



DENTAL COUNCIL OF INDIA

Proforma for Inspection of Courses and Facilities for the training of Dental Mechanics

NAME OF THE INSTITUTION

DATE/S OF INSPECTION _____

NAME OF INSPECTORS

1. _____

2. _____

3. _____

DENTAL COUNCIL OF INDIA

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PROFORMA I	—	—	General Information
PROFORMA II	—	—	Facilities
PROFORMA III	—	—	Curriculum



(2)

PROFORMA - I

GENERAL INFORMATION

Inspection of the facilities available for the training of Dental Mechanics Course at the

1. Name of the administrative authority managing the Dental Mechanics Course at the College :

2. Name of the authority or public body that (a) finances and (b) manages the funds for the Dental Mechanics Course :
 - (a)

 - (b)

3. (a) What is the annual grant for the Dental Mechanics Course at the College :
 - (b) If centrally assisted, Please give details :

4. Name of the University with which the College is affiliated :

5. Name of the authority for (a) drawing up (b) sanctioning the curriculum and syllabus for the Dental Mechanics Course at the College :
 - (a)

 - (b)

(3)

6. Course, other than the Dental Mechanics, offered at the College and the number of admissions in each courses :

Courses offered	Annual Admissions
(i) _____	_____
(ii) _____	_____
(iii) _____	_____
(iv) _____	_____

7. Rules & Regulations by the institution for the Dental Mechanics Course (A copy to be attached).

8. Any other information.

Signature of Inspectors

1. _____

2. _____

3. _____

Date :

(5)

5. Staff (Ministerial) Please give details :

6. Library : Separate or combined with the Dental College :

7. Facilities for students :

(a) Common Rooms & Lockers :

(b) Extra Curricular activities :

(c) Whether the hostel accommodation is available for Dental Mechanics students.
If so, for how many students?

(d) Are the students supplied with the "Tool Kit" by the College?

8. Building :

(a) Class rooms Lantern for projection

(b) Laboratories :

(6)

- | 9. Equipment : | Number |
|-----------------------------------------------|--------|
| (a) Furnaces | |
| (b) Casting Machines | |
| (c) Lathes | |
| (d) Model trimmers | |
| (e) Compressor | |
| (f) Acryliser | |
| (g) Details of other equipment and appliances | |

10. Teaching Aids : Please give details.

11. Academic Session :

(a) Starts from _____ and closes on _____

(b) Vacation period/s

(c) College timings

12. Any other information :

Signature of the Inspectors

Date : _____

1. _____

2. _____

3. _____

(7)

PROFORMA - III

CURRICULUM

Fill out the column giving clock hours devoted to each subject :

Subject		H O U R S			Total
		Lectures	Practical & Demons	Clinical & Demons	
Applied Physics and Mechanics	Hours laid down by D.C.I.	25	15	—	40
	Actual hours devoted				
Applied Chemistry	Hours laid down by D.C.I.	25	15	—	40
	Actual hours devoted				
Dental Mechanics	Hours laid down by D.C.I.	125	2000	75	2200
	Actual hours devoted				
Dental Materials and their manipulation	Hours laid down by D.C.I.	25	40	25	90
	Actual hours devoted				
Dental Metallurgy	Hours laid down by D.C.I.	20	10	—	30
	Actual hours devoted				
Grand Total	Hours laid down by D.C.I.	320	2080	100	2400
	Actual hours devoted				

(8)

Courses of Practical/Clinical training for Dental Mechanics

Complete the column giving the information regarding the mechanical laboratory work completed by the students :

Mechanical Laboratory work	Requirements of mechanical work as laid down by the Dental Council of India.	Work completed by the Students
Full Dentures (Upper and Lower) Vulcanite acrylic, metal	25	
Partial Dentures Vulcanite acrylic, metal	20	
Repair of Dentures	10	
Metal Acrylic Inlays	20	
Crowns	15	
Bridge work (Various types)	6	
Splints	6	
Obturator and other surgical appliances	3	
Study and Record Orthodontia Models	6	
Orthodontia Appliances	12	
Clinical Demonstrations in Dental Mechanical work	Give details	

Signature of the Inspectors

Date : _____

1. _____

2. _____

3. _____