

ANNEXURE-“D”

DEPARTMENTAL INFORMATION

(If required Use Separate Sheet for each Department/Fellowship/Certificate Course)

Fellowship Specialty Department to be inspected:.....Dept. of Conservative Dentistry

1. Date on which independent department of: functioning concerned specialty was created and started 1983

2. Mentor's details (From start of department till date):

Sr. No.	Name	Full Time/Part Time	Designation	Qualification	Experience in Yrs. (after acquiring PG Qualification in concerned Subject)
1	Dr. Pradnya V. Bansode	Full Time	Professor and HOD	M.D.S	23 Years
2	Dr. Seema . D Pathak	Full Time	Professor	M.D.S	23 Years
3	Dr. Madhuri Wavdhane	Full Time	Associate Professor	M.D.S	16 Years
4	Dr. Shirish Khedgikar	Full Time	Associate Professor	M.D.S	10 Years

3. Whether Independent Department of concerned Fellowship subject exists in the Institution:

Yes.....

Since when: ... 1997

4. Specialty Department Infrastructure Details:

Facility	Area (sft.)	Available	Not Available
Faculty rooms	585	YES	-
Clinics	1757	YES	-
Laboratory Space	210	YES	-
Seminar room	312	YES	-
Department Library	--	YES	-
PG common room	126	YES	-
Pre-clinical lab (wherever applicable)	1872	YES	-
Patient waiting room	150	YES	-
Total area	5012	YES	-

5. If course already started, year wise number of students admitted and available Mentor to teach students admitted to Fellowship/Certificate Course during the last 3 years:

Year	Name of the Course	No. of students admitted	No. of Valid Mentors available in the dept. (given names)
2017-18	Micro- Dentistry	0	09
2018-19	Micro- Dentistry	01	09
2019-20	Micro-dentistry	01	09
2020-21	Micro- Dentistry	10	09
2021-22	Micro- Dentistry	10	09
2022-23	Micro- Dentistry	08	09

(Local Inquiry Committee shall specifically ensure about availability of eligible/validated Mentor(s) and shall check whether the Training Center met with the Student: Mentor Ratio for the permitted Intake Capacity for each course or else it shall be reported in the Overall Remark Option.)

6. List of Non-teaching Staff in the department:

Sr.No.	Name	Designation
1	Satish Rave	Head clerk
2	Nitin Bhorge	Peon
3	Ramesh Jogdand	Servant
4	SupriyaJogdand	Servant

7. **List of Equipment(s) in the department of concerned Fellowship subject: Equipment's: List of Important equipment's available and their functional status (List there only - No annexure to be attached)**

Sr. No.	Name of the Equipment	Specification	Functional/Not Functional	Qty.
1	Surgical operating microscope	Carl Zeiss company	Functional	01
2	Microsurgery unit	Hu Friedy Company	Functional	02

8. **Intensive care Service provided by the Department: (Emergency)**

9. **Specialty clinics being run by the department and number of patients in each:**

Sr. No.	Name of the clinic	Days on which held	Timings	Average No. of cases attended	Name of Clinic in-charge
1	Microdentistry	MONDAY TO THURSDAY	10.00 TO 1.00	03/DAY	DR. P.V. Bansode DR. S. D. Pathak Dr. M. B. Wavdhane Dr. S. B. Khedgikar

10. **Services provided by the Department:**

- a) Services
- apical surgery
 - bleaching
 - regenerative endodontics
 - fracture segment reattachment
 - avulsion tooth
 - external and internal resorption
- (b) Ancillary Services
- (f) Others: _____

11. **Space:**

Sr. No	Details	In OPD	In IPD
1	Patient Examination/Checking Arrangement	1100 Sq.ft	--
2	Equipment's	792 Sq.ft	--
3	Teaching Space	1248 Sq.ft	--
4	Waiting area for patients	150 Sq.ft	--

12. Officespace:

DepartmentOffice		OfficeSpaceforTeachingFaculty	
Space(Adequate)	Yes	HOD	Yes
Staff(Steno/Clerk).	Yes	Professors	Yes
Computer/Typewriter	Yes	Associate Professors	Yes
Storagespaceforfiles	Yes	Assistant Professor	Yes
		Residents	

13. ClinicalLoadofDept.:NoofSurgeries/Procedures 10 Perday

14. SubmissionofdatatoNationalAuthoritiesifany:-----