



**SRI RAMAKRISHNA**  
**Dental College and Hospital**



## QUALITY PROCEDURE MANUAL

**SRI RAMAKRISHNA DENTAL COLLEGE AND HOSPITAL,**

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	NAME / DESIGNATION	SIGNATURE
Prepared By	IQAC	
Reviewed & Approved By	Principal	
Issue No: 01, Rev No.: 00	DATE: 07.05.2022	<b>Principal</b>
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**Sri Ramakrishna Dental College & Hospital**  
**S.N.R. College Road, COIMBATORE - 641006.**

Issue No: 01  
Issue Date: 07.05.2022

**SRI RAMAKRISHNA DENTAL COLLEGE & HOSPITAL  
QUALITY PROCEDURE MANUAL**

Pr. No : Nil  
Page No : 1 of 6

Title: Table of Contents

Procedure No.	Procedure Titles	Issue No.	No. of Pages
	<b>COMMON PROCEDURES</b>		
COM - 01	Documents and Data Control	01	01
COM - 02	Control of Records	01	01
COM - 03	Training	01	01
COM - 04	Internal Audit	01	01
COM - 05	Management Review	01	01
COM - 06	Control of Non-Confirming Service	01	01
COM - 07	Corrective and Preventive Action	01	02
COM - 08	Continuous improvement Management System- Kaizen	01	01
COM - 09	Hospital management procedure	01	04
	<b>ACADEMIC PROCEDURES</b>		
ACD- 01	Academic cell	01	02
ACD- 02	Curriculum enrichment committee	01	02
ACD- 03	Organizing and Releasing of College Calendar	01	01
ACD- 04	Preparation of Master Time Table for UG / PG Students	01	02
ACD- 05	Preparation of Work Schedule for Lecture, Lab and clinical Activities	01	02
ACD- 06	Preparation of Lesson / Teaching plan	01	03
ACD- 07	Preparation Of Notes Of Lesson	01	02
ACD- 08	Question Paper Preparation for Internal Assessment Exams	01	02
ACD- 09	Conducting Internal Assessment / Model Examination	01	01
ACD- 10	Students Availing Leave	01	01
ACD- 11	Conduction Of Viva Voce	01	01
ACD- 12	Conduction of OSCE	01	02
ACD- 13	Sending Students Performance Report to Parents	01	01
ACD- 14	Mentoring Procedure	01	01
ACD- 15	Preparation for Conducting University Examinations	01	02
ACD- 16	Internal Marks Allotment To BDS Student	01	01
ACD- 17	Performance Appraisal for PG Students	01	01
ACD- 18	OP Registrations, Initial Diagnosis & Specialty Referral	01	02
ACD- 19	Patient Investigation	01	02
ACD- 20	Outpatient Treatment procedures	01	01

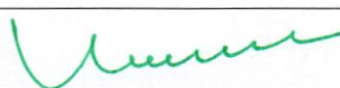
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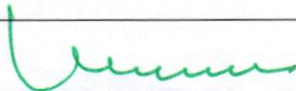

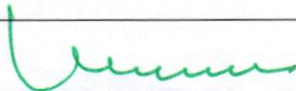

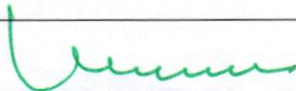




Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No : Nil Page No : 2 of 6	
Title: Table of Contents			
<b>Procedure No.</b>	<b>Procedure Titles</b>	<b>Issue No.</b>	<b>No. of Pages</b>
ACD-21	Procedure manual for Radiology	01	01
ACD- 22	Clinical case Presentation	01	01
ACD- 23	Case Discussion (UG/PG)	01	03
ACD- 24	Inpatients Admissions and Discharge from college to Sri Ramakrishna Hospital	01	04
ACD- 25	Surgery (Minor / Major)	01	06
ACD- 26	Research activity	01	01
ACD- 27	Main Dissertations	01	02
ACD- 28	Library Dissertations	01	01
ACD- 29	Approving conducting and evaluating PG journal Club	01	01
ACD- 30	Approving conducting and evaluating PG seminar	01	02
ACD- 31	Maintenance of log book ( UG, PG, Staff)	01	01
ACD- 32	Professional Ethics	01	02
ACD- 33	Parents Feedback	01	01
ACD- 34	Students Feedback Analysis (Curriculum)	01	01
ACD- 35	Patient feedback Analysis	01	02
ACD- 36	Employee Feed back	01	01
ACD- 37	Conduct of department meeting	01	01
ACD- 38	Conduct of Principal – HOD Meetings	01	01
ACD- 39	Faculty Development Program	01	01
ACD- 40	Conduction Of Guest Lectures, Clinical Society Meeting	01	01
ACD- 41	Outreach Program – Dental camp	01	01
ACD- 42	Water Treatment Plant	01	01
ACD- 43	Conduction of Primary Dental Health educational / screening camp	01	02
ACD- 44	Tobacco Cessation Cell	01	01
ACD- 45	Responsibilities Of Safety Cell	01	04
ACD- 46	University Result Analysis And Corrective Action	01	01
ACD- 47	Corrective Action taken for Failed Students in University exams	01	01
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Signature: 		Signature: 	

Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No : Nil Page No : 3 of 6	
Title: Table of Contents			
<b>Procedure No.</b>	<b>Procedure Titles</b>	<b>Issue No.</b>	<b>No. of Pages</b>
ACD- 48	Sterilization	01	04
ACD- 49	Disinfection	01	03
ACD- 50	Grievance Redressal Cell	01	01
ACD- 51	Bio Medical Waste Management	01	02
ACD- 52	IQAC	01	02
ACD- 53	GSCASH	01	02
ACD- 54	Student Council	01	04
ACD- 55	Student Enrichment Program	01	02
ACD- 56	Celebrations Of Special Days And Event	01	01
ACD- 57	Disciplinary Committee	01	01
ACD- 58	Preventive Steps To Avoid Ragging	01	01
ACD- 59	Alumni	01	02
<b>Library</b>			
LIB-01	Library	01	04
<b>Welfare Activity</b>			
WLF-01	Non –Teaching staff Welfare Activity committee	01	01
<b>ADMINISTRATION</b>			
ADM-01	Student Admission & Scholarship work for UG & PG	01	03
ADM-02	Conduction University Examination	01	02
ADM-03	Staff Recruitment, promotion and Relieving Process	01	02
ADM-04	Issue of Bonafide Certificate	01	01
ADM-05	Inspection Work (DCI & T.N.Dr.M.G.R.Medical University)	01	01
ADM-06	Issue of Provisional Pass Certificate 1 and 2 (PPC)	01	01
ADM-07	Internal Circular	01	01
ADM-08	Communication of Information from University /DCI	01	01
ADM-09	Submission of PG research protocol and Main Dissertation to the University	01	01
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>	
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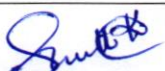



Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No : Nil Page No : 4 of 6					
Title: Table of Contents							
<b>Procedure No.</b>	<b>Procedure Titles</b>	<b>Issue No.</b>	<b>No. of Pages</b>				
<b>IT DEPARTMENT</b>							
ICT-01	IT Department	01	01				
ICT-02	Internal Server Maintenance	01	01				
ICT-03	Server Data back Up	01	01				
ICT-04	System Fault And Service Maintenance	01	01				
ICT-05	IT Security	01	01				
ICT-06	Networking	01	01				
ICT-07	Website	01	01				
ICT-08	CCTV- Camera operations for exams	01	01				
ICT-09	Bio-metric Installation and Maintenance	01	01				
ICT-10	WI-FI	01	01				
ICT-11	ICT-Information and Communication Technology	01	01				
<b>ACCOUNTS</b>							
ACC-01	Bill Payment	01	03				
ACC-02	Employee salary preparation and salary payment and pre auditing	01	03				
ACC-03	Electricity Bill Payment	01	01				
ACC-04	Telephone Bill Payment	01	01				
ACC-05	Student fee collection and preparation of student fees due list and receipt of fees with challan tally entry	01	01				
ACC-06	Exam fee collection from the student & payment of exam fee and examination expenditure accounting	01	01				
ACC-07	EPF Payment Procedure	01	01				
ACC-08	ESIC – Employee State Insurance Corporation	01	01				
ACC-09	Petty Cash Payment	01	01				
ACC-10	Bank Reconciliation Statement	01	01				
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No : Nil Page No : 5 of 6
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Title: Table of Contents

Procedure No.	Procedure Titles	Issue No.	No. of Pages
	<b>TRANSPORT</b>		
TRA-01	Maintenance of Vehicles	01	01
TRA-02	Arrangement of Transport Service for Special Purpose	01	01
TRA-03	Accident Control and Corrective Action	01	01
	<b>GENERAL MAINTENANCE</b>		
GMD-01	Chair and Equipment Maintenance	01	01
GMD-02	Electrical Work	01	01
GMD-03	House Keeping	01	01
GMD-04	Civil	01	01
GMD-05	Plumbing	01	01
Nil	Amendment Record Sheet		
	<b>MEDICAL RECORDS</b>		
MRD-01	Medical Record Procedure.	01	01
	<b>CLINICAL ACTIVITY</b>		
CNL-01	Dental Ceramic Laboratory	01	02
	<b>PURCHASE &amp; STORES</b>		
PUR-01	Budget Preparation	01	01
PUR-02	Supplier Rating	01	01
PUR-03	Purchase and Issue of Materials	01	02
PUR-04	Selection of New Suppliers	01	01
	<b>PHARMACY</b>		
PHAR-01	Purchase & Issue Of Materials	01	01



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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL QUALITY PROCEDURE MANUAL</b>	Pr. No : Nil Page No : 6 of 6
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Title: Table of Contents

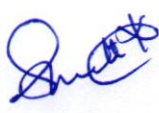

Procedure No.	Procedure Titles	Issue No.	No. of Pages
	<b>HOSTEL</b>		
HTL-01	Admission and Room Allotment	01	01
HTL-02	Permission / Leave Monitoring	01	01
HTL-03	Students Feed Back Collection	01	01
HTL-04	Recreation Activities	01	01
HTL-05	Hostel Maintenance and House Keeping	01	01
HTL-06	Hostel -Food Processing, Assessing & Supply	01	01
HTL-07	Hostel -Collection of Fees	01	01
HTL-08	Hostel- Petty Cash	01	01
HTL-09	Hostel – Employee Salary Preparation & Payment and Pre-auditing	01	01
HTL-10	Hostel-Electricity Bill	01	01
HTL-11	Hostel-Telephone bill	01	01
HTL-12	Hostel – Provision Store	01	02
HTL-13	Hostel Store -Purchase Order Procedure	01	01
HTL-14	Hostel Store -Material Issuing Procedure-	01	01
HTL-15	Hostel -Stock Audit Procedure	01	01

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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: COM-01 Page No: 1 of 1
<b>Title : Document &amp; Data Control</b>		
<p><b>1. Purpose :</b> To describe the procedure for Approval, Issue, Revision of controlled documents and removal of obsolete documents from all points of use</p> <p><b>2. Objective :</b> To ensure availability of current revision of the Document for use and to prevent the unintended use of obsolete documents</p> <p><b>3. Responsibility:</b> Principal, Respective personnel and IQAC</p> <p><b>4. Definition:</b> IQAC – Internal quality assurance cell</p> <p><b>5. Procedure:</b></p> <ol style="list-style-type: none"> <li>5.1. The Apex Quality Manual shall be approved by the principal and issued by IQAC to all the personnel in the distribution list</li> <li>5.2. The IQAC shall maintain the Amendment record sheet of the changes made in the Apex Quality Manual and ensure that the latest edition of the manual is available to all concerned</li> <li>5.3. The Quality Procedure Manual shall be prepared by the respective department heads/IQAC and approved by Principal. Any changes in the Quality Procedure shall be made with the approval of Management Review Meeting &amp; recorded in Amendment Record Sheet.</li> <li>5.4. The respective department heads shall ensure that obsolete documents retained for any future reference shall be properly identified.</li> <li>5.5. The List of controlled documents detailing the approving authority and control responsibility are maintained with Principal office.</li> <li>5.6. The responsibility of maintaining the current Issue, Distribution and Removal of obsolete documents is as specified in the List.</li> <li>5.7. To make any changes in manual, the procedure will be discussed with the principal for review and approval.</li> <li>5.8. The Quality Procedure Manuals are kept in the form of hard and soft copies which are controlled by the IQAC as per distribution list.</li> <li>5.9. The retention period of each of Files / Forms / Registers is as defined in the list of Files/Registers</li> </ol> <p><b>6. Quality Records:</b> List of documents, Amendment record sheet, List of Files and Registers</p> <p><b>7. Reference :</b> Nil</p> <p><b>8. Formats :</b> List of Files/ Registers/ Documents</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-02
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Control of Records</b>		
<p><b>1. Purpose:</b></p> <p>To describe the procedures for maintenance and Control of Quality Records</p> <p><b>2. Objective :</b></p> <p>Records are maintained to provide evidence of conformity to requirements and for the effective operation of the Quality Management System</p> <p><b>3. Responsibility:</b></p> <p>Principal, IQAC, All staff members</p> <p><b>4. Definition:</b></p> <p>IQAC – INTERNAL QUALITY ASSURANCE CELL</p> <p><b>5. Procedure :</b></p> <p>5.1 All the essential Records are given A File Number, Name of the Record, Responsibility, Opening Date, Closing Date and Retention Period.</p> <p>5.2 The records are identified, collected and indexed according to the Numbers. The records are stored with respect to their location as referred in list of files and registers of individual departments.</p> <p>5.3 The copy of the list of files and registers required from departments are handed over to IQAC, which are examined by IQAC and shall ensure regular updating of files and registers list.</p> <p>5.4 These records are kept in a location that they do not deteriorate on storage and are easily retrievable in the department and IQAC cell. The records shall be legible.</p> <p>5.5 Where agreed contractually, records will be made available for evaluation by the stake holder or the stake holder's Representative</p> <p>5.6 Certain records may be kept in electronic media also and will be controlled by the respective authorities in Campus.</p> <p>5.7 The Quality Procedure Manuals are kept in the form of hard copies which are controlled by the MR As per distribution list.</p> <p>5.8 The retention period of each of Files / Forms / Registers is as defined in the list of Files/Registers</p> <p>5.9 All the External documents are numbered and listed separately. It is controlled by the respective Authorities.</p> <p><b>6.Quality Records:</b></p> <p>6.1 List of documents,</p> <p>6.2 List of Files and Registers</p> <p><b>7.Reference : Nil</b></p> <p><b>8.Formats :</b></p> <p>List of Files/Registers/Document</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-03
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Training</b>		
<p>1. Purpose: To describe the procedure for training which includes on the Job Training, Class Room Training, Short Term Course Training and Industrial Training</p> <p>2. Objective: To develop the employee / Faculty skills, to update their knowledge (Faculty Development)</p> <p>3. Responsibility: Principal / IQAC / Program coordinator/ Respective department heads</p> <p>4. Definition: Nil</p> <p>5. Procedure:</p> <p>5.1 The Quality related training shall be conducted and coordinated by IQAC.</p> <p>5.2 The Technical and Subject related training and other training of the respective Department shall be coordinated by the Department Heads.</p> <p>5.3 The Training needs shall be identified through requirements by the faculty and recommendations by the HOD on requirements of the departments.</p> <p>5.4 An Annual Training Plan can be prepared by the Department Heads and implement it accordingly.</p> <p>5.5 After the training program the department heads shall evaluate the Effectiveness of the Training. The Training reports shall be solicited from the Trainees who attend the training Program.</p> <p>5.6 All the Employees who attended the external trainings shall submit their copy training materials in the department after the training along with their Training Certificate copies.</p> <p>5.7 The Training records to be maintained by individual faculties and Department records.</p> <p>6. Quality Records: Training files/ Employee files</p> <p>7. Reference: Nil</p> <p>8. Formats: Training Plan</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b>  		<b>Signature</b>  

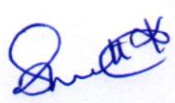





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-04
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Internal Audit</b>		
<p><b>1. Purpose:</b> To describe the procedure for conduct InternalAudit</p> <p><b>2. Objective:</b> To determine the effective implementation and maintenance of the Quality Management Systems</p> <p><b>3. Responsibility:</b>Principal / IQAC / Department Heads</p> <p><b>4. Definition:</b> IQAC – INTERNAL QUALITY ASSURANCE CELL</p> <p>NCR – Non-Conformance Report</p> <p><b>5. Procedure :</b></p> <p>5.1. The Internal Audits are schedule and conducted according to Annual Plan.</p> <p>5.2. Internal Audits would be done annually after completion of academic year as per the audit plan prepared by IQAC.</p> <p>5.3. IQAC would decide the area of audit, date and time and shall prepare the Audit Schedule. Only Trained Internal auditors shall conduct audit</p> <p>5.4. Audit schedule shall be circulated to concerned authorities well in advance.</p> <p>5.5. At times, special audits maybe carried out on need basis Raised Non-Conformancereports are filled and reviewed for follow-up action.</p> <p>5.6. Independence and objectivity shall be maintained during audits</p> <p>5.7. IQAC is responsible for the area being audited shall ensure that any necessary Correction and Corrective actions are taken without undue delay to eliminate detected nonconformance and theircauses.</p> <p>5.8. Non-conformance reports are closed after the verification of the Correction, Correctiveaction taken and reports are maintained in the file Follow-up activities shall be conducted by IQAC after the date of completion of the Corrective action, to ensure effective implementation of the Corrective action.</p> <p>5.9. IQAC is responsible for the activity and the quality records are retained for 5 years.</p> <p>5.10. Internal Audit reports would be reviewed during Management Review Meetings.</p> <p>5.11. It shall be ensured that the Auditors carry out audits those who do not have direct responsibility for the activity being audited.</p> <p><b>6. Quality Records:</b> Internal Audit file</p> <p><b>7. Reference :</b> ISO 9001:2008 Quality Management System Standard, Annual Audit Plan</p> <p><b>8. Formats :</b>NCR Form</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-05
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Management Review</b>		
<p><b>1. Purpose:</b> To describe the procedure for Management Review Meeting</p> <p><b>2. Objective :</b> To describe the Quality Management system to ensure its continuing suitability, adequacy and effectiveness.</p> <p><b>3. Responsibility:</b> Top Management/MR/Department Heads</p> <p><b>4. Definition:</b> MR – Management Representative/MRM – Management Review Meeting</p> <p><b>5. Procedure :</b></p> <p>5.1 Management Review Meeting would be conducted at the least once in six months</p> <p>5.2 The principal office shall send a circular to all the department heads indicating the agenda, date and venue of the meeting</p> <p>5.3 The agenda would be on following points</p> <ul style="list-style-type: none"> <li>5.3.1 Strategic planning/Review of quality policy and objectives</li> <li>5.3.2 Risk / Opportunities Proposals</li> <li>5.3.3 Needs and Expectations proposals</li> <li>5.3.4 Resource requirements proposals</li> <li>5.3.5 Stake holders' feedback / Complaints</li> <li>5.3.6 Performance Process and progress</li> <li>5.3.7 Corrective and preventive action status</li> <li>5.3.8 Internal audit reports/Audit report of Certification Body</li> <li>5.3.9 Implemented improvements /benefits/suggestions</li> <li>5.3.10 Specific issue with the implementation of quality systems</li> <li>5.3.11 Review of amendments in documents</li> <li>5.3.12 Training and human resource development program reports</li> <li>5.3.13 Any other specific issues</li> <li>5.3.14 External / providers performance review</li> <li>5.3.15 Review of previous minutes of the meeting</li> <li>5.3.16 Tentative date for the next management review meeting</li> <li>5.3.17 Minutes of the meeting</li> </ul> <p>5.4 IQAC would maintain all the proceedings and Minutes of the Meetings with the Review output.</p> <p>5.5 IQAC shall follow up the Quality implementation of the decisions taken during Management Review Meeting with the concerned Department Heads.</p> <p>5.6 Principal, IQAC, Department Heads would attend all Management Review Meetings.</p> <p>5.7 The Management review Meeting shall be conducted and recorded in a specified format.</p> <p><b>6. Quality Records:</b> Management review Meeting file</p> <p><b>7. Reference :</b> Previous Management Review Meeting Minutes</p> <p><b>8. Formats :</b> Management Review Meeting Form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: COM-06 Page No: 1 of 1
<b>Title : Control of Non-Conforming Service</b>		
<p><b>1. Purpose:</b> To describe the procedure for Control of non-conforming Service</p> <p><b>2. Objective :</b> To monitor all the non-conforming processes and decide course of action</p> <p><b>3. Responsibility:</b> Principal /Head of the Department/ Teaching Staff</p> <p><b>4. Definition:</b> CAP – Corrective and Preventive Action</p> <p><b>5. Procedure:</b></p> <p>5.1 The respective staff members will bring to the notice of Head of the Department, all the non-conforming processes at different stages for resolution.</p> <p>5.2 HOD will take appropriate decision with regard to those non-conforming processes identified.</p> <p>5.3 Corrections and Corrective Actions will be taken for the detected non-conformities After finding the causes.</p> <p><b>6.Quality Records:</b> Corrective and Preventive action Records</p> <p><b>7. Reference</b> CAP procedure</p> <p><b>8. Formats :</b> Corrective and Preventive action Format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: COM-07 Page No: 1 of 2
<b>Title : Corrective And Preventive Action</b>		
<p><b>1. Purpose :</b></p> <p>To describe the procedure for Corrective and Preventive Actions of Non-Conformities and Potential Non-Conformities</p> <p><b>2. Objective :</b></p> <p>To eliminate cause of Non-Conformities in order to prevent recurrence and their occurrence</p> <p><b>3.Responsibility:</b></p> <p>Principal/ IQAC / Department Heads / Teaching Staff</p> <p><b>4. Definition:</b></p> <p>CAP – Corrective and Preventive Action</p> <p><b>5. Procedure</b></p> <p>5.1. Corrective and Preventive actions are taken for Customer Complaints, Internal Audit Non- Conformities, External Audit Non-Conformities, Customer Feedbacks and Process Non-Conformities found during self-assessment.</p> <p>5.2. Corrections are taken for the detected non-conformities and investigations are done to find the cause of non-conformities to take corrective actions and preventive actions in order to prevent the re occurrence of the non-conformities.</p> <p>Corrective Action:</p> <p>Controls are applied to ensure that corrective action is taken and that it is effective in the following manner</p> <p>5.2.1 Initiate actions in terms of solving the current problem</p> <p>5.2.2 Analyze the cause for the occurrence of the problem</p> <p>5.2.3 Determine whether the problem occurred have addressed need to be solved to prevent re-occurrence</p> <p>5.2.4 Implement a corrective and preventive action after brainstorming or analyzing the root cause of the problem</p> <p>Preventive Action : Preventive actions are taken in the following manner</p> <p>5.2.5 Collect information through Corrective action, Audit of Process, Systems study, Customers Complaints, and Quality Records and analyze them to determine the potential areas of problems, which can be prevented from occurring</p> <p>5.2.6 The potential problematic areas are identified as those, which require preventive action are brought To the notice of the Department Head.</p> <p>5.2.7 The potential problematic areas, which require preventive action shall be brought to the notice of the Department Head</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature 		Signature : 

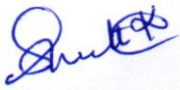



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: COM-07 Page No: 2 of 2
<b>Title : Corrective And Preventive Action</b>		
<p>5.2.8 The problems are solved by the following means</p> <p>5.2.8.1 Brainstorming the problem</p> <p>5.2.8.2 Analyzing the Problem</p> <p>5.2.8.3 Defining the documented procedure, where required, to prevent occurrence of the potential non-conformance</p> <p>5.2.8.4 Strengthening the inspection and service process by means of additional stage of monitoring</p> <p>5.3 Preventive actions will be taken after an analysis of the corrective actions or information gathered through the records etc. basically to ensure that potential non-conformities are eliminated [ i.e. avoid the occurrence of discrepancy]</p> <p>5.4 Corrective and Preventive Actions taken are recorded in a given Corrective and Preventive action format and it will be reviewed with The Principal during Management Review Meeting by the concern Heads</p> <p><b>6. Quality Records:</b></p> <p>Corrective &amp; Preventive Action file</p> <p><b>7. Reference :</b></p> <p>Data taken for analysis</p> <p><b>8. Formats :</b></p> <p>CAP Form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: COM-08 Page No: 1 of 1
<b>Title :continuous improvement management system- Kaizen</b>		
<p><b>1. Purpose</b> : To describe the procedure for implementing the continuous improvement Management System.</p> <p><b>2. Objective</b> : To improve the organization performed by continuous improvement.</p> <p><b>3. Responsibility:</b> Principal, HOD, IQAC&amp; All Staff.</p> <p><b>4.Definition:</b> HOD-Head of the Department</p> <p><b>5.Procedure:</b></p> <p>5.1. Every personnel in the organization shall fill the continuous improvement report after his/her implementation and the report shall be given to the HOD</p> <p>5.2. The HOD will review the report and shall authorize the action taken and result of the improvement</p> <p>5.3. The HOD shall forwarded the report to the principal for his review and the same shall be recorded, for their reviewing during the appraisal system of the Respective employees</p> <p>5.4. The suggestion shall be given to IQAC and can reviewed for implementation after approval.</p> <p>5.5. The reported suggestions shall be discussed during the Management Review Meeting, if necessary, the respective employees shall give presentation at the Management Review Meeting.</p> <p><b>6. Quality Records:</b> Continuous improvement reporting, suggestion report file</p> <p><b>7. Reference:</b> Nil</p> <p><b>8. Formats:</b> Continuous improvement Report</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-9
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title: Hospital management procedure</b>		
<p><b>1. Purpose</b></p> <p>1.1 To develop the guidelines and norms for hospital management.</p> <p>1.2 To prepare a detailed plan of action.</p> <p><b>2. Objectives</b></p> <p>2.1 To improve the standards of dental education &amp; services and to maintain global standard</p> <p>2.2 To promote awareness among functionaries involved in Health and Hospital Management</p> <p>2.3 To promote the development of high quality hospital services and community health care</p> <p>2.4 To provide primary, secondary and tertiary health care and also to maintain a healthy workforce in the organization to meet the competition and achieve organizational vision and mission</p> <p>2.5 To promote a forum for the exchange of ideas and information among health and hospital planners, academicians, administrators, various statutory bodies and the general public for the improvement of Hospital and Health Care delivery Systems</p> <p>2.6 To draw the materials budget by implementing various techniques of resource planning for balanced growth and effective running of the hospital</p> <p>2.7 To establish proficient hospital information system and supportive services</p> <p>2.8 To promote research in the field of Health and Hospital Management in order to improve the efficiency of Health Care delivery Systems.</p> <p><b>3. Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 Clinical Coordinator</p> <p>3.3 Student Coordinator</p> <p>3.4 Administrative Officer</p> <p><b>4. Definition</b></p> <p>Hospital Management is a term very broad in scope and may be defined from different aspects. It mainly relates to management of all aspects of a hospital; a coordination of all elements of a hospital. This may range from patient care to record keeping to inventory of medicines and cleanliness. To be able to become a hospital management professional requires taking care of each and every element of the hospital.</p> <p><b>5. Procedure</b></p> <p>5.1 To conduct meetings once in a months with prior notice and agenda.</p> <p>5.2 To get inputs periodically from primary stake holders (Students, clinicians and .</p> <p>5.3 To develop new concepts for improving health care service.</p> <p>5.4 To define the concept, plan and effective organization of the concept</p> <p>5.5 To co-ordinate with committee members of facility management and safety, infection control and hospital management</p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature:</b> 		<b>Signature:</b> 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-9
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 4
<b>Title: Hospital management</b>		
<p>5.6 To record the minutes of meeting in the MOM format</p> <p>5.7 To propose a concept that includes operative health care business model, advanced hospital information system and proficient supportive services to the patient</p> <p>5.8 To form a team to effectively manage the organization structure, purchase management, store management, hospital operations that include patient care &amp; student care of the institution</p> <p>5.9 The proposed design is evaluated and sent for approval</p> <p><b>6. Quality Records</b></p> <p>6.1 File for Hospital Management Committee</p> <p>6.2 File for IQAC Cell</p> <p>6.3 File for Principal office</p> <p><b>7. Reference</b></p> <p>7.1 Hospital management system.</p> <p><b>8.Format</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature:</b> 		<b>Signature:</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-9
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No:3 of 4

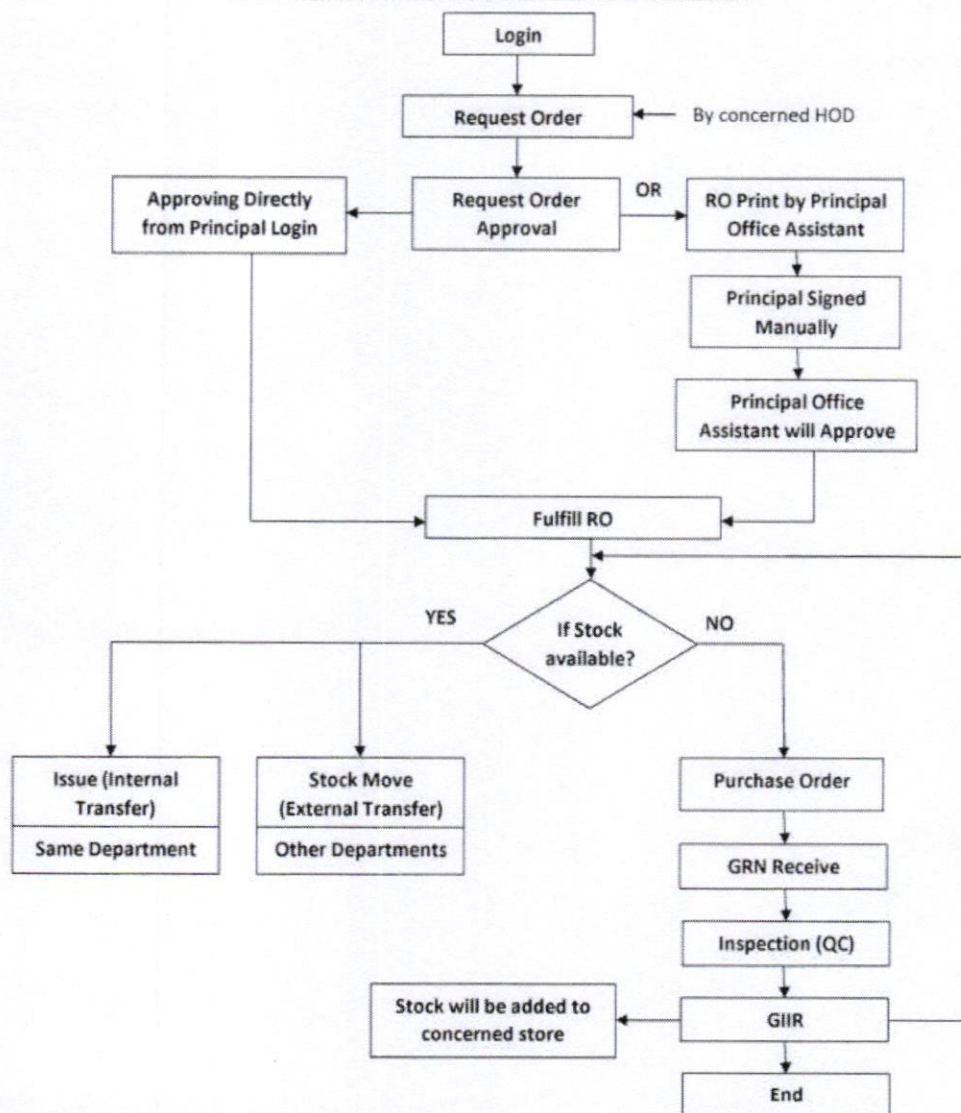
**Title: Hospital management**



**Purchasing cycle**

### Sri Ramakrishna Dental College and Hospital

#### Wellspring(Nelly) Process Work Flow Chart

##### Purchase and Inventory Management System

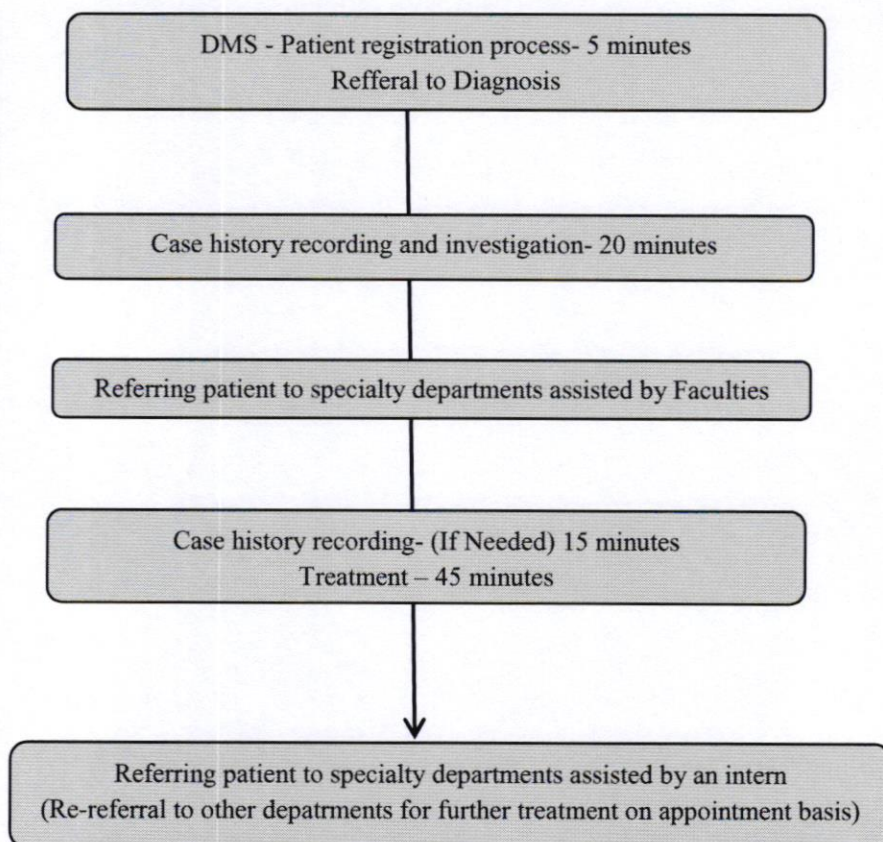




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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: COM-9
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 4 of 4



**Title: Hospital management**

**PATIENT MANAGEMENT**





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Signature: 	Signature: 







Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-01
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title: Academic Cell</b>		
<p><b>1.1 Purpose</b></p> <ul style="list-style-type: none"> <li>1.1 To develop the guidelines and norms for the academic activities in the college.</li> <li>1.2 To prepare a detailed plan of action.</li> <li>1.3 To regularly collect information related to attendance, course coverage exams performance of students.</li> </ul> <p><b>2. Objectives</b></p> <ul style="list-style-type: none"> <li>2.1 Strict discipline, monitoring classes continuously feedback system from students&amp; monitoring students Performance by modern techniques are the specialties of the academic cell.</li> <li>2.2 Academic cell of the college functions towards fulfillment of its goals maintaining quality of education.</li> </ul> <p><b>3. Responsibility</b></p> <ul style="list-style-type: none"> <li>3.1 Principal.</li> <li>3.2 HOD's of all departments</li> <li>3.3 Committee members (Professors/Readers/Senior Lecturer).</li> <li>3.4 Mentor Director.</li> </ul> <p><b>4. Definition</b> Nil</p> <p><b>5. Procedure</b></p> <ul style="list-style-type: none"> <li>5.1. The Academic cell prepares Prospectus/Hand Book.</li> <li>5.2. Academic cell prepares the College Academic Calendar.</li> <li>5.3. To receive the monthly attendance report and the test marks conducted by the department (internal assessment marks and class test marks)</li> <li>5.4. To monitor progress of UG students (attendance and internal assessment)</li> <li>5.5. To monitor progress of PG students (including progress of Library and University dissertation-submission of topics for approval, submission of completed thesis etc).</li> <li>5.6. To periodically send academic data of students to the University which would scrutinize and provisionally list out the students who are likely to be detained from appearing for the University examination.</li> <li>5.7. To identify students who are below average in their performance and inform the student's progress to their parents and their student mentors /counselors</li> <li>5.8. Prepares students progress report quarterly.</li> <li>5.9. Facilitate interact between Parents/Students/Mentors to improve and excel in their overall performance.</li> <li>5.10. Prepares students progress report quarterly.</li> <li>5.11. Facilitate interact between Parents/Students/Mentors to improve and excel in their overall performance.</li> <li>5.12. To facilitate regular meetings between the parents and the departments.</li> <li>5.13. To analyze the results of the university examination and give feedback to individual department.</li> <li>5.14. To interact with the Mentors of individual department who have been put in charge for the repeaters.</li> <li>5.15. To frame lecture classes and practical's timetable for UG and PG.</li> </ul>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 



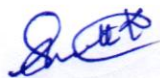

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-01
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title: Academic Cell</b>		
<p>5.16. To frame Internal assessment exam timetable for UG and PG</p> <p>5.17. To inform dates for SRH -scientific committee and ethical committee meetings.</p> <p>5.18. To receive proposals from PG students for dissertation and to forward to the SRH scientific committee.</p> <p>5.19. To receive proposals from staff members for short projects and research work to be forwarded to SRH- ethical committee.</p> <p>5.20. To scrutinize papers or posters (UG/CRI) to be presented at the conference and forward to clinical society.</p> <p>5.21. To get monthly report from departments regarding various Academic activities (of UG students, PG students and staff) like conferences, CME program and publications.</p> <p>5.22. To get independent feedback from the students about the staff and the departments to improve the performance of the staff.</p> <p><b>6. Quality Records</b></p> <p>6.1 Syllabus</p> <p>6.2 Teaching – Learning methods</p> <p>6.3 Continuous Comprehensive Assessment</p> <p>6.4 Evaluation process and learning outcomes</p> <p>6.5 Remedial measures</p> <p>6.6 Parent teacher meeting files</p> <p>6.7 Feedback files</p> <p><b>7.Reference</b></p> <p>7.1 DCI regulations</p> <p>7.2 TN Dr.MGR University Curriculum and Syllabus</p> <p><b>8.Format:</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD 02
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title:</b> Curriculum enrichment committee		
<p><b>1.Purpose</b></p> <p>1.1 To form a panel for Curricullum enrichment committee.</p> <p>1.2 To develop the guidelines and norms for Curricullum enrichment.</p> <p>1.3 To prepare a detailed plan of curriculum action.</p> <p><b>2. Objectives</b></p> <p>2.1 To ensure effective curriculum planning, delivery and evaluation through a well-defined process as prescribed by the Dental council of India and TNDr.MGR Medical University</p> <p>2.2 To do academic audit every year</p> <p><b>3. Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 All HOD's</p> <p>3.3 Members of Committee</p> <p><b>4. Definition:</b></p> <p>It is the basic constituent of the Academic system of an Institution.</p> <p><b>5. Procedure</b></p> <p>5.1 Form a panel for the institutional board of studies comprising of</p> <ul style="list-style-type: none"> <li>▪ Chairman ( Principal) - 1</li> <li>▪ secretary – 1</li> <li>▪ Department HODs</li> <li>▪ Academic Coordinator</li> <li>▪ Program Coordinator</li> <li>▪ Student Coordinator</li> </ul> <p>5.2 The Principal will appoint the members.</p> <p>5.3 The Secretary shall create and communicate the schedule for meetings as and when necessary, but at least once a year.</p> <p>5.3 The agenda for the meeting to be prepared by the Secretary 10 days before the meeting and has to be circulated to the members after getting the approval from the principal.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD 02
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title:</b> Curriculum enrichment committee		
<p>5.4 The minutes of the meeting to be recorded as per the MOM format and sent to the Academic committee.</p> <p>5.5 Feedback and action plan regarding the outcome of the meeting to be prepared and implemented.</p> <p><b>6.Quality Records</b></p> <p>6.1 File for Academic committee</p> <p>6.2 File for principal office</p> <p><b>7.Reference</b></p> <p>7.1 DCI</p> <p>7.2 Tamilnadu Dr. MGR Medical University Statutes</p> <p><b>8. Format</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 







Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-03
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Organizing and Releasing of College Calendar</b>		
<b>1. Purpose:</b> <ul style="list-style-type: none"> <li>1.1 To plan and program the annual events</li> <li>1.2 To schedule the academic curriculum timetable</li> <li>1.3 To enable the students to maintain their work done &amp; to be done</li> <li>1.4 To keep a track of leave taken &amp; holidays for the students</li> </ul> <b>2. Objective:</b> <ul style="list-style-type: none"> <li>2.1 To accurately schedule the college events for the calendar year</li> <li>2.2 To schedule the college time table for the calendar year</li> <li>2.3 To list out the holidays for the calendar year</li> </ul> <b>3.Responsibility:</b> <p>Academic coordinator, Program Coordinator, Principal, Management</p> <b>4. Definition:</b> <p>Nil</p> <b>5.Procedure :</b> <ul style="list-style-type: none"> <li>5.1. To collect the list of Government holidays from government calendar.</li> <li>5.2. To collect the list of academic events, timetable from Principal</li> <li>5.3. To collect the list of extracurricular events like cultural &amp; sports.</li> <li>5.4. To get approval from Management.</li> <li>5.5. Get the college calendar from the printers/ publication in website.</li> <li>5.6. Distribution of the calendar to the students through domain e-mail.</li> </ul> <b>6.Quality Records:</b> <p>Calendar approved copy</p> <b>7.Reference:</b> <p>Government calendar, Previous year calendar</p> <b>8.Formats:</b> <p>Previous year calendar</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-04
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Preparation of Master Time Table for UG/PG students</b>		
<p><b>1.Purpose</b></p> <p>1.1 A procedure followed by Sri Ramakrishna Dental College to prepare a Time Table for Undergraduate Students &amp; Postgraduate Students, so that the distribution of classes may be of prescribed format and Quantity necessary for the positive teaching –learning experience of the student.</p> <p><b>2.Objective</b></p> <p>2.1 Norms of DCI has to be adhered to in the allocation of classes.</p> <p>2.2 An even spread of subjects through the week, so that continuity and interest in the subject is maintained for the continual assimilation of the students.</p> <p>2.3 Spread of Theory and Practical sessions such that, the number of teaching and learning hours as per DCI/University norms</p> <p>2.4 Sufficient amount of time to be given in between for lunch break.</p> <p><b>3.Responsibility:</b></p> <p>3.1 Principal.</p> <p>3.2 Academic coordinator.</p> <p>3.3 H.O.D.</p> <p><b>4.Definitions:</b></p> <p>HOD- Head of the Department</p> <p><b>5.Procedure:</b></p> <p>5.1. The DCI requirement for the particular year of study is first noted.</p> <p>5.2. The number of working days in a year is calculated from the prepared Academic Calendar.</p> <p>5.3. The number of days is divided by “6” (number of working days in a week) to get the number of Working weeks in a year. (as the timetable is made in a weekly format)</p> <p>5.4. The required number of hours of tutoring for each subject is divided by the number of working weeks in a Year to give the number of hours needed for the subject on a weekly basis, as per guidelines givenby DCI.</p> <p>5.5. This procedure is done for all subjects (both theory and practical) in all the years of Study. (UG &amp; PG)</p> <p>5.6. The subjects are spread over the week, taking care to note that,</p> <p>5.6.1 Needs for all subjects is satisfied.</p> <p>5.6.2 Special requirements of any particular subject may be discussed with the H.O.D. (or subject in-charge).</p> <p>5.6.2 Factorize gazette and public holidays</p> <p>5.7. The finalized time table should be approved by the head of the Institution.</p> <p><b>6. Quality Records.</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-04
Issue Date: 7.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Preparation of Master Time Table for UG/PG students</b>		
<p><b>7. References.</b></p> <p>7.1 Dr. M. G. R. Medical University B.D.S. 2007, Regulations.</p> <p>7.2 DCI regulation for B.D.S. course.</p> <p>7.3 Dr. M. G. R. Medical University M.D.S. 2018, Regulations.</p> <p>7.4 DCI regulation for M.D.S. course</p> <p><b>8. Formats.</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 


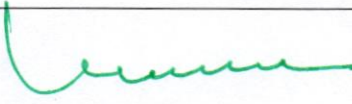
Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-05
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Preparation of Work Schedule for Lecture, Lab and Clinical Activities</b>		
<p><b>1.Purpose</b></p> <ol style="list-style-type: none"> <li>1.1 To plan the activities of department in a systematic manner based on the DCI and TN DR. MGR Medical university norms</li> <li>1.2 To allocate individual responsibilities to the teaching faculty and non-teaching staffs.</li> <li>1.3 To ensure proper functioning of the department activities effectively.</li> <li>1.4 To do comprehensive and time bound quality treatment to patients without any undue delay.</li> </ol> <p><b>2.Objective</b></p> <ol style="list-style-type: none"> <li>2.1 To develop a comprehensive schedule with priorities of curriculum and syllabus.</li> <li>2.2 To ensure clarity among the faculty and students regarding the lecture, clinical and lab activities.</li> <li>2.3 Is to assist patient care by time bound scheduling of patient treatment procedures.</li> <li>2.4 To improve the efficiency and organization of academic and administrative activities in the respective department.</li> </ol> <p><b>3.Responsibility</b></p> <ol style="list-style-type: none"> <li>3.1 Head of the department</li> <li>3.2 Clinical Coordinator</li> <li>3.3 Academic Coordinator</li> <li>3.3 Principal</li> </ol> <p><b>4.Definition:</b></p> <p>ITLE - Integrated Teaching learning evaluation , DMS – Dental management system</p> <p><b>5. Procedure</b></p> <ol style="list-style-type: none"> <li>5.1. Collection and Organization of Data provided in the academic calendar and master time table.</li> <li>5.2. Calculating number of lecture, laboratory and clinical hours.</li> <li>5.3. Analysis of the available manpower and the faculty competency level.</li> <li>5.4. Analysis of curriculum; lectures and skill training to be covered</li> <li>5.5. Based on the analysis of above data the lesson plan for lectures, laboratory manual for Practical sessions and work schedules are formulated during the department meeting.</li> <li>5.6. The schedule is sent for the approval from the Head of the department and to the Principal.</li> <li>5.7. Recording the work done through periodic maintenance of documents, records and registers.</li> <li>5.8. Any modification /Amendments in the schedule is brought to the notice of the HOD and recorded</li> <li>5.9. Continuous assessment of work through feedback from patients and students and reviewing The work record and log books.</li> </ol>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-05 Page No: 2of 2
<b>Title :Preparation of Work Schedule for Lecture, Lab and Clinical Activities</b>		
<p><b>6. Quality Records:</b></p> <p><b>6.1Lecture</b></p> <p>6.1.1. Schedule</p> <p>6.1.2 Faculty Log Book.</p> <p>6.1.3 Feedback Form.</p> <p>6.1.4 lesson plan - ITLE</p> <p><b>6.2Laboratory</b></p> <p>6.2.1 Lab schedule</p> <p>6.2.2 Student Work Record.</p> <p>6.2.3 Lab work schedule</p> <p>6.2.4 Lab manual.</p> <p><b>6.3 Clinical</b></p> <p>6.3.1Clinical schedule</p> <p>6.3.2 Treatment Register - DMS</p> <p>6.3.3 Appointment Register</p> <p>6.3.4 Student and Faculty Log Book.</p> <p><b>6.4 Ceramic Laboratory</b></p> <p>6.4.1 Work order form</p> <p>6.4.2 Crown Preparation Register</p> <p>6.4.3 Crown &amp; bridge delivery Register.</p> <p><b>7. Reference :</b></p> <p>7.1 D.C.I And University Manuals.</p> <p>7.2 Academic And Master Time Table.</p> <p>7.3 Faculty Profile.</p> <p><b>8.Formats:</b></p> <p>Work order form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>  <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-06 Page No: 1 of 3
<b>Title : Preparation of Lesson / Teaching Plan</b>		
<p><b>1. Purpose:</b></p> <ul style="list-style-type: none"> <li>1.1 To formulate the learning objectives.</li> <li>1.2 To aid in preparation and sequential organization of the content of lesson.</li> <li>1.3 To aid management timing of lecture /planning a lecture</li> <li>1.4 To select proper teaching learning method.</li> <li>1.5 To act as evaluation and referencing tool in attaining the continual improvement of the particular topic based on feedback from students</li> </ul> <p><b>2. Objectives of Lesson Plan:</b></p> <ul style="list-style-type: none"> <li>2.1 To aid the participants in understanding the concepts of planning the lessons ahead.</li> <li>2.2 To make improvement in teaching and learning experience.</li> <li>2.3 To aid in defining and listening the elements related to the knowledge aspect of a lesson.</li> <li>2.4 To aid in the explanation of principles behind the elements of lesson plan.</li> <li>2.5 To channelize/aid in adapting various methods to sustain learners attention</li> </ul> <p><b>3. Responsibility</b></p> <ul style="list-style-type: none"> <li>3.1 Presenter</li> <li>3.2 Faculty</li> <li>3.3 HOD</li> <li>3.4 Student</li> <li>3.5 Academic Coordinator</li> </ul> <p><b>4. Definition:</b></p> <ul style="list-style-type: none"> <li>4.1 Smallest unit of experiences and activities related to education provided to the learners.</li> <li>4.2 Written account of educational objectives to be realized and specific means by which these are to be Attained during a lesson.</li> </ul> <p><b>5. Procedure:</b></p> <p><b>5.1 Prepare The Didactic Input For Lesson:</b></p> <ul style="list-style-type: none"> <li>5.1.1 Before the class</li> <li>5.1.2 Organization</li> <li>5.1.3 year of study</li> <li>5.1.4 Decide the method to take the lecture</li> <li>5.1.5 Check for the appropriateness of the topic</li> <li>5.1.6 Collect, collate and format a comprehensive content for the topic as appropriate for their level of Learning</li> </ul>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-06
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 3
<b>Title : Preparation of Lesson/ Teaching Plan</b>		
<p><b>5.2 Getting The Content Right:</b></p> <p>5.2.1 Set the aim</p> <p>5.2.2 Specify the objectives</p> <p>5.2.3 Follow the principles of learning outcomes</p> <p>5.2.4 Understand the difficulty level of topic</p> <p><b>5.3 Structuring The Lesson Plan:</b></p> <p>5.3.1 Set induction.</p> <p>5.3.2 Motivate-explain –importance of topic.</p> <p>5.3.3 Asses the prior knowledge – through pretest/quiz.</p> <p>5.3.4 State the objectives/show the overview of content.</p> <p>5.3.5 Cover the objectives</p> <p>5.3.6 Maintain attention the non-didactic methods.</p> <p>5.3.6.1 Is done midsession to prop up sagging attention.</p> <p>5.3.6.2 Classroom activity – problem solving</p> <p>5.3.7 Interact with the students through – active learning principle (Tell-show-do)</p> <p>5.3.8 Use the teaching and learning principles.</p> <p>5.3.9 Ask the students to recall on what they have learnt.</p> <p>5.3.10 Ask to relate to the objectives and asses the level of achievements</p> <p>5.3.11 Do not keep the question session as the end.</p> <p>5.3.12: Summarize the key point.</p> <p>5.3.13 Ensure application of knowledge.</p> <p>5.3.14 Use effective exit strategy to ensure attendance in next class.</p> <p><b>5.4 Check for understanding :</b></p> <p>5.4.1 Determine the understanding - through test/quiz – During or post evaluation.</p> <p><b>5.5 Closure :</b></p> <p>5.5.1: Recap key points to consolidate knowledge/comprehension with take home message.</p> <p>5.5.2: Use strategies to inspire and motivate students to learn further – Key references, assignments, MCQ's</p>		
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<b>Signature</b> 		<b>Signature :</b> 

Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-06 Page No: 3 of 3
<b>Title : Preparation of Lesson/Teaching Plan</b>		
<p><b>5.6. Assessment:</b></p> <p>5.6.1 Formal/informal – if students have accomplished - the objective</p> <p>5.6.2 Through follow-up – assignments /homework/reading.</p> <p><b>5.7. Utilization: -</b></p> <p>Resources (ICT, Textbooks, Monographs, Internet based learning resources, Journals etc.</p> <p><b>5.8 Follow Up Action:</b></p> <p>Through Feedback</p> <p><b>6. Quality Records:</b></p> <p>Pre-test records</p> <p>Feedback form:Student</p> <p>Attendance, Tests – Conducted – Record, Teaching schedule, AssignmentsHomework, Lecture log book, Faculty files</p> <p><b>7. Reference:</b></p> <p>7.1. DCI/University Manual</p> <p>7.2. Academic Calendar</p> <p>7.3. Text Book</p> <p>7.4. Journal References</p> <p><b>8. Format:</b></p> <p>Google form</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-07
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2

**Title : Preparation of notes of lesson**

**1.Purpose**

To build a systematic approach towards learning.

**2. Objectives**

- 2.1 To cover explaining the topic according to the syllabus prescribed by university.
- 2.2 To develop knowledge, skills & for enhancing and understanding of subject.
- 2.3 For easy recollection of the contents pertaining to the topic.
- 2.4 To aid as additional reading apart from reference text.

**3.Responsibility**

Head of the Department  
Teaching staffs



**4.Definition:**



A lesson note is defined as a written article of what would be taught to the students.

**5.Procedure:**



Steps in preparing lesson plan:-

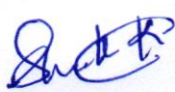

- 5.1 The head of Department will prepare the teaching schedule as per the norms given by Tamilnadu.Dr.M.G.R.Medical University
- 5.2 The HOD will distribute the teaching hours to the faculty/ teaching staff with the topics to cover.
- 5.3 The lesson sequence will start with basics of topic followed by intricate details
- 5.4 The important topics from exam point of view should be given adequate weightage
- 5.5 HOD will guide the teaching staff – In charge to prepare the notes of lesson according to the teaching schedule
- 5.6 The PowerPoint presentation must be prepared according to the department objectives by the teaching staff in charge of the topic.If the ppt is intended to be Shared to students, faculty must address copyright concerns.
- 5.7 The lesson plan and the PowerPoint presentation to be approved by the head of department 1 week before the class.
- 5.8 Contents of the lesson under proper subheadings as per the requisites of the specific subject
  - 5.8.1 Introduction
  - 5.8.2 Definition
  - 5.8.3 Etiology
  - 5.8.4 Incidence
  - 5.8.5 Clinical features
  - 5.8.6 Treatment plan
- 5.9 Making of flow charts to explain the topic
- 5.10 Use of graphs, bar diagrams, pie charts, figures to explain wherever possible.

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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-07
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Preparation of notes of lesson</b>		
<p>5.11 Use of key words / phrases instead of long sentences.</p> <p>5.12 Use of points instead of paragraphs.</p> <p>5.13 To make a summary to help recollect the topic covered / memorize the important points.</p> <p>5.14 Notes of lesson should be ready 1 week in advance</p> <p>5.15 Approval from Head of the Department must be obtained for Notes of lesson before taking class</p>		
<b>6.Quality Records</b>		
<p>6.1. PPT soft copy to be circulated in ITLE.</p> <p>6.2. PPT Soft copy submitted to department.</p>		
<b>7. References</b>		
<p>7.1 Dr.MGR Medical university Guidelines</p> <p>7.2 DCI guidelines</p>		
<b>8.Formats</b>		
NIL		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-08
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Question Paper Preparation for Internal Assessment Exams</b>		
<p><b>1.Purpose :</b></p> <p>1.1 To assess the theoretical knowledge of our dental students appearing for Internal Assessment examinations; year-wise and subject-wise.</p> <p>1.2 To maintain the standard and integrity of the assessment process critical for the dental students appearing for Internal Assessment examinations.</p> <p><b>2.Objective :</b></p> <p>2.1 To improve the ability and skills in understanding the subjects in dental curriculum prescribed by the Tamil Nadu Dr. M.G.R. Medical University and DCI</p> <p>2.2 To provide continuous assessment throughout the year</p> <p>2.3 To allot term wise Internal Assessment marks based on their performance in the Internal assessment</p> <p><b>3.Responsibility :</b></p> <p>3.1 Teaching staff – Incharge</p> <p>3.2 Head of Department</p> <p>3.3 Exam cell</p> <p><b>4.Definitions :</b></p> <p>Nil</p> <p><b>5.Procedure :</b></p> <p>5.1 The Academic in-charge of the subject year-wise will set the Question Papers for theory, followed by approval from the Head of Department, taking into consideration the trends and patterns of Questions, following the Tamilnadu Dr. M.G.R. Medical University.</p> <p>5.2 The Teaching Staff In-charge should ensure that Question Papers reflect the content of the previous year university question papers available in the central library for reference.</p> <p>5.3 Care should be taken that questions are phrased in a way that is clear and unambiguous and that grammar and syntax are correct.</p> <p>5.4 A set of question paper are sent to the academic coordinator after approval from the HOD's, stored as a soft copy to be distributed to the invigilator at the time of the theory exam.</p> <p>5.5 Strict confidentiality should be maintained in relation to the contents of all examination Question Papers.</p> <p>5.6 All the necessary instructions for students should be entered clearly on the front page of the Examination Question Paper.</p> <p>5.7 The Internal Assessment examination will be conducted under the discretion of the Exam cell.</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-08
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Question Paper Preparation for Internal Assessment Exams</b>		
<p><b>6.Quality Records :</b></p> <p>1.1 University Question Bank (Previous years Question Papers)</p> <p>1.2 Clinical / Practical Record book of students appearing for exam</p> <p><b>7.References :</b></p> <p>7.1 Dr. M.G.R. Medical University Guidelines</p> <p>7.2 DCI regulations</p> <p>7.3 SRDCH Theory Exam Guidelines</p> <p><b>8.Formats :</b></p> <p>Nil</p>		
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<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-09
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Conducting Internal Assessment/ Model Examination</b>		
<p><b>1.Purpose :</b> To conduct Internal assessment exams</p> <p><b>2.Objective:</b> 2.1 To access and evaluate the continuous process of learning – mandatory 2.2 Toconduct remedial measures to improve the marks of the average and good students</p> <p><b>3. Responsibility:</b> All the teaching staff, Heads of departments, Exam cell, Principal.</p> <p><b>4.Definition:</b> HOD - Heads of departments</p> <p><b>5. Procedure:</b> 5.1. The principal officeprepares the schedule of the Internal Assessment Exams with the academic coordinator 5.2. The Schedule is circulated to all the department and also displayed in the Notice Board 5.3. The Internal Assessment exams are conducted thrice a year in three terms 5.4. A set of Question paper is prepared based on the University Patten by the teaching Staff and the HOD approves the same and the Question papers are sent to the academic coordinator. 5.5. From the set one question paper is selected by the academic coordinator and the Examination is conducted and monitored by the exam cell. 5.6. The answer key for the same is prepared. 5.7. The Examination is conducted and monitored by the exam cell which prepares Invigilation schedule for the staff's. 5.8. The answer papers are collected by the Invigilator after the exams and are submitted to the dental office using office attenders. 5.9. The answer papers are submitted to the respective departments by the Examination cell and are corrected by the teaching staffs and the marks are collected by the the Academic cell with in 7 days and sent to the principal office. 5.10. The examination marks are also entered in Internal Assessment register in the respective department and marks are sent to students through mail / app from IT department.</p> <p><b>6.Quality Records:</b> Internal Assessment register, Question Bank File</p> <p><b>7.Reference:</b> Text books of the concerned subjects, University rules and regulations</p> <p><b>8. Formats:</b> Nil</p>		
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<b>Signature</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-10
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Students Availing Leave</b>		
<p><b>1.Purpose:</b></p> <p>To describe the procedure for students availing leave</p> <p><b>2.Objective:</b></p> <p>To monitor students absenteeism and improve attendance</p> <p><b>3.Responsibility:</b></p> <p>HOD, Principal</p> <p><b>4.Definition:</b></p> <p>HOD – Head of the Department</p> <p><b>5.Procedure:</b></p> <p>5.1. The student has to obtain prior permission from respective HODs for availing leave.</p> <p>5.2. A leave letter counter signed by the parent/Guardian is submitted by the student to the HOD</p> <p>5.3. Leave letter on medical grounds should be accomplished by medical certificate</p> <p>5.4. Whenever prior permission could not be obtained, the leave letter should be submitted within two days after reporting to the college or within four days from the commencement of leave whichever is earlier, by student to the HOD</p> <p>5.5. The Student leave letter for availing more than 4 days consecutively is sent to the principal through HOD for approval.</p> <p><b>6.Quality Records:</b></p> <p>Year- wise students leave records</p> <p><b>7. Reference:</b></p> <p>College Handbook and calendar</p> <p><b>8.Format:</b></p> <p>Nil</p>		
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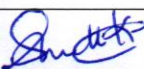





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-11
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Conduction Of Viva Voce</b>		
<p><b>1.Purpose:</b></p> <p>To do a Comprehensive and time bound Viva procedure for proper functioning of exams based on the guidelines of the Dental Council of India and the Tamilnadu Dr. MGR Medical University.</p> <p><b>2.Objectives:</b></p> <p>2.1. To Analyze the understanding (Knowledge) of the principles of the subject.</p> <p>2.2. To Analyze his/her understanding of the concepts of the subject in a variety of settings and possess the skills to provide high quality care in any of these environments.</p> <p>2.3. To determine the expression of skills required to make a sound diagnosis and appropriate treatment plan of the clinical case.</p> <p>2.4. The ability to determine and communicate the long-term strategies of oral health care which are in the best interests of the patient and the community.</p> <p><b>3.Responsibility:</b></p> <p>3.1. Head of the Department</p> <p>3.2. Faculty in-charge.</p> <p><b>4.Definition:</b> An oral examination, typically for an academic qualification</p> <p><b>5. Procedure:</b></p> <p>The Viva Voce is a face-to-face presentation held four times (three internal exams and one university exam) per year.</p> <p>The content of the Viva Voce will be determined by the Examiners based on the specified curriculum as defined in the Dr.M.G.R.medical university guidelines. Assessment of the students' performance is based evaluation by internal and external examiner in defined manner.</p> <p><b>6.Quality Records:</b> Internal exam record, University Internal entry record</p> <p><b>7. Reference:</b> Department Internal exams</p> <p><b>8.Format:</b> Nil</p>		
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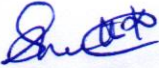

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-12
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title : Conduction Of OSCE</b>		
<p><b>1.Purpose:</b> OSCE assess the candidate's clinical competence in an objective rather than a subjective way.</p> <p><b>2.Objectives:</b> In a controlled environment, OSCE presents all candidates with the same clinical tasks, in the same amount of time and marked using a structured check list.</p> <p><b>3.Responsibility:</b>  3.1. Head of the Department  3.2. Faculty in-charge.</p> <p><b>4.Definition:</b>The OSCE is a versatile multipurpose evaluative tool that can be utilized to evaluate health care professionals in a clinical setting.</p> <p><b>5. Procedure:</b>OSCE design  5.1 An OSCE usually comprises a circuit of short (the usual is 5-10 mins although some examiners use upto 15 mins)stations, in which each candidate is examined on a one-to-one basis with one or two examiners.  5.2 candidates read the instructions then enter the station and proceed to perform the clinical task.  5.3 Examiners observe the candidate carrying out the task and their performance is scored by using a predefined checklist.</p> <p><b>6. Assessment Criteria</b>  Candidates will be assessed based on their ability to:  6.1. Identify the core issue/s or problem/s within the case.  6.2. Seek appropriate and sufficient information to understand the issue/problem.  6.3. Observe interactions that may complicate the management of the issue/problem.  6.4. Present a quality, focused review outlining the case which is articulated clearly.  6.5. Identify significant solutions/outcomes giving benefits and complications.  6.6. Understand diverse points of view other than own.  6.7. Offer alternative suggestions and the basis for alternatives.  6.8. Present views ethically and with cultural and social sensitivity.  6.9. Show professionalism and maturity when personal views are challenged.</p>		
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Signature 		Signature : 





Issue No. : 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-12
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title : Conduction Of OSCE</b>		
<p><b>7. Grading system:</b></p> <p>7.1. 90- 100% - Excellent – outstanding in overall performance, organized, formulated &amp; sustained arguments; creative insight &amp; originality in comprehension, application &amp; analysis with synthesis &amp; evaluation.</p> <p>7.2. 70- 90% - Good : Fulfils most of the performance indicators; good level of overall performance; competent understanding &amp; appreciation of the main issues possibly with some lapses; clearly developed arguments; generally well prepared &amp; presented. Solid evidence of comprehension &amp; application with some analysis.</p> <p>7.3. 50 – 70% pass:Fulfils most of the performance indicators; satisfactory level of overall performance; basic appreciation of subject matter &amp; issues; work lacking in breadth &amp; depth, &amp; has gaps; limited application &amp; analysis.</p> <p>7.4. &lt;50% - Fail:Fails to meet half of the performance indicators; a lack of understanding of most concepts; unsatisfactory in most aspects; minimal or inadequate comprehension of material and little or no application; unable to identify issues; inadequate depth &amp; breadth of understanding; material presented is incomplete or irrelevant.</p> <p><b>8. Quality Records:</b> University mark sheet</p> <p><b>9. Reference</b></p> <p>7.1. DCI dental syllabus</p> <p>7.2. Dr.M.G.R. medical university curriculum</p> <p>7.3. OSCE (Objective structured clinical examination)</p> <p><b>10. Format : Nil.</b></p>		
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Signature : 		Signature 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp;HOSPITAL</b>	Pr. No: ACD-13
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Sending Students Performance Report to Parents</b>		
<p><b>1. Purpose:</b> To describe the procedure for dispatching students performance report to parents.</p> <p><b>2. Objective :</b> To have a track record of student's performance in their examination.</p> <p><b>3.Responsibility:</b> Academic Coordinator, IT department</p> <p><b>4.Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <p>5.1 Schedule of Internal Assessment exams are informed to the students in advance.</p> <p>5.2 Accordingly, the test/exams will be conducted and the concerned department will value the answer scripts.</p> <p>5.3 After entering the marks and the attendance of the student, the members of the Academic cell will Collect and send the same to the academic coordinator.</p> <p>5.4 Academic coordinator will dispatch the results to the parents immediately through IT department.</p> <p>5.5 IT department will send through the registered mail/ app to the parents.</p> <p><b>6. Quality Records:</b></p> <p>6.1 Students performance Report/ Data card.</p> <p>6.2 IT records</p> <p><b>7.Reference:</b> Nil</p> <p><b>8. Formats:</b> Students data card format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 







Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-14 Page No: 1 of 1
<b>Title: Mentoring Procedure</b>		
<p><b>1.Purpose:</b> To describe the procedure for counseling students and interacting with parents.</p> <p><b>2.Objective:</b> To create a major positive influence on development of the student's community.</p> <p><b>3. Responsibility:</b> Mentor Director, Principal Mentors (Staff, allotted to group of students)</p> <p><b>4. Definition:</b> Nil</p> <p><b>5.Procedure:</b>  5.1: The Student coordinator allots number of students to each Mentor. The number of student for each Mentor depends on number of staff available in the college.  5.2: The Mentor conducts counseling sessions with the students during counseling hours.  5.3: The Mentor enquires each student about his/her academic performance/arrears, internal marks, and attendance. The Mentor counsels about student difficulty that he/she facing in the college, facilities required and his/her personal problems.  5.4: The Mentor maintains relevant details for each student.  5.5: The Mentors intimate the parents of that short-listed student to meet the HOD and Class In-charge in case of lack of attendance, disinterest in studies etc.  5.6: The Mentor interacts with parents about the student's performance and behavior in the PTM.  5.7: The Mentor submits the records to student coordinator on the completion of student program.</p> <p><b>6. Quality Record: :</b>  6.1 Student data Card  6.2 Counseling record.</p> <p><b>7.Reference :</b>  7.1: Term attendance report  7.2: Attendance Percentage-Term wise  7.3: Internal Assessment Marks-Term wise  7.4: Behavior of the Student – observed during counseling or report from the staff</p> <p><b>8 .Format:</b> Student data card format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature 		Signature : 




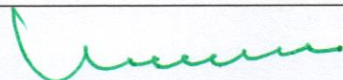
Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-15 Page No: 1 of 2
<b>Title : Conduction of University Examination</b>		
<p><b>1.Purpose</b></p> <p>1.1. To conduct exam for the month of August and February as per the University exam schedule</p> <p><b>2.Objective:</b></p> <p>2.1. To conduct the University exams without any problems for the Students and Faculty.</p> <p><b>3. Responsibility:</b></p> <p>5.1 Principal Office Assistant, 5.2 Administrative officer, 5.3 Chief superintendent - Examinations, 5.4 Academic Coordinator</p> <p><b>4.Definition:</b></p> <p>4.1 At the end of each academic year, the University conducts regular examinations for UG and PG programmes for summative assessment of an eligible candidate enrolled in the UG/PG program in Dentistry.</p> <p><b>5.Procedure:</b></p> <p><b>Theory Examination</b></p> <p>5.5 After announcement from university regarding conduction of Exam.</p> <p>5.6 University website – Academic section CR2 is logged in regarding Application form for exam (Theory and practical), Timetable, Exam fees, Students name list (regular, carry &amp; break) for receiving hall tickets for eligible students.</p> <p>5.7 Internal marks and attendance from all departments, submitted by Academic cell to be uploaded in the university website.</p> <p>5.8 Eligible students' examination fee to be paid online to university and Hall tickets to be downloaded.</p> <p>5.9 The principal office will collect the No Objection Certificate, signed by all the departments, the Administrative Office, Hostel (If applicable), the library and finally by the principal, before issuing the hall tickets to the students.</p> <p>5.10 Appointment letter of Chief Superintendent should be sent to the university</p> <p>5.11 During the Theory Exam, allot the examination hall in batch wise, according to the student's name list prepared by the Examination cell.</p> <p>5.12 University exams invigilation schedule will be prepared by the Chief superintendent – Examination cell</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-15
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Conduction of University Examination</b>		
<p>5.13 Exam hall will be prepared with Registration number stickers, Row sheet displays etc</p> <p>5.14 The answer sheets are received from the university will be checked and verified by the Assistants in the Principal Office.</p> <p>5.15 After completion of the university exam, the answer papers will be packed, sealed and sent to the university through Speedpost by the examination cell by the administration office. The Proof of Delivery will be maintained in the principal office.</p> <p><b>Practical Examination</b></p> <p>5.16 The Internal and External Examiners name list for the Practical Exam, will be received from the university.</p> <p>5.17 Vehicle Arrangements, accommodations, remuneration will be processed for the same by the administrative office.</p> <p>5.18 After the Practical exam, marks are entered in university website CR 2 in the principal office.</p> <p>5.19 The Examiners are given attendance certificate from principal office.</p> <p><b>6. Quality Record :</b></p> <p>6.1 University Exam file</p> <p><b>7. Reference</b></p> <p>7.1 T.N.Dr.M.G.R.M.U Guidelines &amp; Regulations.</p> <p><b>8. Format:</b></p> <p><b>No Dues sheet</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-16
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Internal Marks Allotment To BDS Student</b>		
<p><b>1.0 PURPOSE</b></p> <p>1.1 To assess performance of students.</p> <p>1.2 Indirectly help in measurement of effectiveness of performance of students.</p> <p><b>2.0 OBJECTIVE</b></p> <p>2.1 To have a continuous assessment of student's performance throughout the year.</p> <p><b>3.0 RESPONSIBILITY</b></p> <p>3.1 Staff in charge</p> <p>3.2 Head of the department.</p> <p><b>4.0 DEFINITION</b></p> <p>4.1 : P – Pass.</p> <p>4.2 : F – Fail.</p> <p>4.3 : A – Absent.</p> <p><b>5.0 PROCEDURE</b></p> <p>5.1 : Marks allotting criteria ( I –IV year )</p> <p>5.1.1: Theory (10 marks ) and practical (10 marks)</p> <p>5.1.1.1:Theory 10 marks– derived from 70 marks internal paper and 20 marks on viva. Best of 2 performance is averaged for final internal marks.</p> <p>5.1.1.2: Practical – 10 - derived from 90 marks practical. Best of 2 performance is averaged for final internal marks.</p> <p>5.2 Marks allotting criteria ( II year )</p> <p>5.2.1:Preclinical prosthodontics and conservative – 20marks each</p> <p>5.2.1.1: derived from 60 marks practical and 30 marks on viva. Best of performance is averaged for final internal marks</p> <p>5.3 Prior information is given to the students about the date of internal assessment through academic calendar.</p> <p>5.4 Internals are conducted three times a year and the average of 2 are taken for university internal mark.</p> <p><b>6. QUALITY RECORD</b></p> <p>6.1 Hard copy of the mark list.</p> <p>6.2 Soft copy of the mark list.</p> <p><b>7. REFERENCE</b></p> <p>7.1 DCI norms.</p> <p>7.2 University norms.</p> <p><b>8. FORMAT</b></p> <p>8.1 Custom designed excel format in accordance to norms.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature</b> 		<b>Signature :</b> 



Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Performance Appraisal of PG Students</b>		
<p><b>1.Purpose:</b></p> <p>1.1 It is the policy of Sri Ramakrishna Dental College to conduct performance appraisals with all students of the college on a regular, consistent, scheduled basis to promote continuous growth and improvement and thereby improve integrity, commitment and performance as a Specialist Dental Surgeon and a good human being.</p> <p><b>2.Objective:</b></p> <p>2.1 Results of the appraisals are used by Faculties to give feedback to students.</p> <p>2.2 The appraisal also gives the students an insight into their weak areas and enables them to work towards betterment.</p> <p>2.3 Gives the opportunity for student to see his proceedings from a third person perspective, so that he may improve on matters that are lagging.</p> <p><b>3.Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 HOD</p> <p>3.3 Guide and mentor</p> <p><b>4. Definitions.</b></p> <p><b>5. Procedure.</b></p> <p>5.1 Identify the student.</p> <p>5.2 Create a date for evaluation</p> <p>5.3 Variable required for evaluation are:</p> <p>5.3.1 Completion of work schedule set by the HOD.</p> <p>5.3.2 Attendance.</p> <p>5.3.3 Regular test. (to be put up by HOD and approved by the Head of Institution)</p> <p>5.3.4 Score obtained in Seminar / Journal club / UG teaching / LD progress / Main Dissertation progress.</p> <p><b>6. Quality Records.</b></p> <p>6.1 Work schedule of the student.</p> <p>6.2 Attendance of the Student.</p> <p>6.3 Log book of the student.</p> <p>6.4 Marks of the regular test conducted.</p> <p>6.5 Seminar / Journal club / UG teaching / LD progress / Main Dissertation progress – evaluation sheets</p> <p><b>7.References.</b></p> <p>7.1 The Tamilnadu Dr.M.G.R. Medical University M.D.S. Regulations.</p> <p><b>8.Formats.</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature 		Signature : 



**Title : OP Registration, Initial Diagnosis And Specialty Referral****1.Purpose:**

- 1.1 To enroll a new patient in the college OPD register and to preserve the OP card for future reference.
- 1.2 To evaluate , assess and chart the overall dental /oral conditions of the patient
- 1.3 To segregate the patient and refer them to concerned specialty for specialty treatment.
- 1.4 Maintain the Dental Health record of the patient for future use, referrals and record keeping Purposes

**2. Objective:**

- 2.1 To enroll, list and maintain details of the patients visiting the OPD.
- 2.2 To examine the Oro-facial structures.
- 2.3 To differentiate pathology from normal.
- 2.4 To chart all examination findings in the case sheet.
- 2.5 To arrive at a diagnosis based on the patients chief complaints and clinical examination findings and for effective treatment.
- 2.6 Record and retain all patient information gathered by the clinician in a systematic manner

**3. Responsibility:**

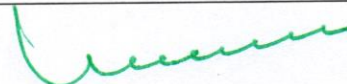
- 3.1 Registration / Reception
- 3.2 Clinician / Students
- 3.3 OP Staff-In -charge
- 3.4 HOD

**4. Definition:**



- 4.1 CRI -Compulsory Rotatory Internship
- 4.2 HOD – Head of The Department
- 4.3 OPD – Out patient Department
- 4.4 DMS – Dental management Software



**5. Procedure :**

- 5.1 Greet and welcome the patients – effective communications
- 5.2 Enquire personal details and make data entry by allotting specific registering in DMS and generated Op number.
- 5.3 Fill the patient's details in the OP card.
- 5.4 Guide the patients to the clinical examination and Diagnosis.

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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-18
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2of 2
<b>Title :OP Registration, Initial Diagnosis And Specialty Referral</b>		
<p>5.5 OPD in charge receive the patient in DMS</p> <p>5.6 Allot the patient to student and faculty as appropriate.</p> <p>5.7 Record the chief complaint and history in the case sheet.</p> <p>5.7.1 Clinical examination of the patient.</p> <p>5.7.2 Do a thorough examination of the patient.</p> <p>5.7.3 Neatly chart the findings in the DMS case sheet.</p> <p>5.7.4 Formulate a provisional diagnosis.</p> <p>5.7.5 Send for approval</p> <p>5.8 The staff incharge for OP will reexamine and recheck the findings and do the required correction in DMS and approve the provisional diagnosis</p> <p>5.9 Advise necessary investigations- Radiographs/ Blood investigations and get approval from faculty in charge</p> <p>5.10 Required investigation Bill raised for the service</p> <p>5.11 On payment, Guide the patient to radiology/Clinical lab</p> <p>5.12 Patient reports back with the radiographs/ Blood investigation report in DMS</p> <p>5.13 Based on provisional/ Radiographic diagnosis, medical status &amp; treatment needs of the patient, refer patient to concerned speciality through DMS and guide the patient to concern speciality clinic.</p> <p><b>6. Quality Records:</b></p> <p>6.1 Op card ( pre-designed)</p> <p>6.2 Treatment records - DMS.</p> <p><b>7. Reference :</b></p> <p>7.1 Custom designed OP card.</p> <p>7.2 DMS</p> <p><b>8. Format:</b></p> <p>8.1 DMS</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-19 Page No: 1 of 2
<b>Title : Patient Investigation</b>		
<p><b>1.Purpose:</b> 1.1. It's an in-depth systematic approach of patient during the course of clinical examination, observation and treatment.</p> <p><b>2.Objective:</b> 2.1. Systematic process of clinical evaluation of patient through radiographs, histopathological and lab investigations, to aid in diagnosis and to assess the treatment. 2.2. List of adjunctive equipments procedures and allied department personal for initiating, investigating and inferring the current / post condition of human bodies systems as appropriate for the procedure / treatment being contemplated.</p> <p><b>3.Responsibility:</b> 3.1. Faculty incharge 3.2. Head Of Department 3.3. Staff nurse 3.4 Radiographer 3.5. Lab technician</p> <p><b>4. Definition:</b>DMS – Dental management system</p> <p><b>5.Procedure:</b> 5.1. Thorough detailed case history of patient. 5.1.1. Chief Complaint 5.1.2. H/O present illness 5.1.3. Past medical history 5.1.4. Past dental history 5.1.5. H/O recent medication/drug allergy 5.2. clinical examination of patient 5.2.1. General examination. 5.2.2. Local examination 5.2.2.1.Extral oral examination 5.2.2.2.Intra oral examination 5.3.Based on case history and clinical examination of patient, arriving a provisional diagnosis. 5.4. Planning of appropriate essential investigations based on clinical examination</p>		
<b>Prepared By:</b>	<b>Approved by : Principal</b>	
<b>Signature :</b> 	<b>Signature :</b> 	



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-19
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2

**Title : Patient Investigation**

5.5. Filling of requisition form for concerned investigation which includes the following details

5.5.2. Requisition for concerned investigation in DMS

5.5.3. Approval of faculty in charge

5.6. Referral of patient to after billing to Radiology/ Clinical laboratory to carry out specified investigation.

5.7. Radiographic Interpretation and evaluation of investigation reports by comparing with standard norms and arriving at final diagnosis.

5.8. Discussion of case and forming a treatment plan.

5.9. Explanation to the patient and his / her attender about the case and appropriate treatment options for the same.

5.10. Obtaining informed consent from the patient

5.11. Preoperatively carrying out routine investigations when required to assess fitness of patient to undergo surgical intervention procedures

5.12 For special medical investigations, patient is referred to the concerned specialist with referral letter

**6. Quality Records:**

6.1. Patient case record

6.2. Investigation reports.

6.3 DMS

**7. Reference:**

**8. Formats:**

8.1 Special Investigation referral letter

**Prepared By:**



**Approved by : Principal**

**Signature :**







**Signature :**





Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-20 Page No: 1 of 1
<b>Title: Outpatient treatment procedure</b>		
<p><b>1. Purpose:</b> 1.1.</p> <p><b>2. Objective:</b> 2.1. Systematic process of clinical evaluation of patient through radiographs, histopathological and lab investigations, to aid in diagnosis and to assess the treatment. 2.2. List of adjunctive equipments procedures and allied department personal for initiating, investigating and inferring the current / post condition of human bodies systems as appropriate for the procedure / treatment being contemplated.</p> <p><b>3. Responsibility:</b> 3.1. Faculty incharge 3.2. Head Of Department 3.3. Staff nurse 3.4 Radiographer 3.5. Lab technician</p> <p><b>4. Definition:</b>DMS – Dental management system</p> <p><b>5.Procedure :</b> 5.1 Referred patient from oral medicine are received in the concern department through DMS 5.2 The patient is allotted to student/ faculty by op incharge staff 5.3 The treatment is performed appropriate after obtaining required concern form and permissions from the patient 5.4 The treatment plan prescribed by oral medicine department is carried out in order by the departments and Post treatment instructions shall be given accordingly. 5.5 Follow up of the treatment. 5.6 Recall visits are scheduled appropriately</p> <p><b>6.Quality Records:</b> 6.1Op card ( pre-designed) 6.2DMS</p> <p><b>7.Reference :</b> 7.1Student log book. 7.2 Department treatment file</p> <p><b>8.Format</b> 8.1Custom designed OP card 8.2 Preexisting OP register.</p>		
<b>Prepared By:</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

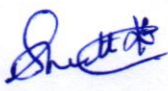



Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-21 Page No: 1 of 1
<b>Title : Procedure Manual for Radiography</b>		
<p><b>1.Purpose</b> 1.1 To identify and diagnose hard tissue disorders and anomalies using radiographs (X-ray)</p> <p><b>2.Objective:</b> 2.1 To identify hard tissue diseases. 2.2 To use the radiographs as an aid to arrive at the diagnosis. 2.3 To assess the success of treatment. 2.4 To compare pre op and post op of treatment. 2.5 As an adjunct investigation to clinical examination and monitor disease progression</p> <p><b>3 Responsibilities :</b> 3.1 X-ray technician 3.2 Staff in charge 3.3 HOD</p> <p><b>4 Definition :</b> 4.1 IOPA - Intra Oral Periapical radiograph 4.2 EO - Extra Oral radiograph</p> <p><b>5 Procedure :</b> 5.1 Do a thorough clinical examination and arrive at a provisional diagnosis. 5.2 Inform the patient and fill the X-ray requisition service form in DMS. 5.3 Obtain approval from staff incharge. 5.4 Entry should be made in the radiographic record. 5.5 Patient is guided to the radiology room. 5.6 Proper productive equipment to be given and used by the patient and technician 5.7 The X-ray technician will expose, make the radiograph according to the X-ray requisition form with adequate radiation protection. 5.8 After processing the film or soft copy, the X-ray technician will upload the copy in DMS 5.9 The radiologist should/ clinician/ faculty in- charge interpret and given opinion which is then use in the department for treatment planing.</p> <p><b>6 Quality Records :</b> 6.1 DMS.</p> <p><b>7 Reference :</b> 7.1 As per atomic energy regulatory board guidelines</p> <p><b>8.Format :</b> 8.1. DMS – investigation Service form</p>		
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-22 Page No: 1 of 1
<b>Title :Clinical Case Presentation</b>		
<p><b>1.Purpose</b></p> <p>1.1 To determinate the clinical knowledge of information which are vital to the practice of medicine/dentistry.</p> <p><b>2.Objective</b></p> <p>2.1 To further understand and gain knowledge regarding the clinical case to the dental faculty and the students.</p> <p><b>3.Responsibility</b></p> <p>3.1 Presenter (UG/PG Students)</p> <p>3.2 Faculty - In charge</p> <p><b>4.Quality Records</b></p> <p>4.1 Case history</p> <p>4.2 Photographs</p> <p>4.3 Radiographs</p> <p><b>5.Procedure</b></p> <p>5.1 The case history &amp; clinical data which is obtained by interviewing &amp; examining the patient is presented</p> <p>5.2 The provisional diagnosis &amp; differential diagnosis is discussed</p> <p>5.3 The investigation details such as radiographs and haemogram are presented.</p> <p>5.4 The final diagnosis of the case is presented correlating with the clinical findings</p> <p>5.5 The clinical photographs are displayed in the presentation</p> <p>5.6 The clinical case is concluded with discussion and summary &amp; treatment plan</p> <p>5.7 Assessment</p> <p>5.7.1 The discussion is assess on prescribed format on presentation and discussion</p> <p>5.7.2 The faculty in charge / faculties attended the discussion to provide the assessment marks. The final tabulated value is scored against in the final assessment sheet signed by the head of department</p> <p><b>6 Reference</b></p> <p>6.1 Text books</p> <p>6.2 Journals</p> <p>6.3 Library</p> <p><b>7 Format</b></p> <p>7.1 Title</p> <p>7.2 Case History</p> <p>7.3 Assessment form DCI format</p>		
<b>Prepared By:</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>  <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-23 Page No: 1 of 3
<b>Title :Case Discussion (UG/ PG)</b>		
<p><b>1.Purpose</b></p> <ul style="list-style-type: none"> <li>1.1 Foster Critical Thinking and encourage Student responsibility for learning</li> <li>1.2 For Clinical and Chair side learning</li> <li>1.3 Develop Questioning and Collaboration Skills</li> </ul> <p><b>2.Objective</b></p> <ul style="list-style-type: none"> <li>2.1 To make teaching more directed and organized.</li> <li>2.2 To facilitate in demonstration of competency of the students.</li> <li>2.3 To avoid repetitions in teaching and gives accountability for making decisions</li> <li>2.4 To Engage students in facing complex problems and making critical decisions within the constraints imposed by reality.</li> <li>2.5 To find solutions and reach decisions through discussion</li> <li>2.6 To acquire substantive knowledge, develop analytic and collaborative skills, and gain in self-confidence and attention to detail</li> <li>2.7 Helps in structuring and facilitating the students' work rather than delivering information.</li> </ul> <p><b>3. Responsibility</b></p> <ul style="list-style-type: none"> <li>1.1 Faculty in charge</li> <li>3.2 Head of the department. Student</li> </ul> <p><b>4.Definition:</b></p> <ul style="list-style-type: none"> <li>4.1 Interactive, student-centered exploration of realistic and specific narratives that provide grist for inductive learning.</li> </ul> <p><b>5.Procedure</b></p> <p><b>5.1 Prior to the session:</b></p> <ul style="list-style-type: none"> <li>5.1.1 Read through the entire case prior to conducting the discussion</li> <li>5.1.2 Learn about the Students</li> </ul> <p><b>5.2 Starting Off the Discussion Session</b></p> <ul style="list-style-type: none"> <li>5.2.1 Introduce yourself to the students.</li> <li>5.2.2 Tell them about your practice and let them know something personal about you such as a hobby, family information</li> </ul>		
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-23 Page No: 2 of 3
<b>Title : Case Discussion (UG/ PG)</b>		
<p><b>5.3 During the discussion</b></p> <p>5.3.1 Withhold your assumptions about what students do and do not know.</p> <p>5.3.2 Encourage Expansive Thinking</p> <p>5.3.3 Facilitate Clinical Reasoning</p> <p>5.3.4 Use good/effective questioning and interactive techniques.</p> <p>5.3.5 Attempt to Get Every Student Involved</p> <p><b>5.4. Demographic description of patient</b></p> <p>5.4.1 Describe the patient in terms of age, gender, cultural background, race, socioeconomic status, sexual orientation, religion, occupation/grade level, marital/family status, education</p> <p><b>5.5. Presenting problem</b> Indicate referral source</p> <p>5.5.1 If the referral source is someone other than the patient – state the referral sources, rationale, as well as the patient’s view of the reason to attend Counseling</p> <p><b>5.6 Chief Complaint and History Of Presenting Problem</b></p> <p>5.6.1 Collect and organize patient information. And prepare chief Complaints and history of present illness.</p> <p><b>5.7 History Present</b> the history as objectively as possible.</p> <p>5.7.1 Facts may be collected from various sources – the patient her/himself, significant others, records, referral sources.</p> <p>5.7.2 Summarize the patient’s dental, medical status and assess overall medical risk</p> <p><b>5.8 Clinical and Radiographic Findings</b></p> <p>5.8.1 Collect, organize and interpret extra oral, intraoral and radiographic findings</p> <p><b>5.9 Diagnosis</b></p> <p>5.9.1 Establish and list diagnoses for problems present.</p> <p><b>5.10 Treatment Plan and options</b></p> <p>Based on the assessment and theory and practice related to patientt issues,</p> <p>5.10.1 Select Appropriate References Related To Patient Case.</p> <p>5.10.2. Describe Relevance Of Selected References To Case.</p> <p>5.10.3. Develop Treatment Objectives And Viable Treatment Plan Choices</p> <p>5.10.4. Compare And Contrast Treatment Plan Choices</p> <p>5.10.5. Present Treatment Options With Rationale To Patient.</p>		
<b>Prepared By:</b>	<b>Approved by : Principal</b>	
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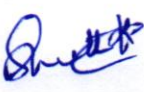



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-23
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 3
<b>Title : Case Discussion (UG/ PG)</b>		
<p>5.10.6 Create And Sequence Final Treatment Plan Using Evidence Based Rationale.</p> <p>5.10.7. Define Treatment Goals And Establish Time Line.</p> <p>5.10.8. Create A Plan To Assess The Effectiveness Of The Treatment.</p> <p><b>5.11 Prognosis and summary</b></p> <p>5.11.1 Predict the outcomes of final treatment plan.</p> <p>5.11.2 Provide diagnosis –specific prognosis and overall prognosis.</p> <p>5.11.3 Discuss patient compliance and longevity of treatment.</p> <p>5.11.4 Formulate audience questions to promote discussions of case.</p> <p><b>5.12 Presentation :</b></p> <p>5.12.1 Present the information to faculty and peers in a logical,organized sequence.</p> <p>5.12.2 Provide complete explanations,concepts, and scientific evidence</p> <p>5.12.3 Use visual,verbal and non verbal communications</p> <p>5.12.4 Engage audience and encourage interaction and manage time</p> <p><b>5.12.5 Presentation should answer following function</b></p> <p>5.12.5.1 What are the goals for patient counseling? Process? Outcome?</p> <p>5.12.5.2 What methods should be incorporated? What type of interventions will be used? What is the likely outcome if followed? When not intervene?</p> <p>5.12.5.3 What adjunct services could be utilized?</p> <p>5.12.5.4 What are relevant ethical and legal considerations regarding patient, assessment, and plan?</p> <p>5.12.5.5 What is prognosis -favorable, marginal, good, excellent.</p> <p><b>5.13 Assessment</b></p> <p>5.13.1 The discussion is assess on prescribed format on presentation and discussion</p> <p>5.13.2 The faculty in charge / faculties attended the discussion to provide the assessment marks. The final tabulated value is scored against in the final assessment sheet signed by the head of department</p> <p><b>6. Quality Records</b></p> <p>Patient Records- Personal, Medical ,Dental, Radiograph and, Lab records.</p> <p><b>7.Reference:</b></p> <p><b>Text Books , Journals</b></p> <p><b>8.Formats :</b></p> <p>Nil</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-24
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title : Inpatients Admission And Discharge from college to Sri Ramakrishna Hospital</b>		
<p><b>1.Purpose:</b> To Treat the patient in a safe and Healthy environment in hospital.</p> <p><b>2. Objective:</b></p> <ol style="list-style-type: none"> <li>2.1 Patient admitted as in-patient in Medical hospital for care during the course of dental and or Oro-facial treatments and they are documented.</li> <li>2.2 To serve as primary document communicating a patient's case plan and details of care given chronologically and sequentially to post care hospital team and the patient for future reference records.</li> <li>2.3 Complete documentation regarding in patient stay leading to improved quality of care after discharge and act as a record of post care.</li> </ol> <p><b>3.Responsibility:</b></p> <ol style="list-style-type: none"> <li>3.1. Faculty In charge</li> <li>3.2. Head Of Department</li> <li>3.3. Staff nurse, FNA/MNA</li> <li>3.4. Consultants of Allied specialties / Medical superintendent</li> </ol> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <p><b>5.1 Admission &amp; treatment plan</b></p> <ol style="list-style-type: none"> <li>5.1.1 Thorough detailed case history of patient after referral to Oral and Maxillofacial surgery or otherspeciality dental department.</li> <li>5.1.2. Clinical examination of patient and arriving at provisional diagnosis.</li> <li>5.1.3. Case discussion and admission of the same in required cases.</li> <li>5.1.4. Advising the patient for appropriate investigations.</li> <li>5.1.5. Interpretation and evaluation of investigation reports by comparing with standard norms and arriving at final diagnosis.</li> <li>5.1.6. Discussion of case and forming a treatment plan</li> </ol> <p><b>5.2. Preparation of patient for treatment</b></p> <ol style="list-style-type: none"> <li>5.2.1. Preparing detailed case summary of patient in inpatient case sheet</li> <li>5.2.2 Counseling the patient about the procedure, possible complications &amp; prognosis</li> <li>5.2.3 Needed Hematological Investigations <ul style="list-style-type: none"> <li>• Complete Haemogram</li> <li>• Blood sugar – Fasting &amp; Post-prandial</li> <li>• Serum urea, creatinine</li> <li>• Serum electrolyte</li> </ul> </li> </ol>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-24 Page No: 2 of 4
<b>Title : Inpatients Admission And Discharge from college to Sri Ramakrishna Hospital</b>		
<p>5.2.4. Needed Radiographs</p> <ul style="list-style-type: none"> <li>• Orthopantamogram</li> <li>• Para-nasal Sinus View</li> <li>• Sub-mento Vertex view</li> <li>• Chest Postero-anterior view</li> <li>• Computerized Tomography</li> <li>• Magnetic Resonance Imaging</li> </ul> <p>5.2.5 Electro-Cardiography</p> <p>5.2.6 Basic Blood, Urea, Creatinine &amp; general systemic fitness for appropriate anesthesia.</p> <p>5.2.7. Getting Anesthetic Fitness</p> <p>5.2.8. Obtaining informed consent from patient.</p> <p>5.2.8.1 Establishing a treatment plan and define roles and responsibilities for the surgical team</p> <p>5.2.9. Preoperative instructions to the patient</p> <p>5.2.10. Satisfying preanesthetic requirements if any</p> <ul style="list-style-type: none"> <li>• Preanesthetic medication</li> <li>• Reservation of blood</li> <li>• Reservation of ventilator.</li> </ul> <p>5.2.11. Shifting of patient to OT.</p> <p>5.2.12. Post operative care of patient</p> <ul style="list-style-type: none"> <li>▪ Monitoring vitals</li> <li>▪ Maintaining I/O chart</li> <li>▪ Administration of medication</li> <li>▪ Periodic review of patient.</li> <li>▪ Change in medication and course of treatment if required based on review of patient.</li> <li>▪ Discharge of patient on recovery (Day care procedure)</li> </ul> <p><b>5.3 Patient Discharge</b></p> <p>5.3.1. Based on periodic review and assessment of in-patient, patient will be taken up for discharge on consultation with Head of the department, if patient recovery status is good.</p> <p>5.3.2. Preparation of discharge summary includes.</p>		
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<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>  <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-24 Page No:3 of 4
<b>Title : Inpatients Admission And Discharge from college to Sri Ramakrishna Hospital</b>		
<p><b><u>Patient details</u></b> Patient name, Age/sex, Address, P/O.P no.</p> <p><b><u>Admission and discharge details</u></b></p> <ul style="list-style-type: none"> <li>• Date of admission</li> <li>• Method of admission - elective/ emergency/ transfer</li> <li>• Date of discharge</li> <li>• Discharge method - is patient discharged on medical advice or against medical advice.</li> </ul> <p><b><u>Operator details</u></b> - Surgeon, anesthetist, nurse.</p> <p><b><u>Clinical details</u></b></p> <ol style="list-style-type: none"> <li>1. Detailed case history</li> <li>2. Preoperative and postoperative diagnosis.</li> <li>3. Operative procedure</li> <li>4. Clinical alerts - warning of a medical condition or risk factor that requires consideration before treatment</li> <li>5. Allergies - includes information about all allergies known.</li> <li>6. Hospital course- includes detailed description on course of patient illness during inpatient stay.</li> <li>7. Relevant investigation and results - relevant assessments, investigations and observations undertaken on patient during inpatient stay</li> <li>8. Relevant treatment and changes made in treatment</li> <li>9. Surgical/ Operatory Notes</li> <li>10. Diet - information on dietary interventions, use of nutritional support during stay.</li> <li>11. Functional state - an assessment and description of patient's ability to perform daily activities. <ul style="list-style-type: none"> <li>• Medication on discharge</li> <li>• Patient and care taker instructions. - information both verbal and written</li> <li>• which has been provided to patient and his relative or care taker.</li> <li>• Person completing discharge summary : Name , Contact number, Professional body registration number, Consultant signature with date</li> </ul> </li> </ol> <p>Periodic Post operative review of the patient</p> <p>5.3.3. Getting signature from Head of the Department for</p> <ul style="list-style-type: none"> <li>• Drug intent form</li> <li>• Post operative interpretation report</li> </ul>		
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Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-24 Page No:4 of 4
<b>Title : Inpatients Admission And Discharge from college to Sri Ramakrishna Hospital</b>		
<ul style="list-style-type: none"> <li>• Discharge summary</li> <li>• In-patient case sheet</li> </ul> <p>5.3.4. Clearance of patient payment bills in accounts section ( for non-scheme case)</p> <p>5.3.5. For non-scheme case, patient will be discharged on clearance of bills from accounts section.</p> <p>5.3.6. For scheme case, after submission of discharge summary, post operative investigation report, drug intent form, soft copies of case photos to Health Insurance Scheme Authority for insurance processing and patient will be discharged.</p> <p><b>6. Quality Records:</b></p> <p>6.1. Patient case record in Medical Record Department (MRD)</p> <p>6.2. Investigation reports.</p> <p>6.3. Admission register.</p> <p>6.4. Patient case record in Medical Record Department (MRD)</p> <p>6.5. Investigation reports.</p> <p>6.7. Major case sheet file - Department</p> <p>6.8. OT list file.</p> <p><b>7. Reference: Nil</b></p> <p><b>8. Formats:</b></p> <p>8.1. Lab investigation form</p> <p>8.2. X ray requisition form</p> <p>8.3. Histopathology requisition form.</p> <p>8.4. Blood grouping and cross matching form</p> <p>8.5. Blood requisition form.</p> <p>8.6. Informed Consent form</p> <p>8.7. Case sheet format</p> <p>8.8. OT list form</p> <p>8.9. OT Procedure form.</p> <p>8.10. Discharge summary form</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-25
Issue Date:07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 6
<b>TITLE : Surgery (Major/Minor)</b>		
<p><b>1.Purpose</b> To create a safe and healthy environment for the patient in the operation theatre.</p> <p><b>2.Objective</b></p> <ol style="list-style-type: none"> <li>2.1 Surgical protocol for treating the in-patient in operation theater for existing oral disease(s) for esthetic and elective maxillofacial surgeries</li> <li>2.2 Treatment protocol for outpatient in dental office for existing oral condition(s) under local/regional anesthesia</li> <li>2.3 Definitive invasive method of treating the chief complaint of the patient under General Anesthesia.</li> <li>2.4 To provide a germ free, aseptic environment where the sick can be provided with a professional and compassionate care as per hospital standards.</li> <li>2.5 To achieve 100% Asepsis of critical equipments and instruments provided for surgery.</li> </ol> <p><b>3.Responsibility</b></p> <ol style="list-style-type: none"> <li>3.1 Staff nurse/Matron</li> <li>3.2 Ward boy / Girl</li> <li>3.3 FNA/MNA</li> <li>3.4 OT Nurse</li> <li>3.5 Scrub Nurse</li> <li>3.6 Floor Nurse</li> <li>3.7 Anesthetist Assistant</li> <li>3.8 Technical Assistant</li> <li>3.9 Recovery staff</li> <li>3.10 Intern incharge</li> <li>3.11 Staff incharge</li> <li>3.12 Anesthetist</li> <li>3.13 Operating surgeon</li> <li>3.14 Assistant surgeon</li> <li>3.15 Department Head</li> <li>3.16 Hospital Superintendent</li> <li>3.17 Central Sterility &amp; Serving Department (CSSD)</li> <li>3.18 UG / PG students</li> </ol> <p><b>4.Definition</b></p> <ol style="list-style-type: none"> <li>4.1 Major OT procedure is an invasive procedure that is performed on patient for his/her existing oral &amp; maxillofacial condition under general anesthesia in the operation theater.</li> </ol>		
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<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-25
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 6
<b>TITLE : Surgery (Major/Minor)</b>		
<p>4.2 Minor OT procedure is an invasive procedure that is performed on patient for his/her existing oral &amp; maxillofacial condition under local anesthesia in the minor operation theatre on an outpatient basis.</p> <p>4.3 Sterilization is a process intended to kill all microorganisms and is the highest level of microbial destruction of all microbial forms, including bacterial spores.</p> <p>4.4 Disinfection describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects</p>		
<b>5.Procedure</b>		
<b>5.1 Major OT :</b>		
<p>5.1.1 Clinical Examination, case history taking, and summaries the Positive findings</p> <p>5.1.2 Provisional Diagnosis</p> <p>5.1.3 Discussion , necessary investigations</p> <p>5.1.4 Final Diagnosis</p> <p>5.1.5 Treatment plan – Surgical procedure</p> <p>5.1.6 Counseling the patient about the procedure, possible complications, &amp; prognosis</p> <p>5.1.7 Informed Consent</p> <p>5.1.8 Following investigation has to be taken</p> <p>5.1.9 Needed Hematological Investigations</p> <ul style="list-style-type: none"> <li>• Complete Haemogram</li> <li>• Blood sugar – Fasting &amp; Post-prandial</li> <li>• Serum urea, creatinine</li> <li>• Serum electrolyte</li> </ul> <p>5.1.10 Needed Radiographs Investigation</p> <ul style="list-style-type: none"> <li>• Orthopantomogram</li> <li>• Para-nasal Sinus View</li> <li>• Sub-mento Vertex view</li> <li>• Chest Posterio-anterior view</li> <li>• Computerized Tomography</li> <li>• Magnetic Resonance Imaging</li> </ul> <p>5.1.11 Electro-Cardio Graphy</p> <p>5.1.12 Anesthetic Fitness for administering general anesthesia</p> <p>5.1.13 Health scheme evaluation papers has to be submitted for approval</p>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-25 Page No: 3 of 6
<b>TITLE : Surgery (Major/Minor)</b>		
<p>5.1.14 Scheme / Insurance card</p> <p>5.1.15 Ration card / Patients Voter ID</p> <p>5.1.16 Scheme / Insurance approval has to be obtained</p> <p>5.1.17 OT list of patient posted to be sent to Ward, Matern, &amp; Operation Theater</p> <p>5.1.18 Following Pre-operative instructions for the patient has to be followed</p> <ul style="list-style-type: none"> <li>• Nil oral from 10 pm onwards the day before surgery</li> <li>• Pre-anesthetic medications as per Anesthetist instructions</li> <li>• Surgical Site preparation – Complete shaving if any hair (as applicable)</li> <li>• Test dose for Intra-venous Antibiotics &amp; Lignocaine</li> <li>• Arrange a unit of blood for patient group &amp; typing, if needed and send sample for blood compatibility</li> </ul> <p>5.1.19 Transfer the patient to OT on next day 1 hour before surgery to OT ward</p> <p>5.1.20 OT preparation like change OT dress , wear head cap to the Patient and floor preparation by floor nurse.</p> <p>5.1.21 Patient should be shifted to OT by stretcher</p> <p>5.1.22 Intubation of Endo-tracheal tube, General Anaesthesia should be administered</p> <p>5.1.23 Skin preparation and draping should be done, and surgical procedure will be executed by the surgeon.</p> <p>5.1.24 If any pathology, biopsy should be collected, preserved in formalin bottle and sent it for histo-pathological report along with requisition form</p> <p>5.1.25 Post-op prescription of drugs and IV fluids</p> <p>5.1.26 Post-op instructions</p> <p>5.1.27 Follow ups and review</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-25
Issue Date : 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 4 of 6
<b>TITLE : Surgery (Major/Minor)</b>		
<b>5.2 Minor OT</b> <ul style="list-style-type: none"> <li>5.2.1 Clinical examination of the patient</li> <li>5.2.2 Case sheet with case history and patient record</li> <li>5.2.3 Case discussion with inter department staff members and HOD</li> <li>5.2.4 Following needed investigation has to be taken <ul style="list-style-type: none"> <li>5.4.4.1 Radiographs <ul style="list-style-type: none"> <li>• Orthopantomogram</li> <li>• Intra oral peri-apical radiograph</li> <li>• Occlusal radiograph</li> <li>• Lateral cephalogram</li> </ul> </li> <li>5.4.4.2 Biopsy reports <ul style="list-style-type: none"> <li>• Incisional biopsy and Excisional biopsy</li> </ul> </li> </ul> </li> <li>5.4.5 Final diagnosis – diagnosis to be finalized with investigation.</li> <li>5.4.6 Treatment plan – treatment for the diagnosis to be decided.</li> <li>5.4.7 Counseling – explanation about the procedure to the patient and attenders.</li> <li>5.4.8 Informed consent – approval for the procedure obtained from the patient and it is documented.</li> <li>5.4.9 OT preparation</li> <li>5.4.10 Shifting patient inside</li> <li>5.4.11 Patient with sterile clothing (patient gown)</li> <li>5.4.12 Floor preparation by technician</li> <li>5.4.13 Test dose for local anesthesia (lignocaine)</li> <li>5.4.14 Local anaesthesia – patient is given anesthesia before every procedure.</li> <li>5.4.15 Procedure execution <ul style="list-style-type: none"> <li>• Patient prepared and draped (linen).</li> <li>• Surgical instruments selected – for specific</li> <li>• Procedure for specific condition</li> </ul> </li> <li>5.4.16 Post operative instructions</li> </ul>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-25
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 5 of 6
<b>TITLE : Surgery (Major/Minor)</b>		
<p>5.4.17 Final diagnosis – diagnosis to be finalized with investigation.</p> <p>5.4.18 Treatment plan – treatment for the diagnosis to be decided.</p> <p>5.4.19 Counseling – explanation about the procedure to the patient and attenders.</p> <p>5.4.20 Medication prescription</p> <ul style="list-style-type: none"> <li>• Drug selection</li> <li>• Drug dosage</li> <li>• Drug</li> </ul> <p>5.4.21 Prescription and instructions advice to attenders and patient</p> <p>5.4.22 Follow ups and review informed to patients</p>		
<b>6. Quality Records</b>		
<p>6.1 In-patient/ Out-patient Case sheet maintenance in Medical Record Department (MRD)</p> <p>6.2 Major procedure record</p> <p>6.3 Personal log book</p> <p>6.4 Pre-op and post-op Photograph of patient soft copy records</p> <p>6.5 Biopsy report file</p> <p>6.6 Sterilization record</p> <p>6.7 Disinfection record</p> <p>6.8 Major OT /Minor OT indent and issue slip records</p> <p>6.9 Consumable records</p> <p>6.10 Replacement of consumables by the patient record</p> <p>6.11 Billing record</p> <p>6.12 Condemned instrument records</p> <p>6.13 Requirements records</p> <p>6.14 Stock register</p>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD -25 Page No: 6 of 6
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**TITLE : Surgery (Major/Minor)**



**7. Reference**

- 7.1 DCI Norms
- 7.2 Dr. TN MGR University norms
- 7.3 NABH protocol



**8. Formats :**



- 8.1 Inform consent
- 8.2 Hand disinfection manual procedure
- 8.3 Surgical Hand disinfection manual
- 8.4 Case sheet format
- 8.5 Radiographic requisition form
- 8.6 Blood Investigation requisition form
- 8.7 Histo-pathological form- Biopsy
- 8.8 Prescription slip
- 8.9 Discharge summary - summary of case record for patient reference and specialty referral Purposes.

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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTALCOLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-26 Page No: 1 of 1
<b>Title : Research Activity</b>		
<p><b>1. Purpose :</b> To describe the procedure for Research activities of the College</p> <p><b>2. Objective:</b></p> <p>2.1 To create awareness in doing research for both the teaching Staff and Students</p> <p>2.1 To improve the standard and quality of the treatment given based on the Research</p> <p><b>1. Responsibility:</b> Individual staff, HOD, Research coordinator, Principal</p> <p><b>2. Definition:</b> HOD- Head of the Department, EC- Ethics Committee, SC – Scientific committee</p> <p>SRH – Sri Ramakrishna Hospital</p> <p><b>5. Procedure:</b></p> <p>5.1. Research Proposals submitted by the teaching staff's, students are approved by the Head of the Department and principal are collected and submitted to the Research committee.</p> <p>5.2. All the research proposals with a pilot-study analysis should be presented in the RC meeting followed by SRH - EC which is held bi-annually.</p> <p>5.3. Provisional Ethical clearance certificate will be provided by the SRH - EC after acceptance.</p> <p>5.4. Execution of the project, it's progress, pilot study can be then carried out and final report of the study to be submitted again to the SRH -EC through online.</p> <p>5.5. Research projects are monitored by the head of the department, Research coordinator, to the principal for final approval before submission.</p> <p><b>6.Quality Records:</b> EC meeting Circular &amp; research file.</p> <p><b>7.Reference:</b> ICMR guidelines</p> <p><b>8.Formats:</b> Format for submission of Research Projects, Participant Information sheet (PIS), Patient Informed Consent form (ICF)</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-27
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title: Main Dissertation for Post graduates</b>		
<p><b>1.0 - Purpose</b></p> <p>1.1 - To fulfil the requirement of DCI and University regulation on research introduction for postgraduate students.</p> <p>1.2 Enable students to perform scientific experiments as per protocols under constant, active supervision in a manner that helps them understand nuances of scientific research and future research activities.</p> <p><b>2.0 - Objectives</b></p> <p>2.1 - To make all students learn how to conduct research.</p> <p>2.2 - To analyze the result and make suitable inferences and present the same in a cogent manner.</p> <p><b>3.0 - Responsibility</b></p> <p>3.1 - Students</p> <p>3.2- H.O.D/Guide</p> <p>3.4 Research cell</p> <p>3.5 SRH - EC</p> <p>3.4- Principal</p> <p><b>4.0 Definition</b></p> <p>4.1- A <b>dissertation</b> is a long formal piece of writing on a particular subject, especially for a university degree.</p> <p><b>5.0 Procedure</b></p> <p>5.1. Topic for main dissertation to be selected by the student and approved by the guide.</p> <p>5.2. Submission of synopsis of the main dissertation should be done within 6 months of the commencement of M.D.S course.</p> <p>5.3. The synopsis of the proposed research along with pilot study should be submitted in the prescribed format for submission of research proposals from departments to be finalized by the Ethics Committee of SRH.</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-27
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title : Main Dissertation for Post graduates</b>		
<p>5.4. Submitted research proposals should be presented before the SRH - EC members for ethical clearance.</p> <p>5.5. The first and the second progress reports to be submitted within the duration of the first and the second half of the second year MDS Curriculum respectively.</p> <p>5.6. The ethical clearance certificate should be established during submission to the Tamilnadu Dr. MGR Medical University.</p> <p>5.7. Main dissertation should be sent to the University.</p> <p>5.8. Every student appearing for examination for the first time should submit 6 typed written copies of dissertation prepared under the direction, guidance and to the satisfaction of the guide, HOD, Principal according to the university prescription.</p> <p>5.9. If the dissertation is rejected, the updated copy has to be re-submitted and get acceptance before appearing University examination.</p> <p>5.10. A student whose dissertation has been accepted by the university but who is declared to have failed in the examination will be permitted to reappear at the subsequent MDS examination without new dissertation.</p> <p><b>6.0 Quality records</b></p> <p>6.1 Main dissertation copy</p> <p>6.2 Student Log book</p> <p><b>7.0 References</b></p> <p>7.1 TN M.G.R Medical University norms.</p> <p>7.2 DCI norms.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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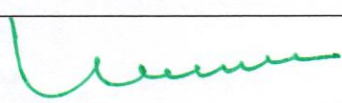
Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-28
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Library Dissertation</b>		
<p><b>1. Purpose</b></p> <p>1.1- To fulfil the requirement of DCI and University regulation on research introduction for postgraduate students.</p> <p><b>2. Objectives</b></p> <p>2.1- Enables the students in learning how to collect the references from various sources.</p> <p>2.2 - Train the students in writing and presenting skills.</p> <p>2.3- Assist the students in choosing a topic for the maindissertation.</p> <p><b>3. Responsibility</b></p> <p>Faculty In-charge, H.O.D, Principal</p> <p><b>4. Definition</b></p> <p>4.1- Library dissertation is a traditional comprehensive review of a subject and an essential form of literature research.</p> <p><b>5. Procedure</b></p> <p>5.1 - Topic for the library dissertation should be selected by the students within 3 months after joining M.D.S course. Students should start collecting the references from books / journals / reviews and other resources.</p> <p>5.2 Faculty In charge shall prepare a schedule for preparation and submission.</p> <p>5.3 - After collection of references,training for the students in writing and presenting skills should be done.</p> <p>5.4 - Students should make reference using online / IT sources.</p> <p>5.5 - Periodic evaluation of library dissertation to be followed by faculty in charge.</p> <p>5.6 - Complete the procedure and submit within 12 months from the start of study.</p> <p><b>6.0 Quality records</b></p> <p>6.1- Library dissertation copy</p> <p>6.2 Student Log book</p> <p><b>7.0 References</b></p> <p>7.1- TN M.G.R Medical University norms</p> <p>7.2 - DCI norms</p> <p><b>8.0 Formats - NIL</b></p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-29
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Approving, Conducting and Evaluating a PG Journal Club</b>		
<p><b>1. Purpose</b></p> <p>1.1 A procedure followed by Sri Ramakrishna Dental College to Approve /Conduct / Evaluate Journal Club event.</p> <p><b>2. Objective</b></p> <p>2.1 A set of instructions for approving / conducting / evaluating a Journal Club event.</p> <p>2.2 To improve the integrity and quality of the event.</p> <p>2.3 To keep abreast of scientific with emphasis on clinical review and to understand the rigor and content of scientific Experimental procedures done worldwide.</p> <p><b>3.Responsibility</b></p> <p>3.1 H.O.D.</p> <p>3.2 Guide.</p> <p><b>4.Definitions.</b></p> <p>Nil</p> <p><b>5.Procedure.</b></p> <p>5.1 For approving Journal Club event.</p> <p>5.1.1 The article has to be relevant to the year of study of the PG.</p> <p>5.1.2 The article has to be of the Past 5-10 yrs, as decided by the H.O.D.</p> <p>5.1.3 An Older article may be approved, if it has got "Classical" or "Historical" or "Practical" value.</p> <p>5.1.4 The article has to be of Journal with a good impact factor as decided by the HOD.</p> <p>5.2 For Conducting Journal Club event.</p> <p>5.2.1 Date of event has to be approved at least 2 weeks in advance.</p> <p>5.2.2 The article has to be circulated among the staff and students at least 3 days in advance.</p> <p>5.2.3 Additional references to be made in the presentation may be given as a Type written sheet</p> <p>5.2.4 Presentation has to be of 10 min duration.</p> <p>5.2.5 A power point presentation approved previously by the Guide and H.O.D has to be used.</p> <p><b>5.3 For Evaluating a Journal Club.</b></p> <p>5.3.1 Evaluation sheet prescribed by DCI has to be used compulsorily (refer logbook for evaluation sheet)</p> <p>5.3.2 In case of low score, the Guide / H.O.D can make a call for re-conduct of the event.</p> <p><b>6 Quality records.</b></p> <p>6.01 Log book of PG student.</p> <p>6.02 Record to maintain approval and conduct of Journal club.</p> <p><b>7 References.</b></p> <p>7.01 TN Tamilnadu DR. MGR Medical University M.D.S. Regulations.</p> <p>7.02 DCI regulation for M.D.S. course.</p> <p><b>8 Format</b></p> <p>8.1 Evaluation Sheet</p> <p>8.2 Log Book(PG)</p>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-30 Page No: 1 of 2
<b>Title :Approval, Conduct and Evaluation of PG Seminar</b>		
<p><b>1. Purpose</b></p> <p>1.1 A procedure followed by Sri Ramakrishna Dental College to Approve /Conduct / Evaluate Seminar event.</p> <p><b>2. Objective</b></p> <p>2.1 A set of instructions for approving / conducting / evaluating a Seminar event.</p> <p>2.2 To improve the integrity and quality of the event.</p> <p><b>3.Responsibility</b></p> <p>3.1 H.O.D.</p> <p>3.2 Guide.</p> <p><b>4. Definitions:</b></p> <p>Nil</p> <p><b>5. Procedure.</b></p> <p><b>5.1 For approving Seminar event.</b></p> <p>5.1.1 The topic has to be relevant to the year of study of the PG.</p> <p>5.1.2 The topic has to be approved by the Guide / H.O.D.</p> <p>5.1.3 The topic has to be prepared and all relevant references has to be collected and approved by H.O.D. / Guide.</p> <p><b>5.2For Conducting Seminar event.</b></p> <p>5.2.1 Date of event has to be approved at least 2 weeks in advance.</p> <p>5.2.2 The seminar has to be circulated among the staff and students at least 3 days in advance.</p> <p>5.2.3 Additional references to be made in the presentation may be given as a type written sheet.</p> <p>5.2.4 Presentation has to be of 30 min duration.</p> <p>5.2.5 A power point presentation, with template and content approved previously by the Guide and H.O.D has to be used.</p> <p><b>5.3 For Evaluating a Seminar.</b></p> <p>5.3.1 Evaluation sheet prescribed by DCI has to be used compulsorily (log book has format please refer to same)</p> <p>5.3.2 In case of low score, the Guide / H.O.D can make a call for re-conduct of the event within stipulated time and date with specific inputs of what is missing in the current event.</p>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-30 Page No: 2 of 2
<b>Title :Approval, Conduct and Evaluation of PG Seminar</b>		
<b>6. Quality Records.</b> 6.1 Log book of PG student. 6.2 Record to maintain approval and conduct of Seminar. <b>7. References.</b> 7.1 The Tamilnadu DR.M.G.R. Medical University M.D.S. Regulations. 7.2 DCI regulation for M.D.S. course. <b>8.Formats.</b> Nil		
<b>Prepared By: IQAC</b>	<b>Approved by : Principal</b>	
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE&amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-31 Page No: 1 of 1
<b>Title : Maintenance Log Book (UG, PG, STAFF)</b>		
<p><b>1. Purpose</b></p> <p>1.1 To evaluate and document the progress of the work done by the faculty members of SRDCH</p> <p><b>2. Objective</b></p> <p>2.1 To document the various curricular/co-curricular and activities performed by individual faculties in all departments of SRDCH.</p> <p>2.2 Evaluate the efficiency of individual staff members.</p> <p><b>3. Responsibilities :</b></p> <p>Faculty Members, HOD, Principal</p> <p><b>4. Definition :</b></p> <p>HOD – Head of the Department</p> <p><b>5. Procedure</b></p> <p>5.1 Maintenance of individual log book by respective faculty members.</p> <p>5.2 Day to day entry to be made in various categories such as curricular/co-curricular and extra-curricular activities performed.</p> <p>5.3 Term wise review of the log book through the HOD by Principal and biannual review by Principal based on HOD / Principal reports.</p> <p>5.4 Submitting faculty log book to Principal for review once in a term</p> <p><b>6. Quality Records :</b></p> <p>6.1 Faculty log book prepared based on DCI norms.</p> <p><b>7. Reference:</b></p> <p>7.1 Dental Council of India - Regulations of faculty log books for teaching faculty.</p> <p><b>8. Format:</b></p> <p>8.1 As per DCI regulation and SRDCH format</p>		
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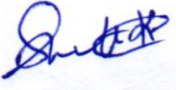

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-32
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Professional Ethics</b>		
<b>1.Purpose</b> 1.1 To develop trust among patient regarding the treatment rendered <b>2.Objective</b> 2.1 Safeguarding patient interest 2.2 Forming ethical committee 2.3 Addressing immediately the problem in case of breach in code of ethics <b>3 .Responsibility</b> 3.1 Head of the department 3.2 All clinical faculty 3.3 All students <b>4. Definition</b> 4.1 Code of ethics are set of principles of professional conduct, a bench mark to which the dentist must aspire when fulfilling their duties to their patients, public, profession and college. It promotes ethical conduct, professional responsibility and facilitates dialogue on common problems in dental practice. <b>5.Procedure</b> 5.1 Principles of Ethics 5.1.1 Patient autonomy: Sovereignty of patients and the power of decisions and choices is the sole discretion of the patient. The patient's right to self- determination is not, however, absolute. The dentist must also weigh benefits and inform the patient of contemporary standards of oral health care. 5.1.2 Integrity: Refers to justice, sincerity, moral soundness and uprightness. Dentist must value personal integrity and be honest, truthful, and respectful when interacting with patients to maintain their trust. 5.1.3 Justice: Justice is often associated with fair behavior from the time of elemental procedural issues such as, who shall receive treatment first, to complex questions whether the patient needs to be treated. 5.1.1 Non-malicious: Highlights that no harm should come to the patient by way of any action on the part of the dentist. 5.1.2 Beneficence: Beneficence ensures that the patient is well served and maximum benefits are imparted. Dentists must have respect for patients and personal dignity as human beings 5.1.3 Professionalism: Self-governance signifies professionalism and dentistry will thrive as long as its members actively support, promote, serve the public and act with honor and in accordance with the highest standards of professional integrity.		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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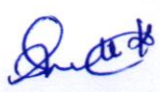
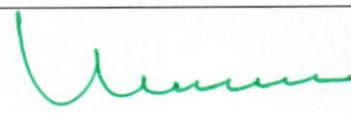


Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-32
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Professional Ethics</b>		
<p>5.2 Code of Professional Conduct</p> <p>5.2.1 Patient Involvement: The patient should be informed of the proposed treatment or alternatives, in a manner that allows the patient to become involved in treatment decisions. Dentists shall not project the care being rendered to their patients in a false or misleading manner.</p> <p>5.2.2 Patient Records: Safeguarding the confidentiality of patient records is the obligation of the dentist. Dentists should maintain patient records in a manner consistent with the protection of patients' welfare.</p> <p>5.2.3 Dentists should provide information that will be beneficial for the future treatment of that patient only upon request of a patient or another dental practitioner.</p> <p>5.2.4 Representation of Care: Care being rendered to the patients shall not be projected in a false or misleading manner, by the dentist.</p> <p>5.2.5 Unsubstantiated Representations: It is unethical for the dentist to either treat or recommend cure, without accepted scientific knowledge or research, when diagnosing, curing or alleviating diseases, infections or other conditions.</p> <p>5.2.6 Representation of Fees: Dentists shall not represent the fees being charged for providing care in a false or misleading manner.</p> <p>5.2.7 Disclosure of Conflict of Interest: A dentist writing about educational or scientific information, should disclose to the readers or participants any monetary or other special interest the dentist may have with a company whose products are promoted or endorsed in the presentation for a seminar, article or any other programme. Disclosure shall be made in any promotional material and in the presentation itself.</p> <p>5.2.8 Devices and Therapeutic Methods: Dentists must prescribe, dispense or promote only those devices, drugs and other agents whose complete formulation, therapeutic and adverse side effects in the form of published research are available to the dental profession. Dentists shall not hold out as exclusive any device, agent, method or technique if that representation would be false or misleading in any material respect.</p> <p><b>6. Quality Records:</b></p> <p><b>7. Reference:</b></p> <p>Indian Dental Association code of ethics</p> <p><b>8.Format :</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE AND HOSPITAL</b>	Pr.No: ACD-33
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Parents Feedback</b>		
<p><b>1.Purpose</b></p> <p>1.1 To know the expectations of the parents about the college activities and to inform the Parents about the progress of their wards'</p> <p>1.2 To bridge the gap between the parent and the teachers for continuous improvement of the student</p> <p><b>2.Objectives:</b></p> <p>2.1 Overall improvement of the student (academic, co-curricular and extracurricular)</p> <p><b>3.Responsibilities:</b></p> <p>3.1 Principal</p> <p>3.2 Head of the department</p> <p>3.3 Faculty</p> <p>3.4 Mentors</p> <p><b>4.Definitions:</b></p> <p>Nil</p> <p><b>5. Procedures:</b></p> <p>5.1 Assessment of the students by their performance in the academic activities by the concerned department faculties</p> <p>5.2 Intimation to the Principal regarding the student performance</p> <p>5.3 Intimation to the parents about their wards' performance by phone calls/SMS/email/app</p> <p>5.4 Acknowledging the parent feedback</p> <p>5.5 Preparation for parent teachers meeting at least once in the year</p> <p><b>6.Quality Records:</b></p> <p>6.1 Students performance report</p> <p>6.2 Parents feedback form</p> <p><b>7.Reference:</b></p> <p>Students performance data</p> <p><b>8. Formats:</b></p> <p>8.1 Students performance report</p> <p>8.2 Parents feedback form</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-34
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title:StudentFeed Back Analysis(Curriculum)</b>		
<p><b>1.0 PURPOSE</b></p> <p>1.0 To fulfill a regulatory or administrative obligation and provide useful insight into the student learning experience.</p> <p>1.1 To analyze overall teaching and learning process accordance to regulatory guidelines.</p> <p>1.2 To provide a source of data.</p> <p>1.3 To represent regulatory and accredited bodies.</p> <p><b>2. OBJECTIVE</b></p> <p>2.1 An effective student feedback analysis should create a genuine change in the particular course or programme wherever required.</p> <p><b>3. RESPONSIBILITY</b></p> <p>3.1 Principal</p> <p>3.2 HOD</p> <p>3.1 Teaching faculty</p> <p><b>4.DEFINITION:</b> IQAC – Internal Quality Assurance Committee</p> <p><b>5.PROCEDURE</b></p> <p>5.1 A student feedback form in the form of questionnaire designed by IQAC</p> <p>5.2 At the end of each academic year, feedback from students should be collected through google forms.</p> <p>5.3 After gathering the feedback from students, the data must be analyzed and interpreted.</p> <p>5.4 Action has to be taken, according to the results obtained.</p> <p>5.5 Presented to the curriculum enrichment committee</p> <p>5.5 Changes to be implemented according to need to increase the curriculum outcome.</p> <p><b>6 QUALITY RECORDS</b></p> <p>6.1 Students feedback analysis file.</p> <p><b>7 REFERENCE</b></p> <p>Nil</p> <p><b>8 FORMAT</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-35
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Patient Feedback Analysis</b>		
<p><b>1.0 Purpose</b></p> <p>To improve patient satisfaction and increase patient inflow</p> <p><b>2.0 Objective</b></p> <p>2.1 – to assess the patient need</p> <p>2.2 – to fulfill patient realistic immediate need on the same day</p> <p>2.3 – to fulfill patient realistic moderate need in 7 days</p> <p><b>3.0 Responsibility</b></p> <p>3.1 – Head of the department</p> <p>3.2 – Staff in-charge</p> <p><b>4.0 Definition</b></p> <p>4.1 – Patient feedback is the views and opinion of the patient and service users on the care they have experienced. They are collected in variety of ways including surveys, audit, and suggestion forms.</p> <p><b>5.0 Procedure</b></p> <p>5.1 Fixing feedback form app in the department</p> <p>5.1.1 Installing feedback form in the department, corridors and reception.</p> <p>5.1.2 Feedback is collected in <a href="mailto:principal@srdch.ac.in">principal@srdch.ac.in</a> account.</p> <p>5.1.3 Suggestions are sorted into immediate need and moderate need</p> <p>5.1.4 Suggestions that require immediate intervention are dealt on the same day after discussing with the head of the department</p> <p>5.1.5 Head of departments conducts a meeting with the department staff members to discuss about the suggestions.</p> <p>5.1.6 Opinion of all the staff members is entered</p> <p>5.1.7 Getting approval of the changes required from the head of the principal.</p> <p>5.1.8 Changes are implemented and evaluated in the department meeting and presented in HOD meeting with principal.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-35
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Patient Feedback Analysis</b>		
<p>6.1 – Direct conversation with the patient</p> <p>6.1.1 Staff in charge performs one to one discussion with the patient</p> <p>6.1.2 Patients are enquired about their satisfaction regarding the time duration of the treatment; care taken by the clinician etc.</p> <p>6.1.3 Suggestions are asked to be given through feedback form</p> <p>6.1.4 HOD instruct the clinician regarding the necessary changes needed based on the patient suggestion, if necessary.</p> <p>6.1.5 HOD conducts meeting on with the department staff members to discuss about the remaining suggestions received from principal office.</p> <p>6.1.6 Opinion of all the staff members is entered</p> <p>6.1.7 Getting approval of the changes required from the principal</p> <p>6.1.8 Changes are implemented from successive week.</p> <p><b>7 Quality records-Nil</b></p> <p><b>8 Reference- Nil</b></p> <p><b>9 Format - Nil</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-36
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Employees Feedback</b>		
<p><b>1. Purpose:</b></p> <p>1.1 To identify and motivate for personal improvement, skills and performance of the employees.</p> <p>1.2 To improve employees relationship and communication</p> <p><b>2. Objectives:</b></p> <p>2.1 It helps the employee in understanding that their accountabilities have a real part in making the institution's vision a reality.</p> <p>2.2 To help employees with their career planning.</p> <p>2.3 To take advantage of the employee insights for improving the institution.</p> <p>2.4 To identify training and retraining needs.</p> <p>2.5 To promote teamwork and employee cohesiveness.</p> <p>2.6 To identify the needed changes in the human resource management.</p> <p><b>3. Responsibility:</b></p> <p>3.1 Principal</p> <p>3.2 Head of the Department</p> <p>3.3 Administrative officer</p> <p><b>4. Definition:</b>HOD – Head of Department</p> <p><b>5. Procedure:</b></p> <p>5.1 Issue of the Performance self-Appraisal form to the Teaching and Non-Teaching staff.</p> <p>5.2 Evaluation and recording of the individual staff performances in the Performance Appraisal Form.</p> <p>5.3 Submission of the same to the Head of the Department.</p> <p>5.4 Review of the same by the Head of the Department.</p> <p>5.5 Submission of the Performance self-Appraisal form to the Principal by HOD.</p> <p>5.6 Based on the outcome of the Performance Appraisal necessary Corrective and Preventive Action shall be implemented by the concerned employee.</p> <p>5.7 This process is reviewed once in a year to make the institution's vision a reality.</p> <p><b>6. Quality Records:</b></p> <p>6.1 Teaching Staff's Performance self Appraisal form file.</p> <p>6.2 Non- Teaching Staff's Performance Appraisal form file.</p> <p><b>7 Reference:</b> NIL</p> <p><b>8. Formats:</b></p> <p>8.1 Self appraisal form for Teaching Staff</p> <p>8.2 Self appraisal form for Non Teaching Staff</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No. : 01	SRI RAMAKRISHNA DENTALCOLLEGE & HOSPITAL	Pr. No: ACD-37
Issue Date :07.05.2022	QUALITY PROCEDURE MANUAL	Page No: 1 of 1

## Title: Conduct Of Department Meetings

**1. Purpose:** To evaluate the effective functioning of the department and to improve the Performance.

**2.Objective:** To improve performance and work efficiency of the department

**3.Responsibility:** Concerned department staff, Head of the department

**4. Definition:** HOD-Head of the Department.

### 5.Procedure:

5.1 Head of the department decides the agenda & circulates to all department staff members & calls for a meeting

5.2 Meeting is conducted once in a month

5.3 Meeting is called for discussion with agenda

5.4 Previous agenda reviewed

5.5 Deficits discussed and plan for the month is proposed



5.6 The minutes of the meeting are recorded.

5.7 The output of the meetings is communicated by the HOD during principal meeting every month.

**6. Quality Records:** Department staff meeting agenda & Minutes of the meeting.

**7.Reference:** Nil

**8.Formats:** Nil

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Signature : 	Signature : 

Issue No. : 01	<b>SRI RAMAKRISHNA DENTALCOLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-38
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1

### **Title: Conduct of Principal – HOD Meetings**

**1. Purpose:** To evaluate the effective functioning of the college and to improve the performance

**2.Objective:** To improve performance and work efficiency of the college

**3.Responsibility:** Head of the department, Principal

**4. Definition:** HOD-Head of the Department.

**5.Procedure:**

5.1 Principal decides the date of meeting and circulates to all HOD.

5.2 Meeting is conducted once in a month, first week – Wednesday.

5.3 Meeting is called for discussion of the plan of actions for the month

5.4 Previous plan of actions reviewed

5.5 Deficits discussed and plan for the month is proposed



5.6 The minutes of the meeting are recorded.

5.7 The output of the meetings is communicated by the principal to management every month.



**6. Quality Records:** Minutes of the meeting and approval copy of management.



**7.Reference:** Nil

**8.Formats:** Nil


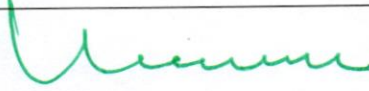
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD - 39
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Faculty Development Program</b>		
<p><b>1. Purpose:</b></p> <p>1.1 To Update the teaching efficiency of staff</p> <p>1.2 Abreast with latest technology and advancement</p> <p><b>2. Objective:</b></p> <p>2.1 To improve teaching efficiency</p> <p>2.2 To update latest advancements</p> <p>2.3 To improve the student's performance</p> <p><b>3.Responsibility:</b> HOD's, Principal</p> <p><b>4. Definition:</b> HOD – Head of the Department</p> <p><b>5. Procedure:</b></p> <p>5.1 HOD's in each department identifies the training need for the staffmembers</p> <p>5.2 Presentation of the needs for the Academic year in HOD-principal meeting</p> <p>5.3 Principal approves the training requisition from HOD on consideration</p> <p>5.4 HOD shall execute the plan and evaluate effectiveness of the training of the department staff</p> <p>5.6 Any staff-training program outside the State and the Country are to be approved by the Principal and the Management.</p> <p>5.7 The Staff members to submit training completion Certificate Departments and principal office.</p> <p>5.8 The training programs undergone by the staff members is made useful to other Staff members and Students.</p> <p><b>6.Quality Records:</b> Training plan, Training Record</p> <p><b>7.Reference :</b> Nil</p> <p><b>8.Formats:</b> Nil</p>		
<b>Prepared By:</b> IQAC		<b>Approved by :</b> Principal
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTALCOLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-40
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Conduction of Guest Lectures and Clinical Society Meetings</b>		
<p><b>1.Purpose :</b> To describe procedure to Conduct Dental education Seminars and Guest Lectures</p> <p><b>2.Objective:</b></p> <p>1.1To update the latest in dentistry</p> <p>1.2 Interdepartmental interactions</p> <p>1.3To enhance better interaction between the students and staff and exchange of ideas</p> <p><b>3.Responsibility:</b> Principal, program committee</p> <p><b>4. Definition:</b> nil.</p> <p><b>5. Procedure:</b></p> <p>5.1.Principal appoints the program committee members from the teaching staff.</p> <p>5.2.The topics of the Seminar presentation/ Guest Lectures from various department are submitted to the program Committee members.</p> <p>5.3.Guest lectures and Clinical Society Seminars/Guest Lectures are conducted periodically in rotation for all the departments which are arranged and monitored by program committee members.</p> <p>5.4.The Schedule of the Clinical Society Seminar/Guest Lectures s are Circulated and arrangement are made as per requirements</p> <p>5.5.Principal monitors the overall process</p> <p><b>6.Quality Records :</b> Circular File, Program File</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-41
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Outreach programme- Dental camps</b>		
<p><b>1. Purpose :</b></p> <p>1.1 To provide dental care to patient in inaccessible areas</p> <p>1.2 To provide dental care to people of older ages, Orphans, People with low Socio-economic status and people with low awareness to dental hygiene.</p> <p>1.3 Collecting data on the patients attending dental camps for epidemiological Research and Study purpose</p> <p><b>2.Objective:</b></p> <p>2.1. To provide primary dental care to people at the camp</p> <p>2.2. To bring people requiring secondary and tertiary dental care to Dental College.</p> <p><b>3.Responsibility:</b> Staff In-Charge of Dental Camps, Principal.</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure :</b></p> <p>5.1. Getting requisitions for conduction of camp by college from the principal</p> <p>5.2. Conduct of camp after approval by the principal / Management.</p> <p>5.3. Public health dentistry HOD appoints the Staff In-Charge for Dental Camps</p> <p>5.4. Setting up the team for the camp</p> <p>5.5. Evaluation of the instruments and material required for the camp including camp bus</p> <p>5.6. Going to the concerned place and completing the camp activities</p> <p>5.7. Dental Camp Activities are recorded in a separate Register.</p> <p>5.8. Principal supervises the overall camp activities.</p> <p><b>6.Quality Records:</b> Camp Register.</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-42
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Water treatment plant</b>		
<p><b>1 Purpose:</b></p> <p>1.1 The IV year students of BDS will have a first-hand experience of the functioning of the water treatment plant at Siruvani/Pillur that supplies water to our Coimbatore district.</p> <p><b>2 Scope:</b></p> <p>2.1 The scope of this document applies to the Educational field visits- Water treatment plant by final year BDS students organized by the department of Public Health Dentistry.</p> <p><b>3 Responsibility:</b></p> <p>3.1 With the approval of the Principal, the Head of the Department will organize Water treatment plant visits after seeking permission from the Executive Engineer, Tamil Nadu Water supply and Drainage Board (TWAD) – Maintenance division (Pillur/Siruvani) and the Divisional Forest Officer, Coimbatore Division, TN Forest academy campus.</p> <p><b>4 Detailed Instructions:</b></p> <p>4.1 Permission for Educational field visit to Water treatment plant for Final year BDS students is sought from the Director and the Principal of SRDCH</p> <p>4.2 Letter forwarded by the college to the Executive Engineer, Tamil Nadu Water supply and Drainage Board (TWAD) – Maintenance division (Pillur/Siruvani) for a mutually convenient date for the water treatment plant visit.</p> <p>4.3 Permission granted by the Executive Engineer, (TWAD), Coimbatore Division, for a particular date.</p> <p>4.4 Letter forwarded to the Divisional Forest Officer, Coimbatore Division, and TN Forest academy campus for permission to enter Forest limits on the suggested date for approval on the date of visit.</p> <p>4.5 Permission granted by the Divisional Forest Officer, Coimbatore Division, for the particular date.</p> <p>4.6 The date communicated to the Principal for approval.</p> <p>4.7 Final year BDS students taken for the visit.</p> <p><b>5. Quality Records:</b></p> <p>5.1. permission note</p> <p>5.2. Attendance sheet</p> <p><b>7.Reference :</b></p> <p>Nil</p> <p><b>8. FORMAT:</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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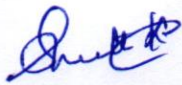

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ADC-43
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Conduction of Primary Dental Health educational / screening camp</b>		
<p><b>1. purpose :</b></p> <p>1.1 Students should have a basic knowledge of public health, nutrition, environment of rural population and their role in overall health.</p> <p>1.2 Students should be motivated to develop positive attitudes towards the problems of the society and to take responsibilities in providing oral health</p> <p>1.3 Students should acquire the skills and attitude to provide treatment at community level</p> <p>1.4 To improve the oral health of that specific population</p> <p><b>2. Objectives:</b></p> <p>2.1 To promote oral health in the community</p> <p>2.2 To give a clear understanding of public health states to the students.</p> <p><b>3. Responsibilities:</b></p> <p>3.1 Head of the department – Public Health Dentistry</p> <p>3.2 Senior lecturer</p> <p>3.3 Lecturers</p> <p>3.4 Nursing Assistance</p> <p>3.5 CRI</p> <p><b>4. Definitions:</b></p> <p>PHD - Public Health Dentistry</p> <p><b>5.0 Procedures:</b></p> <p>5.1 Selection of the venue depending on the peoples need and the number of individuals in the surrounding place and the accessibility of the venue by the public.</p> <p>5.2 Establishment of portable dental chair at the PHC venue</p> <p>5.3. Preparation of posting schedule to the camp- one lecturer and 2 CRI are posted</p> <p>5.4 Registration of the patient and issuing OP card to the patient.</p> <p>5.5 Proper screening of the out patients at the peripheral centers by Lecturers and CRI</p>		
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<b>Signature :</b> 		<b>Signature :</b> 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ADC-43
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Conduction of Primary Dental Health educational / screening camp</b>		
<p>5.3 Make a proper treatment plan for the patient by the CRIs</p> <p>5.4 Treating the emergency conditions/ basic procedures like scaling and simple restorations at the PHC itself</p> <p>5.5 Prescribe medications to the needy</p> <p>5.6 Giving them health education thereby creating awareness about oral diseases and its treatment options by CRIs</p> <p>5.7 Referring them to the SRDCH for further complex procedures</p> <p>5.8 Sterilization of the instruments at the PHC itself and keep for the next procedure and diagnosis</p> <p><b>6.0 Quality Records:</b></p> <p>6.1 Outpatient Register</p> <p>6.2 outpatient card</p> <p>6.3 Case census Register</p> <p>6.4 Monthly camp Report</p> <p><b>7.0 Reference:</b></p> <p>Accordingly, to DCI Norms (The Gazette of India, Part III section 4, modified up to 10<sup>th</sup> September 2007)</p> <p><b>8.0 Formats:</b></p> <p>Nil.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-44 Page No: 1 of 1
<b>Title : Tobacco Cessation Cell</b>		
<p><b>1. Purpose:</b></p> <p>1.1 To describe the organizational structure and functioning of the Tobacco cessation centre at SRDCH.</p> <p><b>2. Scope:</b></p> <p>2.1 The scope of this document applies to the Tobacco cessation centre of SRDCH.</p> <p><b>3. Responsibility:</b></p> <p>3.1 The Head of the Institution will overlook the effective functioning of the TCC. The TCC will be an inter- disciplinary effort by the department of Public health Dentistry, Oral medicine and Radiology as well as Oral pathology as clearly defined by the DCI. A Medical Social Worker and clinical psychologist will be a part of the TCC team.</p> <p><b>4. Definition:</b></p> <p>4.1 A Tobacco Cessation Center is defined as fixed premises where qualified health care professionals/counsellors provide tobacco (Smoke &amp; Smokeless form) cessation therapy to help patients in their attempts to quit the habit. The therapy can involve individual or group Counselling and may include the dispensing of pharmacological aids, if the Center is registered and equipped to do so.</p> <p><b>5. Referral system:</b></p> <p>5.1 The referral system for Anti-Tobacco intervention will be a multipronged and customised for those patients who seek professional help to quit the habit. The Tobacco cessation center will cater specialised intervention to the patient, the dependent family as well as the extended community.</p> <ul style="list-style-type: none"> <li>• Tobacco cessation will follow the 5A and 5R model.</li> <li>• Behavioural management will be the first line of intervention followed by pharmacological intervention if deemed necessary</li> </ul> <p><b>6. Reference :</b></p> <p>Establishment Of Tobacco Cessation Centers In Dental Institutes An Integrated Approach In India Operational Guidelines 2018</p> <p><b>7. Formats :</b></p> <p>Annexure II of Establishment Of Tobacco Cessation Centers In Dental Institutes An Integrated Approach In India Operational Guidelines 2018</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-45
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title :Responsibilities of Safety Cell</b>		
<p><b>1.Purpose</b></p> <ol style="list-style-type: none"> <li>1.1. Is to ensure proper safety measures against usage of hazardous materials</li> <li>1.2. To ensure proper safety measures against usage of equipments in laboratory.</li> <li>1.3. To promote awareness among the patients regarding usage of various materials</li> <li>1.4. To promote awareness among the faculty regarding safety measures in handling hazardous materials and radiation procedures.</li> </ol> <p><b>2.Objective</b></p> <ol style="list-style-type: none"> <li>2.1. To educate and eradicate various measures against prevention of noso-comical infections.</li> <li>2.2. To insist, monitor and to carefully to follow proper disposal of biomedical waste materials</li> <li>2.3. To promote awareness against strict asepsis and sterilization and personal barrier methods while treating the patients</li> <li>2.4. To implement and follow various measures proposed by regulatory bodies against Prevention of environmental hazards.</li> </ol> <p><b>3.Responsibility</b></p> <ol style="list-style-type: none"> <li>3.1 Head of the department</li> <li>3.2 Administration officer</li> <li>3.3 Faculty in charge.</li> <li>3.4 Nursing Attendant.</li> <li>3.5 Housekeeping Personnel.</li> </ol> <p><b>4. Definition</b></p> <ol style="list-style-type: none"> <li>4.1 Disease transfer to the dentist and dental staff during dental care is considered an "<u>occupational exposure</u>" to a given pathogen,</li> <li>4.2 Disease transfer from one patient to another in the dental clinics is considered "<u>Cross - infection</u>".</li> </ol> <p><b>5. Procedure</b></p> <p><b>5.1 GATHERING DATA'S ABOUT NEED OF SAFETY PROCEDURES</b></p> <ol style="list-style-type: none"> <li>5.1.1 The evidence of information, and rules, local to either the country or region regarding data's of standards of Dental Infection Control &amp; Occupational Safety must be collected for the safety of the patients and Dental Healthcare Workers.</li> <li>5.1.2 The dental health care provider must be knowledgeable about the diseases commonly encountered during dental care and must responsibly provide care to patients without getting infected, or without infecting patients</li> </ol>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





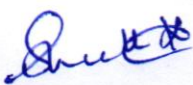

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-45
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 4
<b>Title :Responsibilities of Safety Cell</b>		
<p><b>5.2 Listing Activities Which Require Safety Measures</b></p> <p>5.2.1 Instrument and operatory surfaces can be classified as critical, semi critical, non-critical, &amp; environmental surfaces based on potential for disease transmission.</p> <p><b>5.3 Formation Of Team To Frame Implement And Monitor The Safety Measures</b></p> <p>5.3.1 Adminstrative officer</p> <p>5.3.2 HouseKeepingIncharge</p> <p>5.3.3 Radiology department Head</p> <p>5.3.4 Fire safety officer</p> <p>5.3.5 IT in – charge</p> <p>5.3.6 Electrical In – charge</p> <p>5.3.7 Nursing Assistant</p> <p>5.3.8 Security</p> <p>5.3.9 Principal</p> <p><b>5.4 Preparing An Exposure Control Plan</b></p> <p>5.4.1 Determining the risks of exposure in the duties of the employees and risk levels based on duties with respect to exposure to hazards at work</p> <p><b>5.5 Training To Control The Risks</b></p> <p>5.5.1 After determining the risks of exposure in the duties of the employees, they need to be trained in controlling the risks</p> <p>5.5.2 The training includes evaluation of the exposure incident, further methods of controlling such incidents, and annual reviews/updates or when new risks are introduced into the clinical arena</p> <p><b>5.6 Determination Of Categories</b></p> <p>5.6.1 That may have regular contact /occasional contacts / no low contact</p> <p>5.6.2 Each category should have a prescribed method of exposure control measures such as use of personalprotective equipments , for each type of task based on anticipated exposure.</p> <p>5.6.3 To frame various safety protocols and methods to reduce risks in the office to reduce the risk of exposure,</p> <p><b>5.7 Protocols To Follow To Reduce The Event Of An Exposure</b></p> <p>5.7.1 Use of engineering and work practice controls to reduce the risk of exposure,</p> <p>5.7.2 Use of appropriate Personal protective equipments by employees</p> <p>5.7.3 Universal precautions being followed in the clinical department and laboratory</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



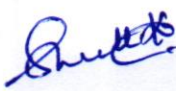

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD:45
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 4
<b>Title :Responsibilities of Safety Cell</b>		
<p>5.7.4 Engineering and work-practice controls being followed, including periodic testing and documentation of the function of engineering controls in the clinical department and laboratory.</p> <p>5.7.5 Initial and periodic immunizations against immunizable diseases</p> <p>5.7.6 Checking to see if sharps are handled properly</p> <p>5.7.7 Safe and appropriate disposal of waste (both regulated and non-regulated waste)</p> <p>5.7.8 Recording of exposure incidents and logging them in prescribed OSHA format 5.7.9 Keeping a post-exposure protocol in place</p> <p><b>5.8 Engineering Controls In The Exposure Control Plan</b></p> <p>5.8.1 By regular analysis of equipments and corrective action if any fault has been identified.</p> <p><b>5.9 Common Work Practice Controls</b></p> <p>5.9.1 Includes monitoring the radiation level regularly through dosimeter and Badges</p> <p>5.9.2 Protection of walls in radiation room through lead coating and lead aprons</p> <p>5.9.3 Regular medical checkup for person under high risk category.</p> <p><b>5.10 Procedures After Exposure Incident</b></p> <p>5.10.1 Confidential medical examination</p> <p>5.10.2 Post-Exposure Evaluation and Follow-Up</p> <p>5.10.3 Complete an exposure report</p> <p>5.10.4 Maintenance Of Copy Of All Results, Examination, Testing and Follow Up.</p> <p>5.10.5 Exposure control plan and emergency procedures.</p> <p><b>5.11 Fire Safety Protocols For Building</b></p> <p>5.11.1 Fire extinguishers available at strategic location based on the assessment of fire safety professionals.</p> <p>5.11.2 CCTV</p> <p>5.11.3 Written Fire Safety Policy</p> <p>5.11.4 Use appropriate fire extinguisher-Portable Fire Extinguishers</p> <p>5.11.5 Check and record function annually &amp; Monthly</p> <p>5.11.6 Training in Evacuation Plan</p> <p><b>5.12 Prevention Measures</b></p> <p>5.12.1 Security personal monitors the theft and controls the students in the hostel, governs the hospital crowd</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-45 Page No: 4 of 4
<b>Title :Responsibilities of Safety Cell</b>		
<p>5.12.2 Radiation safety requires periodic personal monitoring and employee training in radiological hazards and safety on an annual basis.</p> <p>5.12.3 Periodic maintenance of equipments with proper protocols by a trained personnel</p> <p>5.12.4 Gas cylinders must be maintained in safe condition and safety determined by Periodic Inspection and monitoring.</p> <p><b>5.13 MOCK DRILLS- Must be done regularly to create awareness and as a training in management of emergency procedures</b></p>		
<b>6. Quality Records</b>		
<p>6.1 Licenses of various government bodies</p> <p>6.2 O.S.H.A Guidelines For Management And Prevention Of Radiation And Occupational Hazards. And Material Safety Data Sheets.</p> <p>6.3 Training Records.-Exposure And Preventive Management</p> <p>6.4 Building And Fire Safety Records</p> <p>6.5 Equipment Maintenance Record</p> <p>6.6 First Aid Record.</p>		
<b>7. Reference</b>		
<p>7.1 A.D.A Manuals Of Dental Materials.</p> <p>7.2 O.S.H.A Regulations For Radiation Safety.</p> <p>7.3 Building Plan Of Government Bodies.</p> <p>7.4 Fire Safety Norms For Building.</p> <p>7.5 Dental Emergencies Management Guidebook.</p>		
<b>8. Formats:</b>		
Nil		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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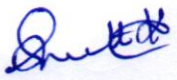

Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No.: ACD-46 Page No: 1 of 1
<b>Title: University Result Analysis And Corrective Action</b>		
<p><b>1.Purpose :</b> To improve and understand effectiveness of teaching through, the performance of Students</p> <p><b>2.Objective:</b> To make the Student to understand the Subject and effective patient handling.</p> <p><b>3.Responsibility:</b> Principal, HOD&amp; Respective Subject Teacher</p> <p><b>4.Definition:</b> HOD – Head of the Department</p> <p><b>5.Procedure:</b></p> <p>5.1 Receipt of University results from The TN Dr.MGR Medical University</p> <p>5.2 The principal office prepares the Name list of passed and failed students</p> <p>5.3 Pass percentage is prepared and the result analysis is recorded</p> <p>5.4 Pass percentage is compared with the previous University Exam Results</p> <p>5.5 The pass percentage is discussed with the HOD's concerned and the Subject Teacher</p> <p>5.6 Corrective action is taken for failed students</p> <ul style="list-style-type: none"> <li>- Extra classes with special emphasis on topics not well understood</li> <li>- Assignments</li> <li>- Model exam to infuse more self confidence</li> <li>- Mentoring of students.</li> </ul> <p>5.7 The result of corrective actions taken will be recorded and maintained in department</p> <p><b>6.Quality Records:</b> Result Analysis Report, Register of the Corrective Action taken</p> <p><b>7.Reference:</b> University Norms and Regulations.</p> <p><b>8. Formats:</b> Result Analysis form, Students Data Card</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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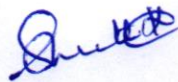

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-47
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Corrective Action taken For Failed Students In University Exam</b>		
<p><b>1.Purpose:</b></p> <p>For better performance output of failed student in university Exam and to improve pass Percentage</p> <p><b>2.Objective:</b></p> <p>To improve the performance of failed students and make them to pass the exams</p> <p><b>3.Responsibility:</b></p> <p>Principal, Academic coordinator, HOD, Respective Teaching Staff</p> <p><b>4.Definition:</b></p> <p>HOD – Head of the Department</p> <p><b>5.Procedure:</b></p> <p>5.1 The following corrective action to be taken for improvement of failed students</p> <ul style="list-style-type: none"> <li>-Extra Theory classes with topics not well understood</li> <li>-Extra practical classes for better understanding and practice</li> <li>-Conduction of oral exams in line with university expectations</li> <li>-Assignments on topics of clinical interest and important for university exams. Retest/Model exam to infuse more self confidence to face theory and oral exams Counseling of students on their responsibility</li> </ul> <p>5.2 The result of action taken shall be recorded, maintained in department and a copy to sent to academic cell. Mentoring Records are maintained with respect to the individual Students</p> <p><b>6.Quality Records:</b></p> <p>6.1 Register –Internal Assessment, Mark Register, Prepare Analysis report,</p> <p>6.2 Register about Mentoring details, Mentoring Records are maintained about individual students</p> <p><b>7.Reference :</b></p> <p>University norms and Regulations</p> <p><b>8.Formats:</b></p> <p>Nil</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-48
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title :Sterilization Procedure</b>		
<p><b>1.Purpose</b></p> <ol style="list-style-type: none"> <li>1.1 To prevent infection, establish and maintain an aseptic, germfree environment as per hospital standards</li> <li>1.2 To achieve 100% Asepsis of critical equipments and instruments.</li> </ol> <p><b>2.Objective</b></p> <ol style="list-style-type: none"> <li>2.1 All reusable items that come in contact with the patient's blood, saliva, or mucous membranes must be heat-sterilized.</li> <li>2.2 Responsible for removing or destroying potentially infectious material on reusable devices, and distributing appropriately processed items throughout the facility.</li> <li>2.3 Staff who undertake reprocessing of reusable medical devices must be trained in the necessary procedures. This training should be formal and provided by a registered training authority.</li> </ol> <p><b>3.Responsibility</b></p> <ol style="list-style-type: none"> <li>3.1 Central Sterility and Serving department in - charge</li> <li>3.2 Staff nurse</li> <li>3.3 MNA / FNA</li> <li>3.4 UG / PG students</li> <li>3.5 Faculty</li> <li>3.6 HOD' s of all departments</li> <li>3.7 Hospital Superintendent/Matron</li> <li>3.8 Principal</li> </ol> <p><b>4.Definition</b></p> <ol style="list-style-type: none"> <li>4.1 <b>Sterilization</b> is a process intended to kill all microorganisms and is the highest level of microbial destruction.</li> <li>4.2 Sterilization destroys all microbial forms, including bacterial spores.</li> <li>4.3 <b>Sterile</b> is an absolute term. There is no such thing as "partially sterile" or "almost sterile."</li> </ol> <p><b>Critical items</b> are surgical and other instruments used to penetrate soft tissue or bone; examples of critical instruments include forceps, scalpels, bone chisels, scalers, and bur</p> <p><b>5.Procedure</b></p> <ol style="list-style-type: none"> <li>1. Transport</li> </ol> <p>Transport contaminated instruments to the processing area in that minimizes the risk of exposure to persons and the environment. Use appropriate PPE and a rigid leak proof container.</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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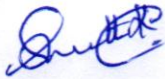





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-48
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 4
<b>Title :Sterilization Procedure</b>		
<p>2. Cleaning</p> <p>Clean instruments with hands-free mechanical process such as an ultrasonic cleaner or instrument washer.If instruments cannot be cleaned immediately, use a holding solution.</p> <p>3. Packaging</p> <p>In the clean area wrap/ package instruments in appropriate materials. Place a chemical indicator inside the package next to the instruments. If an indicator is not visible on the outside of the package, place an external process indicator on the package.</p> <p>4. Sterilization</p> <p>Load the sterilizer according to the manufacturer's instructions. Label packages. Do not overload the sterilizer. Place the packages on their edges in single layers, or on racks to increase circulation of the sterilizing agent around the instruments. Operate the sterilizer according to the manufacturer's instructions.Allow packages to cool before removing them from the sterilizer. Allow packages to cool before handling.</p> <p>5. Storage</p> <p>Store instruments in a clean, dry environment in a manner that maintains the integrity of the package. Rotatepackages so that those with the oldest sterilization dates will be used first.</p> <p>6. Delivery</p> <p>Deliver packages to point of use in a manner that maintains sterility of the instruments until they are used. Inspect each packages for damage. Open packages aseptically.</p> <p>7. Quality assurance program</p> <p>An effective quality assurance program should incorporate training, record keeping, maintenance, and use of biological indicators.</p> <p><b>5.2Steam Autoclave Sterilization</b></p> <p>5.2.1 Steam sterilization involves heating water to generate steam, producing a moist heat that rapidly kills microorganism</p> <p>5.2.2 Manufacturers set their sterilizers (autoclaves) to reach maximum steam temperature approximately 250° F (121° C) with pressures of 15 or 30 pounds per square inch.</p> <p>5.2.3 A disadvantage of steam sterilization is that the moisture may cause corrosion on some high-carbon steel instruments.</p> <p>5.2.4 Distilled water should be used in autoclaves instead of tap water, which often contains minerals and impurities. Distilled water can minimize corrosion and pitting.</p> <p><b>5.3Chemical Vapor Sterilization</b></p> <p>5.3.1 Very similar to autoclaving, except a combination of chemicals (alcohol,formaldehyde, ketone, acetone, and water) is used instead of water to create a vapor for sterilizing.</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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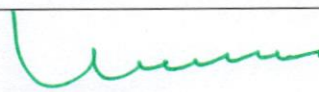
Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-48
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 4
<b>Title :Sterilization Procedure</b>		
<p>5.5.1 OSHA requires a material safety data sheet (MSDS) on the chemical vapor solution because of the toxicity of the chemicals it contains.</p> <p>5.5.2 The major <i>advantage</i> of the chemical vapor sterilizer is that it does not rust, dull, or corrode dry metal instruments.</p> <p>A wide range of items can be sterilized routinely without damage. Other advantages are the short</p> <p>5.5.3 Cycle time and having a dry instrument at the end of the cycle.</p> <p>5.3.5 The three major factors in chemical vapor sterilization a</p> <p>5.5.3.1 Pressure (20 psi)</p> <p>5.5.3.2 Temperature 131° C (270° F)Time (20 to 40 minutes)</p> <p><b>5.4 Sterilizing Handpieces</b></p> <p>5.5.4 Only steam sterilization and chemical vapor sterilizers are recommended, because handpiece sterilization temperatures should not exceed 275° F (135° C).</p> <p>5.5.5 Never run a handpiece hot out of the sterilizer, and avoid rapid cool-downs, such as running the handpiece under cold water.</p> <p>5.5.6 Handpieces use very small metal components; taking them from very hot to very cold temperatures stresses the metal. Instead, if handpieces need to be cooled quickly after sterilization, use an air fan to blow room-temperature air over it.</p> <p><b>5.5 Test for efficiency for heat sterilization</b></p> <p>5.5.7 <b>Spore testing:</b> should be done once a week to verify proper functioning of autoclave with the help of geobacillus stearothermophilus strips or vials.</p> <p>5.5.8 <b>Autoclave tape:</b> This is a tape printed with sensitive ink that undergoes a color change at specific temperature. This test forms the basis of Bowie-Dick test for high vacuum autoclaves. Two pieces of strips are stuck onto a piece of square paper and placed into middle of test pack .With the application of temperature of 134 degree Celsius for 3.5 minutes ,there is a uniform development of bars throughout the length of strips. This shows that the steam has passed freely and rapidly to centre of load.</p> <p><b>6 Quality record</b></p> <p>6.5 CSSD record</p> <p>6.6 Department sterilization record</p> <p>6.7 Equipment service record</p> <p><b>7 Reference</b></p> <p>7.5 WHO protocol</p> <p>7.6 NABH protocol</p> <p>7.7 ISO protocol</p> <p><b>8.0 Formats</b></p>		
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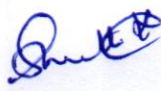

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-48
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 4 of 4
<b>Title :Sterilization Procedure</b>		
<p><b>6.0 Quality record</b></p> <p>6.1 CSSD record</p> <p>6.2 Department sterilization record</p> <p>6.3 Equipment service record</p> <p><b>7.0 Reference</b></p> <p>7.1 WHO protocol</p> <p>7.2 NABH protocol</p> <p>7.3 ISO protocol</p> <p><b>8.0 Formats</b></p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	PrNo: ACD-49
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1of 3
<b>Title :Disinfection Procedure</b>		
<p><b>1.Purpose</b></p> <p>1.1 To provide a germ free, aseptic environment where the sick can be provided with a professional and compassionate care.</p> <p><b>2. Objective</b></p> <p>2.1 To prevent cross infection  2.2 To accelerate the healing process  2.3 Early recovery of the patient  2.4 To create a healthy environment</p> <p><b>3. Responsibility</b></p> <p>3.1 Staff in charge  3.2 Staff nurse  3.3 Nursing assistant  3.4 Head of the Department  3.5 Infection control committee head  3.6 Safety cell members</p> <p><b>4. Definitions</b></p> <p><b>4.1 Disinfection</b> describes a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects</p> <p><b>4.2 Disinfectant</b> is the chemical substance , which causes disinfection on non vital objects to kill</p> <p><b>4.2.1 Chemical sterilants</b> - A few disinfectants will kill spores with prolonged exposure times (3-12 hours)</p> <p><b>4.2.2 High-level disinfectants</b> At similar concentrations but with shorter exposure periods (e.g., 20 minutes for 2% glutaraldehyde), these same disinfectants will kill all microorganisms except large numbers of bacterial spores.</p> <p><b>4.2.3 Intermediate-level disinfectants</b> might be cidal for mycobacteria, vegetative bacteria, most viruses, and most fungi but do not necessarily kill bacterial spores.</p> <p><b>4.2.4 Low-level disinfectants</b> can kill most vegetative bacteria, some fungi, and some viruses in a practical period of time (&lt;10 minutes).</p> <p><b>4.3 Cleaning</b> is the removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products</p> <p><b>5.Procedure</b></p> <p>5.1 Hand disinfection- annihilates transient microbes acquired from surroundings.</p> <p>5.1.1 Surgical hand scrub standard practice to reduce surgical infections by surgical team</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	PrNo: ACD-49
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 3
<b>Title :Disinfection Procedure</b>		
<p>5.1.2 Standard hand disinfectant</p> <ol style="list-style-type: none"> <li>1. Wet hands with water</li> <li>2. Apply enough soap to cover all hand surfaces</li> <li>3. Rub hands together, palm to palm</li> <li>4. Right palm over left dorsum with interlaced fingers and vice versa</li> <li>5. Palm to palm with fingers interlaced back to opposing.</li> <li>6. Palms with fingers interlocked.</li> <li>7. Rotational rubbing of left thumb clasped in right palm and vice versa</li> <li>8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa</li> <li>9. Rinse hands with water</li> <li>10. Dry thoroughly with a single use towel</li> </ol> <p><b>6.1 Surface disinfectant</b></p> <p>6.1.1 Thermal disinfection - high level disinfection when surfaces are in contact with heated water for an appropriate length of time.70°C for 100 minutes, or 75°C for 30 minutes, or 80°C for 10 minutes, or 90°C for 1 minute</p> <p>6.1.2 Chemical disinfection</p> <p>Alcohol</p> <p>Ethyl and Isopropyl alcohol are rapidly bactericidal, tuberculocidal, fungicidal and virucidal, but not sporicidal.They denature protein through dehydration. The optimum concentration is 60-90% by volume</p> <p>Chlorine</p> <p>Solutions are unstable; are to be prepared fresh for use and to be used within 24 Hours , requires direct contact with surfaces (unsuitable for channels/crevices etc) for up to a maximum of 10 minutes affected by temperature and water pH</p> <p>Glutaraldehyde</p> <p>Liquid disinfectant recommended for the Purposes of high level disinfection of heat-sensitive endoscopic instrument refer to manufacturer's directions for use of CIDEX™ and AIDAL™ as these products differ in relation to activation, duration of use and monitoring of in-use concentration</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	PrNo: ACD-49
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 3
<b>Title :Disinfection Procedure</b>		
<p>6.2 Theatre fumigation is the process to sterilize the enclosed area by injecting chemical to kill microbes in the air.</p> <p>6.2.1 Clean the whole area, floor, equipments in the best possible manner.</p> <p>6.2.2 Close air incoming or outgoing s like A/C, ducting, exhaust.</p> <p>6.2.3 Before putting the fumigation agent open all the drawers, trolleys.</p> <p>6.2.4 Take fumigation machine Add 200ml formalin solution.</p> <p>6.2.5 Keep the machine at the center of the area and set the desired time for fumigation.</p> <p>6.2.6 Seal the door from outside.</p> <p>6.2.7 Put a notice on the door, under fumigation, date, started at and end at.</p> <p>6.3 Management of medical spillage</p> <p>6.3.1 Blood and body fluid spillage</p> <p>6.3.2 Small spots of blood: Gloves and eye protection should be worn.Contamination should be wiped up with paper towels soaked in freshlyprepared hypochlorite solution. Towels and gloves should be disposed of ina yellow clinical waste bag for incineration.Hands must be washed following clearing up.</p> <p>6.3.3 Larger spills: Staff, patients and visitors must be kept away from the spillage with a warning sign shown.Specialized spillage mop with detachable absorbent pads. Spill may be coveredwith paper towels, absorbent mats or incontinence pads and gently flooded with hypochloritesol, paper towels, gloves, disposable overshoes and contaminated clothing disposed in a yellow clinical waste bag for incineration. The area should be washed with water and detergent and allowed to dry.</p> <p><b>7.Quality Records</b></p> <p>7.1 Fumigation chart</p> <p>7.2 Culture (surface) swabs</p> <p>7.3 Air sampling plates</p> <p>7.4 Disinfectant monitoring records</p> <p><b>8.Reference</b></p> <p>8.1 DCI Norms</p> <p><b>9.Formats</b></p> <p>9.1 Hand disinfection manual procedure</p> <p>9.2 Surgical Hand disinfection manual</p> <p>9.3 Disinfectant monitoring strips</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-50
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Grievance Redressal Committee (GRC)</b>		
<p><b>1. Purpose:</b></p> <p>1.1 As per UGC Act 1956 (Sec- 3) Grievance Redressal Committee has been formed in our college to settle genuine grievances of students, staffs and parents up to a satisfaction level, so as to create a healthy relationship among the students, parents, employees and employer.</p> <p><b>2. Objective:</b></p> <p>2.1. To deal with all the genuine grievances of students and staff of the college.</p> <p>2.2 To encourage the students/staff to express their grievances/ problems, freely, frankly and without fear of being victimized.</p> <p>2.3. To support those students who have been deprived of the services offered by the College, for which he /she is entitled.</p> <p>2.4. To ensure effective solution to the student's/staff grievances with an impartial and fair approach.</p> <p>2.5. Redressal of Students' Grievances to solve their academic and administrative problems.</p> <p><b>3. Responsibility:</b></p> <p>Management, Principal, Chairman and members of the GRC, Heads of the Departments and Mentors.</p> <p><b>4. Definition:</b></p> <p>4.1 Grievance Redressal primarily covers the receipt and processing of complaints from students and staffs, a wider definition includes actions taken on any issue raised by them to avail services more effectively</p> <p><b>5. Procedure:</b></p> <p>5.1.A written complaint to be registered to GRC through the website or in person.</p> <p>5.2.All grievances referred to the Grievance Redressal Committee shall be entered in a Register by Designated member and the protocol for solving the issue will be followed.</p> <p>5.4 All complaints should be resolved within a time frame by looking into its seriousness and by two way approach.</p> <p>5.5 The result of the grievance will be informed to the complainant within the period defined.</p> <p>5.6 Any staff/ student may report directly to the Principal for resolving their grievance if he/she is dissatisfied by the GRC.</p> <p><b>6. Quality Records:</b></p> <p>GRC SOP, compliant register, minutes of meeting register and action taken register.</p> <p><b>7. Reference:</b></p> <p>7.1 University Grants Commission (Grievance Redressal of students) Regulation, 2018.</p> <p>7.2 Rajiv Gandhi National Institute of youth Development - Grievance Redressal committee.</p> <p><b>8. Formats:</b> UGC Formats</p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTALCOLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-51
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title : Biomedical Waste Management (BMW)</b>		
<p><b>1.Purpose</b></p> <p>1.1 To create a safe and healthy environment for all</p> <p>1.2 To ensure that waste generated is handled without any adverse effect to human health and environment.</p> <p><b>2.Objective</b></p> <p>2.1 To frame a protocol for the segregation and storage of biomedical waste generated in the hospital until it can be removed for safe disposal.</p> <p>2.2 To ensure the adherence to protocol and monitor the BMW disposal regimen</p> <p>2.3 To ensure compliance with the governmental policies regarding biomedical waste disposal.</p> <p>2.4 Provide training to all its health care workers regularly</p> <p><b>3.Responsibility</b></p> <p>3.1 Committee for Facility management and Safety</p> <p>3.2 Hospital Infection Control Committee</p> <p>3.3 All hospital teaching faculty and all hospital supporting staff</p> <p>3.4 House keeping</p> <p>3.5 Administrative officer</p> <p>3.6 Biomedical waste contractor</p> <p><b>4.Definition</b></p> <p>4.1 Bio-medical waste means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or in research activities pertaining there to or in the production or testing of biological, and including categories mentioned in Schedule I, of the BMW rules, 2016</p> <p><b>5.Procedure</b></p> <p>5.1 All waste that is generated in each department will be segregated into categories by the supporting staff under guidance of the HOD.</p> <p>5.2 Color coded bins ie., yellow, red, blue and white will be provided for each department as per regulations.</p> <p>5.3 Wastes requiring treatment before disposal should be treated as per regulations.</p> <p>5.4 Transport of the material to the bins will be carried out with appropriate and adequate safety precautions.</p> <p>5.5 A register is maintained in each department that record the amount of waste handed over eachday.</p> <p>5.6 The material will be transported once a day from respective departments to a marked central storage area and stored in appropriate color coded bins.</p> <p>5.7 Waste bags should be transported in a covered wheeled containers or large bins in covered trolleys</p> <p>5.8 The categorized waste will be removed from the central storage area by the designated contractual BMW management service in closed motor vehicle and disposed off as per guidelines.</p> <p>5.9 The daily record of waste handed over by the institution is recorded in a register.</p> <p>5.10 Periodical training of all hospital personnel is conducted in order to instruct them about the standard BMW protocol.</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-51
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title : Biomedical Waste Management (BMW)</b>		
<p>5.11 Any lapses from protocol or incidence should be reported to HOD's of respective department and appropriate measures should be taken to minimize the adverse effects and to prevent any repetition of the same. Such incidence should be recorded in the BMW register and should be intimated to hospital infection control committee.</p> <p>5.12 The biomedical waste collected by service provider to remove the collected waste periodically from campus</p> <p><b>6.Quality Records</b></p> <p>6.1 BMW disposal registers</p> <p>6.2 Departmental registers</p> <p>6.3 BMW payment bills</p> <p><b>7.Reference</b></p> <p>7.1 Air (Prevention &amp; Control of Pollution) Act 1981 and Water (Prevention &amp; Control of Pollution) Act 1974</p> <p>7.2 Bio Medical Waste Management Rules, 2016 : Tamilnadu Pollution Control Board</p> <p><b>8.Format:</b></p> <p>Annexure 1</p>		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

#### **Annexure-I**

### **SEGREGATION LIST OF COMMON ITEMS IN HOSPITAL AS PER BIO-MEDICAL WASTE MANAGEMENT RULES 2016:**

#### **Yellow bin:**

1. Human anatomical waste:
  - A. Tissues, organs, body parts
  - B. Foetus, Umbilical stump, placenta
2. Animal anatomical waste: Tissues, organs, body parts
3. Soiled waste: items contaminated with blood and body fluids
  - A. Dressings , sponges, gauze
  - B. Plaster casts
  - C. Cotton swabs
  - D. Blood bags
  - E. Infected gowns, mask, shoe covers, cap
4. Expired or discarded medicines including antibiotics (except cytotoxic)
5. All yellow waste that are generated from labs
6. Chemical waste
  - A. Discarded disinfectants, Cleaning agents
  - B. X-ray film developing liquid, Infected secretions
  - C. Aspirated body fluids, Liquid from laboratories



#### **Yellow bin with cytotoxic label:**



1. Used, discarded and expired cytotoxic drugs whether in plastic vaccutainers,
2. syringes , glass vials, ampoules, glass bottles. The container is not the determining factor in the case of segregation of cytotoxic wastes.
3. All items used during preparation and administration of cytotoxic drugs (eg: glass and plastic bottles, ampoules, vials, iv sets, gloves, syringes without needle, dressing, cotton swabs, etc.)

#### **Red bin: All infected plastic recyclable waste:**



1. Et/tt tubes, Ng tubes
2. Ventilator/ nebulizer tubing's
3. Tracheal tubes
4. Suction/ oxygen tubing's
5. Diagnostic kits
6. All plastic and rubber infected waste generated from laboratories\*
7. Waste generated from tubings,
8. Plastic i/v bottles, (normal saline, DNS, Ringer lactate etc., etc.)
9. IV tubes /BT sets, central line, PICC line
10. Gloves
11. Urine bags, Catheters
12. Drains
13. Syringes & Vaccutainers without needles





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD:52 Page No: 1 of 2
<b>Title : IQAC - Internal Quality Assurance Cell</b>		
<b>1.Purpose</b> 1.1 To ensure quality culture as the prime concern for the Higher Educational Institutions through institutionalizing and internalizing all the initiatives taken with internal and external support.		
<b>2.Objective:</b> a. To develop a system for conscious, consistent and catalytic action to improve the academic and administrative performance of the institution. b. To promote measures for institutional functioning towards quality enhancement through internalization of quality culture and institutionalization of best practices.		
<b>STRATEGIES: IQAC will evolve mechanisms and procedures for</b> 5.1. Ensuring timely, efficient and progressive performance of academic, administrative and financial tasks. 5.2. The relevance and quality of academic and research programmes. 5.3. Equitable access to and affordability of academic programmes for various sections of society. 5.4. Optimization and integration of modern methods of teaching and learning. 5.5. The credibility of evaluation procedures. 5.6. Ensuring the adequacy, maintenance and proper allocation of support structure and services. 5.7. Sharing of research findings and networking with other institutions in India and abroad.		
<b>Functions:</b> 1. Development and application of quality benchmarks and Parameters for various academic and administrative activities of the institution 2. Facilitating the creation of a learner-centric environment conducive to quality education and faculty maturation to adopt the required knowledge and technology for participatory teaching and learning process 3. Collection and analysis of feedback from all stakeholders on quality-related institutional processes 4. Dissemination of information on various quality parameters to all stakeholder 5. Organization of inter and intra institutional workshops, seminars on quality related themes and promotion of quality circles and developing a quality culture in the institution. 6. Documentation of the various programmes/activities leading to quality improvement; 7. Acting as a nodal agency of the Institution for coordinating quality-related activities, including adoption and dissemination of best practices; 8. Development and maintenance of institutional database through MIS for the Purpose of maintaining/enhancing the institutional quality; 9. Periodical conduct of Academic and Administrative Audit and its follow-up 10. Preparation and submission of the Annual Quality Assurance Report (AQAR) as per guidelines and parameters of NAAC		
<b>Prepared By :IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD:52
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title : IQAC - Internal Quality Assurance Cell</b>		
<b>3. Responsibilities :</b> <ol style="list-style-type: none"> <li>1. Chairperson: Head of the Institution</li> <li>2. Teachers to represent all level (Three to eight)</li> <li>3. One member from the Management</li> <li>4. Few Senior administrative officers</li> <li>5. One nominee each from local society, Students and Alumni</li> <li>6. One nominee each from Employers /Industrialists/Stakeholders</li> <li>7. One of the senior teachers as the coordinator/Director of the IQAC</li> </ol>		
<b>4.Definition :</b> <ol style="list-style-type: none"> <li>4.1 IQAC- Internal Quality Assurance Cell</li> <li>4.2 AQAR – Annual quality assurance report</li> <li>4.3 MOM – Minutes of Meeting</li> <li>4.4 SSR – Self study report</li> </ol>		
<b>5.Procedure:</b> <p>IQAC will submit a self-reviewed progress report annually to the NAAC, detailing the tangible results achieved in key areas which are specifically identified by the IQAC in the beginning of the academic year by devising a perspective plan. The AQAR is the outcome of the perspective plan of the IQAC.</p>		
<b>6.Quality Records :</b> <ol style="list-style-type: none"> <li>6.1. IQAC</li> <li>6.2. MOMs,</li> <li>6.3. Committee Reports,</li> <li>6.4. SSR,</li> <li>6.5. AQAR</li> </ol>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACD-53
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title: Gender Sensitization and Committee against Sexual Harassment (GSCASH)</b>		
<p><b>1.Purpose</b></p> <p>1.1 To promote a gender equitable institutional environment</p> <p>1.2 To prevent the commission of acts of sexual harassment</p> <p>1.3 To provide procedures for representation, resolution, settlement or prosecution of act of sexual harassment by taking all steps required</p> <p><b>2.Objective</b></p> <p>2.1 To develop the guidelines and norms for a policy against sexual harassment</p> <p>2.2 To develop principles and procedures for combating sexual harassment</p> <p>2.3 To work out details for the implementation of the policy</p> <p>2.4 To prepare a detailed plan of action, both long and short term.</p> <p><b>3.Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 GSCASH (as per GOI guidelines)</p> <p><b>4.Definition</b></p> <p>Sexual Harassment is an unwelcome sexually determined behavior (whether directly or by implication) as physical contact and advances, a demand or request for sexual favors, sexual remarks, showing pornography, any other unwelcome physical, verbal or non verbal conduct of sexual or discriminatory nature.</p> <p><b>5.Procedure</b></p> <p>5.1 Constitution of an enquiry committee</p> <p>5.2 Complaints of sexual harassment can be lodged to the committee</p> <p>5.3 Intimation of respondent regarding complaint and opportunity to furnish a written reply to the committee</p> <p>5.4 Preparation of relevant documents and interviewing of all people concerned</p> <p>5.5 Evaluation of evidence and findings of the committee</p> <p>5.6 Submission of a detailed report by the enquiry committee including recommendations and financial compensation, if any</p> <p>5.7 Counseling service for the victim and accused on request or as deemed necessary.</p> <p>5.8 All the members in the enquiry committee as well as observers, shall take and observe oath of secrecy about the proceedings</p> <p><b>6.Quality Records</b></p> <p>6.1 Complaints file</p> <p>6.2 Reports file</p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature:</b> 		<b>Signature:</b> 

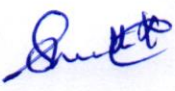

Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD-53 Page No: 2 of 2
<b>Title: Gender Sensitization and Committee against Sexual Harassment (GSCASH)</b>		
<b>7. Reference</b> <p>7.1 GOI instructions regarding prevention of sexual harassment of working women – Vaisakha guidelines</p> <p>7.2 Handbook on The Sexual Harassment of Women at Work Place (Prevention, Prohibition and Redressal) Act, 2013 by the Ministry of Women and Child Development, 2015</p> <p>7.2 Institutional policy against Sexual Harassment</p>		
<b>8.Format:</b> <p>8.1 Complaint format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature:</b> 		<b>Signature:</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-54
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title :Students Council</b>		
<p><b>1.Purpose</b></p> <ul style="list-style-type: none"> <li>1.1 To represent the views of the students on matters of general concern to them</li> <li>1.2 Develop within individuals a sense of responsibility for their own conduct or behavior</li> <li>1.3 Plan and organize activities and projects that will foster the growth of the Institution.</li> <li>1.4 To provide an opportunity for students to engage in a structured partnership with teaching faculty, parents and management staff in the operation of their Institution.</li> <li>1.5 To coordinate the student activities.</li> <li>1.6 Promote and assist in maintenance of academic and social environment free from exploitation, abuse and ragging.</li> </ul> <p><b>2.Objective</b></p> <ul style="list-style-type: none"> <li>2.1 To enhance communication and to promote an environment conducive to their educational and personality development.</li> </ul> <p><b>3.Responsibility</b></p> <ul style="list-style-type: none"> <li>3.1 Management</li> <li>3.2 Principal</li> <li>3.3 Student coordinator</li> <li>3.4 Mentor</li> <li>3.5 President - One student will be selected by and from amongst the interns</li> <li>3.6 Vice President - One student will be selected by and from amongst the III BDS</li> <li>3.7 General Secretary - One student will be selected by and from amongst the Interns</li> <li>3.8 Cultural Secretary - One student will be selected by and from amongst the Interns</li> <li>3.9 Sports Secretary - One student will be selected by and from amongst the Interns</li> <li>3.10 Executive members - 2 representatives from each year (I year to Interns) – one male &amp; one female.</li> </ul> <p><b>4. Definition</b></p> <ul style="list-style-type: none"> <li>4.1 GBM – General Body Meeting</li> <li>4.2 BSC – Consists of Principal, Director, Student Council Advisors and Student Council Members</li> </ul> <p><b>5.Procedure</b></p> <ul style="list-style-type: none"> <li>5.1 Student council formation <ul style="list-style-type: none"> <li>5.1.1 The process of council formation shall happen at the beginning of each Academic year (2<sup>nd</sup> week of October)</li> </ul> </li> </ul>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

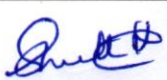

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-54
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 4
<b>Title :Students Council</b>		
<p>5.1.2 Nominations shall be received from the students for the posts of President, General Secretary, Vice President, Cultural secretary, Sports secretary and Batch Representatives (Two from each batch – one boy and one girl)</p> <p>5.1.3 Only a good standing student who have cleared their exams without any arrears shall file nomination for the Student Council</p> <p>5.1.4 Nominations shall be scrutinized by Student council advisor based on their Academic, Co-curricular and Extracurricular excellence according to the post</p> <p>5.1.5 The Student council members shall be selected by the nomination and election process</p> <p>5.1.6 Elected members shall take pledge and be inducted into the Student Council by the Principal</p> <p><b>5.2 Student council meeting</b></p> <p>5.2.1 The President should start and end the meeting when ever needed</p> <p>5.2.2 The meeting starts with review of previous meeting by the Secretary and signing of minutes of meeting by the President</p> <p>5.2.3 The President should be prepared for each meeting with a written agenda</p> <p>5.2.4 The Executive committee members shall be given an opportunity to discuss on the agenda and put forth the class feedback to the council</p> <p>5.2.5 The Vice president tries to keep the meeting focused on the agenda</p> <p>5.2.6 The President will make the decision and state it clearly to the other members</p> <p>5.2.7 The Secretary will prepare the minutes of the meeting as soon as possible</p> <p>5.2.8 The Secretary handles all council correspondence</p> <p>5.2.9 The decisions made in the meeting would be represented by the President to the Student coordinator</p> <p><b>5.3 Students Induction</b></p> <p>5.3.1 Students induction ceremony and Orientation programme shall be conducted at the beginning of each academic calendar of every batch of Under graduate students, Interns and Post graduate students</p> <p>5.3.2 Every department concerned for any particular batch shall welcome the students and give them an orientation regarding the kind of work done in the department</p> <p>5.3.3 Following induction all the students are expected to follow the guidelines and rule &amp; regulations as prescribed in the Student Manual</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-54
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 4
<b>Title :Students Council</b>		
<p>5.4 Addressing student issues</p> <p>5.4.1 The Student shall report any issues like ragging, abuse etc., to the representative of their batch and their respective mentors</p> <p>5.4.2 The batch representatives and the mentors shall discuss the issue with the student council and the coordinator</p> <p>5.4.3 The Student council Advisor shall take the issues to the respective committees, Principal when necessary</p> <p>5.5 Record maintenance - The General Secretary handles all council correspondence and shall maintain all the files related to student council.</p> <p>5.6 External programmes</p> <p>5.6.1 20% of the students shall be permitted to participate in the external programmes like inter college events</p> <p>5.6.2 Selection of students is on the discretion of the Studentcoordinator on case to case basis</p> <p>5.6.3 Students will be selected purely on merit basis - who can perform to the particular event</p> <p>5.6.4 Students selection will be on rotation basis</p> <p>5.6.5 Students have to travel only by train and has to be accompanied by either of the parent (no relatives) in case of individual events and by a senior faculty in case of group events</p> <p>5.6.6 All the Interns shall have an Industrial Visit in a year accompanied by a senior faculty</p> <p>5.7 Internal programmes</p> <p>5.7.1 Students should participate in the Academic and Co-curricular programmes conducted within the college, which are necessary for their career enhancement</p> <p>5.7.2 Student Enrichment programmes conducted within the college compulsarily</p> <p>5.7.3 Cultural and Sports event</p> <p>5.7.3.1 Cultural secretary, in consultation with student council shall prepare a proposal to conduct cultural events and Cultural day and College day</p> <p>5.7.3.2 Sports secretary, in consultation with student council shall prepare a proposal to conduct sport events and Sports day</p> <p>5.7.3.3 Both the events shall be timed in consultation with the advisors, principal and director</p> <p>5.7.3.4 Proposal should include budget for the programmes, source of fund</p> <p>5.7.3.5 Student council shall list the events to be conducted, with schedule of events and venue of events in consultation with the Student Council Advisors</p> <p>5.7.3.6 Student council and the Student Council Advisors shall frame the rules and regulations for the events and get the approval for the same from the Principal and the Director</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

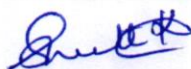

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-54
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 4 of 4
<b>Title :Students Council</b>		
<p>5.7.3.7 After the end of the programmes The Cultural secretary and the Sports secretary shall prepare a detailed report on the respective events in coordination with the President, Secretary, Vice President and shall submit it to the Student Council Advisors</p> <p>5.7.3.8 The Student Council Advisors shall verify the Report and submit it to the Principal, the Director</p> <p><b>5.8 Dissolution of the student council</b></p> <p>5.8.1 The principal and the management have the right to dissolve the student council at any time, if the student council is found to be involved in illegitimate activities and non functional</p> <p>5.8.2 A new council may be formed following the same earlier procedure</p> <p>5.8.3 If it is less than a month of term left, new council formation shall be postponed till the next term</p> <p><b>6.Quality Records</b></p> <p>6.1 Agenda.</p> <p>6.2 Student council letter pad (soft copy)</p> <p>6.3 Minutes of monthly meeting signed by the President</p> <p><b>7.References</b></p> <p>7.1 Rules &amp; Guidelines of Student council</p> <p><b>8. Format</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-55
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Student Enrichment Program</b>		
<p><b>1. Purpose</b></p> <ul style="list-style-type: none"> <li>1.1 To enhance the learning of all students beyond their perceived capabilities</li> <li>1.2 To enable every student to achieve his full potential</li> <li>1.3 To provide each student multiple ways of learning and expressing themselves</li> <li>1.4 To provide all the students multiple opportunities for success</li> </ul> <p><b>2.Objective</b></p> <ul style="list-style-type: none"> <li>2.1 To provide the students an opportunity to extend their knowledge and skills beyond academic learning</li> <li>2.2 To enable the students to pursue their interests they have already developed</li> <li>2.3 To explore the talents in students</li> </ul> <p><b>3. Responsibility</b></p> <ul style="list-style-type: none"> <li>3.1 Principal</li> <li>3.2 HOD</li> <li>3.3 All Teaching Faculties</li> <li>3.4 Program coordinator</li> <li>3.5 Student Coordinator</li> </ul> <p><b>4.Definition</b></p> <p>NIL</p> <p><b>5. Procedure</b></p> <ul style="list-style-type: none"> <li>5.1 Assess what enrichment opportunities are currently accessible for students during and beyond college hours</li> <li>5.2 Identify target enrichment areas to incorporate based upon the student needs</li> <li>5.3 Categorize the various enrichment programs <ul style="list-style-type: none"> <li>5.3.1 Sports activities</li> <li>5.3.2 Fine arts</li> <li>5.3.3 Yoga</li> <li>5.3.4 Cultural activities</li> <li>5.3.5 Attending intercollegiate, state level &amp; national level conferences and workshops</li> <li>5.3.6 Making scientific presentations</li> <li>5.3.7 value added programs</li> </ul> </li> <li>5.4 Determine an program coordinator head to manage the programming</li> <li>5.5 Create an enrichment unit for the various categories and appoint a co-coordinator for each category</li> <li>5.6 The students submit their preference for the enrichment programme, the students have to be categorized according to the various enrichment activities.</li> </ul>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-55
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title :Student Enrichment Program</b>		
<p>5.7 Finally, the categorized students have to be assigned to the particular enrichment co-coordinators.</p> <p>5.8 After which, it is the duty of each co-coordinator to take care of the students assigned to them and guide them in their respective enrichment activities.</p> <p><b>6.Quality Records</b></p> <p>6.1 File for List of Enrichment Programme</p> <p>6.2 File for co-coordinators in charge for the enrichment programme</p> <p>6.3 File for List of Students enrolled in the various enrichment activities</p> <p>6.4 Register for recording the happenings in each of the enrichment programme.</p> <p><b>7.Reference :</b></p> <p>Nil</p> <p><b>8.Format :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACD-56
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Celebration of Special Days and Events</b>		
<p><b>1.Purpose</b></p> <p>1.1 To highlight, promote celebrate special days related to dentistry in SRDCH and remember particular pioneers in dentistry and allied specialties.</p> <p><b>2. Objectives</b></p> <p>2.1 To promote dental awareness in the society.</p> <p>2.2 To highlight importance of oral – facial region and its significance in health and diseases to the general public</p> <p><b>3.Responsibility</b></p> <p>3.1 Head of Department</p> <p>3.2 Students</p> <p>3.3 Teaching and nonteaching faculty</p> <p>3.4 Program Coordinator</p> <p><b>4.Definition :</b></p> <p><b>NIL</b></p> <p><b>5.Procedure</b></p> <p>5.1 Preparing the list of particular events in that academic year(calendar) regarding special days/events in dentistry.</p> <p>5.2 Discussing with Principal and Heads of the Department for choosing the days and events to be celebrated.</p> <p>5.3 Planning and organizing the special days/events with particular departments or interdisciplinary events in SRDCH.</p> <p>5.4 Arranging camps, rallies, health education talks for the benefit of society.</p> <p>5.5 Evaluating the success of special days/events and reporting to the Top management thro proper channel.</p> <p><b>6. Quality Records</b></p> <p>6.1 Checklist of special days/events given by Indian Dental Association (IDA).</p> <p>6.2 Photographs, participation signatures, permission/acceptable letters from concerned authorities.</p> <p><b>7. Reference</b></p> <p>7.1 List of special days/events approved by SRDCH management.</p> <p><b>8.Format</b></p> <p>8.1 Records of previous special days/events conducted.</p> <p>8.2 Minutes of previous special days/events</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE AND HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD:57 Page No: 1 of 1
<b>Title: Disciplinary Committee</b>		
<p><b>1.Purpose:</b> To describe procedure on maintaining student discipline</p> <p><b>2.Objective:</b> To maintain discipline, Punctuality and dress code in the college</p> <p><b>3.Responsibility:</b> Disciplinary Committee, Principal, HOD</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <ul style="list-style-type: none"> <li>5.1 Rules and regulations are clearly given in the college calendar and handbook</li> <li>5.2 Administrative Manager is deputed to go on rounds at 8.30 am the college opening time and during the breaks and lunch break and report to HOD on matters of discipline</li> <li>5.3 HOD shall take disciplinary action against erring students</li> <li>5.4 Such issues will also be discussed in the disciplinary committee meeting and Circulated to all the department</li> <li>5.5 Repeated cases will be brought to the notice of the Principal and Parents will be called for interaction / Corrective Actions</li> </ul> <p><b>6.Quality Records:</b> Nil</p> <p><b>7.Reference:</b> College Calendar, Code of conduct</p> <p><b>8.Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACD - 58 Page No: 1 of 1
<b>Title: Preventive Steps to Avoid Ragging</b>		
<p><b>1.Purpose:</b> To describe the procedure adopted to avoid ragging</p> <p><b>2.Objective:</b> Preventive steps taken to avoid any ragging in the college</p> <p><b>3.Responsibility:</b> Anti-Ragging Committee, Principal</p> <p><b>4.Definition:</b> DCI- Dental Council of India</p> <p><b>5.Procedure:</b></p> <p>5.1 Students will be addressed by the Anti-Ragging Committee to desist from any form of ragging. This will be followed by instructions in classrooms through HOD's and staff in charge. Students shall be guided and given help lines through circulars and posters displayed at all prominent places, to enable them inform the administration about any form of ragging.</p> <p>5.2 Zero tolerance policy towards ragging is practiced in the entire campus</p> <p>5.3 Anti-Ragging Committee staff to go on rounds within the campus to look for and prevent any form of ragging in the college premises.</p> <p>5.4 Punishment shall be as per guidelines from the Tamilnadu Dr. MGR University and DCI guidelines and Recommendations of UGC and Government of India.</p> <p><b>6.Quality Record:</b> Anti-Ragging Committee record</p> <p><b>7.Reference:</b> College calendar, Guidelines from the Tamilnadu Dr. MGR University and DCI.</p> <p><b>8.Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 

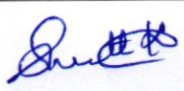

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-59 Page No: 1 of 2
<b>Title :Alumni</b>		
<b>1.Purpose</b> <ul style="list-style-type: none"> <li>• To provide social and professional contacts for alumni</li> <li>• To maintain an active unit and a productive relationship with the faculty and administration.</li> <li>• To secure and maintain appropriate scholarship funding levels for students.</li> <li>• To establish an active and efficient network of alumni and friends to mentor current students</li> <li>• To organize and conduct social events for alumni and dental professionals.</li> <li>• To establish and maintain financial resources needed to support our Purpose.</li> <li>• To establish Career building tools</li> <li>• To provide support for the fraternity and foundation, both financially and through active participation.</li> </ul>		
<b>2.Objective</b> <ul style="list-style-type: none"> <li>• To maintain a roster of all alumni of college and their pertinent data.</li> <li>• To promote a sustained sense of belonging to the Alma mater among the alumni</li> <li>• To provide a forum for the alumni for exchange of ideas on academic, cultural and social issues by organizing and co-ordinating reunion activities of the alumni.</li> <li>• To promote enthusiasm, commitment and a sense of stewardship throughout the alumni community.</li> <li>• To promote the visibility of the college to the community, alumni, parents and its supporters.</li> <li>• To promote financial soundness of the alumni society.</li> </ul>		
<b>3.Responsibility</b> <ul style="list-style-type: none"> <li>• Students</li> <li>• Alumni Council Members</li> <li>• Head of the Institution</li> <li>• Management</li> <li>• University</li> <li>• Legal Expert</li> </ul>		
<b>4.Definition :</b> Nil		
<b>Prepared By: Alumni Committee members</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date : 1.02.2019	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACD-59 Page No: 2 of 2
<b>Title :Alumni</b>		
<b>5. Procedure</b> <p>5.1. Creating an alumni association</p> <p>5.2. Registration of the association</p> <p>5.3. Creating a website for alumni under the college forum</p> <p>5.4. Updating alumni databases</p> <p>5.5. Meetings- The Alumni office bearers should meet at least twice a year.</p> <p>5.6. Quorum -During any alumni meeting, the presence of a majority of office in person or by proxy shall constitute a quorum.</p> <p>5.7. Majority shall be defined as any number of staff members greater than 50% of all staff members.</p> <p>5.8. A quorum must exist for the office bearers to transact any official business or conduct elections.</p> <p>5.9. Voting - Unless otherwise specified in the bylaws, all motions and official actions of the staff must be passed by a majority vote of the staff members present and voting, so long as a quorum is present.</p> <p>5.10. Term Limitations. The term limit for a specific office within the office members is limited to three years. Upon completion of the three-year term, members may petition the Membership Committee to remain in the staff position for one additional three-year term.</p> <p>5.11. The treasurer, will monitor any and all accounts related to the Alumni and provide aauidedfinancial report at end of financial year.</p>		
<b>6 Quality records-</b> <p>6.1 Audited account statement</p> <p>6.2 Minutes of meeting</p>		
<b>7 Reference- Nil</b>		
<b>8 Format - Nil</b>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: LIB :01
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 4
<b>Title: SOP for library</b>		
<p><b>1.Purpose</b></p> <p>1.1 To provide access to an extensive range of informative resources like Books, E-books, Journals, E-journals, Newspaper and wide range of other resource to improve the knowledge and thought processes of the academic fraternity and students</p> <p><b>2. Objectives</b></p> <p>2.1 To identify, evaluate, procedure, process and then make necessary learning resources available to the faculty and students for their teaching, learning and research assignments.</p> <p><b>3. Responsibility</b></p> <p>3.1 Librarian 3.2 Faculty in charge of Department library of individual department 3.3 Library coordinator 3.4 Principal 3.5 Management</p> <p><b>4. Definition</b></p> <p>4.1 A library is a building room, or organization that has a collection, especially of books, for people to read or borrow. Library functions as a knowledge centre for growth of students, faculty and the institution as a whole.</p> <p><b>5. Procedure</b></p> <p><b>5.1 Library Timings</b></p> <p>5.1.1 The library will be open on all working days from 8:00 am to 6:00 pm.</p> <p>5.1.2 The Library shall remain closed on all National / Weekly holidays and on such other day(s), as may be determined by the Principal from time to time.</p> <p><b>5.2 Issue Of Library Cum Id Card – Student/Faculty</b></p> <p>5.2.1 The Student Identity card will be issued by the administrative office along with the identity card with an attested photograph of the student/faculty.</p> <p><b>5.3 Entry Into The Library</b></p> <p>5.3.1 The students/faculty should leave their belongings outside the library in the enclosure provided for the same</p> <p>5.3.2 The student/faculty has to register the timings of their entry and exit in the entry register kept at the entrance of the central library.</p> <p><b>5.4 Issue /Return Of Books:</b></p> <p>5.4.1 Issue and return of books is facilitated through registers which is maintained by the librarian</p> <p>5.4.2 Each student is permitted to keep only one book for a maximum of 4 days (including holidays).</p> <p>5.4.3 Journals, reference books and latest edition of the textbooks will not be issued.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 







Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: LIB :01
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 4
<b>Title: SOP for library</b>		
<p><b>5.5 loss Of Library Id Card:</b></p> <p>5.5.1 In case, where the condition of ID card has been defaced due to wear and tear , students have to pay for his/her new ID card along with a penalty.</p> <p>5.5.3 Borrowers shall be responsible for any loss which the Library may suffer through the loss or misuse of their cards. Any person using cards declared "lost" will be fined which will not be waived off under any circumstances</p> <p><b>5.6 Reprographic Facility:</b></p> <p>5.6.1 Reprographic facility is provided in the library</p> <p>5.6.2 The facilities include the following:</p> <p>5.6.2.1 Black and white Photostat</p> <p>5.6.2.2 Black and white printer</p> <p>5.6.2.3 Scanner</p> <ul style="list-style-type: none"> <li>• <b>Note:</b> Any kind of reprographic service will be charged nominally.</li> <li>• Photocopying of full books is not permitted.</li> </ul> <p><b>5.7 Procurement Of Books, Journals And E-Resources:</b></p> <p>5.7.1 Library meeting for the procurement of textbooks will be conducted once in every six months by the coordinator.</p> <p>5.7.2. Collect the latest University syllabus well before the commencement of each Academic Year</p> <p>5.7.3 Select the books &amp; Journals required to be added to Department Library based on the syllabus</p> <p>5.7.4 In the meeting, the HODs will be requested to recommend the required text books in their respective subjects. They will be requested to prepare a list of the textbooks with the details of the title, author, edition, volume and the cost.</p> <p>5.7.5 The list will be then submitted to the principal office for approval</p> <p>5.7.6 Follow up the progress of procurement of list of books will be done on approval from management</p> <p><b>5.8 Processing Of The Books:</b></p> <p>5.8.1 Generate the Dewey Decimal Classification Number (DDC) with the latest edition in the Accession Register.</p> <p>5.8.2 Enter the details of the books in the Library software.</p> <p>5.8.3 The bar code and Spine label generated by Library is pasted on the books.</p> <p>5.8.4 Paste due date slip on the book.</p> <p>5.8.5 Put Library Stamp on processed books at five places for identification as Library property.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 





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Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 4
<b>Title: SOP for library</b>		
<p>5.8.6 The book is placed in the appropriate shelves in the Library.</p> <p>5.8.7 Maintain a record of all challans and bills and a summary of receipts through the year.</p> <p><b>5.9 Issue Of Books To The Department Library:</b></p> <p>5.9.1 The books will be issued to the library according to the norms of DCI and UGC.</p> <p>5.9.2 The books will be issued to the department library if only more than one copy of the text book with the same author is available in the central library.</p> <p>5.9.3 All the departments are requested to maintain proper registers inside the department to track the books taken for reference.</p> <p><b>5.10 Processing of Periodicals/Newspapers:</b></p> <p>5.1.1 On receipt of periodicals/newspaper, enter the details in the periodical/newspaper Register.</p> <p>5.1.2 Put library stamp on the periodical/newspaper at five places and enter the date of receipt. Place the periodical/newspaper in the appropriate shelf in the reading room.</p> <p>5.1.3 Maintain a record of all bills and summary of receipts through the year</p> <p><b>5.2 Mutilation Of Books</b></p> <p>5.11.1 Any person caught tearing pages or mutilating books will invite strict disciplinary action including payment of the cost of such book (s) and an additional penalty.</p> <p><b>5.12 Annual Library Audit:</b></p> <p>5.12.1 Annual Library Audit will be ordered by the Principal every year.</p> <p>5.12.2 After physically counting the books, and taking into account books issued out, the following lists will be prepared and attached to the report along with recommendation:</p> <p>5.12.3 Missing/Lost books</p> <p>5.12.4 Damaged books</p> <p>5.12.5 The Library committee will also check the details of fine collected, books purchased and taken on charge during the year, new e-resources procured during the year and new periodicals prescribed during the year.</p> <p><b>5.13 Code Of Conduct Within Library</b></p> <p>5.13.1 Students are allowed inside the Library only on production of their authorised or valid ID card.</p> <p>5.13.2 Strict silence must be observed in the library during library hours.</p> <p>5.13.3 Mobile phones have to be in silent mode inside the library.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: LIB :01
Issue Date:07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 4 of 4
<b>Title: SOP for library</b>		
<p><b>5.14 Rules And Regulations:</b></p> <p>5.14.1 No discussion is permitted inside the library.</p> <p>5.14.2 No personal belongings allowed inside the library except personal book reading area.</p> <p>5.14.3 Show the books &amp; other materials which will be taken out has to be shown to the library staff at the entrance.</p> <p>5.14.4 Library cards are not transferable</p> <p>5.14.5 Use of mobile phones inside the library is not allowed</p> <p>5.14.6 Printed materials &amp; issued books are not allowed to be taken inside the library</p> <p>5.14.7 The arrangement of chairs &amp; other furniture's in reading area should not be disturbed</p> <p>5.14.8 The librarian may recall any book from any member at any time &amp; the member shall return the same immediately.</p> <p>5.14.9 Books removed from the shelves by students should be kept on the table nearest to user and not to shelve.</p> <p><b>6. Quality Record:</b></p> <p>6.1 Library Book list</p> <p>6.2 Maintenance register</p> <p>6.3 Inventory register</p> <p>6.4 Entry and out register</p> <p>6.5 Book lending register</p> <p>6.6 Journal list register</p> <p>6.7 Accession register</p> <p>6.8 Library software record</p> <p><b>7. Reference:</b></p> <p>7.1 DCI regulation 2017</p> <p>7.2 TN Dr MGR Medical University Regulations</p> <p><b>8. Format:</b></p> <p>Library</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

Issue No.:1	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: WLF-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Non-teaching Staff Welfare Activities Committee</b>		
<p><b>1.Purpose</b></p> <p>1.1 To develop the guidelines and norms for Non-teaching Staff Welfare Activities Committee.</p> <p>1.2 To prepare a detailed plan of action.</p> <p><b>2.Objectives:</b></p> <p>2.1 To safeguard the interest and rights of Non-teaching staff.</p> <p><b>3. Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 Administrative Officer</p> <p><b>4.Definition</b></p> <p><b>5. Procedure</b></p> <p>5.1 To conduct meetings once in 6 months with prior notice and agenda.</p> <p>5.2 To get inputs periodically from the non teachingstaff.</p> <p>5.3 To brief them about the rules and regulations and their responsibilities in the institution.</p> <p>5.4 To record the minutes of meeting in the MOM format.</p> <p>5.5 To propose new welfare measures for the staff.</p> <p>5.6 To propose welfare measures for their wards.</p> <p>5.7 To propose skill training programs for the staff.</p> <p>5.8 To propose behavioral and stress management programs for the staff.</p> <p><b>6. Quality Records</b></p> <p>6.1 File for Non-teaching Staff Welfare Activities</p> <p>6.2 File for NAAC Cell</p> <p>6.3 File for Principal office</p> <p><b>7.Reference</b></p> <p><b>8.Format</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

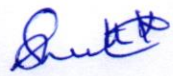



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ADM-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 3
<b>Title :Student Admission&amp; Scholarship work for UG&amp; PG</b>		
<p><b>1.Purpose :</b></p> <p>1.1. Student admission for BDS/MDS course for the Academic year</p> <p><b>2.Objective:</b></p> <p>2.1. To fulfill 100 BDS seats (M.Q – 35 seats &amp; G.Q – 65 seats)/ 13 number of MDS Seats (MQ&amp;GQ inclusive)</p> <p><b>3. Responsibility</b></p> <p>3.1 Administration office Clerk 3.2 Administrative Officer 3.3 Academic in – charge clerk</p> <p><b>4.Definition:</b></p> <p>4.1 DCI – Dental Council of India 4.2 T.N.Dr.M.G.R M. U – The Tamil Nadu Dr.M.G.R.Medical University 4.3 M.Q – Management Quota, G.Q – Government Quota 4.4 T.C – Transfer Certificate 4.5 BDS – Bachelor of Dental Surgery 4.6 SRDCH– Sri Ramakrishna Dental College and Hospital 4.7 UG – Under Graduate</p> <p><b>5.Procedure:</b></p> <p><b>ADMISSION WORK – UG :</b></p> <p>5.1 The Tamil Nadu Dr.M.G.R.Medical University will allot 100 seats for UG based on DCI approval.</p> <p>5.2 Through the selection committee, through NEET – UG counseling students will be allotted for the BDS course (65 seats – Government quota &amp;35 seats)</p> <p>5.3 After the Counseling the selection committee issue allotment order,</p> <p>5.4 The office assistant should check the Allotment order and other supporting documents of the student., the Administrative Officer has to verify the same then inform the student to fill the application form.</p> <p>5.5 Annual fee details will be infomed by the Account Section, to pay the fee through bank.</p> <p>5.6 After the fees have been paid, the office Assistant should check and collect the application and original certificates from the students.</p> <p>5.7 Prepare the check list – Supporting documents like (T.C, Community certificate, 10<sup>th</sup> Mark sheet, HSC Mark Sheet, Health fitness Certificate, Eligibility &amp; Migration certificate for other state / University G .Q – Allotment Order &amp; Fee Receipt), First Graduate Certificate, Income Certificate.</p> <p>5.8 Original Certificates are photo copied and scanned to be maintained in the system.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

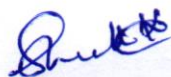


Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ADM-01 Page No: 2 of 3
<b>Title :Student Admission&amp; Scholarship work for UG&amp; PG</b>		
<p>5.9 Arrange the application forms and certificates (original &amp; Xerox) in alphabetical order in numbered file to identify easily for quick reference.Students' original certificates should be kept in a safety locker and Xerox copies are kept in record room</p> <p>5.10 College opening date will be informed to the students/parents through phone/courier/sms.</p> <p>5.11 After joining, students name list with covering letter will be sent to the DCI (100 seats) / T.N.Dr.M.G.R.M.U (100 seats) / Selection Committee (65 seats) TNPPCA (35 seats)with the approval by the principal and also entered in the online portal provided .</p> <p>5.12 University Registration work for new students and spot registration for admission approval for each students through university website will be updated before 15<sup>th</sup> December of the current academic year</p> <p>5.13 Students admission register and cumulative register are maintained for every academic year separately.</p> <p>5.14 Send the attendance copy of all the students for every 3months to University / DCIwith the approval by the Principal.</p> <p><b>ADMISSION WORK FOR PG</b></p> <p>5.15 Through the selection committee, counseling NEET- MDS counseling students will be allotted for the MDS course – 13 seats</p> <p>5.16 Same as No.5.3 to 5.10</p> <p>5.17 Verify all application are completely filled and get Principal signature before registration with university</p> <p>5.18 Students name list with covering letter will be sent to the DCI(14 seats) /T.N.Dr.M.G.R.M.U (14 seats) / Selection Committee (3 seats) TNPPCA (11 seats) with the approval by the principal.</p> <p><b>SCHOLARSHIP WORK (BC/MBC/SC/ST Students)</b></p> <p>5.19 A check list containing application form, bank account details, parents income certificate, community certificate, 12<sup>th</sup> mark sheet, first graduate certificate will be submitted by the students based the caste-wise (BC, MBC, SC &amp; ST) officer incharge in the office.</p> <p>5.20 Forwarding the scanned application, community certificate, parents income certificate through on line to the DBCMw&amp; SC/ST Scholarship Officer, Coimbatore and the confirmation students list will be received from the concerned department and it is approved by the principal and copy sent to the above through courier / mail. A manual copy of the same is stored as hard copy in the office for reference.</p> <p>5.21 The approved amount will be credited to the student's bank account directly by the concerned authorities of DBCMw&amp;SC/ST.</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ADM-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 3
<b>Title :Student Admission &amp; Scholarship work for UG &amp; PG</b>		
<p><b>6.Quality Record :</b></p> <p>6.1 Individual Students file (academic year)</p> <p>6.2 University file</p> <p>6.3 DCI file</p> <p>6.4 Selection Committee file</p> <p><b>7. Reference</b></p> <p>7.1 Selection Committee (Prospectus)</p> <p><b>8. Format</b></p> <p>8.1 Application form for BDS/MDS Course (University &amp; SRDCH College)</p> <p>8.2 Checklist of the Certificates for BDS/MDS Course.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ADM-02 Page No: 1 of 2
<b>Title : Conduction of University Examination</b>		
<p><b>1.Purpose</b></p> <p>1.1. To conduct exam for the month of August and February as per the University exam schedule</p> <p><b>2.Objective:</b></p> <p>2.1. To conduct the University exams without any problems for the Students and Faculty.</p> <p><b>3. Responsibility:</b></p> <p>5.20Principal Office Assistant, 5.21 Administrative officer, 5.22Chief superintendent - Examinations, 5.23Academic Coordinator</p> <p><b>4.Definition:</b></p> <p>4.1 At the end of each academic year, the University conducts regular examinations for UG and PG programmes for summative assessment of an eligible candidate enrolled in the UG/PG program in Dentistry.</p> <p><b>5.Procedure:</b></p> <p><b>Theory Examination</b></p> <p>5.24After announcement from university regarding conduction of Exam.</p> <p>5.25University website – Academic section CR2 is logged in regarding Application form for exam (Theory and practical), Timetable, Exam fees, Students name list (regular, carry &amp; break) for receiving hall tickets for eligible students.</p> <p>5.26Internal marks and attendance from all departments, submitted by Academic cell to be uploaded in the university website.</p> <p>5.27Eligible students' examination fee to be paid online to university and Hall tickets to be downloaded.</p> <p>5.28The principal office will collect the No Objection Certificate, signed by all the departments, the Administrative Office, Hostel (If applicable), the library and finally by the principal, before issuing the hall tickets to the students.</p> <p>5.29Appointment letter of Chief Superintendent should be sent to the university</p> <p>5.30During the Theory Exam, allot the examination hall in batch wise, according to the student's name list prepared by the Examination cell.</p> <p>5.31University exams invigilation schedule will be prepared by the Chief superintendent – Examination cell</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>






Signature :	Signature :
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ADM-02
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2

**Title :Conduction of University Examination**

5.32Exam hall will be prepared with Registration number stickers, Row sheet displays etc

5.33The answer sheets are received from the university will be checked and verified by the Assistants in the Principal Office.

5.34After completion of the university exam, the answer papers will be packed, sealed and sent to the university through Speedpost by the examination cell by the administration office. The Proof of Delivery will be maintained in the principal office.

**Practical Examination**

5.35The Internal and External Examiners name list for the Practical Exam, will be received from the university.

5.36Vehicle Arrangements, accommodations, remuneration will be processed for the same by the administrative office.

5.37After the Practical exam, marks are entered in university website CR 2 in the principal office.

5.38The Examiners are given attendance certificate from principal office.

**6.Quality Record :**



6.1 University Exam file

**7. Reference**

7.1 T.N.Dr.M.G.R.M.U Guidelines &Regulations.

**8. Format:**

**No Dues sheet**

Prepared By: IQAC	Approved by : Principal
Signature : 	Signature : 

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ADM-03 Page No: 1 of 2
<b>Title : Staff Recruitment, Promotion and Relieving Process</b>		



**1.Purpose**

- 1.1. To fill the vacancies of the Staff for Academic and Non-Academic departments.

**2.Objective:**

- 2.1. To Appoint the Staff members based on requirements.

**3. Responsibility:**

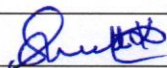
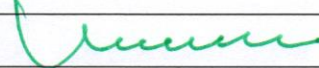
- 3.1 Principal  
3.2 Management  
3.3 Selection Panel

**4.Definition:**

- 4.1 Recruitment is a process of finding and attracting the potential resources for filling up the vacant positions in an organization. It sources the candidates with the abilities and attitude, which are required for achieving the objectives of an organization. Staffs are relieved off their duties when they resign voluntarily for personal reasons or when the management decides to terminate an employee.

**5.Procedure For Recruitment:**

- 5.1 The Principal & Management has to advertise in paper/online to public for the Required Post.
- 5.2 Received / applied Resumes from the candidates for Job according to the qualification, experience & age will be shortlisted by the Principal.
- 5.3 After approval from the Principal & Management, an Interview will be scheduled by the selection panel and the communication related to place, time and test will be intimated through phone, sms and mail etc., to the candidates.
- 5.4 After conducting the Interview, the original certificates, qualification, experience, age, residence proof, voter id, aadhar id, ration card, passport and pan card, are verified by office/Principal for the selected candidates.
- 5.5 After the selection of the candidate the Principal/Management has to give the appointment order which includes the rules and regulations of the organization/institution and fix the salary based on their experience.
- 5.6 The employee should have to produce a joining letter and the photocopy of original certificates which are scanned including appointment order and other related documents and are kept in a separate file in the custody of the Principal Office
- 5.7 The details of the new staff will be uploaded in the DCI website by the Principal Office
- 5.8 When a staff is appraised to be eligible for a promotion to the next level, a promotion letter will be issued.
- 5.9 If the organization needs original certificates for the selected candidates, the candidates should produce those certificates and the organization will give an acknowledgement of the certificates withheld

**Prepared By: IQAC****Approved by : Principal****Signature :****Signature :**

Issue No: 01

Issue Date  
:07.05.2022**SRI RAMAKRISHNA DENTAL COLLEGE & HOSPITAL**  
**QUALITY PROCEDURE MANUAL**

Pr. No:ADM-03

Page No: 2 of 2



**Title : Staff Recruitment, Promotion and Relieving Process**

5.10 Identity card will be given to the candidates with name, address, date of birth, blood group, and phone number and designation barcode. The candidate should submit medical report.

Attendance of the employee will be maintained through biometric system & a register.

**6. Procedure For Relieving:**

- 6.1 The Management has right to terminate any staff without any prior information.
- 6.2 If staff wants to get relieved from the job, he/she has to give a requisition letter or resignation letter to the Principal three month priorly. If an employee wants to get relieved immediately from the job, he/she have to pay three month salary to the organization.
- 6.3 This requisition letter or resignation letter forwarded from the Principal will be sent to the Management for the further enquiry and finalized.
- 6.4 A department clearance certificate must be obtained.
- 6.5 When a staff is getting relieved from the job, the Principal Office through the Principal has to give all the Original/ Xerox copies of all certificates with Relieving order, work experience of the staff.
- 6.6 Salary certificate can be obtained on request.
- 6.7 After the staff is relieved from the job, an update of the Employee is done by the Principal Office

**7. Quality Record:**

File-Selected List of Employees

**8. Reference:**

Nil

**9. Format:**

Department Clearance Certificate.

**Prepared By: IQAC**

**Approved by : Principal**

**Signature :**



**Signature :**



Issue No: 01

Issue Date  
:07.05.2022

**SRI RAMAKRISHNA DENTAL COLLEGE & HOSPITAL**  
**QUALITY PROCEDURE MANUAL**

Pr. No:ADM-04

Page No: 1 of 1



**Title : Issue of Bonafide Certificate****1.Purpose**

- 1.1 Certify the students studying and staff in our dental college

**2.Objective:**

- 2.1. To fulfill the requirements for issuing the Bonafide Certificates

**3. Responsibility**

- 3.1 Principal, Administrative officer & Office Assistant

**4.Definition:**

- 4.1 Bonafide certificate is a document which is issued as a proof that an individual belongs to SRDCH. It is a certificate of proof that he/ she is a student of a particular class and course in the institution/ staff working during a specified time period. The bona fide certificate may be required in number of cases like seeking employment, applying for education loan, applying for visa/passport/Driving Licence/ Scholarship.

**5.Procedure**

- 5.1 Collect the requisition form, from the students for bonafide certificate
- 5.2 Bonafide certificate is issued for education loan (from Administrative Office), passport verification, private scholarship, bus/train pass and conference / programme to attend.
- 5.3 Get approval from principal and then the certificate is prepared in the prescribed format.
- 5.4 Certificates related to Fee, Scholarship, educational loan to be prepared by the administrative Office Assistant and verified by Administrative officer, gets signature from the Principal.
- 5.5 Certificates related for visa/passport/Driving Licence/ conference / workshop are prepared by the principal Office Assistant and gets signature from the Principal.
- 5.6 Original bonafide certificate are issued to the students after getting the acknowledgement from the student in Xerox copy.
- 5.7 The Xerox copy of the bona fide certificate is filed in individual student file.

**6.Quality Record :**

- 6.1 Students individual file

**7. Reference**

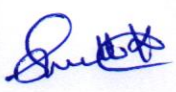

- 7.1 Student record

**8. Format**

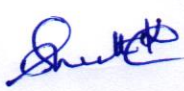

- 8.1. Bona fide certificate format

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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ADM-05 Page No: 1 of 1
<b>Title : Inspection Work (DCI &amp;T.N.Dr.M.G.R. Medical University)</b>		
<p><b>1.Purpose</b></p> <p>1.1 To conduct inspection smoothly</p> <p><b>2.Objective:</b></p> <p>2.1. To get affiliation and recognition for UG &amp; PG courses</p> <p><b>3. Responsibility</b></p> <p>3.1 Office Assistant, 3.2 Administrative officer, 3.3 All department HOD'S, 3.4 Principal 3.5 Management</p> <p><b>4.Definition:</b></p> <p>4.1 The DCI and T.N. M.G.R Medical University inspects the institutions regularly to monitor their compliance to the specified norms. The council inspects the various institutions and bring the deficiencies observed to the notice of authority concerned for suitable recommendations</p> <p>4.2 DCI – Dental Council of India</p> <p><b>5.Procedure</b></p> <p>5.1 T.N.Dr.M.G.R.Medical University will inform to the college regarding the date and time for inspection. College office will inform to all the departments regarding inspection. The DCI usually conducts inspections unannounced.</p> <p>5.2 Inspection proforma will be downloaded from website and will be circulated to all departments. All the departments should fill the proforma along with the supporting documents and submit it in the office.</p> <p>5.3 The Affidavits, and all the supporting documents will be signed by the Principal. The affidavits will also be sent to the Managing trustee for signature. This will be further approved and signed by the notary public. The entire process is done by the Principal Office.</p> <p>5.4 Vehicle arrangements, food and snacks arrangements will be done by the Administrative office for the Inspectors during the Inspection time on approvals of principal.</p> <p><b>6.Quality Record :</b></p> <p>DCI File, T.N.Dr.M.G.R.Medical University file.</p> <p><b>7.Reference:</b></p> <p>DCI, T.N.Dr.M.G.R.Medical University website/ proforma</p> <p><b>8. Format:</b></p> <p>Inspection proforma of DCI/ T.N.Dr.M.G.R.Medical University file.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 







Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>  <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ADM-06 Page No: 1 of 1
<b>Title : Issue of Provisional Pass certificate 1 and 2 (PPC)</b>		
<p><b>1.Purpose</b> 1.1 Issue of Provisional Pass certificate (PPC)</p> <p><b>2.Objective:</b> 2.1. To issue the PPC 1 and 2 to UG/PG students</p> <p><b>3. Responsibility</b> 3.1 Office Assistant, 3.2 Administrative officer, 3.3 Principal Office, 3.4 Principal.</p> <p><b>4.Definition:</b> 4.1 A temporary (provisional) pass certificate is a document issued by the University to a student who has successfully completed the Final year exam, before the actual degree certificate as a tentative one for the original, when the student has completed his/her curriculum. PPC 1 issued after final year exams. PPC 2 issued after completion of Internship</p> <p><b>5.Procedure</b> <b>Undergraduates:</b> 5.1 After the Final year BDS examination results, the Posting schedule for the new CRIs are put up on the notice board by the Principal Office 5.2 The new interns submit their joining letter to the Principal Office on the first day of internship. The Principal Office assistant issues the PPC-1 application form (downloaded from the University website) to the student. 5.3 The application forms along with all the supporting documents are sent to the University within a week. 5.4 The PPC-1 is received from the University and retained in the Principal Office locker. 5.5 After completion of Internship, the student submits the 10 individual department completion forms from the departments and submits to the Principal Office. the Principal Office issues the application forms for PPC-2 to the students to fill up. 5.6 The above 10 forms, PPC-2 application forms along with the PPC-1 are collected and sent to the University. The University receives these documents and sends the PPC-2 to the Principal Office. 5.7 The Principal Office issues the Transfer certificate, the other Original certificates that were collected from the student when they joined the BDS program, the course completion certificate, the Conduct certificate. 5.8 The PPC-2 when received from University, is intimated to the students by mail, who will collect it from the Principal Office.</p> <p><b>Postgraduates:</b> 5.9 For the PGs the Provisional certificate will be sent from the University to the College along with the mark sheet after the Examination Results</p> <p><b>6. Quality Record :</b> T.N.Dr.M.G.R.Medical University file. PPC Registers.</p> <p><b>7. Reference:</b> Nil</p> <p><b>8. Format:</b> PPC application form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ADM-07 Page No: 1 of 1
<b>Title : Internal Circulars</b>		
<p><b>1.Purpose</b></p> <p>1.1 Issue of Circulars to relevant departments.</p> <p><b>2.Objective:</b></p> <p>2.1. To communicate information from the Principal Office to all relevant departments.</p> <p><b>3. Responsibility</b></p> <p>3.1 Office Assistant, 3.2 Principal Office, 3.3 Principal</p> <p><b>4.Definition:</b></p> <p>4.1 Circulars are used to communicate important information from the Principal and Director, through the Principal Office to all departments.</p> <p><b>5.Procedure</b></p> <p>5.1 The Principal convey the information to the Principal Office assistants.</p> <p>5.2 The Principal Office assistants type the circulars in the appropriate format. The format contains a circular number.</p> <p>5.3 The circular is verified and signed by the Principal.</p> <p>5.4 The scanned copy of the signed circular is mailed to the relevant departments and coordinators.</p> <p>5.5 The original copy will be filed in the circular file.</p> <p><b>6. Quality Record :</b></p> <p>Principal / principal Office mail, Circular file</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Format:</b></p> <p><b>SRDCH</b> Circular format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

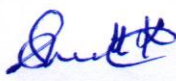



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ADM-08
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Communication of information from the University/DCI</b>		
<p><b>1.Purpose</b></p> <p>1.1 Communication of Information from the University/DCI</p> <p><b>2.Objective:</b></p> <p>2.1. To communicate information from the University/DCI to all relevant departments.</p> <p><b>3. Responsibility</b></p> <p>3.1 Office Assistant, 3.2 Principal Office, 3.3 Principal</p> <p><b>4.Definition:</b></p> <p>4.1 Circulars are used to communicate important information from the University/DCI through the Principal, to all relevant departments.</p> <p><b>5.Procedure</b></p> <p>5.1 The information from the University/DCI is received in the Principal Office</p> <p>5.2 The Office assistants in the Principal office convey the information to the Principal.</p> <p>5.3 The Principal makes the decision to whom the information is to be passed on.</p> <p>5.4 The Principal Office assistants type the circulars in the appropriate format. The format contains a circular number.</p> <p>5.5 The circular is verified and signed by the Principal.</p> <p>5.6 The scanned copy of the signed circular is mailed to the relevant departments.</p> <p>5.7 The original copy will be filed in the circular file.</p> <p><b>6. Quality Record :</b></p> <p>Principal Office mail, Circular file</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Format:</b></p> <p>SRDCH Circular format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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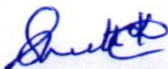

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ADM-09 Page No: 1 of 1
<b>Title :Submission of PG research protocol and Main Dissertation to the University</b>		
<p><b>1.Purpose</b></p> <p>1.1 Communication of deadlines and action taken for the submission of PG research protocol at the end of Firstyear MDS and submission of MDS Dissertation at the end of Third year MDS to the University</p> <p><b>2.Objective:</b></p> <p>2.1. To enable timely submissions of PG research protocol and MDS Dissertation to the University</p> <p><b>3. Responsibility</b></p> <p>3.1 PG student, 3.2 Heads of the departments, 3.3 Research Committee 3.4 Principal Office, 3.5 Principal</p> <p><b>4.Definition:</b></p> <p>4.1 Submission of PG research protocol at the end of First year MDS and submission of MDS Dissertation at the end of Third year MDS to the University is a mandatory requirement in the MDS course.</p> <p><b>5.Procedure</b></p> <p>5.1 The information from the University is received in the Principal Office</p> <p>5.2 The Office assistants in the Principal office convey the information to the Principal.</p> <p>5.3 A Circular is passed to all the departments informing the deadlines through the Principal</p> <p>5.4 The research committee facilitates the process by ensuring that the protocols of the first year MDS and Main dissertation copies of the third year are ready for submission.</p> <p>5.5 Each of the Departments submit the Research protocols (I year MDS) and the Main dissertation copies (III MDS) to the Principal Office.</p> <p>5.6 The Principal Office packs, seals and sends the material to the University by courier/speed post.</p> <p><b>6. Quality Record :</b></p> <p>6.1 Principal Office mail, 6.2 Circular file</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Format:</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

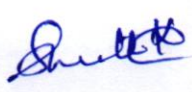
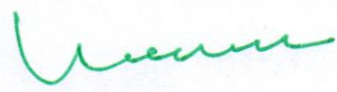


Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ICT-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: IT Department</b>		
<p><b>1. Purpose</b></p> <p>1.1 Installation &amp; Maintenance of internal server, network structure, all IT related hardware's &amp; software's.</p> <p><b>2. Objectives</b></p> <p>2.1 To enable efficient functioning of the college with relevance to academic and administration activities.</p> <p><b>3. Responsibility</b></p> <p>3.1 Principal</p> <p>3.2 Administration Officer</p> <p>3.3 It In- charge</p> <p>3.3 IT Manager SNR Trust Office</p> <p><b>4. Duties</b></p> <p>4.1 INTERNAL SERVER MAINTENANCE</p> <p>4.2 SERVER DATA BACK UP</p> <p>4.3 SYSTEM FAULT, SERVICE AND MAINTENANCE</p> <p>4.4 IT SECURITY</p> <p>4.5 NETWORKING</p> <p>4.6 WEBSITE</p> <p>4.7 CCTV</p> <p>4.8 BIOMETRIC</p> <p>4.9 WIFI</p> <p>4.10 ICT- INFORMATION COMMUNICATION TECHNOLOGY</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-02 Page No: 1 of 1
<b>4.1 Title : Internal Server Maintenance</b>		
<p><b>4.1.1 Definition</b></p> <p>4.1.1.1 Maintenance involves keeping the server software updated and running so that computer network can operate smoothly.</p> <p><b>4.1.2 Procedure</b></p> <p>4.1.2.1 Server maintenance is the process of keeping the server updated and working in tip top shape. Maintenance involves constant monitoring and continuously analyzing how the server is functioning.</p> <p>4.1.2.2 Server is regularly dusted and cleaned so the vents and airways do not get clogged.</p> <p>4.1.2.3 Servers also kept in rooms with very cool temperatures and good air circulation so the machinery does not overheat.</p> <p>4.1.2.4 Checking updates regularly including virus scanner's database and other critical software updates which can prevent zero-day attacks.</p> <p>4.1.2.5 Monitoring vulnerability statements made by software and hardware vendors so that you can patch your servers against attacks.</p> <p>4.1.2.6 Checking resource utilization of network, server RAM, CPU and disk utilization. Keeping track of utilization using the default tools available on Windows servers.</p> <p>4.1.2.7 Check System Security. Assessing the state of server, database and network security by using remote auditing tools.</p> <p>4.1.2.8 Physically Inspect of server equipment is been done on daily basis.</p> <p>4.1.2.9 Ensuring a UPS is on all critical Servers and make sure that they can shutdown cleanly.</p> <p>4.1.2.10 Checking for regular patch releases from Microsoft to keep OS up-to-date</p> <p>4.1.2.11 Monitoring of disk usage is regularly done and if disk usage approaching or exceeding 90 percent of overall capacity, Defragmentation is done. Such high disk usage gradually degrades system performance and increases the likelihood of data corruption so deleting old emails, logs, installation files and software that is no longer required is done.</p> <p><b>4.1.3 Quality Record:</b></p> <p>IT maintenance file</p> <p><b>4.1.4 Reference :</b></p> <p>Nil</p> <p><b>4.1.5 Format :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-03 Page No: 1 of 1
<b>4.2 Title :Server Data Back up</b>		
<b>4.2.1 Definitions</b> <p><b>4.2.1.1</b> The unprecedented growth in data volumes has necessitated an efficient approach to data backup and recovery. This document is intended to provide details on the stipulations of data backup and retrieval operations to the client.</p>		
<b>4.2.2 Procedure</b> <p>4.2.2.1 Information Technology recognizes that the backup and maintenance of data for servers are critical to the viability and operations of the respective departments.</p> <p>4.2.2.2 We follow certain basic standard practices to ensure that data files are backed up on a regular basis.</p> <p>4.2.2.3 Data to be backed up will be listed by location and specified data sources.</p> <p>4.2.2.4 A full back up from the server is done internally.</p> <p>4.2.2.5 Ensures that more than one copy of the backup exists and that it is not located in same location as the originating data.</p> <p>4.2.2.6 Ensures that a variety of media are used to backup data, as each media type has its own inherent reliability issues</p> <p>4.2.2.7 Ensures the structure of the data being backed up mirrors the originating data.</p> <p>4.2.2.8 Restoring data will be done with guidance of IT team.</p> <p>4.2.2.9 Data backup from the external storage is scanned for any corrupted files.</p>		
<b>4.2.3 Quality Record:</b> <p>4.2.3.1 IT Maintenance</p>		
<b>4.2.4 Reference :</b> <p>Nil</p>		
<b>4.2.5 Format :</b> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-04 Page No: 1 of 1
4.3 <b>Title :System fault, service and maintenance</b>		
<b>4.3.1 Definitions</b> 4.3.1.1 Corrective maintenance is a maintenance task performed to identify, isolate and rectify a fault so that the failed equipment, machine or system can be restored to an operational condition.		
<b>4.3.2 Procedure</b> 4.3.2.1 Weekly software maintenance has been done and monthly hardware maintenance has been regularly done. 4.3.2.2 The IT team is responsible for the following functions: Internet Access & E-mail, Computer/Laptop Hardware, Program Software, Copiers/Fax/Scanners – All peripherals, Video & Audio equipment, Maintains network security and performance; establishes workable directory structure, network security, and disk space allocation, etc., 4.3.2.3 Trouble shooting hardware-related faults such as hard disk failures, input or output device failures, or other temporary or permanent failures is done in-house and the status will be sent to the IT manager for the replacement. 4.3.2.4 Inspection of all the IT equipment's in the premises is been checked for any sign of damage or parts that may need repair or replacement. 4.3.2.5 More complex work has to be done by specialized maintenance and repair personnel contracted or employed by the vendor or manufacturer. 4.3.2.6 The details of repair work done on each machine (including cause/suspected cause, and who carried out the repair) is recorded. 4.3.2.7 Checking all the equipment is plugged into the voltage stabilizer or uninterrupted power supply.		
<b>4.3.3 Quality Record:</b> 4.3.3.1 IT Maintenance		
<b>4.3.4 Reference :</b> Nil		
<b>4.3.5 Format :</b> Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

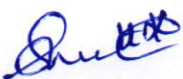



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ICT-05
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>4.4 Title :IT Security</b>		
<b>4.4.1 Definitions</b>		
4.4.1.1 IT security is a set of strategies that prevents unauthorized access to organizational assets such as computers, networks, and data.		
<b>4.4.2 Procedure</b>		
4.4.2.1 Administrative rights have been set high from preventing users to install unwanted software's in all the computers.		
4.4.2.2 All the computers and servers has antivirus for blocking malware and virus from internet and to stop unauthorized users to access our data from the network.		
4.4.2.3 Make sure that all application patches are kept up to date. E.g. Sqlserver, adobe, etc.		
4.4.2.4 Creating a strong password policy for administrator accounts.		
4.4.2.5 Monitoring system and event logging.		
4.4.2.6 Checking that the server Firewall is turned on and filterers are setup to protect openports and programs		
4.4.2.7 Using the local firewall to restrict Remote Desktop Access to only the UCD network (orpreferablyyour own network) and use the UCD VPN if remote access is required.		
4.4.2.8 Disabling or uninstall all unnecessary Windows services and features e.g. print service,file and printer sharing, NetBIOS, etc.		
4.4.2.9 To protect against phishing (and malware) attacks no access email on server andremove all email clients.		
4.4.2.10 Enabled user account control (UAC) so that system changes require administrator level permissions.		
4.4.2.11 Checking that only approved users can access the server and that they only have the minimum privileges necessary. Do not use generic accounts and remove unnecessary accounts such as guest.		
4.4.2.12 Unofficial CDs or Flash Drives should not be used on office systems.		
4.4.2.13 Restriction to the unauthorized websites has been blocked by the firewall.		
4.4.2.14 Hotspot enabled in the firewall for user data restriction and monitoring		
4.4.2.15 Installation of software's is disabled.		
<b>4.4.3Quality Record:</b>		
4.4.3.1 IT Maintenance		
<b>4.4.4 Reference :</b>		
Nil		
<b>4.4.5 Format :</b>		
Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-06 Page No: 1 of 1
<b>4.5 Title :Networking</b>		
<b>4.5.1 Definitions</b> 4.5.1.1 To install and maintain intranet and Internet services <b>4.5.2 Procedure</b> 4.5.2.1 To monitor the Internet Service provider's digital lines, media converter and to address any issued pertaining to it. 4.5.2.2 Any upgrading or upgrade request is done through IT, Snr Trust 4.5.2.3 Maintenance of the intranet fiber optic cables and lines & switches which are used to provide internet to principal office, administrative office, departments, library and hostel. 4.5.2.4 Designing and implementing new network solutions and/or improving the efficiency of current networks 4.5.2.5 Installing, configuring and supporting network equipment including routers, proxy servers, switches, WAN accelerators, DNS and DHCP 4.5.2.6 Configuring network hardware like servers, routers and switches 4.5.2.7 Troubleshooting network issues 4.5.2.8 Implementing security measures and basic testing 4.5.2.9 Configuring firewalls, routing and switching to maximize network efficiency and security 4.5.2.10 Maximizing network performance through ongoing monitoring and troubleshooting 4.5.2.11 Updating network equipment to the latest firmware releases 4.5.2.12 Respond to network connectivity issues and resolve any wireless communication issues within the confines of the office 4.5.2.13 Collaborate with third-party support and service vendors to ensure that the network stays operational. <b>4.5.3 Quality Record:</b> 4.5.3.1 IT Maintenance <b>4.5.4 Reference :</b> Nil <b>4.5.5 Format :</b> Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-07 Page No: 1 of 1
<b>4.6 Title :Website</b>		
<b>4.6.1 Definitions</b>		
4.6.1.1 Maintenance and update of srdch.ac.in website.		
<b>4.6.2 Procedure</b>		
4.6.2.1 The relevant log in and password for website domain are by the IT department SNR trust		
4.6.2.2 The official email ids for departments, faculty and students are created, delete and modified in the website srdch.ac.in is done by the IT department of SRDCH.		
4.6.2.3 Periodical Website Performance checkup		
4.6.2.4 Virus, Bugs and browser incompatibility removal		
4.6.2.5 Monthly website visitor report		
4.6.2.6 Add, Edit and Update contents		
4.6.2.7 Check all forms are working properly and enquiry mails are getting received		
4.6.2.8 Check for any broken link on the website		
4.6.2.9 Suggestions & Consultation on Site Performance or design aspects		
<b>4.6.3 Quality Record:</b>		
4.6.3.1 IT Maintenance		
<b>4.6.4 Reference :</b>		
Nil		
<b>4.6.5 Format :</b>		
Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 

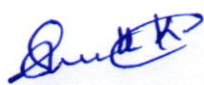

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ICT-08
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>4.7 Title :CCTV- camera operation for exams</b>		
<b>4.7.1 Definitions</b> 4.7.1.1 Maintenance and update of srdch.ac.in <b>4.7.2 Procedure</b> 4.7.2.1 Installation, monitoring and maintenance of CCTV cameras college premises, classrooms, exam halls, hostel, parking and handling of footages. 4.7.2.2 The recordings are backed up in the NVR device which is secured in the administrative office server rack. 4.7.2.3 Accessibility to the images are protected and accessed through the system engineer only with permission from the Principal. 4.7.2.4 Live relay of the CCTV videos can be viewed from the Directors office through monitor. 4.7.2.5 Footage cctv for exams can be viewed by the examination cell. 4.7.2.6 All the exam recordings are copied and sent as CD to The Tamil nadu Dr MGR university through the principal office. 4.7.2.7 Trouble shooting with relevance to hardwire problems will be assisted by the vendor requested through IT department SNR trust 4.7.2.8 Default CCTV data Back up to 15 days in server and It will erase last day. 4.7.2.9 Installation of Nvr and Dvr. 4.7.2.10 Checking the fault log at the start of a shift to see if there are any outstanding faults on the system Ensuring recording facilities are operating correctly. 4.7.2.11 Daily check for recording device space for hard disk space optimization <b>4.7.3 Quality Record:</b> 4.7.3.1 IT Maintenance <b>4.7.4 Reference :</b> Nil <b>4.7.5 Format :</b> Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ICT-09
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>4.8 Title :Biometric installation and maintenance</b>		
<b>4.8.1. Definitions</b> <p>4.8.1.1 Biometric installation and maintenance for SRDCH.</p> <b>4.8.2 Procedure</b> <p>4.8.2.1 Installation and maintenance of database relevant to biometric device.</p> <p>4.8.2.2 Perform biometrics processing to include capturing electronic fingerprints, photographs.</p> <p>4.8.2.3 Track processing time for each applicant.</p> <p>4.8.2.4 Providing backup of all the data's monthly</p> <p>4.8.2.5 Performing regular maintenance and monitoring of all equipment and systems to include replacement of consumables.</p> <b>4.8.3 Quality Record:</b> <p>Attendance report (soft copy)</p> <b>4.8.4 Reference :</b> <p>Nil</p> <b>4.8.5 Format :</b> <p>Excel.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-10 Page No: 1 of 1
<b>4.9 Title :Wi Fi</b>		
<b>4.9.1 Definitions :</b> 4.9.1.1 Installation and maintenance of the Wi fi Devices in the SRDCH.  <b>4.9.2 Procedure :</b> 4.9.2.1 Setting proper network node in the premises so that the signal is stronger. 4.9.2.2 Configuring switch for the Wi-Fi device. 4.9.2.3 Setting up strong password and security for unauthorized user's access. 4.9.2.4 Collecting data's like MAC address and IP address of each system in the campus for setting up user access in firewall for WIFI. 4.9.2.5 Setting up Hotspot for Wi-Fi devices. 4.9.2.6 Ensuring that all the devices is providing internet on daily basis 4.9.2.7 In case of hardware failure information is sent to IT manager and proceedings done with vendor. 4.9.2.8 Monthly report will be taken to monitor the bandwidth usage  <b>4.9.3 Quality Record:</b> 4.9.3.1 IT Maintenance  <b>4.9.4 Reference :</b> Nil  <b>4.9.5 Format :</b> Nil		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

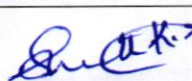



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ICT-11 Page No: 1 of 1
<b>4.10 Title :ICT – Information and Communication Technology</b>		
<b>4.10.1 Definitions</b> 4.10.1.1 Empowering the technology into the educational activities. <b>4.10.2 Responsibility</b> 4.10.2.1 Principal 4.10.2.2 Administrative officer 4.10.2.3 IT manager SNR Trust <b>4.10.3 Procedure</b> 4.10.3.1 Installing and maintaining the smart boards in Class rooms. 4.10.3.2 Library Management software Maintenance and all Books are maintained by Barcode for Library. 4.10.3.3 Maintain Computer systems and Networks in Library. 4.10.3.4 Creating E- certificates for SRDCH. 4.10.3.5 Maintaining visualizer for Academic Purposes in SRDCH. 4.10.3.6 Installation and maintenance of Smart Board in the class rooms 4.10.3.7 Maintaining the software's of SRDCH Library, Stores Management, Admin Office Software, Dental Case sheet Software. 4.10.3.8 The required data entry related works done by Staffs Aiswarya, Priya, padma <b>4.10.4 Quality Record:</b> File E-Certificate v1. <b>4.10.5 Reference</b> Nil <b>4.10.6 Format :</b> Certificate		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACC-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2of 3
<b>Title :Bill Payment</b>		
<p><b>1. Responsibility:</b></p> <p>3.1 Admin officer</p> <p>3.2 Accounts Manager</p> <p>3.3 Principal</p> <p>3.4 Management</p> <p><b>2. Definition: Nil</b></p> <p>2.1 P.O – Purchase Order</p> <p>2.2 Dt – Date</p> <p>2.3 I.N – Invoice Number</p> <p>2.4 SRDCH – Sri Ramakrishna Dental College and Hospital</p> <p>2.5 PR..V – Purchase Voucher</p> <p>2.6 P.V. – Payment Voucher</p> <p>2.7 TDS – Taxable Deduction Source</p> <p>2.8 Che.No – Cheque Number</p> <p>2.9 Sign – Signature</p> <p><b>3. Procedure:</b></p> <p>3.1 The store in – charge will enter the purchased order items in the bill register and submit to the accounts department)</p> <p>3.2 Accounts department will check the Purchase order and bill amount and receive the register)</p> <p>3.3 The PR. V should have narration of the product on entering in TALLY.</p> <p>3.4 On TALLY the P. V should be entered with company name / TDS Amount Charge / Bank charges</p> <p>3.5 Only on Principal Signature on Back papers ( P. O, Bill, PR. V), P.V and Cheque print should be given.</p> <p>3.6 Only with signatures of Managing Trustee/ Finance Manager / CEO the RTGS/ NEFT transfers will be initiated for payment.</p> <p>3.7 Periodic Internal Audits will be conducted to check the process</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>  <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACC-01 Page No: 3 of 3
<b>Title :Bill Payment</b>		
<p><b>7. Quality Record:</b> Payment Voucher file</p> <p><b>8. Reference :</b> Purchase Order</p> <p><b>9. Format:</b> PR. V., P.V</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: ACC-02
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 3
<b>Title :Employee salary preparation and salary payment and pre auditing</b>		
<p><b>1. Purpose:</b> To pay monthly salary for Doctors, Teaching and Non teaching staff working in our institution;;.</p> <p><b>2. Objective:</b> To follow government laid rules in the salary crediting system and timely credit of salary</p> <p><b>3. Responsibility:</b></p> <ul style="list-style-type: none"> <li>3.1 Admin Office</li> <li>3.2 Admin Manager</li> <li>3.3 Principal</li> <li>3.4 Accounts manager</li> </ul> <p><b>4. Definition: Nil</b></p> <ul style="list-style-type: none"> <li>4.1 EL – Encashment Leave</li> <li>4.2 CL – Casual Leave</li> <li>4.3 CH – Compensative Holiday</li> <li>4.4 LOP – Loss of pay</li> <li>4.5 ML - Medical Leave</li> <li>4.6 OD - On Duty</li> <li>4.7 ESI – Employees state insurance</li> <li>4.8 EPF – Employee provident fund</li> <li>4.9 PT – Professional Tax</li> <li>4.10 CUB – City Union Bank</li> </ul> <p><b>5. Procedure:</b></p> <p>5.1 All the faculties and non teaching and support staffs have to make in and out biometric entry with face recognition or finger print recognition.</p> <p>5.2 All the leave has to be approved by the HOD, principal office and principal.</p> <p>5.3 Principal office submits the leave approval sheet to Accounts department to tally with the biometric.</p> <p>5.4 The working attendance is closed every 25 day of the month.</p> <p>5.5 Accounts department; will check attendance and biometric; present days and absent days. LOP list for staffs, to be prepared with note of the new and relieved staffs; get approval from accounts manager, admin manager, principal and start salary work;.</p> <p>5.6 LOP is calculated on the total days of the month. when the staff leave exceed the permitted / sanction / announced / approved leave for the month/ year by the management, LOP is marked in attendance register and salary is calculated based on the days of present and approved leaves.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACC-02 Page No: 2 of 3
<b>Title :Employee salary preparation and salary payment and pre auditing</b>		
<p>5.4 The salary is worked on excel sheet. The LOP days calculated are first entered and the following deductions are worked up on applicable staffs.</p> <ul style="list-style-type: none"> <li>i. EPF (Employee's provident fund)</li> <li>ii. ESI</li> <li>iii. PT Professional tax</li> <li>iv. Festival advance (Cloth purchase)</li> <li>v. TDS – Doctors (Tax Deducted source)</li> <li>vi. Rental</li> </ul> <p>5.5 EPF, ESI deductions should be done monthly. P.T. is deducted biannually. The salary is deducted for the staff who have received Festival advance, (Cloth Purchase). The TDS is deducted from Eligible staff.</p> <p>5.6 EPF of Rs.1800 is calculated for staffs contribution who receives more than Rs.15000 salary and 12% for the staffs who are receiving below Rs. 15000. The EPFT is calculated after deduction of LOP in salary. ESI is calculated 1.75% for the staffs who receive salary above Rs. 21,000 from their basic salary.</p> <p>5.7 PT is professional tax deducted biannually on September and March to pay the corporation for staffs. The are calculated as follows,</p> <p style="margin-left: 40px;">Rs.5001 to Rs.7500 – Rs.317/- Rs.7501 to Rs.10000 – Rs.634/- Rs.10001 to Rs.12500 – Rs.950/- Above 12500/- - Rs.1268/-</p> <p style="margin-left: 40px;">The TDS is calculated for eligible staff on the below basis,</p> <p style="margin-left: 40px;">Up to Rs.2,50,000 – Nil 250010 to 500000 – 10% 500010 to 1000000 – 20% 1000001 – above – 30%</p> <p>The calculation and deductions for TDS should be based on the backpapers submitted by the staff on savings from their salary.</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACC-02
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 3 of 3
<b>Title :Employee salary preparation and salary payment and pre auditing</b>		
<p>5.8 Salary payroll should have EPF, LOP, ESI, TDS, FA, P.Tdeduction. Add any new and remove relieved staffs in pay roll. New faculty account details to be collected. tPrintSalaryfrom excel and tally,verify by accounts manager and submit to approval of administrative officer, principal, CEO and Managing Trustee.</p> <p>5.9 On approval from Managing Trustee the Salary is credited to concern employee bank account. All the staffs are provided salary slip. An periodic internal auditing is conducted to check the process.</p> <p><b>6. Quality Record :-;</b></p> <p>Leave Register , Salary file</p> <p><b>7. Reference :</b></p> <p>Nil</p> <p><b>8. Format :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACC-03 Page No: 1 of 1
<b>Title :Electricity Bill Payment</b>		
<p><b>1. Purpose:</b> To pay Electricity bill on time</p> <p><b>2. Objective:</b> To pay electricity bill with in 10 day on the month to avoid penalty.</p> <p><b>3. Responsibility:</b></p> <p>3.1 Electricity Department</p> <p>3.2 Accounts Manager</p> <p>3.3 Administrative Officer</p> <p>3.4 Principal</p> <p><b>4. Definition: Nil</b></p> <p>4.1 EB –Electricity Department</p> <p><b>5. Procedure:</b></p> <p>5.1 EB reading are submitted by the EB assistant on 7th or 8 th day of the month to the office.</p> <p>5.2 If not, Online reading is considered and payment bill is taken out and cheque prepared.</p> <p>5.3 Cheque print is submitted for Managing Trustee signature. On approval, electrician deposits the cheque in EB office and receives the receipt and submit in the administration office.</p> <p><b>6. Quality Record: -</b> Electricity bills payment file</p> <p><b>7. Reference :</b> Nil</p> <p><b>8. Format :</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACC-04 Page No: 1 of 1
<b>Title :Telephone Bill Payment</b>		
<p><b>1. Purpose:</b> To pay Telephone bill with in third week of every month.</p> <p><b>2. Objective:</b> To pay Telephone bill on time and prevent disconnection;.</p> <p><b>3. Responsibility:</b> 3.1 Accounts Manager 3.2 Admin Officer 3.3 Principal</p> <p><b>4. Definition:</b> 4.1 Dept – Department 4.2 J.V – Journal Voucher 4.3 P.V. – Payment Voucher 4.4 BSNL – Bharat Sanchar Nigam Limited 4.5 Sign – Signature 4.6 FM - Finance Manager 4.7 CEO - Chief Exeuctive Officer</p> <p><b>5. Procedure:</b> 5.1. On receiving telephone bill from Telephone department, ; J.V. is Passed payment voucher, cheque print is done.; 5.2. Before finalizing the cheque amount, the amount of telephone bill is checked and verified. 5.3. Get signature from F.M./CEO Siron Chequeand paid in BSNL office.</p> <p><b>6. Quality Record:</b> Telephone bill file Payment receipt file</p> <p><b>7. Reference :</b> Nil</p> <p><b>8.Format :</b> Nil</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACC-05
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Student fee collection and preparation of student fees due list and receipt of fees challan tally entry</b>		
<p><b>1. Purpose:</b></p> <p>To receive fee payment from our students on time.;</p> <p><b>2.Objective:</b></p> <p>To keep no dues in Fee and maintain no issue in fee collection.</p> <p><b>3.Responsibility:</b></p> <p>3.1 Accounts Manager</p> <p>3.2 Admin officer</p> <p>3.3 Chief executive officer</p> <p>3.4 Principal</p> <p><b>4.Definition:</b></p> <p>Nil</p> <p><b>5.Procedure:</b></p> <p>5.1 To collect name list of I BDS, II BDS, III BDS, I MDS, II MDS passed candidates from principal office.;</p> <p>5.2 Inform Students and , Parents through SMS/mail on the fees to be paid for the current academic year.</p> <p>5.3 The fee payments made to college account through RTGS and submit the UTR / Ref. No. to office.</p> <p>5.4 On verification, Manual Individual Receipt will be issued from accounts department.</p> <p>5.5 The collected amount will be entered in Tally Credit voucher date wise.</p> <p>5.6 Students who have not paid the fee are entered in excel Format are called and asked for non payments. On genuine reasons the student are given time with the permission of Administrative officer and CEO informing the principal.</p> <p>5.7 Student Fee Paid / Unpaid list are prepared in Excel file.</p> <p>5.8 J.V. entry are checked and unpaid list entry is done. This is verified through periodical auditing.</p> <p><b>6.Quality Record : -</b></p> <p>Daily fee collection Register &amp; Student fees Register</p> <p><b>7.Reference :</b></p> <p>Nil</p> <p><b>8 .Format :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACC-06 Page No: 1 of 1
<b>Title :Exam fee collection from the student &amp;payment of exam fee and examination expenditure accounting</b>		
<p><b>1. Purpose:</b> To collect; examination fee collection from our students and pay the university and get hallticket.</p> <p><b>2. Objective:</b> To make on time payment of examination fees and collection of hall ticket on time.</p> <p><b>3. Responsibility:</b></p> <p>3.1 Accounts Manager 3.2 Administrative Officer 3.3 Superintendent (Exams) 3.4 Principal</p> <p><b>4. Definition:</b></p> <p>4.1 R.V- Receipt voucher 4.2 P.V. Payment voucher 4.3 Exam – Examination 4.4 CUB - City Union Bank</p> <p><b>5. Procedure:</b></p> <p>5.1 The examination appearing eligible students list to be collected from principal office. The University fee payments are circulated and displayed on notice board with approval of principal.</p> <p>5.2 The fee is also informed to students and parents through SMS.</p> <p>5.3 The fee is to be collected on date, and the list collected from principal office is to be verified for fee payment. The total fee remittance is calculated in TALLY RV and PV. A cheque print is given in the name of The Tamilnadu Dr. M. G. R medical university, after approval from managing trustee , the cheque is deposited for RTGS/ NEFT transaction through the bank.</p> <p>5.4The exam fee payment made is sent to university with the UTR / Ref. No through principal office.</p> <p>5.5 All the payemnts for Exam( Theory and Practical) are paid through petty cash payment expenditure after principal approval.</p> <p>5.6 Examinar Travelling conveyance, sweet and snacks are paid through petty cash payment</p> <p>5.7 All the payments are accounted properly with cash vochers. The expenditure are calculated and the backpapers are kept and verified by Administration officer and principal and sent for approval of Managing trustee. The process is checked through periodic auditing.</p> <p><b>6. Quality Record : -</b> Examination Fee Collection Register.</p> <p><b>7. Reference :</b> Nil</p> <p><b>8. Format :</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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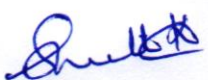



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACC-07
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : EPF Payment Procedure</b>		
<p><b>1.Purpose:</b></p> <p>To credit staffs EPF &amp; EPS to bank; (SRDCH), (SRDCH&amp; Hostel)</p> <p><b>2. Objective:</b></p> <p>To credit EPF&amp;EPS Bank Deposit and submit claim form in EPF website forclaim (settlement)</p> <p><b>3.Responsibility:</b></p> <p>3.1 Accounts Manager</p> <p>3.2 Admin Officer</p> <p><b>4. Definition:</b></p> <p>4.1 EPF _ Employee Provident Fund</p> <p>4.2 EPS – Employee Provident fund Share</p> <p>4.3 UAN – Universal Account Number</p> <p>4.4 SRDCH - Sri Ramakrishna Dental college &amp; Hospital</p> <p>4.5 SRDCH - Hostel – Sri Ramakrishna Dental College &amp; Hospital - Hostel</p> <p><b>5. Procedure:</b></p> <p>5.1 SRDCH &amp; Hostel accountantwil prepare EPF statement and cheque.</p> <p>5.2 New staff will be enrolled in EPF after fillup of concern form.</p> <p>5.3 EPF &amp; EPS data will be entered in online and the statement is downloaded. The cheque is printed and paid on 15 th of everymonth.</p> <p>5.4The staffs are guided with the calim settlement through their UAN No and EPF website claim. Those who are not able to perform are online claim the administrative office facilitate the online entry in the EPF portal.</p> <p><b>6. Quality Record : -</b></p> <p>6.1 EPF bank paid challan</p> <p>6.2 EPF online download statement</p> <p><b>7. Reference :</b></p> <p>7.1 Previous month EPF &amp; EPS remittance retruns files</p> <p>7.2 EPF Monthly Statement File</p> <p><b>8. Format : Nil</b></p> <p>8.1 Bank paid challan (EPF)</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

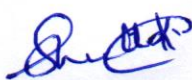

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: ACC-08 Page No: 1 of 1
<b>Title : ESIC (Employees State Insurance Corporation)</b>		
<p><b>1.Purpose:</b> Employees health care</p> <p><b>2.Objective:</b> To ger Esi medical benefits for the staffs enrolled in ESI.</p> <p><b>3.Responsibility:</b> 3.1 Accounts Manager 3.2 Admin. Officer</p> <p><b>4.Definition:</b> 4.1 ESI - Employee State Insurance</p> <p><b>5.Procedure:</b> 5.1 Employees with salary lesser than 21000 are eligible for ESIC. 1.75% from basic salary will be deducted from eligible employee. 5.2 A check list containing application form, bank account details, Aadhar ID, Rationcard Family Photo (Postcard size) collected from the eligible employees and uploaded through online. A printout will be taken and approved by the Admin Officer with college seal to be sent to the ESI office in person. 5.3 A printout will be taken through on line for issue of temporary card from the admin office</p> <p><b>6.Quality Record : -</b> 6.1 ESI – Form 6.2 ESI online download statement</p> <p><b>7.Reference : Nil</b></p> <p><b>8.Format : Nil</b> 8.1 ESI form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:ACC-09
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Petty Cash Payment</b>		
<p><b>1. Purpose:</b> To pay Petty Cash;</p> <p><b>2. Objective:</b> Petty cash payment is used for small expenditure on on day to day emergency / essential requirements.</p> <p><b>3.Responsibility:</b>            3.1 Accounts Manager            3.2 Bill Preparation            3.3 Admin officer</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b>            5.1 The petty cash is used to buy essential and emergency consumable items on recommendation of HOD with approval of principal and administrative officer through cash bill purchase.            5.2 The cash voucher is entered in TALLY and payment voucheris created.            5.3 When hand on cash is less, self cheque is made and on approval by F.M./ CEO the cheque is encashed from bank.            5.4 On every month vouchers are entred in tally. AnperiodicialInternalaudit is conducted to check theprocess.</p> <p><b>6. Quality Record : -</b>            6.1 Payment voucher File</p> <p><b>7. Reference :</b>            Nil</p> <p><b>8. Format :</b>            Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:ACC-10 Page No: 1 of 1
<b>Title : Bank Reconciliation Statement</b>		
<p><b>1.Purpose:</b> The credit / debit statement verification process</p> <p><b>2. Objective:</b> As all the transactions are through bank, the account statements are checked to tally the present statement in the office.</p> <p><b>3.Responsibility:</b>            3.1 BRS accountant            3.2 Accounts Manager            3.3 Admin officer</p> <p><b>4.Definition:</b> BRS – Bank Reconciliation Statement</p> <p><b>5.Procedure:</b>            5.1 BRS accountant will download the statement through netbanking every week.            5.2 The accountant should have done all the entry in TALLY about the credit and debit statements, bank charges, FDR receipt, Interest on OD credit/ cheques/ NEFT/ RTGS for the week.            5.3 At the TALLY, BRS ledger credit / debit / payment contract have to be entered and will be displayed. The tally account should have the date, payment cheque no, amount and receipt of the transaction.            5.4 If any unknown credit / debit in the account, the bank has to be contacted. The amount has to be verified and rectified on the entry on the statement. Any mismatch the entry should be made in TALLY.            5.5 The account statement downloaded by BRS accountant and the TALLY BRS should be equal and no difference should be present in the numbers.            5.6 The statement after verification BRS to be printed and signed by accountant and submit to Administrative officer. The administrative officer verify again and counter sign the statement.            5.7 An Periodical Internal is conducted to verify the process.</p> <p><b>6.Quality Record : -</b> 6.1 Bank reconciliation station file</p> <p><b>7.Reference :</b> Nil</p> <p><b>8.Format :</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:TRA-01 Page No: 1 of 1
<b>Title : Maintenance of Vehicle</b>		
<p><b>1.Purpose:</b> To describe the procedure for preventive maintenance of the vehicles</p> <p><b>2.Objective:</b> To maintain all the vehicles in good condition and preventive breakdown</p> <p><b>3.Responsibility:</b> Transport Manager / Supervisor / drivers</p> <p><b>4.Definition:</b> The process of preserving a condition or situation or the state of being preserved.</p> <p><b>5.Procedure:</b></p> <ul style="list-style-type: none"> <li>5.1 Buses shall be maintained as per the preventive Maintenance Schedule</li> <li>5.2 Drivers of the respective buses shall be supervisors for daily cleaning and maintenance of the bus and Mobile Dental Van</li> <li>5.3 In case of breakdown, Transport supervisor is informed on the breakdown details and the same is updated in the Break down Maintenance Format</li> <li>5.4 The Transport Manager shall review the preventive Maintenance and Machine Breakdown History reports</li> <li>5.5 Transport Manager is responsible for periodic renewal of Drivers licences and RTO/Police/Traffic Department coordination, Yearly Fitness Certificate and Insurance renewals.</li> </ul> <p><b>6.Quality Records:</b> Maintenance Report, Daily Log Book ( Kilometer reading/Places visited/Diesel consumption Details), Repair and Maintenance record</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format:</b> Transport Maintenance Format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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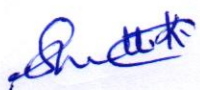

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: TRA-02 Page No: 1 of 1
<b>Title :Arrangement of transport service for special purpose</b>		
<p><b>1.Purpose:</b> To describe the procedure for arrangement of transportation service for special Purpose</p> <p><b>2.Objective:</b> To provide comfortable and timely transportation services for students and stafffor off campus program</p> <p><b>3.Responsibility:</b> Transport Manager / Supervisor / drivers.</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <p>5.1 The students go for other off campus programs for curricular academic or extra curricularPurposes</p> <p>5.2 The staff Coordinator of the respective department sends a requisition letter/ schedule approved bythe HOD and Principal, stating the need for vehicle.</p> <p>5.3 The transport department is informed about the Place/day/Time of the visit and number of students / staff in need of Transportation service through the requisition letter</p> <p>5.4 After the approval from C.E.O/J.M.J and Managing Trustee, the vehicle will be arranged.</p> <p>5.5 The receipt is checked by the Transport supervisor and the bus is released as per schedule</p> <p><b>6.Quality Records:</b> Vehicle requisition letter</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format:</b> Available</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: TRA-03 Page No: 1 of 1
<b>Title :Accident Control and Corrective Action</b>		
<p><b>1.Purpose:</b> To describe the procedure for Accident control and corrective action of drivers</p> <p><b>2.Objective:</b> To deliver Accident free transportation services to student/staff</p> <p><b>3.Responsibility:</b> Transport Manager/ Supervisor/ Drivers</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <ul style="list-style-type: none"> <li>5.1 Corrective action is taken by providing good training to the drivers to prevent/ control accidents</li> <li>5.2 The drivers are instructed for safe driving of the buses by the Transport Manager</li> <li>5.3 Incase of accident, the same is reported to the transport manager immediately by the driver from the accident spot.</li> <li>5.4 The driver informs about the Bus number, place of the Accident, Accident details</li> <li>5.5 The transport supervisor visits the site and immediately informs the case to the Transport Manager for legal actions to be carried out</li> <li>5.6 The driver is warned by the Transport Manager and the accident history is updated in the driver details file</li> <li>5.7 Corrective and preventive Action Record should be made and Filed for necessary corrective action and preventive Action taken</li> </ul> <p><b>6.Quality Records:</b> Accident Intimation Letter</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format :</b> Corrective and Preventive Action Format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: GMD-01 Page No: 1 of 1
<b>Title : CHAIR AND EQUIPMENT MAINTENANCE</b>		
<p><b>1. Purpose:</b> To describe the procedure for carrying out chair and equipment maintenance work</p> <p><b>2.Objective:</b> To carry out maintenance work according to the user requirements and to check the quality of work</p> <p><b>3. Responsibility:</b> Chair technician, HOD, Principal</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <ol style="list-style-type: none"> <li>5.1. The complaints pertaining to dental equipments and dental chairs are to be written in complaint form and register maintained by all the departments</li> <li>5.2. After approval from department in charge and the Principal, the chair technician makes a note of the complaint mentioned in the complaint form</li> <li>5.3. For minor works, if the spares are available in the college store, indent is placed through the department and repair work is carried out</li> <li>5.4. For major works the chair technician takes the help of outside agency for repair</li> <li>5.5. Budget for the maintenance work is to approved by Principal</li> <li>5.6. Completion of work will be certified by department in charge and HOD</li> </ol> <p><b>6. Quality Record:</b> Complaint register and complaint form</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: GMD-02 Page No: 1 of 1
<b>Title : ELECTRICAL WORK</b>		
<p><b>1.Purpose:</b> To describe the procedure for carrying out electrical work</p> <p><b>2. Objective:</b> To carry out maintenance work according to the user requirements and to check the quality of wor</p> <p><b>3. Responsibility:</b> Electrician, Principal</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <p>5.1. The complaints pertaining to electrical work are to be written in the complaint register in the EB department by respective department in charge in each department</p> <p>5.2. The Electrician makes a note of complaints from the complaint register</p> <p>5.3. For minor works, the spares and materials available from the stock is used for repair</p> <p>5.4. For major works, the Electrician takes the help of the Electrical engineer from trust office for repair</p> <p>5.5. Budget for the maintenance work is approved by principal</p> <p>5.6. Completion of work will be certified by department in charge and HOD</p> <p><b>6. Quality Record:</b> Complaint register , Indent register</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: GMD-03 Page No: 1 of 1
<b>Title :HOUSE KEEPING</b>		
<p><b>1. Purpose:</b> To describe the procedure for carrying out housekeeping work</p> <p><b>2. Objective:</b> To carry out maintenance work according to the user requirements and to check the quality of work</p> <p><b>3. Responsibility:</b> College Housekeeping supervisor, Principal, AO</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <ul style="list-style-type: none"> <li>5.1. The house keeping team maintains a schedule for maintenance of the campus</li> <li>5.2. Administration officer inspects the work of house keeping team</li> <li>5.3. The complaints pertaining to housekeeping are to be registered by the department in charge to housekeeping supervisor</li> <li>5.4. Housekeeping supervisor makes a note of complaints and rectify the complaint</li> <li>5.5. Completion of work will be certified by department in charge nurse</li> <li>5.6. Attendance for housekeepers will be submitted by the House keeping Supervisor</li> <li>5.7. Budget for the maintenance work is approved by principal</li> </ul> <p><b>6. Quality Record:</b></p> <ul style="list-style-type: none"> <li>6.1 Attendance register</li> <li>6.2 Maintenance record</li> </ul> <p><b>7. Reference:</b> Nil</p> <p><b>8. Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: GMD-04 Page No: 1 of 1
<b>Title : CIVIL</b>		
<p><b>1. Purpose:</b> To describe the procedure for carrying out maintenance and construction related to civil works</p> <p><b>2. Objective:</b> To carry out maintenance and construction work according to the user requirements and to check the quality of work</p> <p><b>3. Responsibility:</b> Civil engineer, Principal, AO</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b>            5.1. The civil engineer makes a note of complaints from daily rounds in the campus            5.2. For minor works, if the spares are available in the stock, repair work is carried out            5.3. For major works, the civil engineer propose the repair budget            5.4. Budget for the maintenance work is proposed by principal for approval of CEO/ Managing trustee            5.5. Completion of work will be certified by civil engineer</p> <p><b>6. Quality Record:</b>            6.1 Civil maintenanceregister ,            6.2 Bill register</p> <p><b>7. Reference:</b> Nil</p> <p><b>8. Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: GMD-05 Page No: 1 of 1
<b>Title :Plumbing</b>		
<p><b>1. Purpose:</b> To describe the procedure for carrying out maintenance of plumbing works</p> <p><b>2. Objective:</b> To carry out maintenance and construction work according to the user requirements and to check the quality of work</p> <p><b>3. Responsibility:</b> Civil engineer, Plumber, Principal, AO</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b>            5.1 The civil engineer makes a note of complaints from daily rounds in the campus            5.2 For minor works, if the spares are available in the stock, repair work is carried out by the plumber            5.3 For major works, the civil engineer propose the repair budget            5.4 Budget for the maintenance work is proposed by principal for approval of CEO/ Managing trustee            5.5 Completion of work will be certified by civil engineer         </p> <p><b>6. Quality Record:</b>            6.1 Civil maintenance register ,            6.2 Bill register         </p> <p><b>7. Reference:</b> Nil</p> <p><b>8. Format:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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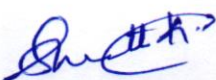



Issue No: 01 Issue Date 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: MRD-01 Page No: 1 of 1
<b>Title : Medical Record Department</b>		
<p><b>1.Purpose :</b> To describe the procedure for medical record department activities.</p> <p><b>2.Objective:</b> To ensure an effective communication by providing better services to the Out- Patient's.</p> <p><b>3.Responsibility:</b> MRD-Incharge, Doctors- Incharge, IHMS Personnel, Principal</p> <p><b>4.Definition:</b> Nil.</p> <p><b>5. Procedure:</b></p> <p>5.1 The department has got a complete and accurate Medical Record for every patient. Every medical record has a unique identifier i.e. Registration number with digital recording system.</p> <p>5.2 Every medical record entry is dated and timed electronically. The day to day progress of the patient is noted in the case sheet manually.</p> <p>5.3 The author of the entry can be identified by the user ID given to the employee whenever electronically operated.</p> <p>5.4 The contents of medical records like Registration No. and Doctors Order Sheet, consent form etc., are identified and documented as a part of case sheet.</p> <p>5.5 The electronic medical record provides an up to date and chronological account of patient care.</p> <p>5.6 Each department maintain daily OP treatment records signed by Head of department</p> <p>5.7 All the Patient Data Records are stored in the server maintained by IT department</p> <p><b>6.Quality Records:</b> Patient Data Record, Patient Data Record –Patient Registration Card, Consent form</p> <p><b>7.Reference:</b> Nil.</p> <p><b>8. Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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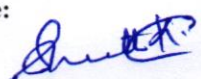
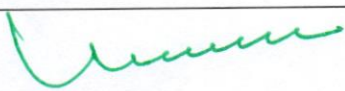
Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:CNL-01 Page No: 1 of 2
<b>Title : Dental Ceramic Laboratory</b>		
<p><b>1.Purpose:</b> To provide time bound and precise all metal and metal ceramic restoration for the patient</p> <p><b>2.Objective:</b> 2.1 To deliver high quality metal ceramic restoration within a 10 working days 2.2 To deliver high quality all metal restorations within 5 working days</p> <p><b>3.Responsibility:</b> 3.1 Dental Ceramic Technician 3.2 Lab coordinator 3.3 PG / UG students 3.4 Department faculties</p> <p><b>4.Definition:</b> <b>4.1Indirect Restorations</b> 4.1.1 To fabricate the restoration outside of the mouth using dental impressions of the prepared tooth known as inlays, onlays, crowns, bridges and veneers.</p> <p><b>5. Procedure:</b> 5.1 All metal cases 5.1.1 To receive the work sheet, request form and mastercase from the concern departments (Endodontics and Prosthodontics) 5.1.2 To make an entry to the ceramic lab out-patient register 5.1.3 To check for discrepancies like, modules, airbubbles, contact, clearance/reductions, finishlines, broken models and to report back to the concerned staff incharge for necessary modifications or new models if necessary. To go ahead with fabrication once the model is approved. 5.1.4 To do the die preparation and wax-up 5.1.5 To do the investment and casting according to the ceramic lab work schedule 5.1.6 To do the metal trimming, finishing and polishing 5.1.7 Approval of the finished work by the staff incharge. 5.1.8 To do the handing over of the finished work and getting sign in the delivery note 5.1.9 Minor correction are done on the same day for insertion if necessary. Incase of gross discrepancy, repeating of prosthesis done on priority basis.</p> <p>5.2 Metal Ceramic restoration 5.2.1 To receive the work sheet, request form and mastercase from the concern department (endodontics and prosthodontics) 5.2.2 To make an entry to ceramic lab out patient register</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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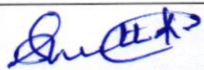



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:CNL-01 Page No: 2 of 2
<b>Title : Dental Ceramic Laboratory</b>		
<p>5.2.3. To check for discrepancies like, nodules, airbubbles, contacts, clearance/reductions, finishlines, broken models and to report back to the concerned staff incharge for necessary modifications or new models if necessary to go ahead with fabrication once the model is approved.</p> <p>5.2.4. To do the die preparation and waxup on the perfect master cast</p> <p>5.2.5. To do the investment and casting according to the ceramic lab work schedule</p> <p>5.2.6. To do the metal trimming and finishing</p> <p>5.2.7. To do the ceramic build-up, trimming, finishing and glazing</p> <p>5.2.8. Approval of the finished work by the staff incharge</p> <p><b>6. Quality Records:</b></p> <p>6.1 Ceramic Lab in - out patient register</p> <p><b>7.Reference :</b></p> <p>Nil</p> <p><b>8.Format :</b></p> <p>Work sheet</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 

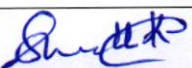

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEG&amp;HOSPITAL</b>	Pr. No: PUR-01
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Budget Preparation</b>		
<p><b>1. Purpose:</b> To describe the procedure for preparation of annual budget.</p> <p><b>2. Objective:</b> To plan and allocate funds necessary for the purchase of consumable and non- consumable materials for the next academic year.</p> <p><b>3. Responsibility:</b> MT/Principal/HOD/Lab incharges</p> <p><b>4. Definition:</b> MT- Managing Trustee , HOD-Head of the Department, CEO – Chief executive officer</p> <p><b>5. Procedure:</b></p> <p>5.1 Budget are prepared department-wise for Consumables and Non- Consumables and submitted to the principal for Managing Trustee approval.</p> <p>5.2 The Budget shall have the details of Quantity with necessary brand and rate for ever item which are required.</p> <p>5.3 Once the Budget is prepared and submitted by the department, the principal will hold discussion with concerned HOD individually and analyze the total requirement.</p> <p>5.4 Wherever necessary, the reduction/increase will be made in the budget. Any new equipment to be purchase other than replacement Material/ equipment budget should be submitted along with the Annual Finance budget for approval of principal and Management.</p> <p>5.5 On receipt of the budget, the same will be scrutinized with respect to quantity and the basis on which the rates are on previous purchase adopted by store/ purchase manager.</p> <p>5.6 Any new equipment / Materials will be recommended by principal to CEO and managing trustee for approval before purchase order given.</p> <p>5.6 Approved budget will be forwarded to the concern department heads for indenting the material through the software.</p> <p><b>6. Quality Records:</b> Annual budget file.</p> <p><b>7. Reference:</b> Minutes of Principal meeting and HOD meeting</p> <p><b>8. Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEG&amp;HOSPITAL</b>	Pr. No: PUR-02
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title: Supplier Rating</b>		
<p><b>1. Purpose:</b></p> <p>To describe the procedure for Supplier rating</p> <p><b>2. Objective:</b></p> <p>To evaluate the Supplier ability to supply the product and services</p> <p><b>3. Responsibility:</b></p> <p>Management/ Principal/Administrative Office</p> <p><b>4. Definition:</b></p> <p><b>5. Procedure:</b></p> <ul style="list-style-type: none"> <li>• Supplier rating is done for selected Supplier through deliberations in committee comprising of Management/Principal /Administrative Officer</li> <li>• Supplier rating is done once in a year</li> <li>• Supplier rating is done as per the format and making a well-defined list of verifiable parameters like cost, quality, time for delivery etc.</li> <li>• After Supplier rating is done and evaluated, Performance is recorded in the Supplier rating file</li> <li>• Whenever the rating is less than 80% Supplier shall be informed for corrective action / opportunity given.</li> <li>• If the Supplier is rated less than 80% consequently, following three times the Supplier could be de-listed after the approval of Principal.</li> </ul> <p><b>6. Quality Records:</b></p> <p>Supplier Rating File / Approved Supplier List</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Format:</b></p> <p>Supplier Rating</p>		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature:</b> 		<b>Signature:</b> 



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: PUR-03
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title: Purchase &amp; Issue of Materials</b>		
<p><b>1.Purpose:</b> In order to purchase material and distribute to the departments</p> <p><b>2.Objective:</b> To purchase the required material indented and distribute in time to maintain the department service quality</p> <p><b>3.Responsibility:</b> 3.1 Management / Principal / Administrative Officer</p> <p><b>4.Definition:</b> Nil 4.1 PO – Purchase Order 4.2 GRN – Goods Receipt Note 4.3 MRIS – Material Requisition and Issue slip</p> <p><b>5.Procedure:</b> 5.1 Department wise consumable and non consumable materials indent will be sent to principal for approval. 5.2 After principals approval, it will be sent to store. 5.3 Then store manager check for the stock and make list of materials to be procured for stores. 5.4 In stores, Available material will be issued immediately to department. Non available materials will be listed and purchase list is created . 5.5 Quotations are obtained from the supplier and purchase order will be placed with the approval of principal. 5.5.1 Department wise consumable, non-consumable materials are prepared and submitted for principal; approval 5.5.2 Department purchase indent material quantity, brand availability is submitted to purchase department. 5.6 Purchase manager, on other than pre approved department; purchase indent material the department HOD has to check and approve the material for which the principal will give approval for purchase. 5.7 On Principal approval the purchase department receives the Quotations and are being sought from the suppliers on the mentioned quality and sent for CEO and Managing Trustee approval through principal</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: PUR-03
Issue Date: 07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 2 of 2
<b>Title: Purchase&amp;Issue of Materials</b>		
<p>5.8 On approval of Managing Trustee on the product the supplier quotation is sent to purchase department. Purchase department will purchase the indent material quantity, rate, terms and condition and delivery schedule and issue the purchase order.</p> <p>5.9 Purchase order is sent for Managing trustee approval.</p> <p>5.10 The approved copy of Managing Trustee is sent to Supplier and a copy is retained in purchase department.</p> <p>5.11 On the supply by the Supplier, purchase department compares the PO with the quantity, quality, brand, expiry date and the store manager receives it.</p> <p>5.12 The received material quality will be checked by the store –incharge and the user department.</p> <p>5.13 Store department enters the material in Goods Receipt Note and move the stock.</p> <p>5.14 With the Goods receipt note the supplier original bill, P. O copy is sent for Managing Trustee approval and sent to account department for payment.</p> <p>5.18 The material requisition indent will be received from the user department with the approval of the HOD and materials are issued based on the requirement.</p> <p>5.19 the department are provided with issue slip from store.</p> <p><b>6.Quality Record:</b></p> <ul style="list-style-type: none"> <li>• Purchase Order file,</li> <li>• Delivery Challan file</li> <li>• Goods Receipt note file</li> <li>• Department issue file</li> </ul> <p><b>7.Reference:</b></p> <p>Nil</p> <p><b>8.Format:</b></p> <ul style="list-style-type: none"> <li>• Purchase Order</li> <li>• Quotation</li> <li>• Supplier Selection form</li> <li>• Supplier rating</li> <li>• Approved supplier list</li> <li>• Issue slip</li> </ul>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: PUR-04 Page No: 1 of 1
<b>Title: Selection of New Suppliers</b>		
<b>1.Purpose:</b> To Describe the Procedure for selection of New Suppliers <b>2.Objective:</b> To identify the right supplier at the right time <b>3.Responsibility:</b> Principal <b>4.Definition:</b> Nil <b>5.Procedure:</b> 5.1 Any new Suppliers approach to the organization for their services to be sold or contacted by the company, get the Supplier details filled by the Supplier. 5.2 Supplier details are analyzed as per the format and the samples are asked if required according to the product need. 5.3 The report of the sample quality is mentioned in the format of Supplier selection and forwarded to the users for Recommendation. 5.4 After the recommendation the details are sent to Principal for approval 5.5 Principal approves the Supplier for further action as necessitated. 5.6 Once the Supplier had been approved the Supplier name is added into the Approved Supplier list for their services. 5.7 If Supplier is not been approved or recommended, information shall be given to the respective Supplier. <b>6.Quality Records:</b> 6.1 Supplier Selection File, 6.2 Approved Supplier List <b>7.Reference:</b> Nil <b>8.Format:</b> Nil		
<b>Prepared By: IQAC</b>		<b>Approved by: Principal</b>
<b>Signature :</b> 		<b>Signature :</b> 





Issue No: 01 Issue Date: 07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: PHAR-01 Page No: 1 of 1
<b>Title: Purchase &amp; Issue of Medicines:</b>		
<p><b>1.Purpose:</b> To purchase Medicine for pharmacy</p> <p><b>2.Objective:</b> To dispense medicine for out patient</p> <p><b>3.Responsibility:</b> 3.1 Principal / Administrative Officer / Pharmacist</p> <p><b>4.Definition:</b> Nil</p> <p>4.1 PO – Purchase Order 4.2 GRN – Goods Receipt Note</p> <p><b>5. Procedure:</b></p> <p>6.3 According to department requisition PO is prepared. 6.4 The PO is sent to Administrative Officer 6.5 On Approval the order is placed to the stockiest. 6.6 The received medicine Expiry date, Batch No. will be checked by the pharmacist. 6.7 The received materials are entered in Goods Receipt Note and stocks are moved. 6.8 With the Goods receipt note the supplier original bill, P. O copy is sent for Managing Trustee approval and sent to account department for payment. 6.9 According to doctors prescription medicines will be sale.</p> <p><b>6. Quality Record:</b></p> <p>6.1 Doctors Medicine list file, 6.2 Purchase Order file, 6.3 Goods Receipt note file 6.4 GST file 6.5 Patients Bill copy file 6.6 Stock report file</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Format:</b> 8.1 Purchase Order</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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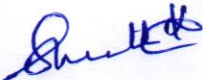

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-01 Page No: 1 of 1
<b>Title : Hostel Admission and Room Allotment</b>		
<p><b>1.Purpose:</b> To describe the procedure for students admission and room allotment activity in the hostel</p> <p><b>2.Objective :</b> To provide comfortable accommodation to students</p> <p><b>3.Responsibility:</b> Chief Warden, Deputy Warden, Parents / LG</p> <p><b>4.Definition:</b> Ch-Chief Warden, Dy-Deputy Warden, LG-Local Guardian</p> <p><b>5. Procedure:</b></p> <p>5.1 The LG / parent approaches the Hostels with the Admission Register and seeks Information on accommodation details.</p> <p>5.2 The Parent / LG is directed to the Dy/Ch Warden for details regarding fee Structure, Facility provided, infrastructure, Rules and Regulation and admission formalities.</p> <p>5.3 Rooms are exhibited to the parents and options are given to them for selection of Desired accommodation.</p> <p>5.4 Parents and students must give a written undertaking for strict observance of Rules and Regulations. Moreover, Parents, Students and LGs affix their photos and parents Certify/Authorize the bonfides. Application formalities are completed and payment in the form of DD is collected</p> <p>5.5 Available Room is allotted and the Key handed over to the parents/ward for accommodation</p> <p>5.6 Admission information is recorded in the Room allocation Register</p> <p>5.7 If the students wants to change the room they have to take permission from the warden and room allocation register shall be amended accordingly</p> <p><b>6.Quality Records:</b></p> <p>6.1 Hostel Application form file , 6.2 Admission Register</p> <p><b>7.Reference:</b></p> <p>7.1 Room Allocation Register, 7.2 Admission Register</p> <p><b>8. Formats:</b></p> <p>8.1 Application for admissions, 8.2 Allotment of Room Hostel Form</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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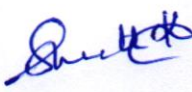



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: HTL-02 Page No: 1 of 1
<b>Title :Hostel Permission / Leave Monitoring</b>		
<p><b>1.Purpose:</b> To describe the Procedure for 'Students Permissions' and for 'leave approvals'.</p> <p><b>2. Objective:</b> To grant permission /Leave to the student for Vacation/ Occasions / Hospital Visits, etc.</p> <p><b>3. Responsibility:</b> Principal, HOD, Warden, Supervisor</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <p>5.1 No inmates will proceed on leave, abstain from classes without proper and prior Permission of HOD / Principal of the Institution / Department concerned.</p> <p>5.2 Inmates who wish to go out to the City/ town and return on the same day should get prior permission in writing from the Warden. Passes are obtained from the concerned warden along with recommendation. Gate Office will coordinate the "Time Out and Time In" and will report to the Warden regarding lapses, if any.</p> <p>5.3 In addition, students are to record the actuals in the outgoing register maintained in the wardens room, their "time out"&amp; Signature &amp; "time in" respectively. The Warden checks the register regularly for lapses, if any &amp; further action is taken on such students.</p> <p>5.4 With regard to outstation trips, students who are proceeding by Train/Air/Bus or any other mode are to intimate well in advance to the Chief Warden through the respective warden in Writing regarding their reservation particulars.</p> <p>5.5 Students are permitted for Home trip only if the parents/authorized local guardian reports in person &amp; submits permission letter in writing to the warden to the same is Approved finally by the Warden.</p> <p><b>6.Quality Records:</b></p> <p>6.1 Leave /Permission Letter written by the student (duly approved by the Principal /Warden)</p> <p>6.2 Copy of the Out pass</p> <p>6.3 Authorization by parents</p> <p><b>7.Reference:</b> Leave letter / Permission letter /Photos of parents /Local guardian</p> <p><b>8.Format:</b> Leave Application Format, Out Pass Format</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp;HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No: HTL-03 Page No: 1 of 1
<b>Title : Students Feed Back Collection</b>		
<p><b>1.Purpose:</b> To assess information regarding maintenance, housekeeping and food services, General Complaint in hostels.</p> <p><b>2. Objective:</b> To improve the services and provide comfortable accommodation and service to students.</p> <p><b>3.Responsibility:</b> Dy.Warden/Wardens</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b>            5.1 Suggestion Books, Register are kept in the Dining halls / Office, Warden Rooms            5.2 The respective register are examined and initialed by Warden            5.3 Suggestions are looked into and faults are rectified.            5.4 In case of Complaints regarding quality and quantity of food, the issue is brought to the notice of the Mess contractor by the Warden and issues are resolved            5.5 Housekeeping &amp; Maintenance Issue are addressed daily by the warden/housekeeping staff and maintenance engineers and provide the necessary services. The progress is monitored regularly</p> <p><b>6.Quality Records:</b> Complaint Register (Housekeeping / Maintenance /Food services)</p> <p><b>7.Reference:</b> Nil</p> <p><b>8.Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-04 Page No: 1 of 1
<b>Title : Recreation Activities</b>		
<p><b>1.Purpose :</b></p> <p>To provide recreation activities for the students to spend their leisure together and develop a homely environment in the hostels</p> <p><b>2. Objective:</b></p> <p>Entertainment and Recreation to be provided to the students.</p> <p><b>3.Responsibility:</b></p> <p>Hostel supervisor&amp; Respective Hostels wardens</p> <p><b>4.Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <p>5.1 Television timings are from 6.00 p.m. to 9.30 pm (Monday to Saturday) and Sundays 8.30a.m. To 11.30 p.m.</p> <p>5.2 Register are maintained in which student records the name &amp; timings</p> <p>5.3 The inmates collect the Sports items ( Carom, Chess, Tennikoit) after Recording of name and returns them after usage.</p> <p><b>6.Quality Records:</b></p> <p>Nil</p> <p><b>7.Reference:</b></p> <p>Nil</p> <p><b>8.Formats:</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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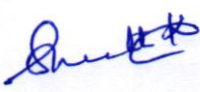

Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-05 Page No: 1 of 1
<b>Title : Hostel Maintenance and House Keeping</b>		
<p><b>1.Purpose:</b> To ensure prompt maintenance / housekeeping of the Hostels</p> <p><b>2.Objective:</b> To attend to all complaint in the shortest possible time. To enable the inmates to have a comfortable and hygienic accommodation and environment</p> <p><b>3. Responsibility:</b> Hostel supervisor/ Wardens</p> <p><b>4.Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <p>5.1 Register are maintained by the Wardens for specifically noting down Electrical, Plumbing, Carpentry and civil related complaints and for follow up.</p> <p>5.2 Maintenance Personnel examine the register regularly and faults are rectified</p> <p>5.3 Students and wardens are advised to record their point in complaint register before and oncompletion of fault / rectification and satisfaction</p> <p>5.4 In case there are delays beyond a reasonable time frame of 24 hrs. /48 hrs., the inmates/ wardens are to contact the principal for further corrective action.</p> <p><b>6. Quality Records:</b></p> <p>6.1 Hostel Complaint Register</p> <p><b>7. Reference:</b> Nil</p> <p><b>8. Formats:</b> Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-06 Page No: 1 of 1
<b>Title : Hostel - Food Processing Assessing &amp; Supply</b>		
<p><b>1.Purpose:</b> To provide food for students who are residing in SRDCH hostel</p> <p><b>2.Objective:</b> To provide food on time for the residents;</p> <p><b>3.Responsibility:</b></p> <ul style="list-style-type: none"> <li>• Head Cook</li> <li>• Asst.Cook</li> <li>• Store keeper</li> <li>• Hoste supervisor</li> </ul> <p><b>4.Definition:</b></p> <ul style="list-style-type: none"> <li>• Menu list</li> <li>• SRDCH – Sri Ramakrishna Dental College and Hospital</li> </ul> <p><b>5.Procedure:</b></p> <p>5.1 The hostel students finalise the menu and get approval from hostel warden and principal.</p> <p>5.2 The indent is issue to the cook on the Menu list for preparing the food from the store.</p> <p>5.3 The store issues indent for Breakfast, Lunch &amp; Snacks by 7:00 p.m and dinner by 2:00 p.m</p> <p>5.4 The indent list of matrial is approved by chief cook</p> <p>5.5 Store keeper (Provision items) maintains every day stock in the register.</p> <p>5.6 Student strength notebook is maintained with ; Gents hotesl, Ladies hostel supervisor</p> <p>5.7Gas cylinder measurement is done and empty cylinder account is maintained</p> <p><b>6.Quality Record: Nil</b></p> <p><b>7.Reference: Nil</b></p> <p><b>8.Formats: Menu list</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-10
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Hostel - Collection of Fees</b>		
<p><b>1.Purpose:</b></p> <p>Fees Collection for hoselaccomadation and food</p> <p><b>2.Objective:</b></p> <p>2.1 Collecting Hostel Fees with out dues</p> <p><b>3.Responsibility:</b></p> <p>3.1 Hostel Accountant</p> <p>3.2 Hostel Manager</p> <p><b>4.Definition:</b></p> <p>4.1 Administrative Officer (A.O)</p> <p>4.2 Accounts Manager (A.M)</p> <p><b>5.Procedure:</b></p> <p>5.1. Every year the management fix an amount for accommodation and mess facility utilisation</p> <p>5.2. The hostel required students file the hostel application and pay the fees online with RTGS/ NEFT</p> <p>5.3. The details of payments are share (UTR No) and account payment details are checked with account manager</p> <p>5.4. On confirmation of payment receipt are generated and issued to the students and entry made in TALLY software.</p> <p><b>6.Quality Record:</b></p> <p>6.1 Hostel student fees register</p> <p><b>7.Reference:</b></p> <p>Nil</p> <p><b>8.Format :</b></p> <p>8.1 Fees Challan</p> <p>8.2 Receipt Voucher</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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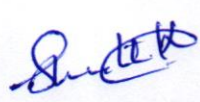





Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-11
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title Hostel - Petty Cash</b>		
<p><b>1. Purpose:</b></p> <p>To provide Petty Cash</p> <p><b>2.Objective:</b></p> <p>To pay petty cash for emergency and essential material purchase in hostel.</p> <p><b>3.Responsibility:</b></p> <p>3.1 Hostel Supervisor</p> <p>3.2 Accounts Manager</p> <p><b>4.Definition:</b> Nil</p> <p><b>5.Procedure:</b></p> <p>5.1. The hostel in-charge is paid a small amount in advance for small essential and emergency purchase of materials.</p> <p>5.2. The advance is paid on condition that the advance voucher is signed by borrower and recommended person signature. The advance voucher also contains the details of the need for which the amount is paid in advance.</p> <p>5.3. The borrower will settle the bills for the amount paid.</p> <p>5.4. On checking the bill amount and the vouchers produced the balance amount is calculated and petty cash petty cash voucher is created. The balance amount is credited to petty cash in hand.</p> <p>5.5. The Petty cash voucher should contain voucher no, date, cash receiver name. head of the account and signature of the borrower and recommender sign. The bill prepared accountant signature to be made and the entry should be made in TALLY.</p> <p>5.6. The petty cash manual register to be updated and tallied for the days account.</p> <p>5.7. When petty cash in hand is less, with proper signature from executive office, money can be withdrawn from bank.</p> <p>5.8. On every month end the voucher, tally entry are sent to auditor office for verification and authentication with auditor.</p> <p>5.9. Finally to be inform to Principal for expenses details and received from Principal signature.</p> <p><b>6.Quality Record : -</b></p> <p>6.1 Petty cash voucher file.</p> <p><b>7.Reference : Nil</b></p> <p><b>8.Format : Nil</b></p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
Signature : 		Signature : 



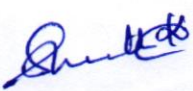

Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No: HTL-12
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 2
<b>Title :Hostel - Employee salary preparation and Payment and pre auditing</b>		
<p><b>1. Purpose:</b> To pay monthly salary for Doctors, Teaching and Non teaching staff working in our institution;;.</p> <p><b>2. Objective:</b> To follow government laid rules in the salary crediting system and timely credit of salary</p> <p><b>3. Responsibility:</b>  3.1 Admin Office  3.2 Admin Manager  3.3 Principal  3.4 Accounts manager</p> <p><b>4. Definition: Nil</b>  4.1 EL – Encashment Leave  4.2 CL – Casual Leave  4.3 CH – Compensative Holiday  4.4 LOP – Loss of pay  4.5 ML - Medical Leave  4.6 OD - On Duty  4.7 ESI – Employees state insurance  4.8 EPF – Employee provident fund  4.9 PT – Professional Tax  4.10 CUB – City Union Bank</p> <p><b>5. Procedure:</b>  5.1 All the faculties and non teaching and support staffs have to make in and out biometric entry with face recognition or finger print recognition.  5.2 All the leave has to be approved by the HOD, principal office and principal.  5.3 Principal office submits the leave approval sheet to Accounts department to tally with the biometric.  5.4 The working attendance is closed every 25 day of the month.  5.5 Accounts department; will check attendance and biometric; present days and absent days. LOP list for staffs, to be prepared with note of the new and relieved staffs; get approval from accounts manager, admin manager, principal and start salary work;.  5.6 LOP is calculated on the total days of the month. when the staff leave exceed the permitted / sanction / announced / approved leave for the month/ year by the management, LOP is marked in attendance register and salary is calculated based on the days of present and approved leaves.</p>		
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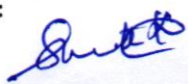



Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-12 Page No: 2 of 2
<b>Title :Hostel - Employee salary preparation and salary payment and pre auditing</b>		
<p>The salary is worked on excel sheet. The LOP days calculated are first entered and the following deductions are worked up on applicable staffs.</p> <ol style="list-style-type: none"> <li>EPF (Employee's provident fund)</li> <li>ESI</li> <li>PT Professional tax</li> <li>Festival advance (Cloth purchase)</li> <li>TDS – Doctors (Tax Deducted source)</li> <li>Rental</li> </ol> <p>5.5 EPF, ESIdeductions should be done monthly. P.T. is deducted biannually. The salary is deducted for the staff who have received Festival advance, (Cloth Purchase). The TDS is deducted from Eligible staff.</p> <p>5.6 EPF of RS.1800 is calculated for staffs contribution who receives more than Rs.15000 salary and 12% for the staffs who are receiving below Rs. 15000. The EPFT is calculated after deduction of LOP in salary. ESI is calculated 1.75% for the staffs who receive salary above Rs. 21,000 from their basic salary.</p> <p>5.7 The calculation and deductions for TDS should be based on the backpapers submitted by the staff on savings from their salary.</p> <p>5.8 Salary payroll should have EPF, LOP, ESI, TDS, FA, P.T deduction. Add any new and remove relieved staffs in pay roll. New faculty account details to be collected. Print Salary from excel and tally, verify by accounts manager and submit to approval of administrative officer, principal, CEO and Managing Trustee.</p> <p>5.9 On approval from Managing Trustee the Salary is credited to concern employee bank account. All the staffs are provided salary slip. An periodic internal auditing is conducted to check the process.</p> <p><b>6.Quality Record :</b></p> <p>Salary File</p> <p><b>7.Reference :</b></p> <p>Nil</p> <p><b>8.Format :</b></p> <p>Nil</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-13
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Hostel - Electricity Bill</b>		
<p><b>Purpose:</b> To pay Electricity bill on time</p> <p><b>Objective:</b> To pay electricity bill with in 10 day on the month to avoid penalty.</p> <p><b>Responsibility:</b>  3.1 Electricity Department  3.2 Accounts Manager  3.3 Administrative Officer  3.4 Principal</p> <p><b>Definition:</b> Nil  5.11EB –Electricity Department</p> <p><b>6. Procedure:</b>  6.1 EB reading are submitted by the EB assistant on 7th or 8 th day of the month to the office.  6.2 If not, Online reading is considered and payment bill is taken out and cheque prepared.  6.3 Cheque print is submitted for Managing Trustee signature. On approval, electrician deposits the cheque in EB office and receives the receipt and submit in the administration office.</p> <p><b>7. Quality Record: -</b>  6.1 Electricity bills payment file</p> <p><b>7. Reference :</b>  Nil</p> <p><b>8. Format :</b>  Nil</p>		
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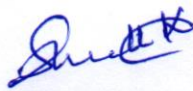



Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-14
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title :Hostel - Telephone Bill</b>		
<p><b>1. Purpose:</b> To pay Telephone bill with in third week of every month.</p> <p><b>2. Objective:</b> To pay Telephone bill on time and prevent disconnection;.</p> <p><b>3. Responsibility:</b></p> <p>3.1 Accounts Manager</p> <p>3.2 Admin Officer</p> <p>3.3 Principal</p> <p><b>4. Definition:</b></p> <p>4.1 Dept – Department</p> <p>4.2 J.V – Journal Voucher</p> <p>4.3 P.V. – Payment Voucher</p> <p>4.4 BSNL – Bharat Sanchar Nigam Limited</p> <p>4.5 Sign – Signature</p> <p>4.6 FM - Finance Manager</p> <p>4.7 CEO - Chief Exeuctive Officer</p> <p><b>5. Procedure:</b></p> <p>5.1 On receiving telephone bill from Telephone department, ; J.V. is Passed payment voucher, cheque print is done.;</p> <p>5.2 Before finalizing the cheque amount, the amount of telephone bill is checked and verified.</p> <p>5.3 Get signature from F.M./CEO Sir on Cheque and paid in BSNL office.</p> <p><b>6. Quality Record:</b></p> <p>Telephone bill file</p> <p>Payment receipt file</p> <p><b>7. Reference :</b></p> <p>Nil</p> <p><b>8.Format :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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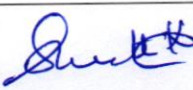
Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-15 Page No: 1 of 1
<b>Title :Hostel Provision Store</b>		
<p><b>1. Purpose:</b></p> <p>To procure consumable / provision material</p> <p><b>2. Objective:</b></p> <p>2.1 To buy require quality and quality material for service.</p> <p>2.2 To purchase the required materials on time to maintain the services.</p> <p><b>3. Responsibility:</b></p> <p>3.1 Store incharge</p> <p>3.2 Hostel supervisor</p> <p>3.3 Administrative officer</p> <p><b>4. Definition:</b></p> <p>4.1 P.O – Purchase Order</p> <p>4.2 Sign - Signature</p> <p><b>5. Procedure:</b></p> <p>5.1. The provisions are decided by cook;/store incharge and prepare; indent for Hostel Warden approval</p> <p>5.2. The purchase order should follow the indent book to the provision supplier.</p> <p>5.3. On receiving the purchase order supply, the bill is checked for the items and stored..</p> <p>5.4. The bill is entered in store register/stock register.</p> <p>5.5. The material purchased bill GNR should be submitted to Administrative Officerfor checking and approval. On approval the bill is entered in the Bill register and submitted to Accounts departments for payment after principal signature.</p> <p><b>6.Quality Record:</b></p> <p>6.1 Purchase Order Indent Book</p> <p>6.2 Stock Register</p> <p><b>7.Reference: Nil</b></p> <p><b>8.Formats :</b></p> <p>8.1 Indent form</p>		
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Issue No: 01 Issue Date :07.05.2022	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b> <b>QUALITY PROCEDURE MANUAL</b>	Pr. No:HTL-16 Page No: 1 of 1
<b>Title :Hostel Store – Purchase Order Procedure</b>		
<p><b>1.Purpose:</b> To purchase the required material/ equipment for hostel</p> <p><b>2.Objective:</b></p> <p>2.1 to buy require quality and quality material for service.</p> <p>2.2 To purchase the required materials on time to maintain the services.</p> <p><b>3.Responsibility:</b></p> <p>3.1 Store Incharge</p> <p>3.2 Indent Person</p> <p>3.3 Hostel supervisor</p> <p><b>4 Definition:</b></p> <p>4.1 P.O - Purchase Order</p> <p>4.2 Dept. - Department</p> <p>4.3 Sign - Signature</p> <p><b>5 Procedure:</b></p> <p>5.1 The required indent material will be entered in indent form at hostel (Boys Hostel, Ladies Hostel, Mess office).The indent form should be signed by indentperson, hostel supervisor.</p> <p>5.2 On the indent, quotation and commparison chart should be prepared.</p> <p>5.3 On the comparison chart prepared the management will inform the decision on the supplier</p> <p>5.4 On approval the quotation is entered in Tally ERP9Software</p> <p>5.6 On P.O, hostel supervisor signature should be presentand principal approval should be present.</p> <p>5.8 on approval of principal CEO and trustee approval should be obtained</p> <p>5.9 On approval the supplier is sent a copy of approval for the supply.</p> <p>5.10 Copy of PO is maintained by store in-charge.</p> <p><b>6.Quality Record:</b></p> <p>6.1 Purchase order file.</p> <p><b>7.Reference:</b></p> <p>Nil</p> <p><b>8.Formats:</b></p> <p>Nil</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-17
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Hostel Store - Material Issuing Procedure</b>		
<p><b>1.Purpose:</b></p> <p>1.1 to issue indent material</p> <p><b>2.Objective:</b></p> <p>2.1 To issue materials when required;</p> <p>2.2 To purchase materials on time</p> <p><b>3.Responsibility:</b></p> <p>3.1 Hostel supervisor</p> <p>3.2 Store incharge</p> <p><b>4.Definition:</b></p> <p>Nil</p> <p><b>5.Procedure:</b></p> <p>5.1. The needed incharge will fill the indent form of needed material</p> <p>5.2. The form should have signature indent person and hostel manager sign</p> <p>5.3. The material issued to be filled in issued column and Store Incharges should sign.</p> <p>5.4. Material Issue Registers should have signature of the receiver.</p> <p>5.5. The issued material should be lessened in stock register.</p> <p>5.6. The Material Issue Registry should have mark on the indent number and date.</p> <p><b>6. Quality Record:</b></p> <p>6.1 Indent form file</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Format :</b></p> <p>Nil</p>		
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Issue No: 01	<b>SRI RAMAKRISHNA DENTAL COLLEGE &amp; HOSPITAL</b>	Pr. No:HTL-18
Issue Date :07.05.2022	<b>QUALITY PROCEDURE MANUAL</b>	Page No: 1 of 1
<b>Title : Hostel - Stock Audit Procedure</b>		
<p><b>1.Purpose:</b></p> <p>1.1 To check the quantity of the products available in the stores.</p> <p><b>2.Objective:</b></p> <p>2.1 To maintain the products in good condition and to check the expiry date.</p> <p><b>3.Responsibility:</b></p> <p>3.1 Store incharge 3.2 Hostel supervisor 3.3 Auditing Staff 3.4 Auditor</p> <p><b>4. Definition:</b> Nil</p> <p><b>5. Procedure:</b></p> <p>Store incharge should keep ready the closing stock list in category wise with his/her signature. Once Auditing Staff arrived he will collect the stock list and start checking category wise(electrical, Stationery, Plumbing, cleaning and Provision) During year end auditing they will check all the products. Some time they will come to check randomly once in three months. The auditor will mention if any difference is present between closing stock and physical stock to management.</p> <p>5.1. On completinf audit Stock verification, Hostel supervisor, Auding staff will sign th final audit statement</p> <p>5.2. The stock list copy will be issued store inchargeandAuditing staff ;.</p> <p>5.3. Store Inchargewill submit the stock listcopy to accounts department;.</p> <p><b>6. Quality Record:</b></p> <p>6.1 closing stock file</p> <p><b>7. Reference:</b></p> <p>Nil</p> <p><b>8. Formats :</b></p> <p>Nil</p>		
<b>Prepared By: IQAC</b>		<b>Approved by : Principal</b>
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