



MAEER PUNE'S
MAHARASHTRA INSTITUTE OF
DENTAL
SCIENCE AND RESEARCH
DENTAL COLLEGE, LATUR.



**Standard Operating
Protocol
for
Welfare And
Grievances Redressal
Committee**

Dr. Ajit Jankar
Chairman

Dr. Suresh Kamble
Principal

4.12 WELFARE AND GRIEVANCES REDRESSAL COMMITTEE

Introduction

MIDSR Dental College is committed to providing a safe, fair and harmonious learning and work environment. Welfare and Grievances Redressal Committee was set up for handling day-to-day grievances related to student's patients and faculty Members.

Objectives

1. To ensure a fair, impartial and consistent mechanism for redressal of varied issues faced by the students.
2. To ensure that grievances are resolved promptly, objectively and with sensitivity and in complete confidentiality.
3. To formulate the policy to investigate and review complaints or grievances of students.
4. To resolve the grievances of students related to campus infrastructure and academic issues.
5. To provide quality and effective treatment to patient.
6. To provide free dental treatment who are poor and economical backward.
7. To provide free treatment through SHREEMATI PRAYAGAKKA KARAD AROGYA SURAKSHA YOJANA

This procedure outlines the sequence of various activities carried out pertaining to different process followed for redressal of grievance of students.

Grievances & Redressal for Patient

Purpose:

To establish a process whereby patients or their authorized representatives may have their grievances and complaints resolved in a prompt, reasonable and consistent manner

Responsibilities:

- a. Grievance Committee: Reviews all grievances that are not resolved to the satisfaction of the patient or patient representative. The committee will investigate complaints, make decisions, and provide a written response to grievances. The Committee is responsible for oversight and coordination of the Patient Grievance Procedure. The Committee is responsible for enforcing the time frames prescribed in the Patient Grievance Procedure.
- b. Grievance Committee Chairperson: Receives and processes all grievances and complaints on a week day basis. This position is also responsible for scheduling and chairing the Grievance committee and keeping a record of all grievances and complaints.
- c. Grievance Committee Convenor: all grievances and complaints are discussed with all the members and direct the grievance to chairperson.
- d. Committee incharge: Meets with the patient or patient representative to discuss the grievance and attempt to find resolution to the grievance.
- e. Committee Clerk: Discusses patient rights and the grievance procedure at the time of admission with the patient or patient representative.

- f. All Staff: Maintain the integrity of the grievance process and helping to resolve patient complaints and disputes. This may include ancillary staff and other members.
- g. Social Work Staff: Meets with the patient within 3 working days after admission to revisit the patient rights and grievance procedure with the patient or patient representative. This may need to be repeated if the patient does not clearly understand the information when it is first presented.
- h. Director of Quality Improvement: Oversees the grievance/complaint process and procedure, and its compliance with applicable state and federal laws and regulations.
- i. Review Officer: Meets with the patient or patient representative to discuss the grievance; investigate the grievance; report back to the Committee with their findings and recommendations; and participate in the appeal process.
- j. Hospital Administrator: Assigns members to the Committee; ensuring the grievance procedure is followed; being involved with the appeal process by facilitating a hearing and will provide a written report regarding his or her findings to the patient or patient representative within 15 working days.

Procedure:

At department level grievances:–

All the patient related complaint is managed at HOD level first.

At college level grievances:–

Complaint boxes are placed one in front of office, one in front of college corridor and one in ground floor near entrance. Each complaint box is opened weekly and complaints are registered on complaint register.

Depending on severity, major complaint is put forward for resolution.

Step 1-At the time of admission, clerk will review patient rights and the grievance procedure with the patient or the patient representative by directly or by phone call.

Step 2-Patients, families or patient representatives may contact any employee to file a grievance.

Step 3-organization may participate in Grievance Committee meetings, and will review the grievance .The Grievance Committee Chairperson is responsible for receipt of grievances on each weekday and taking primary action by date stamping receipt of the grievance and initiating the grievance timeline and process.

Step 4- Ensuring a copy of the grievance is sent to principal

Step 5- Assigning the grievance to a Program Manager for initial hearing and attempted resolution. The GC will meet regularly to make recommendations for appropriate grievance resolution.

Step 6-The grievance process may be terminated at any time if resolution is reached when indicated by the patient and documented by a patient's signature on the grievance form and/or the grievance has been transferred to another authority.

Departmental Patient Feedback Form

Date:-

Name: _____

Reg No: _____

Dept: OMDR

1. Did you find any difficulty in finding your case paper at registration counter?
Yes No
2. Is your examination at OPD delayed?
Yes No
If delayed, please mention time & reason _____.
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Is your treatment provided on time, as mentioned on appointment card?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done from the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **OMDR**

1. रजिस्ट्रेशन काउंटरवर आपला केस कागद शोधताना आपल्याला कोणतीही अडचण आली का ?

होय

नाही

2. आपल्या तपासणीला ओपीडी मध्ये फार वेळ लागतो का ?

होय

नाही

3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?

होय

नाही

4. नियोजित भेटी कार्ड वर सांगितल्याप्रमाणे आपला उपचार वेळेवर केला आहे का ?

होय

नाही

5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?

होय

नाही

6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?

होय

नाही

7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?

होय

नाही

8. आपला उपचार चांगला आणि समाधानकारक आहे का ?

होय

नाही

9. आपल्या डॉक्टरांविषयी आपला अनुभव ?

चांगला

ठिक

खराब

10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?

होय

नाही

11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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Departmental Feedback Form

Name:

Rag No:

Date:-
Dept: Endodontic

1. Do you provide drinking water in the department?
Yes No
2. Do you report on time on the day of appointment?
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Is your treatment provided on time, as mentioned on appointment card?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Do you have any problem with quality & Material used?
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Endodontics**

1. विभागामध्ये पिण्याच्या पाण्याची सोय आहे का?

होय

नाही

2. तुम्ही दिलेल्या तारखेला उपचारासाठी वेळेवर उपस्थित राहता का?

होय

नाही

3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?

होय

नाही

4. नियोजित भेटी कार्ड वर सांगितल्याप्रमाणे आपला उपचार वेळेवर केला आहे का ?

होय

नाही

5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?

होय

नाही

6. उपचारासाठी वापरलेल्या सामग्री विषयी काही तक्रार आहे का?

होय

नाही

7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?

होय

नाही

8. आपला उपचार चांगला आणि समाधानकारक आहे का ?

होय

नाही

9. आपल्या डॉक्टरांविषयी आपला अनुभव ?

चांगला

ठिक

खराब

10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?

होय

नाही

11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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Departmental Feedback Form

Date:-

Name:

Reg No:

Dept: Orthodontics

1. Are you provided with water in the department?
Yes No
2. Do you have any problem with behaviour of non teaching staff.
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Have you faced any problem because of non electricity in the department?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Do you have any problem with quality & Material used?
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Orthodontics**

1. विभागामध्ये पिण्याच्या पाण्याची सोय आहे का?
होय नाही
2. डॉक्टर व्यतिरिक्त इतर कर्मचाऱ्यांच्या वर्तणुकीविषयी काही तक्रार आहे का?
होय नाही
3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. विभागामध्ये विज नसल्यामुळे कधी अडचणीला सामोरे जावे लागले आहे का?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?
होय नाही
8. आपला उपचार चांगला आणि समाधानकारक आहे का ?
होय नाही
9. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.
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Departmental Feedback Form

Date:-

Name:

Reg No:

Dept: Periodontics

1. Do you have any problem with behaviour of non teaching staff?
Yes No
2. Are you happy with quality of material used in the department?
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Is your treatment provided on time, as mentioned on appointment card?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done from the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Periodontics**

1. डॉक्टर व्यतिरिक्त इतर कर्मचाऱ्यांच्या वर्तणुकीविषयी काही तक्रार आहे का?
होय नाही
2. उपचारासाठी वापरलेल्या सामग्री विषयी काही तक्रार आहे का?
होय नाही
3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. नियोजित भेटी कार्ड वर सांगितल्याप्रमाणे आपला उपचार वेळेवर केला आहे का ?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. आपला उपचार चांगला आणि समाधानकारक आहे का ?
होय नाही
8. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
9. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
10. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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Departmental Feedback Form

Date:-

Name:

Reg No:

Dept: Oral Surgery

1. Have you faced any difficulty in treatment due to lack of instruments.
Yes No
2. Have you experienced any complication after completion of treatment?
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Do you think treatment cost is appropriate?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done from the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Oral Surgery**

1. उपचारादरम्यान साधनांच्या कमतरतेमुळे काही अडचण आली का ?
होय नाही
2. उपचारादरम्यान अथवा नंतर काही त्रास झाला का ?
होय नाही
3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. नियोजित भेटी कार्ड वर सांगितल्याप्रमाणे आपला उपचार वेळेवर केला आहे का ?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?
होय नाही
8. आपला उपचार चांगला आणि समाधानकारक ओ का ?
होय नाही
9. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिनिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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Departmental Feedback Form

Date:-

Name:

Reg No:

Dept: Pedodontics

1. Does your child feel comfortable with doctor?
Yes No
2. Do you have any problem with quality of material used of treatment?
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Are you provided with restroom (Washroom) facilities?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done form the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Pedodontics**

1. तुमच्या मुलाला डॉक्टरांबरोबर आरामदायक वाटते का ?
होय नाही
2. उपचारासाठी वापरलेल्या सामग्री विषयी काही तक्रार आहे का?
होय नाही
3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. तुमच्यासाठी प्रसाधनगृहाची सोय केलेली आहे का?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?
होय नाही
8. आपला उपचार चांगला आणि समाधानकारक ओ का ?
होय नाही
9. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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Departmental Feedback Form

Date:-

Name:

Reg No:

Dept: Prosthodontics

1. Are you satisfied with denture or any prosthesis given?
Yes No
2. Is your treatment neglected?
Yes No
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Do you have any problem with behaviour of non teaching staff?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done form the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **Prosthodontics**

1. आपण दिलेल्या कृत्रिम दंतशस्त्रक्रियेबद्दल समाधानकारक आहात का?
होय नाही
2. तुमच्या उपचाराकडे दुर्लक्ष गेले आहे का?
होय नाही
3. आपल्याला कराराच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. डॉक्टर व्यतिरिक्त इतर कर्मचाऱ्यांच्या वर्तणुकीविषयी काही तक्रार आहे का?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?
होय नाही
8. आपला उपचार चांगला आणि समाधानकारक ओ का ?
होय नाही
9. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिणिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.

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सही

Departmental Feedback Form

Date:-

Name: _____

Reg No: _____

Dept : C.D.

1. Did you find any difficulty in finding your case paper at registration counter?
Yes No
2. Is your examination at OPD delayed?
Yes No
If delayed, please mention time & reason _____.
3. Were you informed of treatment plan to be done, along with expected expenditure?
Yes No
4. Is your treatment provided on time, as mentioned on appointment card?
Yes No
5. Did you find the working space clean and hygienic?
Yes No
6. Were you informed about any delays during entire treatment procedure or were you sent back anytime without any work done from the counter.
Yes No
7. How good was the treatment and is expected outcome satisfactory.
Yes No
8. Your experience with our doctor.
Good Average Poor
9. Will you refer your family members and friends to this institute?
Yes No
10. Any other suggestions/improvements please mention.

Signature

विभागीय अभिप्राय फॉर्म

दिनांक :-

नाव : नोंदणी नं : विभाग : **C.D.**

1. रजिस्ट्रेशन काउंटरवर आपला केस कागद शोधताना आपल्याला कोणतीही अडचण आली का ?
होय नाही
2. आपल्या तपासणीला ओपीडी मध्ये फार वेळ लागतो का ?
होय नाही
3. आपल्याला करायच्या उपचारासंबंधी खर्चासह माहिती आहे का ?
होय नाही
4. नियोजित भेटी कार्ड वर सांगितल्याप्रमाणे आपला उपचार वेळेवर केला आहे का ?
होय नाही
5. आपला उपचार केलेली जागा स्वच्छ आणि आरोग्यदायी आहे का ?
होय नाही
6. आपल्या संपुर्ण उपचार प्रक्रियेदरम्यान कोणत्याही विलंब होण्या विषयी माहिती दिली गेली आहे का?
होय नाही
7. काउंटरवरून कोणत्याही कामाशिवाय आपणास कधीही परत पाठवले गेले का ?
होय नाही
8. आपला उपचार चांगला आणि समाधानकारक ओ का ?
होय नाही
9. आपल्या डॉक्टरांविषयी आपला अनुभव ?
चांगला ठिक खराब
10. आपण आपल्या कुटुंबियांना तसेच मित्रमैत्रिनिंना येथे उपचार घेण्यासाठी सुचवाल का ?
होय नाही
11. कृपया इतर सुचना / सुधारणांचा उल्लेख करा.
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सही

GRIEVANCES & REDRESSAL FOR STUDENTS

Grievance Redressal Procedure:-

Any student or parents wants to initiate a grievance may in the first instance bring the issue to the notice of the Head of the respective department, who will address the issue and try to resolve it within 7 working days of the grievance. The Heads of Departments shall encourage the students to approach him/her and solve the grievances appropriately. He/she will refer the issues which require intervention at the higher level and keep the record of Redressal or referral of the grievances brought to his/her notice.

The students can approach him with the grievances related to the subject /department concerned.

If there is no response within the stipulated time from the respective department grievant is dissatisfied with response to his/her grievance, then the grievant is free to represent his/her grievance in writing or via email at welfaregrievances@mitmidsr.edu.in or submit to chairperson at the Grievance Redressal Committee.

- A written complaint needs to be registered with the Committee by the Complainant, giving all the details of the grievance. The complaint may be handed over to Chairperson or Student incharge, or may be deposited in the boxes situated at various locations in the College. The boxes are periodically opened and the complaints are reviewed in the subsequent meeting. An attempt is made to resolve the issue in a manner suitable to all concerned.

If the issue cannot be resolved at the level of the Committee, it is referred to the Principal for further action who then, redresses the issue in the following manner:

- Investigating the matter / issue
 - Counseling the Student
 - Take out an apology
 - Warning
 - Mentoring / Monitoring
 - Suspension of the defaulter for few days from college as per the degree of the offence
- The confidentiality is maintained throughout the procedure to avoid any discrimination.

Receipt of Complaints

- a. The Committee is open to receiving complaints / grievances from any sources.
The complaints / grievances can be against applicant for the quality of service provided by them.
The complaint / grievance can be against personnel involved in accreditation process.
The complaint / grievance must be made in writing to HOD with complete details of complainant (name, address, organization etc.).
If the complaint / grievance has no details of the complainant or the description is not adequate, the Board will reserve the right of dealing with the complaint / grievance as deemed fit.
The Committee can investigate the reports appearing in media, if relevant.

- b. Once the complaint / grievance are received at The Committee, HOD shall mark the complaint / grievance to the welfare and grievance redressal committee. Immediately on its receipt the same shall be acknowledged with the assurance of thorough investigation in a time bound period.
- c. The welfare and grievance redressal committee shall maintain a record for the complaints / grievance that are received by The Committee.
He/she assigns the appropriate registration number to the complaint as per the Document Control System in The Committee.
The important date's viz. date of receipt of complaint / grievance, date of acknowledgement and date of disposal including date of final closure shall be recorded in Complaint File.
- d. Initial scrutiny of the complaint / grievance is done by the Complaints and Appeals officer. This is to determine that the complaint / grievance fall within the ambit of The Committee activities and whether the complaint / grievance prima facie hold ground.
- e. If it is found that the complaint / grievance does not fall within the ambit of The Committee, the complaint / grievance is considered closed and the complainant is informed accordingly.
- f. If the complaint / grievance falls within the ambit of The Committee and the initial information provided in the complaint / grievance is sufficient the complaint / grievance is investigated further as deemed fit.(g) The entire handling process of the complaint should respect and maintain confidentiality, avoid conflict of interest and maintain complete impartiality

1. Investigation of Complaints / Grievances The complaints / Grievances received by The Committee can be classified into three categories:

- a. Complaints / Grievances against applicant/ accredited HOD
- b. Complaints / Grievances against Assessors/Experts/ Committee members.
- c. Complaints / Grievances against The Committee officials

2. Procedure for dealing with each category is given below:

- a. On receipt of complaint / grievance, Welfare and grievance redressal committee shall discuss with the concerned officer dealing with that HOD and the case is investigated accordingly.
- b. If required, a hearing with the complainant or clarification from the concerned may be taken.
- c. The complainant shall be informed about the action taken by The Committee.
If the complaint / grievance is found invalid, the complainant as well as the HOD or against whom the complaint is made, is informed accordingly.
- d. The complaint is disposed within a one month of its receipt.

➤ **Procedure For Handling Of Appeals**

- They must be free from any conflict of interest concerning the appellant or matter under appeal.
- They must be conversant with The Committee functioning.
- The panel shall have the necessary competence available to hear the subject of the appeal.
- The appeals panel may co-opt expertise if the need arises. A cop-opted person will not have right to vote but will have the prerogative of recording his /her opinion in light off the reason for invite.
- The appeal process is an independent review and evaluation of a decision made by The Committee that affects the accreditation status of the applicant.
- Appeals shall be submitted to The Committee in writing within 15 working days of the Committee decision against which the appeals is made.
- Appeals request should be sent in the prescribed format (as given in the annexure attached) along with the relevant supporting documents.
- Welfare and grievance redressal committee shall acknowledge the receipt of appeals from the HCO. A record pertaining to all appeals including important details like date of receipt, name and address of the HCO, details of appeals and outcome of appeals shall be maintained in the 'Appeals File'.
- The appeal should be disposed off within 8-10 weeks from the date of receipt.

Scope

The Committee deals with Grievances received in writing from the students about any of the following matters:-

Academic Matters or other examination related matters

Financial Matters: Related to dues and payments for various items from library, hostels

and Other Matters: Related to ragging, about conditions of cleanliness, Hostel problems

He/she can effectively address to grievances of the students in relation to:

- Attendance record and calculation of attendance.
- Problems and difficulties regarding the subject concern.
- Any other grievance.

Student Feedback Form – Teaching

As part of a continuing improvement process, our college appreciates suggestions and inputs regarding the institution. We request you to sincerely and truthfully answer these questions under assurance of complete confidentiality. Your interest in making our institution better is greatly appreciated.

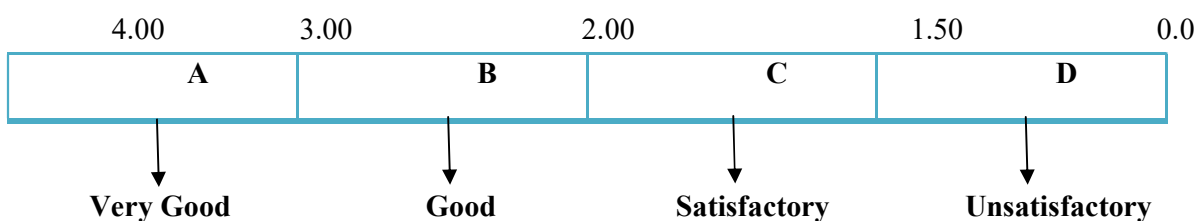
Name of teacher:

Programme: BDS / MDS

Department/Subject:

Academic year: 1st Year/2nd Year/3rd Year/ 4th Year/ Intern/ Post Graduate Students

Students are required to rate the teachers on the following attributes using the 4-point scale shown



Parameter	A	B	C	D
Your Perception of his/her Knowledge				
Communication skills				
Stimulating interest in subject				
Ability to integrate subject with the main course and other subjects. Clinical teaching & demonstration of main course				
Accessibility in and out of classroom				
Ability to evaluation or assessment of Students.				
Ability to effective integrate ICT, Audio Visual Aids in teaching				

Opinion regarding improvement of teaching skill :-

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Grievances & Redressal for Teaching Staff

Teaching staffs who want to initiate grievance should bring the concern issue to the notice of Head of respective Department/ office in the written format/ application.

The issue should be addressed within seven days by the authorities. If, the grievance is against the respective Head of department, then the grievant may directly submit his/her grievance in writing or submit in person or via email to the In-Charge of teaching faculty in Grievance Redressal Committee.

If the issue is not solved within stipulated from the respective department or grievant is dissatisfied with response/resolution to his/her grievance, then the grievant is free to represent his/her grievance to the college Grievance Redressal committee.

Committee may receive grievance from

- Complaint box which is kept in front of the college office/ Principal office.
- Personally from the grievant to committee in charges
- Failure of redressal at departmental level

Complaint box shall be opened once in a month in presence of three committee members along with conveyor.

Complaints from the box shall be assessed and depending on the severity of the complaint conveyor shall decide whether to call immediate meeting of committee or to consider the complaint and convert as a suggestion during upcoming committee meeting.

If the complaint is received by the committee in charges/ conveyor in person, conveyor shall decide whether to call immediate meeting of committee.

Committee shall address the grievance within fifteen days.

Acknowledgement:

The conveyor/ in charges of committee shall acknowledge the received copy of each grievance complaint immediately.

Call for hearing:

Upon the grievant written request, the committee shall fix a date for hearing, and intimate the same to the grievant and other party via e-mail or in person.

Investigation: Proper investigation will be done by hearing the issues of the complaint of both the parties named in the grievance application. All supporting documents shall be submitted by complainant at this point in time or before.

Final decision:

After the hearing and investigating the issue, chairperson/conveyor, respective in charge, and members of committee can take the final decision based on evidences.

Communicating the decision:

Upon completion of proceedings, chairperson/conveyor of grievance committee shall communicate the final decision to both parties personally, which shall be binding on both the parties.

Closure of the complaint:

The complaint shall be considered as disposed off and closed when:

- a. The grievant has indicated acceptance of the final decision;
- b. If the grievant has not responded and remained absent for the redressal meeting within one fifteen days from the date of complaint registration

- c. If the grievant is not satisfied with the final decision of committee, he/she can submit his/her complaint to the college principal/ management.

Feedback Form on Infrastructure from Faculty

Sr. No	Parameter	Unsatisfactory	Satisfactory	Good	Very Good
1	Administration in college				
2	Library in the college is				
3	Wi-Fi facility in the Institution				
4	College ground is				
5	Bank , ATM centre facilities are				
6	Staff Quarters in the campus is				
7	Water facility and other basic amenities in the College is				
8	Transport facility provided by the Institution is				
9	Canteens and cafeteria inside the campus is				

- Any other suggestions.

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Feedback Form on Administration in College from Faculty

Sr. No	Parameter	Unsatisfactory	Satisfactory	Good	Very Good
1	The administrative process during Appointment was				
2	Approachability of staff in the office				
3	Your opinion on the facilities provided by the Institution regarding Conference Leaves, Allowances, Facilities to conduct CDE's, research are				
4	Institutional approach towards faculty promotion				
5	Whether programme help in developing your personality				

- Any other suggestion.

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Grievances & Redressal for Non-Teaching Staff

1. Employees can put their complaints in the college complaint box / Personal Application.
2. College complaint boxes are opened through Committee once a week.
3. After the complaint box is opened by the committee, the complaints received are sealed till the meeting of the committee.
4. The veracity of the complaint is verified by discussing the relevant grievances in the committee meeting
5. The committee prepares a report on the related complaints and submits it to the principal's office
6. The report is discussed with the principal and appropriate action is taken on the grievances.
7. If the concerned Staff is dissatisfied with the investigation of the committee, the principal submits the investigation to an external mediator.
8. The following actions are taken on the concerned employee

- Giving notice to the concerned employee to rectify the mistake
 - Transfer to the concerned employee
 - Penalty to the concerned employee
 - Termination of the concerned employee
9. After the redressal of the grievances, the committee prepares a file of the grievance documents.

Feedback Form from Non-Teaching Staff

Sr No	Parameter	Unsatisfactor y	Satisfactory	Good	Very Good
1	The administrative process during appointment				
2	Approachability of staff in office				
3	Infection control related information in the college & hospital				
4	Fire safety related information in the college & hospital				
5	Post office and supporting amenities				
6	Bank and ATM centers are				
7	College ground is				
8	Hostel facilities in the campus is(for those who stayed in hostel)				

Analysis of Feedback Forms

Feedback forms are collected by Welfare & Grievance Committee. After collecting feedback forms analysis is done by faculty of Dept. of Public Health Dentistry. For patients analysis is done monthly basis for students analysis is done Quarterly for Teaching & Non- Teaching staff feedback forms analyzed bi annually. After analysis action is taken by welfare & Grievance Committee on shortcomings and redressal is done of grievances.

Standard Operating Procedure for Welfare

Introduction

M.I.D.S.R dental college Latur under welfare scheme conducting various schemes beneficial for rural and urban patients. Various schemes are launched to get financial as well economical benefits to the patient.

Welfare for Teaching Staff

Objective

- Leave and Holidays
 - Declared Holidays.
 - Casual Leave.
 - Earned Leave & Vacation Leave
 - Medical Leave
 - Maternity Leave.
 - Voting Leave.
 - Special Leave
 - Compensatory off.
- **Declared Holidays.**
 - The head office shall declare **12 paid holidays** per year. The list shall be prepared every year taking into account the National and festival days etc.
 - Branch offices should seek changes if any with the CEO.
- **Casual Leave.**
 1. The leave calendar is from January to December of a year.
 2. The Teaching & Non-Teaching Staff is entitled to causal leave of 15 days during a calendar year.
 3. No. employee is entitled for more than 5 days causal leave at time except with the permission of the principal, A.O. who may authorize the grant of casual leave up to maximum of 7 days at a time as a special case.
 4. The casual leave is non-cumulative
 5. The casual leave may be combined with Sundays or other authorized holidays provided that the resulting period of absence from duty does not exceed 8 day. In calculating total casual leave, the holidays and Sunday will not be taken into account, if it falls either at the beginning or the end of the casual leave period.
 6. A person appointed during the calendar year would be eligible for proportionate casual leave.
 7. The casual leave con not be carried over to next year if not availed during previous year. No encashment of casual leave is permitted.
 8. Normally casual leave has to be applied in advance unless it has to be taken urgently, however HOD/Principal will be informed about the same.
 9. All casual leave applications must be submitted to the office of Principal well in

time for sanction only Principal or anybody authorized by him will be sanctioning authority.

10. The casual leave account starts from 1st January of every year.
11. No. CL can be given up to 3 months from the date of joining.
12. 15 days Casual leave will include, non instructional days.

➤ **Earned Leave & Vacation Leave.**

1. Earned leave is granted subsequent to the period of earning.
2. For Non-teaching staff the scale of Earned leave is 30 days per year.
3. Only teaching members of the staff are entitled for vacation leave, 1 year after joining the institute.
4. The vacation schedule is to be strictly followed as per the dates announced by the university. Every teaching member entitled to half of total vacation period. It must be seen that half of teaching staff members are no duty during each half of vacation. The remaining vacation will be converted into Earned Leave at the rate of 01 E/L for 03 days of vacation.
5. Assistant Lecturers who are completed two year service are entitled for vacation leave.
6. If an employee is required to work during entire vacation period proportionate (i.e. 01 day for 03 days) Earned Leave will be credited to individuals EL account or he can take his/her half according to department a convenience.
7. Full vacation – Request for full vacation will be considered only in exceptional circumstances, when the staff member is in desire need. It must be seen that the department work does not suffer during this period. The authority to sanction full vacation will be with the Principal, after due recommendations from the HOD.
Accumulation – EL cannot be accumulated for more than 90 days.

➤ **Medical Leave & Half Pay Leave.**

- All staff members are entitled to 20 days half pay leave or 10 days paid medical leave per calendar year. 20 days half pay leave must be for any particular reason like sickness.
- Half pay leave and medical leave which has not been enjoyed or availed of may be accumulated for 3 years i.e. 60 days half pay leave or 30 days of medical leave.
- Half pay leave and medical leave shall not be encashable.
- In case the sickness period exceeds the medical leave for the year balance of E/L will be adjusted against sick leave. Any period beyond that will be leave without pay.
- Cases falling outside the scope of this rule shall be considered by the management on the merit of each case.
- Any employee who is ill or unfit for work must report immediately in writing to the authorities under treatment must be submitted if the illness extends beyond 15 days. He must submit fit to join certificate before joining for a short period of illness i.e. up to 3 days there should not be a need for medical certificate.

- Management has right to ask individual to appear before Medical Committee of the college/Institute.

➤ **Maternity Leave.**

- All Teaching & Non-Teaching female employee will be entitled to an aggregate of 12 weeks (90 days) of maternity leave for each confinement.
- A woman employee, who has completed 2 years of employment after the probation period, is eligible 90 days of paid leave for maternity reasons. Paid maternity leave is granted for the two children only.
- To be eligible for the benefit of the paid maternity leave of 90 days, the employee must rejoin and work with the college for 180 days, thereafter. These 180 days include holidays and any entitled leave during this period and do not include leave without pay.
- However, if the employee is advised to extend the maternity leave beyond 90 days, for medical or health reasons, it must be applied for and the duration of the extended leave shall be treated as leave without pay. To be eligible for paid maternity leave of 90 days, the employee must rejoin and work thereafter.
- The payment for the 45 days of maternity leave shall be disbursed to the salary account of the employee after subsequent to rejoining.

➤ **Special Leave.**

- Teaching staff members can avail of special leave of 15 days per year for examination work, attending conference, workshops, training programs & etc.

➤ **Compensatory off.**

- In case any employee was specifically asked to work on Sundays or any other Holiday, he/she is entitled for compensatory off. Such leave may be availed only by prior permission of the Principal, A. O. & O.S. and entirely on his/her discretion.
- Compensatory off has to be applied through proper the application.
- Compensatory off will be lapsed after 01 year of approval.

➤ **Study leave.**

- For Study leave of training purposes, a teacher has to utilize his quota of 15 days special leave, 20 day half pay leave and EL to his credit. The remaining additional period will be treated as 'Leave without pay'.
- The sanctioning authority may refuse leave of any description depending upon the necessity and exigencies of work of the college. Reasons for such refusal may duly record and the employee informed accordingly.

➤ **Treatment Concession –**

- Basic treatments of Dental & Medical are free
- 20% to 30% Concession on other treatment is applicable to the staff

1. Training charges & Travelling Allowance:-
Training Charges & Travelling Allowance is provided to the staff went for college work & Study purpose
2. Salary Advance:-
Advance Salary is given to needy staff.
3. Requesting time off
Time off is given to the staff for personal work.
4. Food allowances:-
During extra duty hours food charges are provided.
5. Cooperative Society on reasonable interest rate
Society charges are deducted from salary and given to needy staff with reasonable interest rate.
6. Funds for Research
Funding is provided for research & Study on approval from Research Committee.
7. Funding is provided for
 - Arrangements of Webinars & Seminar for study purpose
 - Arrangements of Workshops & Conferences for study purpose
 - Celebration of Teachers Day
 - Celebration for Women's Day
 - Celebration for Yoga Day.
 - Celebration of Specialty Days
8. Day care centre
Free of cost Day care centre is available for all staff.
9. Promote higher studies
10. Staff quarters
A staff quarter is provided to staff member with very minimal chargers.

WELFARE FOR STUDENTS

Objective

- Leave and Holidays
 - Declared Holidays.
 - Voting Leave.
 - Special Leave
- Treatment Concession –
 - Basic treatments of Dental & Medical are free
 - 20% to 30% Concession on other treatment is applicable to the students.

- Training charges & Travelling Allowance
 - Training Charges & Travelling Allowance is provided to the students went for college work & Study purpose
- Funds for Research
 - Funding is provided for research & Study on approval from Research Committee.
- Holiday's for conference & Conventions
- Funds for Gathering & Sports
 - Funding is provided for gathering and sports on approval & demand by cultural & sports committee.
- Free Material for Patient treatment.
- Arrangement of Workshops & Conferences for study purpose.
- Provision of projector for seminar
- Provision of Laboratory.
- Provision of Library

WELFARE FOR PATIENT

Objective

To provide free dental treatment who are poor and economical backward.

To provide free treatment to patients.

Under SHREEMATI PRAYAGAKKA KARAD AROGYA SURAKSHA YOJANA Various dental treatments are free of cost for card holder and their whole family. MIDSR dental college have patient carrying van for pick up and drop for needy patients requiring treatment.

Free treatments for Camp Patient & patient under Prayag Akka Karad Yojana include-

- complete denture
- Removable partial denture
- extraction
- blood investigations
- scaling and polishing
- dental fillings
- pediatric fillings
- Partial payment 50% treatment include
- fixed partial denture
- root canal treatment
- surgical treatment
- X-Ray and OPG
- Free food is provided to patients.
- Dental camp conducted to various rural regions for poor people. These village patients are screened and needy patient are listed. These patients are pick-up in

college with college van for the treatment and after treatment they are dropped to their home. Dental treatment is free for these poor people...

- Under integrated dental specialty clinic, VIP Patient from various region are treated by working staff provided by college.

WELFARE FOR NON-TEACHING STAFF

Objective

- Leave and Holidays
 - Declared Holidays.
 - Casual Leave.
 - Earned Leave & Vacation Leave
 - Medical Leave
 - Maternity Leave.
 - Voting Leave.
 - Special Leave
 - Compensatory off.
- **Declared Holidays.**
 - The head office shall declare **12 paid holidays** per year. The list shall be prepared every year taking into account the National and festival days etc.
 - Branch offices should seek changes if any with the CEO.
- **Casual Leave.**
 - The leave calendar is from January to December of a year.
 - The Teaching & Non-Teaching Staff is entitled to causal leave of 15 days during a calendar year.
 - No. employee is entitled for more than 5 days causal leave at time except with the permission of the principal, A.O. who may authorize the grant of casual leave up to maximum of 7 days at a time as a special case.
 - The casual leave is non-cumulative
 - The casual leave may be combined with Sundays or other authorized holidays provided that the resulting period of absence from duty does not exceed 8 day. In calculating total casual leave, the holidays and Sunday will not be taken into account, if it falls either at the beginning or the end of the casual leave period.
 - A person appointed during the calendar year would be eligible for proportionate casual leave.
 - The casual leave con not be carried over to next year if not availed during previous year. No encashment of casual leave is permitted.
 - Normally casual leave has to be applied in advance unless it has to be taken urgently, however HOD/Principal will be informed about the same.
 - All casual leave applications must be submitted to the office of Principal well in time for sanction only Principal or anybody authorized by him will be sanctioning

authority.

- The casual leave account starts from 1st January of every year.
- No. CL can be given up to 3 months from the date of joining.
- 15 days Casual leave will include, non instructional days.

➤ **Earned Leave**

- Earned leave is granted subsequent to the period of earning.
- For Non-teaching staff the scale of Earned leave is 30 days per year.

➤ **Medical Leave & Half Pay Leave.**

- All staff members are entitled to 20 days half pay leave or 10 days paid medical leave per calendar year. 20 days half pay leave need not be for any particular reason like sickness.
- Half pay leave and medical leave which has not been enjoyed or availed of may be accumulated for 3 years i.e. 60 days half pay leave or 30 days of medical leave.
- Half pay leave and medical leave shall not be encashable.
- In case the sickness period exceeds the medical leave for the year balance of E/L will be adjusted against sick leave. Any period beyond that will be leave without pay.
- Cases falling outside the scope of this rule shall be considered by the management on the merit of each case.
- Any employee who is ill or unfit for work must report immediately in writing to the authorities under treatment must be submitted if the illness extends beyond 15 days. He must submit fit to join certificate before joining for a short period of illness i.e. up to 3 days there should not be a need for medical certificate.
- Management has right to ask individual to appear before Medical Committee of the college/Institute.

➤ **Maternity Leave.**

- All Teaching & Non-Teaching female employee will be entitled to an aggregate of 12 weeks (90 days) of maternity leave for each confinement.
- A woman employee, who has completed 2 years of employment after the probation period, is eligible 90 days of paid leave for maternity reasons. Paid maternity leave is granted for the two children only.
- To be eligible for the benefit of the paid maternity leave of 90 days, the employee must rejoin and work with the college for 180 days, thereafter. These 180 days include holidays and any entitled leave during this period and do not include leave without pay.
- However, if the employee is advised to extend the maternity leave beyond 90 days, for medical or health reasons, it must be applied for and the duration of the extended leave shall be treated as leave without pay. To be eligible for paid maternity leave of 90 days, the employee must rejoin and work thereafter.
- The payment for the 45 days of maternity leave shall be disbursed to the salary account of the employee after subsequent to rejoining.

➤ **Compensatory off.**

- In case any employee was specifically asked to work on Sundays or any other Holiday, he/she is entitled for compensatory off. Such leave may be availed only by prior permission of the Principal, A. O. & O.S. and entirely on his/her discretion.
- Compensatory off has to be applied through proper the application.
- Compensatory off will be lapsed after 01 year of approval.

➤ **Treatment Concession –**

- Basic treatments of Dental & Medical are free
 - 20% to 30% Concession on other treatment is applicable to the staff
1. Salary Advance
Advance Salary is given to needy staff.
 2. Requesting time off
Time off is given to the staff for personal work.
 3. Food allowances –
During extra duty hours food charges are provided.
 4. Cooperative Society on reasonable interest rate
Society charges are deducted from salary and given to needy staff with reasonable interest rate.
 5. Day care centre
Free of cost Day care centre is available for all staff.
 6. Promote higher studies
 7. Staff quarters
A staff quarter is provided to staff member with very minimal chargers.
 8. Diwali Bonus/Gift
Diwali Bonus/Gift is applicable to Consolidated Staff joining after six months
 9. Peon – Uniforms/ Dress two in year
Uniforms are provided to peon staff twice in a year.
 10. Personal Phone bill –
Personal Phone bill is paid by the institute for higher authority staff Office superintendent & Chief Administrative Officer
 11. Training charges

Training charges are provided by the institute for University training programme.