



MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL
Junction of NH-4 and Sion - Panvel Expressway Sec -1, Kamothe, Navi Mumbai – 410209
Internal Quality Assurance Cell (IQAC)

Organizing Department: Department of Oral Medicine and Radiology Date: 23rd October 2023

Course/ Event Title: CDE on 'Orofacial Pain: The 12th Dental Specialty'

Checklist for Add on Course/Event/ CDE/ Day Celebration/Events organized by the Clubs

Sr. No	Particulars	Attached (Tick if attached, NA if Not applicable)	Remarks
1	Circular	✓	
2	Brochure (Vertical in PDF)	✓	
3	Attendance Report Number of students completing the course ____ (Attendance Sheet and Year wise list of Attendees)	✓	
4	Geotagged Photos (Minimum 4) (Horizontal orientation with correct Date and location name, 2 on one page)	✓	
5	Outside Faculty CV (if Applicable)	✓	
6	Certificate Template (Speaker + Attendance)	✓	
7	Course Report in Template (Word Editable document)	✓	
8	Feedback Form with Analysis (Pie Diagrams)	✓	
9	Details/Bills of Amount Spent for the course	✓	
10	Other Relevant Documents (List of students)	✓	

Remarks: Hard Copy (Black and White) Submitted: (Dr. Neha Patil, Member IQAC)
Soft Copy (All Colour and PDF) Submitted: (Dr. Padmakar Baviskar, Member IQAC)
IQAC Coordinator: (Dr. Jigna Pathak)

Bills for Reimbursement if Any to be applied to the Dean after due Signature of incharge Staff