

(INSTITUTIONAL INFORMATION)

1. Particulars of Director/Dean/Principal: (Whosoever is Head of Training Centre)

Name: Dr. S.P. DangeAge: 63(Date of Birth) 06/04/1959

PG Degree	Subject	Year	Institution	University
Recognized/Not Recognized	Prosthodontics	1988	GDCH Nagpur	Nagpur

Teaching Experience

Designation	Institution	From	To	Total Exp.
Asst. Professor	GDCH Aurangabad	10/04/1991	20/06/2000	09 years
Asso. Professor/Reader	GDCH Aurangabad	21/06/2000	22/08/2004	04 years
Professor	GDCH Aurangabad	23/08/2004	12/08/2015	11 years
Dean	GDCH Aurangabad	13/08/2015	Till date	05 years

2. Management/Society/Inst. Information:

01	i) Name of the Society /Institution/ Training Centre/University Dept.:	Govt. Dental College & Hospital, Aurangabad		
	ii) Postal Address, with PIN:	Dhanvantarinagar, Ghati Campus, Aurangabad - 431001		
	iii) Contact Details:	Mob: 9422714209 Tele: 0240-2402381-83		
02	Society/Institution/Training Centre Registration Number and date:	i) Public Trust Act 1950:.....		
		ii) Society's Registration Act. 1860:.....		
		iii) Year of establishment: 1983		
		iv) Copies of Registration, Constitution and Memorandum of Association attached? *Yes/No-Marked as Appendix 'A'		
03	Hospital Information: (It is mandatory for Training Centre/applying Institute to have their own functional Hospital as per norms) i) Name of the Hospital ii) Nursing Home Registration No. iii) Establishment Year	Govt. Medical College & Hospital, Aurangabad.-Mark as Appendix 'B'		
		04	i) Name of the Training Centre/Institute where course is to be conducted:	Govt. Dental College & Hospital, Aurangabad
			ii) Postal Address, with PIN: iii) Contact Details: iv) E-mail ID:	Dhanvantarinagar, Ghati Campus, Aurangabad - 431001 Tele: 0240-2402381-83 Mob: 9422714209 gdca83@yahoo.com Web- www.gdchaurangabad.org
04	v) List of University approved Fellowship/Certificate Course(s) conducted/ already running at Training Centre with Intake Capacity	Name of the Course(s) Micro- Dentistry Approved Intake Capacity 10 Affiliated Since 2017-18 (if necessary Attach separate List)		
	vi) Training Centre / Institute willing/desirous to Start/Open Fellowship/Certificate Course(s) (For New Opening Purpose only)	-		
05	Affiliation Fees details: (Bank/DD no./date/amount/NEFT/RTGS)	Paid Fees details Attached: *Yes (Pending Fees, if any;)		
06	Financial position of the Society/Institute in the preceding 03 years:	Audited Statements of Accounts for *Yes-Mark as Appendix 'C'		
07	Budgetary provision for the FC/CC/DC for the next 03 years	As per Govt. rules		
08	Management Resolution seeking P	Resolution N		

09	Other Information:	
	a) Land:	*Yes/If yes, then Area:
	i) Whether the land is owned by the Applicant Institute/Training Centre/Trust:	College
	ii) Whether the land is registered?	*Yes. If yes, Registration Number:..... Dated.....At(Place):..... .. Copy of Land Registration Certificate attached? *Yes/No.—Markas Appendix 'F'
	iii) Any loans, mortgage, etc. shown against the title of the land:	No
	b) Building: i) Total built-up area:	76142.383 Sq. feet sq. ft. Certified copy of Building Plan attached? *Yes/No —Markas Appendix 'H'

3. **Central Library**

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• **Journals:**

1	Journals	Total	concerned Fellowship subject
2	Indian	23	08
3	Foreign	33	12

- Year/Month upto which latest Indian Journals available:

- Year/Month upto which latest Foreign Journals available: _____

- Internet/ Medpub/ Photocopy facility: _____ available

- Library opening times: 8 am to 8 pm

- Reading facility out of routine library hours: _____ available

(Obtain list of books & journals duly signed by Dean)

4. **Recreational facilities:**

Available

- Playgrounds Gymnasium

5. **HostelAccommodation:**

Particular	UG		PG		Interns	
	Boys	Girls	Boys	Girls	Boys	Girls
No.ofRooms	28	44	10	10	10	10
No.ofStudents	37	75	10	15	13	20
StatusofCleanliness						

6. **ResidentialaccommodationforStaff/Paramedicalstaff:Available**

7. **EthicalCommittee(Constitution):** YES

8. **MedicalEducationUnit(Constitution):** YES
(Specify number of meetings held annually & minutes thereof)

9. **Anyotherfacultyspecificinformationrequired:**
(such as Herbal garden/Panchakarma Unit/Pharmacy
/Dental Chairs and Units/as per the requirement of concerned Course) Attach details)