

ANNEXURE

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DEPARTMENTAL INFORMATION**:ORAL IMPLANTOLOGY****1. Fellowship Specialty Department to be inspected****2. Date on which independent department of
created and started : 01/02/2015****:functioning concerned specialty was****6. Faculty 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. SHREYAS GUPTA	Full Time	CO-ORDINATOR AND HOD	M.D.S. DEPT OF ORAL MAXILLOFACIAL SURGERY	20 Years 5 Month
2	DR. SALONI MISTRY	Full Time	PROFESSOR & HOD	M.D.S. DEPT OF PROSTHODONTICS	25 yrs 6 month
3	DR. KAVITA POL	Full Time	PROFESSOR	M.D.S. DEPT. OF PERIODONTICS	15 Years 1 Month
4	DR. RIZWAN SANADI	Full Time	PROFESSOR	M.D.S. DEPT. OF PERIODONTICS	19 Yrs 11 Month
5	DR. OMKAR SHETE	Full Time	PROFESSOR	M.D.S. DEPT OF PROSTHODONTICS	13 years 9 month
6	DR. BHAKTI PATIL	Full Time	PROFESSOR	M.D.S. DEPT. OF ORAL MEDICINE & RADIOLOGY	11 yrs 9 month
7	DR. AYUSHYA WARANG	Full Time	READER	M.D.S. DEPT. OF PERIODONTICS	6 yrs

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

Yes/No:

Since when:

5. Specialty Department Infrastructure Details :

Facility	Area (sft.)	Available	Not Available
Faculty rooms		Available	
Clinics	1250 Sq.ft.	Available	
Laboratory Space	673 Sq.ft.	Available	
Seminar room	420 Sq.ft.	Available	
Department Library	60 Sq.ft.	Available	
PG common room			
Pre clinical lab (where ever applicable)	820 Sq.ft.	Available	
Patient waiting room	200 Sq.ft.	Available	
Total area			

6. Year-wise number of students admitted to Fellowship / Certificate Course during the last 5 years:

Sr. No	Name of the Course	Academic Year	Intake Capacity	No. of students Admitted
1	Fellowship course in Oral Implantology	A.Y. 2020-2021	10	04
2	Fellowship course in Oral Implantology	A.Y. 2021-2022	10	10
3	Fellowship course in Oral Implantology	A.Y. 2022-2023	10	08
4	Fellowship course in Oral Implantology	A.Y. 2023-2024	10	Not Allotted
5	Fellowship course in Oral Implantology	A.Y. 2024-2025	10	10

(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.)

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

Sr.No.	Name	Designation
1	MR. RAMESH MANAV	DENTAL TECHNICIAN
2	Ms. MUNMUN RAJBHOG	DENTAL TECHNICIAN
3	MS. VIDHISHA K	SISTER
4	MRS. ASHWINI JOGDANDE	SWEEPER

8. List of Equipment(s) in the department of concerned Fellowship subject:

Equipment's: List of Important equipment's available and their functional status
(List here only- No annexure to be attached)

Sr. No.	Name of the Equipment	Specification	Functional / Not Functional	Qty.
1	PHYSIODISPENSER	NSK TECHNOVA	FUNCTIONAL	2
2	IMPLANT SURGICAL KIT	BIODENTAL, DENTIUM, MYRIAD	FUNCTIONAL	4
3	PIEZOSURGERY UNIT		FUNCTIONAL	1
4	MYRIAD PLUS + SNAP IMPLANTS		FUNCTIONAL	60
5	DENTIUM IMPLANTS		FUNCTIONAL	20
6	BIODENTA IMPLANTS		FUNCTIONAL	25

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

10. 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
	IMPLANTOLOGY	MON-SAT	9.00AM TO 3.00PM	1 PER DAY	DR. AYUSHYA WARANG

11. Services provided by the Department:

a) Services

i. Prosthodontics rehabilitation by department of Prosthodontics.

ii. Surgical Placements by Department of Oral Surgery

iii. Implant maintenance by Department of Peridontology

(b) Ancillary Services

(f) Others: Radiological assistance by Department of Oral Medicine & Radiology

Hematology assistance by Department of Oral Pathology

12. Space:

Sr. No	Details	In OPD	In IPD
1	Patient Examination/ Checking Arrangement	ADEQUATE	
2	Equipment's	ADEQUATE	
3	Teaching Space	ADEQUATE	
4	Waiting area for patients	ADEQUATE	

13. Office space:

Department Office		Office Space for Teaching Faculty	
Space (Adequate)	Yes/No	HOD	ADEQUATE
Staff (Steno /Clerk).	Yes/No	Profess ors	ADEQUATE
Computer/ Typewriter	Yes/No	Associate Profess ors	ADEQUATE
Storage space for files	Yes/No	Assistant Profess or	ADEQUATE
		Residents	

14. Clinical Load of Dept. : No of Surgeries / Procedures ...1..... Per day

15. Submission of data to National Authorities if any : NA
