in Local/State/national/International/ Research Journals. Also indicate if they are Peer reviewed.
4. List of awards won by the Faculty/Students for Scientific activities.
5. List Special/Teacher Training/Administrative / Management Faculty improvement or Faculty enrichment programme attended by Faculty
6. List of Scientific events/Continuing Education programmes hosted/ sponsored by the Department.

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