

BGP – NEW MEDIA COMMUNICATION DENTAL COLLEGE SURVEY DATASHEET – 2017

This data sheet has to be completed as per the instructions given below by the head of the institution, for the period of **December 2015 till November 2016**. Please provide information related to Dental Programme (BDS) only unless specified otherwise. The questionnaire duly completed should reach the above address before **1st March, 2017**.

1. BASIC DATA OF THE INSTITUTE

1.1 Name of the Dental College:

1.2 Address:

1.3 Year of Establishment: 1.4 STD Code: Telephone:

1.5 Email: 1.6 Website:

1.7 Director / Principal / Head Details:

| Name | Mobile No. | Email |
|------|------------|-------|
| | | |

Contact Person Details:

| Name | Mobile No. | Email |
|------|------------|-------|
| | | |

Training & Placement Officer's Details:

| Name | Mobile No. | Email |
|------|------------|-------|
| | | |

Admission In-charge Details:

| Name | Mobile No. | Email |
|------|------------|-------|
| | | |

1.8 Affiliation and Association of your College / Institute: Please Tick (✓)

| | | | |
|--------------------------------------------|-------------------------------------------------------------|----------------------|-------------------------------------------------------------|
| Central University | <input style="width: 80px; height: 30px;" type="checkbox"/> | State University | <input style="width: 80px; height: 30px;" type="checkbox"/> |
| Deemed University | <input style="width: 80px; height: 30px;" type="checkbox"/> | Private University | <input style="width: 80px; height: 30px;" type="checkbox"/> |
| Name of the University | <input style="width: 350px; height: 30px;" type="text"/> | | |
| Approved by Dental Council of India (DCI): | <input style="width: 80px; height: 30px;" type="checkbox"/> | Autonomous Institute | <input style="width: 80px; height: 30px;" type="checkbox"/> |

1.9 Is your Institute accredited by any National/International / Regional Organization? If yes, please tick (✓)

| | Name | Year in which Accreditation was Received |
|--------------------------------------------------------------------------|------|------------------------------------------|
| NAAC (National Assessment & Accreditation Council) | | |
| NABH (National Accreditation Board For Hospitals & Healthcare Providers) | | |
| Any Other (Please specify the name) | | |

(Please mention the details)

1.10 Institute Type (✓)

Private

Government

Autonomous (Private)

Government Aided

2. INFRASTRUCTURE DATA

(a) PHYSICAL INFRASTRUCTURE

2.1 Built-up Area: (Sq. mts.)

2.1.1 Total Built-up Area (Sq. mts.) (1 Sq.m. = 10.76 Sq.ft.):

2.1.2 Built-up Area used for Dental Programme (BDS) only (Sq. mts.):

(Information has to be in Sq. mts.)

Numbers

2.2 Total Number of Classrooms
(for BDS course):

2.3 Facility for holding institute-wide events:

| Sl. No. | Facility for holding events in the College | Total Number | Sitting Capacity |
|---------|--------------------------------------------|--------------|------------------|
| 2.3.1 | Auditorium | | |
| 2.3.2 | Hall | | |
| 2.3.3 | Open Air Theatre | | |

Auditorium – having features like step sitting arrangements

Halls – must have sitting capacity of at least 100 people

Open Air Theatre – having a stage and sitting arrangements for conducting activities in open area

| | | | | | |
|-----|--------------------|-----|----|-----------------------------------------------------|---------------------------|
| | | | | | |
| 2.4 | Hostels: On Campus | Yes | No | Number of students (only for BDS Course) | Percentage (%) |
| | | | | | |

| | | | | | |
|-----|---------------------|-----|----|-----------------------------------------------------|---------------------------|
| | | | | | |
| 2.5 | Hostels: Off Campus | Yes | No | Number of students (only for BDS Course) | Percentage (%) |
| | | | | | |

(If managed by the Institutes outside the College Campus only)

(Please provide complete details; location, distance from the institute, hostel warden, private houses or one single building and how it is managed etc.)

(b) ACADEMIC INFRASTRUCTURE

LIBRARY:----KNOWLEDGE CENTER

Number

2.6 Total books in the library

2.7 Dental Study Related Books in the Library
(Please provide the list / CD subject wise)

2.8 Dental Study Related Books Added During **December 2015-November 2016**
(Please provide the list with date of purchase)

2.9 Dental Journals Subscribed by the Institute During **December 2015 - November 2016:**
(Please provide the List of Journals and give amount of subscription paid for each journal on a separate sheet)

| Sl. No. | Journals | Numbers |
|---------|-------------------------|---------|
| 2.9.1 | National (Hard Copy) | |

| Sl. No. | Journals | Numbers |
|---------|------------------------------|---------|
| 2.9.2 | International (Hard Copy) | |

| Sl. No. | Database | Numbers |
|---------|------------------------------------------------------------|---------|
| 2.9.3 | Number of Databases subscribed for Dental E-journals | |

| Sl. No. | Database | Numbers |
|---------|----------------------------------------------------------------------|---------|
| 2.9.4 | Number of Other Databases related to Dental education (if any) | |

Teaching Aids:

Numbers

2.10 LCD Projectors (fitted in the classrooms only):

2.11 Number of Computers used for Dental Course

Faculty : Computer Ratio

Student : Computer Ratio

Student : Manikin Ratio

2.12 Please indicate (✓) teaching & learning aids used & made available to the students on regular basis.
(Please mention separately if any innovation or new ideas implemented in teaching methodology)

Online journal/tutorial etc.

Simulation Games

Case Studies

Use of Manikin

Any Other
(Please mention the name)

2.13 Submission of class work through emails & online assignments – is there a centralized portal for students & teachers to access?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, Please provide details.

2.14 Availability of ERP system

| | |
|-----|----|
| Yes | No |
|-----|----|

2.15 Does the Institute provide facilities for Students recreational activities such as Gymnasium, Mini stadium for sports, Yoga Centre etc.?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, Please provide details.

2.16 Please mention the details of laboratories related to Dental Course in your College: **(Please provide the list related to only BDS course)**

| S. No. | Name of the Laboratories | Capacity for students |
|--------|--------------------------|-----------------------|
| | | |
| | | |
| | | |

2.17 Number of Operation Theatre

2.18 Number of Mobile Vans

2.19 Is there a Hospital in the College Campus

| | |
|-----|----|
| Yes | No |
|-----|----|

If No, is the College attached to any Hospital? (Please provide details)

2.20 Number of patient beds available in the attached hospital

2.21 Is there any facility to treat medical waste?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, provide details

3. ACADEMIC FINANCIAL STRUCTURE

Financial Structure of an Institute is critical for it's wellbeing and pattern of financial utilization on faculty, faculty development, learning centers etc. indicate the Dental College's priority.

3.1 Income & Expenditure Profile for the period of April 2015–March 2016:

| Sl. No. | Income | | | Expenditure | | |
|---------|------------------------------------------------------------------------------------------------|---|--------|----------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| | | % | Amount | | % | Amount |
| 3.1.1 | Fees from Dental Students Only (Total number of students multiplied by tuition fees per annum) | | | Salary of the Faculty in Dental Courses only (Provide the list faculty along with actual salary paid) | | |
| 3.1.2 | Government / Other Fund | | | Faculty Development (It includes professional fees for participation in seminar / conference, travel cost, training cost direct or indirect) | | |
| 3.1.3 | Research Grant | | | Amount spent on library resources | | |
| 3.1.4 | Income from Professional training Programme related to Dental Study | | | | | |
| 3.1.5 | Income from Consultancy | | | | | |
| | Total | | | Total | | |

4. ACADEMIC PROGRAMMES/PROCESS

While BDS is the core activity of a Dental Institute, some Institutes offer other related programmes to enrich themselves and utilize the faculty resources available.

BDS PROGRAMMES

4.1 Programmes designed and offered by your Institute (BDS Courses Related only):

Name of the Course: Year when Programme started:

Course Approved by: **Approved by university or any other agency, please mention the name of university / agency.**

Course Duration: **Years**

No. of Students:

| | | | | | | | | | | |
|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|---|--------------|
| 1st Year | + | 2nd Year | + | 3rd Year | + | 4th Year | + | 5th Year | = | Total |
| | | | | | | | | | | |

Name of Admission Test:

No. of Seats Approved by Regulatory Authority: No. of Admissions Taken Place in 2016

Total Fees Structure:

| | | | | | | |
|----------------------------------------------------------|---|--------------------------------------------------------|---|-----------------------------------------------------------|---|--------------|
| Tuition Fees (inclusive of all the years) | + | Other Fees (inclusive of all the years) | + | Boarding Fees (inclusive of all the years) | = | Total |
| Rs. | | Rs. | | Rs. | | Rs. |

4.2 Other Dentistry related Programmes offered by your Institute:

| Sl. No. | Name of the Programme | Duration (Years) | Number of Students | Year in which the programme was introduced |
|---------|-----------------------|------------------|--------------------|--------------------------------------------|
| | | | | |
| | | | | |

4.3 Programme Delivery:

| Sl. No. | New Course Curriculum/Electives related to BDS course introduced during December 2015 – November 2016 | | Duration |
|---------|-------------------------------------------------------------------------------------------------------|------|----------|
| | Name of Curriculum | Area | |
| | | | |
| | | | |

4.4 List of Competency Building Activities / People / Soft Skill Programmes or Activities related to Enhance Students skill apart from regular studies

| Sl. No. | Competency Building Activities /Activities related to enhance students skill | Duration |
|---------|------------------------------------------------------------------------------|----------|
| | | |
| | | |
| | | |

4.5 How Often is curriculum revised

4.6 Last revised

4.7 By Whom (Institute/University/Regulatory authority)

4.8 Does the Institute Deploy any New Technologies Towards the Enhancement of Student Learning and Evaluation?

| | |
|-----|----|
| Yes | No |
|-----|----|

| Duration | New technologies deployed by the institute | How it is helpful for the students |
|---------------------------------|--------------------------------------------|------------------------------------|
| December 2015- November 2016 | | |
| | | |

4.9 Does your College/Institute offer any Post Graduation Course (MDS)?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, please provide us the list of MDS courses in your college/Institute

| Sl. No. | Name of MDS courses | Total No. of Students |
|---------|---------------------|-----------------------|
| | | |
| | | |
| | | |

4.10 Does your College/Institute provide any Super Specialization course?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, please provide us the list of Super Specialization course in your College/Institute

| Sl. No. | Name of Super Specialization Course | Total number of students |
|---------|-------------------------------------|--------------------------|
| | | |
| | | |
| | | |

4.11 Do you have Ph. D. / Fellow Program Dentistry?

 Yes

 No

4.11.1 Under which University

4.11.2 Number of Ph.D. Produced in **December 2015 –November 2016**

List of Ph. D. Scholars' Names, Address, Topic and Guide: (for December 2015 –November 2016 only)
(Do not provide the details of Ph.D.s produced before December 2015)

| Sl. No. | Name of Ph.D. Scholar | Topic of Research | Guide Name | Year of Completion |
|---------|-----------------------|-------------------|------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

4.12 Please provide the percentage of practical experience provided per students during the course of BDS (besides internship)

| Year | Percentage of Practical Experience per Student |
|----------------------|------------------------------------------------|
| 1 st Year | |
| 2 nd Year | |
| 3 rd Year | |
| 4 th Year | |
| 5 th Year | |

4.13 Details of OPD (Out Patient Department)

| | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---|----------------------|---|----------------------|---|----------------------|---|----------------------|---|
| How Many OPDs are there in the College | | | | | | | | | | |
| How many hours are dedicated per day for each OPD | | | | | | | | | | |
| On an average how many cases are handled in the OPD every day | | | | | | | | | | |
| On an average how many hours are spent per day in OPD by each student of BDS? | | | | | | | | | | |
| | 1 st Year | | 2 nd Year | | 3 rd Year | | 4 th Year | | 5 th Year | |
| No. of Students: | | + | | + | | + | | + | | = |
| On an average how many OPD cases are handled by each final year student of BDS | | | | | | | | | | |
| How many Specialized Dental cases are done in a month on an average (e.g. Dental implants, extra oral implants, cosmetic dentistry etc.) | | | | | | | | | | |

4.14 Details of IPD (In Patient Department):

| | | | | | | | | | | |
|--------------------------------------------------------------------------------|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|---|
| How Many IPDs are there in the College | | | | | | | | | | |
| On an average how many cases are handled in the IPD every day | | | | | | | | | | |
| On an average how many hours are spent per day in IPD by each student of BDS? | | | | | | | | | | |
| | 1st Year | | 2nd Year | | 3rd Year | | 4th Year | | 5th Year | |
| No. of Students: | | + | | + | | + | | + | | = |
| On an average how many IPD cases are handled by each final year student of BDS | | | | | | | | | | |

4.15 Was any dental camps organized in Rural areas during **December 2015 – November 2016**

| | |
|-----|----|
| Yes | No |
|-----|----|

4.16 Mention total number of camps organized during **December 2015 – November 2016**:

| |
|--|
| |
|--|

5. PROFESSIONAL TRAINING PROGRAMMES RELATED TO DENTAL STUDIES

While BDS is the core activity of a Dental Institute, some Institutes offer related programmes to enrich themselves and utilize the faculty resources available. Executive Education, Training provided to professionals, consultancy etc. enable faculties to interact with professional medical practitioners and people in medicine field, which enhance the quality of Dental education.

5.1 Total Revenue Earned:
 (Refer 3.1.4 of the data sheet)

5.2 Details of Professional Training Programme (April 2015 – March 2016):
 (Please annex complete list along with name of faculty assigned to each).
Please attach copy of Advertisement /Brochures for Professional Training Programmes Related to Dental Study:

| Sl. No | Title | Faculty Assigned | Duration (In Days) | On Campus | Off Campus | No. of Participants | Income |
|--------------|-------|------------------|--------------------|-----------|------------|---------------------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

6. CONSULTANCY

6.1 Total Revenue Earned:
 (Refer 3.1.5 of the data sheet)

6.2 Consultancy Programme (April 2015 – March 2016) (Please attach complete list along with the number of faculty assigned to each Consultancy)

| Sl. No | Name of Consultancy project | Organization | Number of Faculty Assigned | Income |
|--------|-----------------------------|--------------|----------------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. FACULTY DATA

The composition, educational qualification and experience of faculty are critical differentiating factors between one Dental Institute and another, so is the contribution to intellectual capital. The data in this section attempts to capture the diversity of activities that faculty engage in, so as to enrich themselves and their Dental Institute. Thrust on research, particularly, contributes towards the greater goal of advancement of knowledge in the field of dental medicine.

(Please annex separate list of faculty members along with date of appointment, title, qualifications & salary details)

7.1 Full Time Faculty Details:
(Only for BDS Course)

Total Faculty
(Only for BDS Course)

Male Faculty

Female Faculty

Faculty– Students Ratio **(Core Faculty & Students of only BDS course)** :

Breakdown of Total core Faculty for Dental Institute (Only for BDS Course)

| Number of Full Time Faculty | | | | | | No. of Full Time Faculty with Ph.D. |
|-----------------------------|---------------------|---------------------|-----------------|----------|--------------------|-------------------------------------|
| Professor | Associate Professor | Assistant Professor | Senior Lecturer | Lecturer | Assistant Lecturer | |
| | | | | | | |

7.2 In support of the above, Please give the details of faculties **(Mention the Core Faculties of BDS Courses only)** as per the format given below:

| Sl. No. | Name of Faculty | Title & Designation | Qualification | Date of Appointment | Experience in Years | | Area of Specialisation | Salary |
|---------|-----------------|---------------------|---------------|---------------------|---------------------|----------|------------------------|--------|
| | | | | | Academia | Industry | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Use separate sheet to give all details

Details of Junior & Senior Residents:

| Junior Residents | Numbers | Senior Residents | Numbers |
|------------------------------------------------------|---------|------------------------------------------------------|---------|
| Number of Academic Junior Residents | | Number of Academic Senior Residents | |
| Number of Non Academic Junior Residents | | Number of Non Academic Senior Residents | |
| Percentage of Junior residents from your own college | | Percentage of Senior residents from your own college | |
| Percentage of Junior residents from Other colleges | | Percentage of Senior residents from Other colleges | |

- 7.3 Has the Institute employed any International Faculty (Foreign national), If Yes, **(Please Provide list of faculty members, qualification, Designation) (Only for BDS Course)**

| Sl. No. | Name of Faculty | Nationality | Title & Designation | Qualification | Department | Duration of Teaching in the Current Institute |
|---------|-----------------|-------------|---------------------|---------------|------------|-----------------------------------------------|
| | | | | | | |
| | | | | | | |

- 7.4 Number/Percentage of Core Faculty with Academic Experience out of the total strength of full time faculty:

| | Number (1 – 5 yrs) | Number (6 – 10 yrs) | Number (> 10 yrs) |
|--------------------------------------------------------|--------------------|---------------------|-------------------|
| Full Time Faculty for BDS course (Industry Experience) | | | |

Number of Visiting Faculty - Teaching Full Course (BDS Course Only):

- 7.5 **(Provide the list of Names of Faculties with Subject and duration of teaching. Without the list no weightage will be provided) (Use separate sheet to give more details)**

| | Academia | Industry |
|----------------------------|----------|----------|
| Number of Visiting Faculty | | |

(Only for BDS course) (No weightage will be provided in the absence of the list)

| Sl. No. | Name of Visiting Faculty | Subject Taught | Duration of Teaching |
|---------|--------------------------|----------------|----------------------|
| | | | |
| | | | |

RESEARCH AND CONSULTANCY

Full Time Faculty Publications & Consultancy only for the period of **December 2015 –November 2016** (BDS course) (Please annex separately list of titles of books and refereed articles, along with names of authors, year of publication, names of publishers or journals or working papers and do not include magazines and newspapers).

- 7.6 Book Publication **(Give the list of books with publisher's name and year of publication by the existing core faculty only for the period of December 2015 –November 2016):**

Books Authored

| Sl. No. | Name of Faculty | Title of the Book | Publisher's Name | Year of Publication |
|---------|-----------------|-------------------|------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |

7.7 Number of Paper Publications in Refereed Journal by the existing core faculty only
(For the period of December 2015 –November 2016):

| Sl. No. | Name of Faculty | Name of Refereed Journal | National / International | Title of the Paper | Year of Publication | Indexing |
|---------|-----------------|--------------------------|--------------------------|--------------------|---------------------|----------|
| | | | | | | |
| | | | | | | |

7.8 Number of Papers written, accepted, presented & published by the core faculty in Conference Proceeding
(For the period of December 2015 –November 2016):

| Sl. No. | Name of Faculty | Details of Conference Proceeding | National / International | Title of the Paper | Year of Publication |
|---------|-----------------|----------------------------------|--------------------------|--------------------|---------------------|
| | | | | | |
| | | | | | |

7.9 Number of Conferences organized by the Institute
(Provide details for the period of December 2015 –November 2016):

| Sl. No. | Conference Title Name | National / International | Year in which conference was Organized |
|---------|-----------------------|--------------------------|----------------------------------------|
| | | | |
| | | | |

7.10 In House Dental Journal:

Does School publish any In House Dental Journal?

Yes

No

Title of Journal:

7.11 Have any of the students published/presented research papers in conferences/seminars during December 2015 – November 2016 (Apart from their regular project work)? If “Yes”, please provide the following details:

| Sl. No. | Name of the Students | Title of the Paper | National / International | Year |
|---------|----------------------|--------------------|--------------------------|------|
| | | | | |
| | | | | |
| | | | | |

7.12 Does the Institute have any Research cell related to Dentistry?

| | |
|-----|----|
| Yes | No |
|-----|----|

If "Yes", please provide the following details:

| Sl. No. | No. of Faculty Involved | No. of Students Involved | Names of Research Projects undertaken during December 2015 –November 2016 |
|---------|-------------------------|--------------------------|---------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(Please provide the list of research projects)

7.13 Are any of the faculty or students involved in any ICMR (Indian council of Medical Research) sponsored projects?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, Please provide the following details

| Name of the Project | Number of students involved | Number of faculties Involved | Duration of the Project | Outcome |
|---------------------|-----------------------------|------------------------------|-------------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7.14 Does any faculty or student have any patents?

| | |
|-----|----|
| Yes | No |
|-----|----|

How many Patents have been applied from the College in last 3 years and how many patents were granted? Provide the following details

| Name of the Patent Subject | Number of students/faculties involved | Year of Application | Outcome (Whether patent has been Granted/in Process/ Denied) |
|----------------------------|---------------------------------------|---------------------|--------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. ADMISSION PROCESS (STUDENTS ADMITTED FOR THE BATCH 2016-2021)

8.1 Students Admitted for the Batch 2016-21 (For BDS Course):

| | | | | |
|---------------------------------------------------------------------|---------------|--------------------------------------------|---------------|----------------------------------------------|
| Seats Approved by Regulatory Authority | Number | | Number | |
| | | Admissions Taken Place | | |
| 1st Year Students (Batch 2016-21) | Number | Male Students (1st Year) | Number | Female Students (1st Year) |
| | | | | |
| Number of Application Received (for Admission of the Batch 2016-21) | | | | |

8.2 Admission Test used for the Batch 2016-21 and number of students admitted: **Will be published as a part of survey report:**

| Sl. No. | Admission Test Used | Number of Students Admitted | Cut off percentile |
|---------|----------------------------------------------------------|-----------------------------|--------------------|
| 1 | NEET | | |
| 2 | AIIMS | | |
| 3 | AFMC | | |
| 4 | State Level Entrance exam (mention the name of the test) | | |
| 5 | Any Other (Please specify name of the test) | | |

8.3 Did the Institute admit any International Students (Foreign Nationals) for BDS Courses for the Batch 2016-21? **If Yes**, how many

| Sl. No. | Nationality | Percentage (%) |
|---------|-------------|----------------|
| | | |
| | | |

8.4 Tuition Fees of BDS Courses: **(Will be published as a part of survey report)**

| Fees per Student | 1 st Year (1) | 2 nd Year (2) | 3 rd Year (3) | 4 th Year (4) | 5 th Year (5) | Total (1+2+3+4+5) |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| Tuition Fees | | | | | | |
| Other Fees | | | | | | |
| Boarding Fees | | | | | | |
| Total Fees | | | | | | |

9. OUTCOME

| 9.1 | Total No. of Students Graduated in 2016 (BDS Course Only) | No. of Students qualified for MDS course in Govt. College from this batch) | No. of Students qualified for MDS course in Pvt. College from this batch | No. of Students qualified for MDS course in International Dental College from this batch | No. of students absorbed by hospitals from this batch | No. of Students Not Placed or could not get admission in MDS course |
|-----|-----------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|
| | | | | | | |

Provide list of students qualified for MDS course from the batch

| Sl. No. | Name of the Student | Name of the Dental college | Type of Dental College (Govt./Pvt.) |
|---------|---------------------|----------------------------|-------------------------------------|
| | | | |
| | | | |

Provide list of students qualified for PG course in International Dental Institution

| Sl. No. | Name of the Student | Name of the Dental college | Country |
|---------|---------------------|----------------------------|---------|
| | | | |
| | | | |

9.2 Provide list of students placed during 2016: **(As per clause 9.3 & 9.4)**

| Sl. No. | Name of the Student | Name of the Hospital placed | Total CTC (per Annum) |
|---------|---------------------|-----------------------------|-----------------------|
| | | | |
| | | | |

10. SOCIAL SECTOR RESPONSIBILITY

10.1 Programmes/Activities focusing towards Social Sector /NGOs during **December 2015 –November 2016:**

| Sl. No. | Name of the Programme/Activity | Duration | Number of Participating Students | Description of the Programme/Activity (May attach additional sheet) |
|---------|--------------------------------|----------|----------------------------------|---------------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |

11. AWARDS (BDS Programmes Only)

- 11.1** Number of awards received by your students (**BDS Students only**) in State / National / International level events during **December 2015 –November 2016**: (Enclose annexure)

| Sl. No. | Name of Event (Give details of each event) | Events Level | | | | Number of Awards | |
|---------|-----------------------------------------------|--------------|----------|---------------|--------|------------------|-------|
| | | State | National | International | Others | Individual | Group |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: Please consider the following points while filing the above data, particularly related to National Award.

Profile of Participants

- Colleges of repute hailing from at least all the regions in the country. Example South, East, West, North to define that the event was at national level.
- Pedigree of the organizers, track record, if any.
- Brochure/Posters given by the organizers seeking participation.
- The bandwidth of competition quality of contest and the intended parameters to be evaluated by the said contest.
- Provide URL (link to the website created by organizers for the event) if so.

- 11.2** How many clubs managed by students are there in the Institute?

- 11.3** How many activities were organized by each club during **December 2015 –November 2016**

- 11.4** Dental Education Related Events organized by the Institute during **December 2015 – November 2016**:

| Sl. No. | Nature of Event | Duration (days) |
|---------|-----------------|-----------------|
| | | |
| | | |

- 11.5** Details of Eminent Doctors/Personalities Related to Dental Education / thought leaders who visited your school last year:

| Sl. No. | Name of the Guest | Designation | Related Organization |
|---------|-------------------|-------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

12. ALUMNI PROFILE

12.1 Does Alumni Association exist:

 Yes No

12.2 Is Alumni Association Registered:

 Yes No

If Yes, (Please Provide Registration details of Alumni Association)

12.3 Number of Alumni meet held during
December 2015 –November 2016

12.4 Please provide **Five Names** and **E-mail IDs** of the following:

| Sl. No. | Alumni Names | E-mail ID | Current Students | E-mail ID |
|---------|--------------|-----------|------------------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

13. NETWORKING

Networking, MOUs/agreements with other national and international Medical/Dental Institutions and Professional Bodies during **December 2015 –November 2016 (without MOU, no points will be given)**

| | | Yes | No | No. of MOU / Agreements | Name the Medical/Dental Institution/University / Professional body | Number of programs implemented during December 2015 –November 2016 |
|-------------|--------------------------------------------------------------------------------------------------------------------|-----|----|-------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13.1 | Joint programme related to Dental Science with other international Medical/Dental Institution | | | | | Provide details like name of the joint program, duration, number of students enrolled. |
| 13.2 | Exchange of Curriculum and Reading materials | | | | | Please provide details of exchanged materials during December 2015 –November 2016 |
| 13.3 | Exchange of students with International Medical/ Dental Institution | | | | | Please provide details like number of students exchanged from both sides, duration of stay, name of the program & whether any credit was provided during December 2015 –November 2016 |
| 13.4 | Exchange of Faculty (for teaching assignments) with foreign Medical/Dental Institutions | | | | | Please provide details like number of faculty exchanged, duration, subjects taught etc during December 2015 – November 2016 |
| 13.5 | Joint Research and Consultancy with other International Medical/ Dental Institutions or professional organizations | | | | | Please provide the names of the projects, duration, Name of the Institution/university of collaboration, number of faculties involved from both sides for the year December 2015 –November 2016 |

14. Unique Selling Point (USP)

Mention the achievements/ USP of your Institute, which Establish its uniqueness as a brand.
(List out special features of your Institute)

Place & Date:

Authorized Signatory

(Stamp)

Thank you for taking the time to respond.

Please email the duly filled in questionnaire at : dentalsurvey@newmediacomm.com by **1st March, 2017**

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