

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICIES

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL ADMISSIONS POLICY

Policy No.: NDC-POL-01 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr, Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

### Purpose

To establish a transparent, consistent and documented framework for admission to academic programmes of the institution.

### Scope

This policy applies to admissions to BDS, MDS and other academic programmes/courses offered by the institution, as applicable.

### Policy Statement

Admissions shall be undertaken strictly in accordance with the applicable statutory/regulatory requirements, approved intake, eligibility criteria, counselling/allocation procedures and fee requirements prescribed by the competent authorities and affiliating university.

### Key Provisions

- Admissions shall be made only against the approved intake and recognised programmes.
- Eligibility, admission procedure, applicable fees and other relevant information shall be communicated through authorised institutional channels.
- Admission records shall be maintained accurately and shall be available for regulatory/academic verification.
- No applicant shall be subjected to discrimination on grounds prohibited by applicable law or regulation.
- Any grievance relating to admission shall be directed to the designated institutional mechanism and dealt with as per applicable rules.

### Responsibilities

- Principal/Head of Institution shall oversee institutional compliance.
- The admission/academic office shall maintain admission records and supporting documents.
- Concerned committees/officials shall verify compliance with applicable admission requirements.

### Records/Evidence

- Approved intake/permission documents; admission notices/prospectus; eligibility and admission records; fee information; counselling/allotment records, where applicable; admission committee/administrative records.

### **Implementation and Monitoring**

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                       | <b>Reviewed By</b>                                                                           | <b>Approved By</b>                                                         |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date: 1/10/26 | Name: Dr. Sumit Kaushal<br>Designation: Professor, Dept. Of<br>Periodontics<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### ANTI-RAGGING POLICY

Policy No.: NDC-POL-02 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr, Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To maintain a safe, respectful and ragging-free academic and residential environment.

#### Scope

The policy applies to all students and covers conduct within the institution, attached facilities and other locations/circumstances covered by applicable anti-ragging requirements.

#### Policy Statement

Ragging in any form shall not be permitted. Prevention, awareness, reporting and action shall be carried out in accordance with applicable statutory and regulatory requirements.

#### Key Provisions

- The institution shall constitute/maintain the required anti-ragging mechanisms and designate responsible officials as applicable.
- Students shall be informed about anti-ragging requirements during admission/orientation and through appropriate institutional communication.
- Complaints/reports shall be received through designated channels, documented and handled through the prescribed procedure.
- Where action is warranted, it shall be taken by the competent authority in accordance with applicable rules and due process.
- The institution shall maintain appropriate records of awareness, inspections/monitoring, complaints and action taken.

#### Responsibilities

- Principal/Head of Institution shall ensure implementation and regulatory compliance.
- Anti-Ragging Committee/Squad and designated officials shall perform assigned functions.
- Faculty, staff and students shall cooperate in prevention and reporting.

#### Records/Evidence

- Committee constitution/orders; anti-ragging undertakings/declarations where applicable; orientation/awareness records; notices; monitoring/inspection records; complaint and action-taken records; annual compliance records.

### **Implementation and Monitoring**

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                    | <b>Reviewed By</b>                                                         | <b>Approved By</b>                                                         |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of Pedodontics<br>Date: 1/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### STUDENT WELFARE POLICY

Policy No.: NDC-POL-03 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr. Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To promote student welfare, safety, academic support and access to appropriate institutional support services.

#### Scope

All BDS, MDS and other students enrolled in the institution.

#### Policy Statement

The institution shall provide a supportive academic environment and facilitate access to welfare, counselling, grievance, safety, health and other student-support mechanisms available within the institution.

#### Key Provisions

- Students shall be informed about available welfare and support mechanisms.
- Academic and administrative support shall be provided through designated faculty/officials and committees.
- Reasonable arrangements shall be made for student safety, welfare and access to appropriate support services.
- Student feedback may be obtained periodically to identify welfare-related needs.
- Concerns requiring specialised assistance shall be referred to the appropriate competent service or authority.

#### Responsibilities

- Principal and designated student-welfare authorities shall oversee implementation.
- Faculty mentors/advisers and concerned committees shall support students within their assigned roles.
- Students shall use institutional mechanisms responsibly and provide relevant information when seeking support.

#### Records/Evidence

- Student welfare committee/order; orientation material; counselling/referral records where appropriate and confidential; welfare activities; student feedback; notices and meeting minutes.

#### Implementation and Monitoring

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                       | <b>Reviewed By</b>                                                                                         | <b>Approved By</b>                                                         |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date: 1/10/26 | Name: Dr. Ashu Jhamb<br>Designation: Professor & Head,<br>Dept. Of Conservative Dentistry<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### GRIEVANCE REDRESSAL POLICY

Policy No.: NDC-POL-04 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr. Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To provide an accessible, transparent and documented mechanism for receiving and addressing legitimate grievances of students and other institutional stakeholders.

#### Scope

Students, faculty, staff and other stakeholders, to the extent covered by the institution's applicable grievance mechanisms.

#### Policy Statement

Grievances shall be received, acknowledged, examined and disposed of through the designated institutional mechanism in a fair, timely and confidential manner, subject to applicable rules.

#### Key Provisions

- Designated grievance channels shall be communicated to stakeholders.
- Each grievance shall be appropriately recorded and referred to the competent authority/committee.
- Relevant facts and documents shall be considered before a decision is taken.
- Confidentiality shall be maintained to the extent reasonably possible and consistent with applicable requirements.
- Action taken/disposal shall be documented, and an appeal/review mechanism shall be available where prescribed.

#### Responsibilities

- Principal/competent authority shall ensure functioning of the grievance mechanism.
- Grievance committee/nodal officer shall process matters assigned to it.
- All concerned persons shall cooperate with the inquiry/decision process.

#### Records/Evidence

- Committee constitution; grievance procedure; complaint/grievance register; acknowledgements; meeting minutes; disposal/action-taken records; appeal/review records where applicable.

#### Implementation and Monitoring

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                       | <b>Reviewed By</b>                                                                           | <b>Approved By</b>                                                         |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date: 1/10/26 | Name: Dr. Sumit Kaushal<br>Designation: Professor, Dept. Of<br>Periodontics<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### GENDER SENSITIZATION POLICY

Policy No.: NDC-POL-05 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr. Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To promote a respectful, inclusive and gender-sensitive educational and working environment.

#### Scope

All students, faculty, non-teaching staff and other persons associated with the institution, as applicable.

#### Policy Statement

The institution shall promote dignity, equality, respectful behaviour and awareness regarding gender-related issues and shall address prohibited conduct through the appropriate institutional mechanism.

#### Key Provisions

- Gender-sensitization and awareness activities shall be conducted periodically.
- Stakeholders shall be informed about the appropriate institutional committee/mechanism for reporting concerns.
- Complaints relating to sexual harassment or other prohibited conduct shall be handled through the legally/administratively competent mechanism and applicable procedure.
- Privacy and confidentiality shall be respected to the extent required by law and institutional procedure.
- Retaliation against a person who raises a concern in good faith shall not be permitted.

#### Responsibilities

- Principal/competent authority shall ensure appropriate institutional arrangements.
- The designated committee/authority shall perform its functions under the applicable legal/regulatory framework.
- Faculty, staff and students shall maintain respectful conduct and participate in awareness activities.

#### Records/Evidence

- Committee constitution; policy communication; awareness/training programmes; attendance records; notices; annual activity records; complaint/disposal records where legally permissible and appropriately protected.

#### Implementation and Monitoring

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                       | <b>Reviewed By</b>                                                                                  | <b>Approved By</b>                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date: 1/10/26 | Name: Dr. Gurpreet Kaur<br>Designation: Professor & Head,<br>Dept. Of Periodontics<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### RESEARCH ETHICS POLICY

Policy No.: NDC-POL-06 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr. Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To promote ethical, scientifically responsible and accountable conduct of research undertaken under the institution.

#### Scope

All research involving faculty, students, staff, patients/human participants, biological material, records/data or other subjects conducted under the institution, as applicable.

#### Policy Statement

Research shall be planned, conducted, reviewed and reported in accordance with applicable ethical, regulatory, scientific and institutional requirements.

#### Key Provisions

- Research requiring ethical review shall be submitted to the competent Institutional Ethics Committee/appropriate ethics mechanism before initiation, as applicable.
- Informed consent and participant protections shall be addressed where required.
- Privacy, confidentiality and secure handling of research data shall be maintained.
- Researchers shall disclose relevant conflicts of interest and comply with requirements relating to research integrity and responsible conduct.
- Research records, ethics approvals, amendments, continuing review/monitoring and final reports shall be maintained as applicable.
- Research involving special categories of participants, biological materials or other regulated activities shall comply with the additional requirements applicable to that research.

#### Responsibilities

- Principal/Head of Institution shall ensure an appropriate research-governance framework.
- Institutional Ethics Committee and other research committees shall perform their approved functions.
- Principal investigators and research teams shall comply with approved protocols and applicable requirements.

#### Records/Evidence

- Ethics Committee constitution; SOPs; protocol submissions; ethics approvals/rejections/communications; consent documentation where applicable; meeting minutes; continuing review/monitoring records; final reports; research integrity/conflict-of-interest records.

### **Implementation and Monitoring**

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                      | <b>Reviewed By</b>                                                         | <b>Approved By</b>                                                         |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date:1/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |

# National Dental College & Hospital, Derabassi

## INSTITUTIONAL POLICY DOCUMENT

### DISABILITY SUPPORT POLICY

Policy No.: NDC-POL-07 | Version: 1.0

|                       |                         |                    |                                        |
|-----------------------|-------------------------|--------------------|----------------------------------------|
| <b>Effective Date</b> | 1/10/2026               | <b>Review Date</b> | 3/10/2026                              |
| <b>Prepared By</b>    | Dr. Sanjana Arora       | <b>Approved By</b> | Dr. Vinay S. Dua<br>Directed Principal |
| <b>Applicability</b>  | Institution-wide        | <b>Status</b>      | Approved                               |
| <b>Reference</b>      | NDC Annexure-I, Item 11 | <b>Supersedes</b>  | New Policy                             |

#### Purpose

To promote accessibility, inclusion and reasonable support for persons with disabilities within the institution, subject to applicable law and institutional resources.

#### Scope

Students, faculty, staff and other persons with disabilities associated with the institution, as applicable.

#### Policy Statement

The institution shall endeavour to provide an accessible, non-discriminatory and supportive environment and facilitate reasonable accommodation in accordance with applicable legal/regulatory requirements.

#### Key Provisions

- Accessibility needs shall be considered in academic, administrative and campus arrangements.
- Reasonable accommodation/support shall be provided where required and feasible under applicable requirements.
- Students and staff shall be informed about the designated contact/person or mechanism for requesting support.
- Awareness regarding disability inclusion and respectful conduct shall be promoted.
- Requests for accommodation shall be handled with appropriate confidentiality and on a need-to-know basis.

#### Responsibilities

- Principal/competent authority shall oversee implementation and accessibility measures.
- Designated nodal officer/committee shall coordinate support and maintain relevant records.
- Departments shall cooperate in implementing approved accommodations.

#### Records/Evidence

- Nodal officer/committee order; accessibility assessment/checklist; support/accommodation records; awareness activities; feedback; records of accessibility improvements and review.

#### Implementation and Monitoring

The concerned committee/office shall monitor implementation within its assigned functions. Compliance and supporting records shall be maintained in an organised manner and produced for institutional review, regulatory verification or inspection when required.

### **Approval**

This policy shall come into effect from the date of approval by the competent institutional authority and shall be reviewed periodically or earlier if required by applicable regulatory directions.

| <b>Prepared By</b>                                                                       | <b>Reviewed By</b>                                                                                         | <b>Approved By</b>                                                         |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Name: Dr. Sanjana Arora<br>Designation: Reader, Dept. Of<br>Pedodontics<br>Date: 1/10/26 | Name: Gagandeep Kaur Chahal,<br>Designation: Professor & Head,<br>Dept. of Prosthodontics<br>Date: 3/10/26 | Name: Dr. Vinay S. Dua<br>Designation: Director Principal<br>Date: 3/10/26 |