



**DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL
SCIENCES**
VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW

SOP
U.G. Sub-Committee
“Framework of Rules”
MBBS courses

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MISSION STATEMENT

1. To establish, nurture and sustain an environment conducive to learning, seeking and imparting knowledge, conducting research and cultivating curiosity of mind in students and faculty members.
2. To build an ethos of compassionate and empathetic care and concern among students and faculty members for patients and their relatives.
3. To build an enduring edifice of character and empathy among students and faculty members.
4. To prepare young medical students for a glorious, prestigious and noble career with special knowledge of armed forces requirements, and inculcate in them the spirit to serve the nation and to balance it in equal measure by skills of hand and heard.

CODE OF CONDUCT FOR MBBS STUDENTS

General

1. Discipline is the foundation on which the medical education of Dr RML Institute of Medical Sciences, Lucknow functions. As students of prestigious Dr RML Institute of Medical Sciences, Lucknow, it is incumbent on all students to develop self-discipline of the highest degree. It should, therefore be the endeavour of every medical student to observe all the rules and regulations as a matter of habit rather than because of the fear of the consequences. They will at all times, conduct themselves with proper decorum and cultivate correct manners and etiquettes.

Attendance

2. Attendance at all organized academic, extra curricular activities is compulsory except on valid reasons like hospitalization/ sickness/ duly sanctioned leave. All students will ensure that they are punctual for all academic activities and at their place of duty. A student must have minimum of 75% attendance in Theory and 80% in practical for sitting in University Examination.

Dress

3. White Apron with Name Plate (White colour base with letters in black) will be worn by all students over dress compulsorily while in College Complex during the college working hours. Dress Code for students, which will be strictly observed, will be as under which will be strictly observed:-

College/ Hospital Working Hours Dress

S No		Boys	Girls	Remarks
a)	Summer Dress	Shirt & Trouser with Leather Shoes	Salwar Kameez or Ladies Shirt & Trouser	Jeans, T-Shirts, Skirts, Sports Shoes are not permitted.
b)	Winter Dress	Same as above with Coat/Jersey/Pullover	Same as above with Coat/Jersey/Pullover	
c)	Dress for College Functions	as specified for a particular function		
d)	Sports Dress	T-Shirt (Colour Maroon) & Shorts/Track Suit/Sports Suit with Sports Shoes	Track Suit/Sports Suit with Sports Shoes	

Electrical appliances/ music systems/ mobile phones

4. (a) Televisions, VCP/VCR/DVDs, fridges, air conditioners, electrical heating systems etc. are not permitted to be kept by the students in the Hostel. However music system with output not more than 50W is permitted.

(b) Mobile phones will not be carried by the students while attending training activities in classrooms/ clinics/ practical and official functions in auditorium.

Place of Duty

5. Place of duty will be any place where the medical students are required to be present for prescribed organized training/ games/ extracurricular functions and address by Dean/ VIPs.

6. White Coats will only be worn during practical, dissections or ward work. At other times they will be neatly folded and carried.

Prohibition of Ragging

7. The scope of training in this Institution includes high standard of professional knowledge, development of character and leadership qualities to instil a high sense of duty, discipline, integrity, loyalty and honour. It is here that the students foster the camaraderie for subsequent relationship with each other. Therefore, there is no place for ragging in any form. Any form of ragging is strictly prohibited in this institution which includes abusing, harassing, ill-treating, manhandling, bullying or awarding undignified or unauthorized punishment to a student by any other student. Strict disciplinary action will be taken against any student indulging in ragging and will be expelled from college. All students' appointments and faculty members will personally ensure that this order is implemented in letter and spirit. In addition, any student noticing such an event (ragging) will immediately notify the Resident Warden.

Debts

8. Students will neither borrow nor lend money nor incur debts while undergoing training at the institution. No credit accounts will be maintained with canteens/ cafeterias, shops or loan taken from any other student, shopkeepers or any other person. Dues to the college and students messes will be paid by the stipulated time, failing which a fine on daily basis may be charged.

Theft

9. Students are responsible for the safe custody of their personal belongings. Students will report at once to the hostel warden of any loss of property. They will not leave any money or valuables lying about in their room or in the pockets of apron. While joining the Dr RML Institute of Medical Sciences, Lucknow the students will not bring any items of jewellery, curios and other fancy or valuable items with them as such articles are prohibited. If such articles are found in their possession, they will be confiscated and disposed off at the discretion of the institution.

10. Any student who is found guilty of stealing or possession of stolen private or public property will be liable to be withdrawn from the institution in addition to appropriate disciplinary/ legal action.

Selling/Pawning

11. Students are forbidden to sell or pawn personal property. Selling or pawning of public property is a cognizable offence.

Liquor and Cigarettes

12. The college and hospital campuses are NO SMOKING ZONES. Students are forbidden to consume alcoholic beverages and smoke within the institution premises or outside. Students will not be in possession of any wine, spirit, liquor, cigarettes, Gutka or tobacco in any form.

Gambling

13. All forms of gambling are forbidden.

Drugs

14. Possession or consumption of any harmful and intoxicating substances such as pot, marijuana or hashish etc by students in any form is prohibited. All performance-enhancing drugs are also prohibited. It is the duty of students to the college and society to inform the authorities about other student(s) indulging in such activity. Students found in the company of other students indulging in this activity or allowing students to consume prohibited substances in their rooms will be deemed to have committed an equally serious offence and thus liable to the same punishment.

Damage

15. Students will not deface, mutilate or damage any building or property belonging to the College or individual or cut/ uproot plants or trees in the college or hostel premises.

16. Students will not cut or otherwise deface desks, tables, seats or any other furniture within the institution. Defaulters shall be liable for recovery of damage and penalty.

Servants

17. No student will employ a private servant during his/ her stay at the institution.

18. Mess hostel workers will not be despatched by students on private errands nor will they be employed on any work other than the regular authorized work allotted to them.

Hair-Cut / Maintenance and Shaving Discipline

19. Medical students, both boys and girls, will ensure proper hair discipline. All boys other than Sikh medical students will shave daily. Sikh medical students will maintain their beards properly and will wear turbans during college hours.

Wearing of Sun Glasses

20. Medical students are not permitted to wear sunglasses during classes, practical, clinics and outdoor training or any other organized activity unless specifically advised to do so on medical grounds.

Vehicles

21. Students are not permitted to use any form of motorized mechanical transport.

Mark of Respect/Compliments

22. The medical students will pay proper compliments to staff members while meeting them or coming across them within and outside the College campus. Due respect and suitable compliments will be paid by junior students to their seniors.

Mode of Address

23. While addressing officers and members of faculty, medical students will use the word “Sir/Madam/Ma’am” and in a manner which will show proper respect

Channel of Communication

24. Students will neither correspond directly with higher Administration nor will they approach the Director/ Dean directly.

25. A Student wishing to seek an interview with the Dean or desiring to refer a matter to higher authorities will do so through proper channel as given below:-

- (a) For students hostel (Boys) matters through the Boys Hostel Warden.
- (b) For students hostel (Girls) matters through the Girls Hostel Warden
- (c) For Mess matters through Chairman Mess Committee

Out of Bounds

26. The following places will be “Out of Bound: for medical students :-

- (a) Faculty apartments/ residence unless invited.
- (b) Offices except the Accounts office & Admission Section, unless specifically called.
- (c) Main administrative building except when specifically permitted.
- (d) Girls Hostel for male medical students and male visitors; and Boys hostel for female medical students & female visitors.

Security

27. All medical students will be governed by rules and regulations of the college. Students shall not divulge service information to the press or unauthorized persons.

28. Medical students will ensure that academic/hospital matters are not discussed with any unauthorized person.

Visitors/Guests

29. Students may receive visitors only during the timings given below:

- (a) Working day timings - 1630hrs to 1930hrs
- (b) Sunday and Holiday - 1000hrs to 1930hrs

- 30. (a) Students are allowed to take their guests only to the Cafeteria and Visitors Room.
- (b) Guests are prohibited to attend college Socials.

Fire Orders

31. The Students will make themselves conversant with the college fire Orders to take appropriate measures in the event of an out break of fire. They will participate in the fire fighting practices as a part of training when asked to do so. Inflammable items will not be brought to college & hostel premises.

Collection Funds

32. (a) No Student is permitted to collect funds for any purpose from their college mates.
(b) No funds will be collected from private parties or sponsorship arranged for any event without prior permission of the Dean.
(c) No student will participate in any academic event or any extra-curricular activity outside the college without prior permission of the Dean.

Communication with Press and Foreign Embassies/Nationals

33. Students are forbidden to correspond or communicate in any matter with press / TV media on any subject unless permitted by the college authorities. Any one wishing to publish an article in a news paper, periodical or magazine, or wishing to write a book, must submit an application to seek prior permission before undertaking any venture. A copy of the material intended to be published will be submitted for approval of the Dean.

Communication with Political or Unauthorized Organisation

34. The Students will neither join any political or unauthorized organization nor participate in its work and communicate/correspond with it in any manner. Membership of any organization (Govt/Semi Govt)/NGO/Private) is prohibited unless prior sanction is accorded by competent authority.

Employment/Business

35. Medical students are not permitted to take up any type of full time/part time employment or indulge in any kind of business during the course. Any business with or without intent to profit, bartering, working on commission or carrying out or helping anybody in such tasks is strictly prohibited.

Cinema Halls & Restaurants

36. Cinema Halls, Restaurants, other areas and places notified as “Out of Bound” keeping Covid protocols in mind, will not be visited by the medical students.

Reporting of Unusual Occurrences

37. Any unusual occurrences in the college or hostels will be immediately reported by the medical students to the Warden/Faculty/any other officer available. Students are forbidden from entering into altercations/affrays amongst themselves, with students of other colleges. They will also scrupulously avoid situations which lead to altercations/affrays with any one.

Cheating

39. Any student who is found guilty of using unfair means - cheating or endeavouring to cheat by taking unauthorized books, pamphlets or papers, mobile phone, voice receiver, voice recorder, etc into the examination hall or trying to gain information from fellow students while in the examination hall will

render himself liable to be rusticated from the institution. Any form of cheating/forging/stating falsehood in any activity while at the institution will be severely dealt with.

I.T. Discipline

40. Students will use the Internet for matters pertaining to their academic activities only. No student will be allowed to access any prohibited/ pornographic site and send or receive spam.

Disciplinary Conduct.

41. This Code of Conduct, as amended from time to time, is applicable to all medical students on the strength of the College. A Student committing any breach of discipline as specified below will render himself/herself liable to disciplinary action :-

- (a) Found indulging in ragging of juniors.
- (b) Absence from lectures/clinics/practical/training programmes without any valid reason/permission.
- (c) Absenting from hostel, without leave/permission.
- (d) Overstay of sanctioned leave/vacation.
- (e) Absenting from university exam without any valid reason like sickness/hospitalization etc.
- (f) Prolonged absence from college without permission/desertion from college.
- (g) Absenting from preliminary exam.
- (h) Using unfair means in tests/examinations/practicals.
- (i) Absenting from hospital during hospitalization without valid out pass.
- (j) Absenting himself from other place/activity officially requiring the presence of the students.
- (k) Improper turn out i.e. not wearing full items of authorized dress/wearing unauthorized items/not shaving.
- (l) Moral turpitude or misbehaviour and misconduct of any kind with associates, staff, patients and outsiders.
- (m) Use of criminal force on fellow students.
- (n) Neglect of duties and unsatisfactory progress in the training/academics.
- (o) Disobedience of orders and insubordination to staff.
- (p) Loss/damage to govt. property. Identity card is deemed to be Govt property.
- (q) Drug abuse, i.e. possession/consumption of wines, spirits, tobacco or any habit forming substance.
- (r) Violation of standing orders or any other orders published in Dean's weekly orders or displayed on notice boards from time to time.
- (s) Eve teasing of colleagues/creating nuisance in the class or during organized functions.
- (t) Failing to pay compliments to seniors.
- (u) Unauthorised communication/association with foreign nationals press, civil organization/bodies, undesirable persons and political parties in India and abroad.
- (x) Keeping unauthorized occupants including friends and relatives in the hostel.
- (y) Entry into areas so declared Out of Bound by college authorities.
- (z) Failure to report unusual occurrence.
- (aa) Collection of Funds for any purpose, unless authorized by college authorities.
- (ab) Violation of laid down channel of communication.
- (ac) Refusal to accept any duty allotted by any superior or senior staff.
- (ad) Joint action by medical students e.g. combined petition, representation, agitation, strike etc.
- (ae) Complaint/any adverse report of breach of discipline or an act contrary to good orderly conduct received from officer or other unit/agency.
- (af) Visiting out of bound places in contravention of orders.
- (ag) Negligence or an act of omission or commission in the duties of a student.
- (ah) Failure to pay college/mess dues by stipulated time.
- (aj) Unbecoming conduct.

- (ak) Any other breach of discipline not mentioned above but contrary to any provision of the Code of Conduct or Notices/Instructions issued from to time.

Penalties and Punishments

42. The competent authorities to award penalties/punishments as approved by Dean are as under :-

S No	Penalties/Punishments	Competent Authority
(a)	Non recordable warning/Extra duties	Any Faculty
(b)	Recordable Warning.	Dean
(c)	Fine up to Rs. 500/-	Disciplinary Committee
(d)	Fine up to Rs. 1000/-	UG Chairman
(e)	Recovery of loss to Govt property up to Rs. 250/-	Warden
(f)	Recovery of loss to Govt property upto Rs. 10000/-	Dean
(g)	Expulsion from Examination	Dean
(h)	Fine up to Rs. 3000/-	Dean
(i)	Rustication from college for 6 to 12 months	Dean
(k)	Rustication from college roll for a period more than 12 months	Dean with consent of Director
(l)	Removal from college roll	Dean with consent of Director
(m)	In excess above mentioned	Director

Removal from College Rolls

43. A Student will be removed from the rolls of the Institute by the appropriate authority on the grounds of :-

- Unsatisfactory disciplinary conduct.
- Unsatisfactory progress during training.
- Knowingly furnishing false particulars for admission to the college, or failing to give correct medically history as required at the time of pre-admission Medical Board.
- Absence from college and /or failure to appear in University examinations for 4 (four) years
- Non conformance with University Regulations

Rustication from College

44. A Student may be rusticated for a term or more on academic grounds as decided by the Dean/UG/Proctorial Committee of the College. A Student may be rusticated for a term or more by the college authorities on disciplinary or administrative reasons. On rustication or being struck off college rolls the student will vacate the hostel within 48 hours. The college has no liability, whatsoever, thereafter.

Change of Address/Nearest Railway Station (NRS)

45. It is the responsibility and duty of students to inform the Warden, and UG Cell in case of change of address of Parents or Guardians. Phone/mobile numbers of parents/guardians will be updated in the dossier/hostel records by the students on occurrence. Address/NRS will not be changed unless documentary proof is provided along with a written application by the student countersigned by the parent/guardian.

46. Dos.

- (a) Be respectful to your parents, teachers, staff of the College and elderly citizens.
- (b) Be punctual.
- (c) Be neat, clean and correctly dressed.
- (d) Be humble in your success or victory.
- (e) Be truthful.
- (f) Take pride in yourself, your College, your Parents and your Nation.
- (f) Be courteous. Remember “Thank You” and “Please” are two very good words.
- (h) Be thankful to God for every thing that he has given to you.
- (j) Believe in yourself and have courage. Remember God is with you always and everywhere.

49. Don'ts.

- (a) Do not causes hurt by your words or deeds.
- (b) Do not be afraid to speak the truth or to accept a mistake.
- (c) Do not damage or disfigure property of your College.
- (d) Do not use abusive language.
- (e) Don't leave college without permission during office hours.
- (f) Don't report late after vacation
- (g) Don't use mobile phones and music system in the class and during official functions.
- (h) Do not look down upon those who are less privileged, weak or physically challenged.
- (j) Do not ill-treat animals or birds.
- (k) Do not mock or ridicule at someone's failure.
- (l) Do not be arrogant.
- (m) Do not copy or cheat.
- (n) Do not steal.

Forbidden Practices

50. No student shall indulge in any of the following practices: -

- (a) Use of violence in any form.
- (b) Sex related offences.
- (c) Rude and disorderly behaviour.
- (d) Smoking.
- (e) Use of drugs of intoxicants.
- (f) Obscene behaviour.
- (g) Any form of gambling.
- (h) Spitting in or near the College building except in any spittoon provided by the College.
- (j) Bringing outsiders for interference in the College or to show 'Dadagiri'.
- (k) Casteism, communalism and practice of untouchability.
- (l) Immoral acts.

Anti-Ragging Measures

(As per the National Medical Commission Prevention and Prohibition of Ragging in Medical Colleges and Institutions Regulations, 2021)

RAGGING

Definition of Ragging

Ragging shall mean any disorderly conduct, whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness any other student, indulging in rowdy or undisciplined activities which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking the students to do any act or perform something which such student will not in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student.

Actions that may constitute ragging

The following actions shall be included but not limited to those that may constitute ragging, namely:–

- (a) any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student;
- (b) indulging in rowdy or undisciplined activities by any student or students which causes or is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;
- (c) asking any student to do any act which such the student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;
- (d) any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;
- (e) Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students;
- (f) Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students;
- (g) any act of physical abuse including all variants of it, such as, sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;
- (h) any act or abuse by spoken words, emails, post, snail-mails, blogs, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student;
- (i) any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise) on the ground of color, race, religion, caste, ethnicity, gender (including transgender), sexual orientation, appearance, nationality, regional origins, linguistic identity, place of birth, place of residence or economic background;
- (j) any act that undermines human dignity and respect through humiliation or otherwise; (k) any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student;
- (l) Any other act not explicitly mentioned above but otherwise construed as an act of ragging in the letter and spirit of the definition for ragging

MEASURES TO PROHIBIT AND PREVENT RAGGING BY INSTITUTIONS

Duties and responsibilities of the institution

Curbing and eradication of ragging requires the efforts of all stake holders', namely, seniors, freshers, teachers, parents and the civic society at large and the measures provided in the provisions of this Chapter form the broad guidelines for prohibiting and preventing ragging by the Institution.

Measures to be taken by institution to prohibit ragging.

The following measures shall be taken by the medical colleges or institutions for prohibiting ragging, namely:—

- (a) The institution, shall not in any manner permit or condone any reported incident of ragging in any form; and shall take all necessary and required measures, including but not limited to the provisions of these regulations, to achieve the objective of eliminating ragging, within the institution or outside;
- (b) The institution shall take action in accordance with these regulations against those found guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

Measures to be taken by medical college or institution to prevent ragging.

(1) The following measures shall be taken by the medical college or institution before the admission process for preventing ragging, namely:—

- (i) All public notifications of the medical college or institution related to admission of students to any course as declared in any electronic, audio-visual or print or any other media shall expressly provide that—
 - (a) Ragging is a serious offence that is totally prohibited in the medical college or institution
 - (b) Anyone found guilty of ragging or abetting ragging, whether actively or passively, or being a part of a conspiracy to promote ragging, is liable to be punished in accordance with these regulations as well as under the provisions of any penal law for the time being in force;
- (ii) The admission brochure or prospectus or information bulletins, in print, digital or any other form shall include these regulations;
- (iii) The institution shall stagger the dates of admission such that the fresh batch is admitted before the commencement of new sessions of senior batches;
- (iv) Before the commencement of the academic session in institution, the Head of the Institution shall convene and address a meeting of various functionaries or agencies, such as Hostel Wardens, representatives of students, parents or guardians, faculty, district administration including the police, to discuss the measures for curbing ragging;
- (v) The Head of the Institution shall constitute Anti-Ragging Committees, Anti-Ragging Squads and other such committees or assign duties to fulfill the provisions of these regulations;
- (vi) The medical college or institution shall, to make the community at large and the students in particular aware of the dehumanizing effect of ragging, and the approach of the institution towards those indulging in ragging, even utilizing the media to give wide publicity and prominently display posters depicting the provisions of penal law applicable to incidents of ragging, and the provisions of these regulations in the premises of the institutions, especially hostels;
- (vii) The contact numbers, details of control room, helpline and the personnel related to anti-ragging activities shall be prominently displayed, provided and easily available to freshers and all concerned so that immediate contact can be established whenever necessary;
- (viii) The vacation period before the start of the admission process may be used to publicize the objectives and provisions of these regulations;

- (ix) The institution shall identify, properly illuminate and keep a close watch on all locations known to be vulnerable to occurrences of ragging incidents;
- (x) It should be ensured that except in those areas where unavoidable, there shall be no hindrance, by way of jamming, etc., to the use of mobile phones, within the medical college or institution including hostels and other areas;
- (xi) It is recommended that monitoring of the campus or at least areas vulnerable to incidents of ragging be done through video-surveillance;
- (xii) The Faculty and staff of the medical college or institution shall have induction arrangements, including those which anticipate, identify and plan to meet any special needs of any specific section of students, in place well in advance of the beginning of the academic year with an aim to promote the objectives of these regulations;
- (xiii) The institution shall engage or seek the assistance of professional counselors or in-house counselors as may be available in the Department of Psychiatry before the commencement of the academic session, to be available for counseling students;
- (xiv) The medical college or institution may form a system of assigning faculty mentors before-hand who would communicate and regularly with students and their parents or guardians;
- (xv) The local police and authorities shall be provided with details of the dates of admission and the addresses of the every privately commercially managed hostels or lodges used for residential purposes by students enrolled in the institution;
- (xvi) The Anti-Ragging Squad shall have adequate drills to be adequately competent to conduct vigil after students are admitted;
- (xvii) An Anti-Ragging Control Room may be established with contact details so that students are able to contact the control room at any time of the day or night to report incidents of ragging or seek such assistance as may be needed;
- (xviii) Adequate and robust communication mechanisms shall be put in place so that should the need arise, the medical college or institution can immediately and simultaneously contact and relay information within the institution to appropriate officials, the district authorities and the police;
- (xix) The institutional website shall have provision for posting anti-ragging notifications, activities, and also the reports of incidents of ragging and the action taken thereof under public domain.
- (2) The following measures shall be taken by the institution at the time of the admission process, namely:—
- At the time of admission, an undertaking shall be taken that the student shall not involve in ragging in any manner whatsoever in the format given in the following Annexure, namely:— (a) Undertaking by the Student in Form I;
- (b) Undertaking by the Parent or Guardian in Form II;
- (ii) Those who seek admission in hostels either within the premises or outside the premises of the medical college or institution shall give an undertaking that the student shall not be involved in ragging in any manner whatsoever in the format given in the following Annexure, namely:—
- (a) Undertaking by the Student in Form I;
- (b) Undertaking by the Parent / Guardian in Form II;
- (iii) The admission requirements shall include a document in the form of the School Leaving Certificate or Transfer Certificate or Migration Certificate or Character Certificate, as the case may be, which shall include a report on the behavioral pattern of the applicant, so that the medical college or institution can thereafter keep intense watch upon a student who has a negative entry in this regard;
- (iv) Every student at the time of his registration shall inform the institution about his place of residence while pursuing the course of study, and in case the student has not decided his place of residence or intends to change the same, the details of his place of residence shall be provided immediately on deciding the same; and specifically in regard to a private commercially managed lodge or hostel where he has taken up residence;
- (v) Every fresh student admitted to the institution shall be provided with—

(a) Details of those who could be contacted such as of the Anti-Ragging Helpline or control room referred to in these regulations, wardens, Head of the institution, members of the Anti-Ragging Squads and Committees, relevant district and police authorities; for help and guidance at any time, if and when required;

(b) The details of arrangements made for their induction and orientation which promote efficient and effective means of integrating them fully as students with those already admitted of the institution in earlier years;

(c) Their rights as bona fide students of the medical college or institution;

(d) Clear instructions that they should desist from doing anything, with or against their will, even if ordered to by the seniors students, and that any attempt of ragging shall be promptly reported to the Anti-ragging Squad or to the Warden or to the Head of the institution, as the case may be;

(e) Instructions that at least for a specified period that they would be accompanied and monitored appropriately should they leave their hostel premises to a boarding facility or mess or canteen or to a recreational facility such as the gymnasium, especially in the evening or at night;

(f) All freshers shall seek prior permission and provide contact details and timings of leaving and expected return to hostels and reasons for such visit should they for any reason leave the hostel and institutional premises, such as to visit local guardians, etc.

(3) The following measures shall be taken by the medical college or institution after the admission process, namely:—

(i) Freshers shall be lodged, as far as may be, in a separate hostel block or wing and the medical college or institution shall ensure that access of seniors to accommodation allotted to freshers is strictly monitored by wardens, security guards and other staff of the institution

(ii) The medical college or institution shall conduct separate orientation programmes for fresh students to apprise and familiarize them with the academic environment of such medical college or institution;

(iii) The freshers shall be counseled to prepare them for the life ahead, particularly in regard to the life in hostels and to the extent possible, also involve parents and teachers in the counseling sessions

(iii) The medical college or institution shall schedule orientation with seniors through—

(a) Joint sensitization programme and counseling of both freshers and senior students by a professional counselor;

(b) Joint interactions with seniors in the form of cultural and sports activities;

(c) active monitoring, promoting and regulating healthy interaction between the freshers, junior students and senior students by appropriate committees, including the faculty, student advisors, wardens and some senior students as its members;

(iv) Freshers shall be allotted faculty members who shall act as mentors as indicated under regulation 14;

(v) The medical college or institution may devise its own following additional methods and put into place all measures necessary and provided in various provisions of this Chapter to prohibit and prevent ragging thereby fulfilling the provisions of these regulations and the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 including the related laws for the time being in force which may be applicable:

(a) All necessary Committees, personnel, measures and plans shall be put into place and completely functional and co-ordinate with each other to implement the requirements; (b) students, freshers and seniors, parents, faculty and all other staff shall be adequately informed of the provisions of anti-ragging regulations;

(c) Strict vigil shall be enforced at all times by all concerned with special emphasis on hostels and canteen areas;

(d) Surprise checks round the clock, anonymous surveys and strict enforcement of disciplinary measures shall be put in force;

(e) There shall be easy accessibility to report incidents of ragging as well as untoward incidents, distress, difficulties of freshers through availability of contact numbers of Heads of Institution, faculty, Anti Ragging Squad, members of Ant Ragging Committee, hostel wardens and other staff directly or through control room or help lines.

- (f) There shall be established communication or operating protocols with district administration and police for their swift and prompt intervention should the need arise;
- (g) The message and the intent shall be loud and clear that reporting every incident of ragging is mandatory for all students and staff of the institution and that every case of ragging shall be dealt with according to the provisions of these regulations and the applicable laws for the time being in force;
- (vi) The medical college or institution shall provide reports of all regarding Anti-Ragging measures, incidents of ragging, directions of the courts to the University at pre-decided intervals, which may be weekly for the first three months after admission of students as provided in regulation 17;
- (vii) The medical college or institution shall provide compliance reports in the format provided in Form III, reports regarding anti-ragging measures, incidents of ragging, actions taken thereof, directions of the courts to the Commission as provided in regulation 18;
- (viii) The above mentioned measures are neither meant to be comprehensive nor complete and the medical college or institution may utilise measures as provided in different provisions of these regulations; and in addition to them, encourage not only to innovate and devise measures that would enhance efforts to prohibit, prevent and help identify incidents of ragging but also make suitable suggestions to their affiliated Universities for implementation in other medical colleges or institutions.
- (4) The following measures shall be taken by the medical college or institution at the end of the academic year, namely:—

(i) At the end of each academic year, the Head of the Institution or Dean shall send a letter to the parents or guardians of the students who are completing their first year reminding them of the provisions of these regulations and any other law for the time being in force to impress upon their wards to desist from indulging in ragging on their return to the medical college or institution at the beginning of the next academic session

(ii) at the end of every academic year, the medical college or institution shall form a Mentoring Committee or Mentoring Cell consisting of mentors for the succeeding academic year as provided in regulation

14. Issue of migration certificates, transfer certificates and conduct certificates.—

The migration certificate or transfer certificate or conduct certificate, as the case may be, issued to the student by the institution shall have an entry, apart from those relating to general conduct and behaviour as to whether the student has been punished for the offence of committing or abetting ragging, or not, as also whether the student has displayed persistent violent or aggressive behaviour or any inclination to harm others

Measures for encouraging healthy interaction between freshers and seniors.—

The following measures shall be taken by the medical college or institution for encouraging healthy interaction between freshers and seniors, namely:—

(i) the institution shall set up appropriate committees including the faculty from pre-clinical years, representatives of students, warden and some senior students to actively monitor, promote and regulate healthy, interaction between the freshers and senior students;

(ii) freshers' welcome parties shall be organised at the institutional or departmental level by senior students and faculty together, preferably within the first two weeks of the beginning of the academic session, for proper introduction to one another and where the talents of the freshers are brought out properly in the presence of the faculty, thus helping them to shed their inferiority complex, if any, and remove their inhibition;

(iii) The institution shall enhance the student-faculty interaction by involving both fresher and senior students in appropriate matters of the medical college or institution, such as curriculum design, extracurricular activities and institutional celebrations so that the students feel that they are responsible partners in managing the affairs of the institution.

Sensitisation of institutional employees and staff towards ragging.

The following measures shall be taken by the medical college or institution for sensitisation of institutional employees and staff towards ragging, namely:—

- (i) it shall be the general collective responsibility of all levels and sections of authorities or functionaries including members of the faculty and employees of the medical college or institution, whether regular or temporary, and employees of service providers providing service within the institution, to prevent or to act promptly against the occurrence of ragging or any incident of ragging which comes to their notice;
- (ii) the medical college or institution shall sensitise all teaching and non-teaching members of staff, contract labour employed in the premises either for running canteen or as watch and ward or security staff or for cleaning or maintenance of the buildings or lawns and employees of service providers providing services within the medical college or institution regarding the effects of ragging and various provisions of these regulations relating to anti-ragging and the appreciation of the relevant human rights, as well as inputs on topics regarding sensitisation against corporal punishments and checking of bullying amongst students, so that every teacher is equipped to handle at least the rudiments of the counseling approach;
- (iii) the employers or employees of the canteens or mess shall be given necessary instructions to keep strict vigil and to report the incidents of ragging to the college authorities, if any;
- (iv) all institutional employees and staff, including contractual employees of the hostels and the watch and ward or security shall be apprised of institutional plans to curb ragging, as appropriate, and clarify duties assigned;
- (v) all institutional employees and staff, including contractual employees shall be required to give an undertaking that he shall report promptly any case of ragging which comes to his notice;
- (vi) all employees of the medical college or institution shall be instructed to keep a strict vigil in the area of their work and to report the incidents of ragging to the appropriate authorities, as may be required;
- (vii) the medical college or institution shall make provision for recognising and rewarding employees and other staff for furthering anti-ragging activities such as reporting incidents of ragging by way of issuing certificates of appreciation, felicitating them and make suitable entries in their service records.

Institutional committees and related measures.

(1) The institution shall constitute the following committees and related measures as provided in regulation 6.3 of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009 and under these regulations.

(2) The medical college or institution shall constitute an Anti-Ragging Committee.

(3) The Anti-Ragging Committee shall broadly comprise of the following members duly constituted by the Head of the Institution and shall have a diverse mix of persons of different levels and gender, namely:—

- (i) Head of the Institution;
- (ii) Representatives of faculty members;
- (iii) Representatives of students belonging to the freshers' category;
- (iv) Representatives of senior students;
- (v) Representatives of parents;
- (vi) Representatives of non-teaching staff;
- (vii) Representatives of civil and police administration;
- (viii) Representatives of local media; and
- (ix) Non-Government Organizations involved in youth activities.

(4) The duties of the Anti-Ragging Committee include but is not limited to—

- (i) Overall monitoring of Anti-Ragging activities of the medical college or institution;

- (ii) Ensuring compliance with the provisions concerning ragging both of these regulations as well as the provisions of any law for the time being in force;
- (iii) Monitoring the activities of the Anti-Ragging Squad;
- (iv) Investigate reports of ragging, if any, or approve committees formed for this purpose; (v) make suggestions for improvement of measures taken by the medical college or institution for prohibiting and preventing ragging.

12. Anti-Ragging Squad.—The institution shall constitute an Anti-Ragging Squad.

(1) The Anti-Ragging Squad constituted by the Head of the Institution shall broadly comprise of faculty and staff of the hostels including wardens and other staff, as may be necessary and there shall be a judicious mix of gender in the Anti-Ragging Squad with lady members assigned to ladies hostels.

(2) The duties of the Anti-Ragging Squad include but is not limited to—

- a. Adhering to a duty roster if so prepared;
- b. Remaining vigilant and agile at all times and also provide necessary details so that the members are easily reachable even by freshers and other students;
- c. Making surprise checks in the hostels, boarding areas, playgrounds and transport facilities and other areas even at odd hours for which the Anti-Ragging Squad shall be duly empowered;
- d. Making discreet enquiries regarding compliance and adherence of these regulations by seniors;
- e. Conducting anonymous surveys that may be random, to identify possibly unreported incidents of ragging as designed by the medical college or institution;
- f. checking freshers for any injuries or indirect evidences of possible ragging such as inability to stay awake during the day indicating possible ragging throughout the night or inability to sleep due to fear of ragging;
- g. informing the authorities concerned to rectify vulnerable areas such as dark stretches due to fused bulbs, etc.;
- h. making on the spot and other necessary enquiries on incidents of ragging and report to the Anti Ragging Committee;
- i. reporting all cases of ragging to the Head of the Institution and other functionaries, as may be required;
- j. making entries regarding timings and details of checking including remarks or findings, if any, in a register.

13. Anti-Ragging Control Room or helpline.

(1) The medical college or institution shall establish an Anti Ragging Control Room or helpline for the purpose of ensuring compliance of the provisions of these regulations.

(2) It is preferable to house Anti-Ragging Control Rooms within or near the hostel premises, which shall be manned round the clock and the contact number or numbers shall be provided to all students and their parents at the time of admission.

(3) The Anti-Ragging Control Room or helpline maybe a single-point contact for all emergencies arising out of incidents of ragging, and on receiving calls, the necessary information shall be simultaneously relayed and disseminated immediately to appropriate personnel including the security and police.

14. Mentoring Committee or Mentoring Cell.

(1) The medical college or institution shall, at the end of each academic year, in order to promote the objectives of these regulations, constitute a Mentoring Committee or Mentoring Cell.

(2) The Mentoring Committee or Mentoring Cell shall draw a list of faculty members who may volunteer to the mentoring process.

(3) The system of mentoring, if so desired may be tried or graded with a group of junior mentors being supervised or overseen by a single senior mentor.

(4) The number of students under each mentor may be decided appropriately by the medical college or institution but as far as possible, not exceeding six.

(5) The broad functions of mentors shall be the following , namely:—

- (i) interact individually with the mentee fresher student every day for ascertaining the problems or difficulties, if any, faced by the fresher in the medical college or institution;
- (ii) extend necessary help to the fresher in overcoming the same;

- (iii) coordinate with the wardens of the hostels and to make surprise visits to the rooms in such hostels, where a member or members of the group are lodged;
- (iv) Interact with the parents or guardians of the mentees to discuss and provide solutions to problems faced by the student;
- (v) Maintain a diary of his/her interaction with the freshers under his charge;
- (vi) Senior students may be inducted into the mentoring process under supervision by faculty mentors.

15. Student Affairs or Hostel Committee.—

(1) The medical college or institution may choose to have a separate Student Affairs or Hostel Committee to look after the affairs of the hostel under a senior faculty member who shall oversee the affairs of the hostels.

(2) The designated warden referred to in regulation 16 may function under the Student Affairs or Hostel Committee, which shall play an important role in co-coordinating and implementing all anti-ragging measures related to hostels.

16. Warden.—

(1) The hostel warden is a person employed or designated to take care of administrative affairs, supervise boarding and lodging of students in hostels and ensure that the rules and regulations as applicable are obeyed.

(2) Wardens shall be appointed as per the eligibility criteria laid down by University Grants Commission or any other competent authority of the concerned University or the State Government or the medical college or institution.

(3) Wardens may be assisted by deputy wardens or assistant wardens, who shall perform similar duties under the supervision of the warden.

(4) The warden may function under a Student Affairs or Hostel Committee or in any manner as approved by the medical college or institution

(5) The warden shall have an essential and important role to play in the anti-ragging efforts of the medical college or institution, since the hostels are vulnerable areas, especially after normal academic hours when freshers and senior students are likely to face each other in the hostels. (6) The wardens shall be accessible at all hours and shall be provided with mobile phones. (7) The medical college or institution shall review and suitably enhance the powers and perquisites of the warden and authorities involved in curbing the menace of ragging. (8) The medical college or institution shall empower the warden to control security personnel in hostels for anti ragging measures.

17. Duties and responsibilities of Universities.—(1) Every University administering medical colleges or institutions may formulate its own regulations to curb ragging on the basis of the provisions contained in the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009. (2) Every University shall act as the nodal agency of the medical colleges or institutions which are affiliated with it, being responsible for overall monitoring, reviewing and ensuring compliance to all relevant regulations and other applicable laws for the time being in force, for prohibiting and preventing ragging in the affiliated colleges. (3) Every University shall have a Monitoring Committee which shall be the prime-mover of implementation of all anti-ragging activities of the affiliated medical colleges or institutions. (4) The Monitoring Committee referred to in sub-regulation (3) shall— (i) ensure compliance to the provisions of these regulations in letter and spirit, regularly; (ii) oversee and monitor activities related to— (a) Anti-Ragging Committee, Anti-Ragging Squads and Mentoring Committees or Mentoring Cells; (b) publicity of anti-ragging regulations and laws; (c) conduct of orientation programmes; (d) conduct of orientation and counseling sessions; (e) reviewing and approving reports of investigations related to ragging received from constituent colleges or institutions; (f) investigation of incidents of ragging by the medical colleges or institutions as provided under the provisions of Chapter IV; (g) implementation by medical colleges or institutions of suggestions for improvement; and (h) any other such activity that may be necessary from time to time. (5) Every University shall act as the Appellate Body for all decisions or orders related to incidents of ragging in respect of its affiliated medical colleges or institutions as provided under regulation 25. (6) The Universities shall regularly review the anti-ragging measures of its affiliated medical colleges or institutions. (7) The Universities shall take suitable action, as deemed fit, against

defaulting medical colleges or institutions affiliated with it for such non-compliance under intimation to the Commission and the State Governments or Central Government as may be appropriate, which may include but is not limited to— (i) withdrawal of affiliation or recognition or other privileges conferred; or (ii) prohibiting such medical college or institution from presenting any student or students then undergoing any programme of study therein for the award of any degree or diploma of the University; or (iii) withdrawal of grants to the medical college or institution; or (iv) hosting on the website the non-compliance, including incidents of ragging and the actions taken thereof by the medical college or institution; or (v) any other action as may deem fit, provided under the rules or regulations of such University

The Universities shall play a facilitatory role and provide suggestions to the medical colleges or institutions affiliated with them to make implementation of measures to prohibit and prevent ragging in such medical colleges or institutions more effective so as to eradicate the menace altogether. (9) All reports related to incidents of ragging and appeals thereof shall be provided to the Commission. (10) Every University shall co-ordinate with the Commission, especially when punitive measures related to de recognition of institutions, courses and degrees are concerned, since several aspects of medical education and training are regulated under the provisions of Act. 18. Duties and responsibilities of Commission.— (1) The Commission shall monitor the medical colleges or institutions through the Universities with which they are affiliated with regard to implementation and compliance of the provisions of these regulations. (2) Every medical college or institution shall submit a compliance report to the Commission annually in the format provided in Form III. (3) The Commission shall review compliance during recognition inspections or assessments by the Medical Assessment and Rating Board. (4) All incidents of ragging and reports thereof including outcome of appeals and directions from courts, if any, shall be provided to the Commission by the medical college or institution and by the University with which such medical college or institution is affiliated to. (5) If an medical college or institution fails to comply with these regulations and curb ragging, the Commission shall take appropriate action as it may deem fit which includes but is not limited to the following, namely:— (i) initiate de-recognition process against such medical college or institution; (ii) reduce the admission capacity of that medical college or institution to such extent to which the Commission may deem fit; (iii) stop further admission in that medical college or institution until further orders; (iv) stop renewal of permission for undergraduate, postgraduate and super specialty medical courses; (v) post the information regarding penalties so imposed on the concerned medical college or institution on the website of the Commission for information of all concerned; and (vi) any other exemplary measure, as may be necessary. 19. Courts.— Courts may make effort to ensure that cases involving ragging are taken up on priority basis to send the correct message that ragging is not only to be discouraged but also to be dealt with sternness.

DEALING WITH INCIDENTS OF RAGGING

20. Disciplinary matters to be resolved within the camps of institutions.—All matters of discipline within medical college or institution shall be resolved within the campus of such medical college or institution, except those impinging on law and order or breach of peace or public tranquility, which may be dealt with under the penal laws for the time being in force.

21. Reporting incidents of ragging.— (1) It shall be mandatory for all concerned to report every incident of ragging. (2) Not reporting an incident of ragging even by a fresher shall be viewed seriously and may amount to abetment of ragging. (3) The report or complaint of an incident of ragging may be made by— (i) a fresher or a parent or other student; or (ii) authorities of the hostel, security personnel or any other staff such as canteen staff; or (iii) Head of the Institution, faculty member, or members of the Anti-Ragging Squad or Anti-Ragging Committee on surprise checking; or (iv) Others such as direct complaint to local Police or District Authorities. (4) In all instances, without exception, the name of the complainant, especially students, unless otherwise permissible, shall be kept confidential. (5) Every information or complaint regarding incident of ragging shall be immediately and simultaneously conveyed to the Head of the Institution either directly or through the Control Room or anti-ragging

helpline. (6) Other officials of the medical college or institution, as shall be previously decided upon, such as the members of the Anti-Ragging Squad and Anti-Ragging Committee, hostel warden, security staff and others shall also be simultaneously informed. (7) Necessary mechanisms shall be kept in place by the medical colleges or institutions for immediately relaying information regarding incidents of ragging to the University, district authorities, police officials.

22. Immediate action.— (1) On receiving the information of an incident of ragging, the Anti-Ragging Squad or an appropriate authority shall make an immediate on-the-spot enquiry and submit a report or recommendations to the Head of the Institution. (2) The Head of institution shall, immediately on receipt of such information or recommendation, determine if a case under the penal laws is made out after inquiry as specified in regulation 23, proceed to file a First Information Report within twenty-four hours of receipt of such information or recommendation either on his own or through a member of the Anti-Ragging Committee or an official authorized by him in this behalf, with the police and local authorities, under the appropriate penal provisions. (3) If a parent or student directly files a First Information Report with the police, the Head of the medical college or institution is not absolved of the responsibility of filing a First Information Report. (4) The Head of the Institution shall also inform the University to which such medical college or institution is affiliated and the Nodal Anti-Ragging Authority of the District and the Commission.

23. Institutional inquiry or investigation and report.— (1) The Head of the Institution shall constitute a specific committee to inquire into or investigate the incident of ragging without waiting for the report of any other authority, even if this is being investigated by the police or local authorities. (2) The inquiry or investigation shall be conducted thoroughly including on-the-spot or site of the incident in a fair and transparent manner, without any bias or prejudice, upholding the principles of natural justice and giving adequate opportunity to the student or students accused of ragging and other witnesses to place before it the facts, documents and views concerning the incident of ragging, and considering such other relevant information as may be required. (3) The entire process shall be completed and a report duly submitted within seven days of the information or reporting of the incident of ragging. (4) The report shall be placed before the Head of the Institution or the Anti-Ragging Committee. (5) The Anti-Ragging Committee shall examine the report, decide on and recommend further administrative action to the Head of the Institution.

24. Institutional administrative and penal actions.— (1) Every medical college or institution shall, after receiving the recommendations of the Anti-Ragging Committee under regulation 23, take necessary administrative action as it may deem fit. (2) The Anti-Ragging Committee, on accepting the report of the institutional inquiry or investigation by the appropriate committee, shall recommend one or more of the actions provided under sub-regulations(5) and (6) depending on the nature, gravity and seriousness of the guilt established of the act of ragging as given under the provisions of Chapter II with the understanding that the action shall be exemplary and justifiably harsh to act as a deterrent against recurrence of such incidents: (3) Where the individual person committing or abetting an act of ragging is not identified on the basis of the findings of the institutional inquiry or investigations, and the subsequent recommendations thereof, the medical college or institution thereof shall resort to collective punishment of more than one or a group of persons, as deemed fit, as a deterrent to ensure community pressure on the potential raggers

(4) The broad ingredients that may call for punitive actions on receipt and approval of the recommendations include but is not limited to— (i) abetment to ragging; (ii) criminal conspiracy to ragging; (iii) unlawful assembly and rioting while ragging; (iv) public nuisance created during ragging; (v) violation of decency and morals through ragging; (vi) physical or psychological humiliation; (vii) causing injury to body, causing hurt or grievous hurt; (viii) wrongful restraint; (ix) wrongful confinement; (x) use of criminal force; (xi) assault as well as sexual offences or even unnatural offences; (xii) extortion in any form; (xiii) criminal intimidation; (xiv) criminal trespass; (xv) offences against property; (xvi) any other act construed as provided under regulations 3 and 4. (5) The nature of punitive actions that may be decided shall include the following, but shall not be limited to one or more of these actions that may be imposed, as deemed fit, namely:— (i) suspension from attending classes and

academic privileges; (ii) withholding or withdrawing scholarship or fellowship and other benefits; (iii) debarring from appearing in any test or examination or other evaluation process; (iv) withholding results; (v) debarring from attending conferences, and other academic programmes; (vi) debarring from representing the institution in any regional, national or international meet, tournament, youth festival, etc.; (vii) suspension or expulsion from the hostel; (viii) imposition of a fine ranging from twenty-five thousand rupees to one lakh rupees; (ix) cancellation of admission; (x) rustication from the medical college or institution for a period ranging from one to four semesters; (xi) expulsion from the medical colleges or institutions and consequent debarring from admission to any other institution for a specified period. (6) Without prejudice to the provisions of regulation 8, it shall be mandatory upon the medical college or institution to enter in the Migration Certificate or Transfer Certificate issued to the student as to whether the student has been punished for the offence of committing or abetting ragging, or not, as also whether the student has displayed persistent violent or aggressive behaviour or any inclination to harm others. (7) Any other measure as directed by Courts of law shall be followed by the medical college or institution. (8) The Head of the Institution shall follow-up the information regarding the incident of ragging provided under sub-regulation (4) of regulation 22, to the University to which the medical college or institution is affiliated with a report regarding the findings of the institutional level inquiry or investigation and the actions taken thereof

(9) The Head of the Institution shall provide a report regarding the incident of ragging and the actions taken thereof to the Commission having informed earlier according to the provisions of sub-regulation (4) of regulation 22.

25. Appellate authorities.—Every person who have been awarded punitive measures or punishments shall, in view of the principles of natural justice, have the right to appeal with the following, namely:—

(a) for decisions or orders at the level of the medical college or institution: (i) the Vice Chancellor of the University to which the such medical college or institution is affiliated; (ii) the Director or Chief Executive Officer, in the case of institutions of national importance; (b) for decisions or orders at the level of the University: (i) the Chancellor of the University to which the medical college or institution is affiliated; (ii) the President in the case of institutions of national importance.

26. Fixing of responsibility.— (1) In addition to the inquiry or investigation of the incident of ragging, it shall be appropriately inquired as to if there has been any dereliction of duty or lapse by the medical college or institution in preventing and handling such incident. (2) The Head of the Institution shall take prompt and appropriate action against each person whose dereliction of duty led to the incident. (3) In case the lapse is on the part of the Head of the Institution, the authority designated to appoint the Head of the Institution shall, in its turn, take prompt and appropriate action. (4) In addition to appropriate penal consequences, departmental enquiries may be initiated against such Heads of Institutions or members of the administration or faculty members or non-teaching staff and others who display an apathetic or insensitive attitude towards complaints of ragging. (5) Remedial measures shall be instituted by the medical college or institution based on experiences. (6) The University and the Commission shall be informed regarding the actions taken under the provisions of this regulation.

CLINICAL AND COMMUNICATION SKILLS

KNOWLEDGE AND CRITICAL THOUGHT

PROFESSIONAL BEHAVIOUR

1. The undergraduate medical education program is designed with a goal to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a doctor of first contact of the community while being globally relevant.
2. In order to fulfil this goal, the IMG must be able to function in the following ROLES appropriately and effectively:
 1. 2.1. Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
 2. 2.2. Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.
 3. 2.3. Communicator with patients, families, colleagues and community.
 4. 2.4. Lifelong learner committed to continuous improvement of skills and Knowledge.
 5. 2.5. Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Global Attitude, Ethics and Communication Competencies addressed in the roles of an Indian Medical Graduate

3. Competencies:

Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfill the roles as listed in item 2 above, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

3.1.

Clinician, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion,

1. 3.1.1. Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioural and social perspective.
2. 3.1.2. Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioural and social perspective.
3. 3.1.3. Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.
4. 3.1.4. Demonstrate knowledge of national and regional health care policies including the

National Health Mission (NHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.

5. 3.1.5. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
6. 3.1.6. Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
7. 3.1.7. Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.
8. 3.1.8. Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.
9. 3.1.9. Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.
10. 3.1.10. Maintain accurate, clear and appropriate records of the patient in conformation with legal and administrative frameworks.
11. 3.1.11. Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.

3.1.12. Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programs and policies for the following:

1. Disease prevention,
2. Health promotion and cure,
3. Pain and distress alleviation, and
4. Rehabilitation and palliation.

3.2.

13. 3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.
14. 3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.
15. 3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

Leader and member of the health care team and system

1. 3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.
2. 3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.
3. 3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.
4. 3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.
5. 3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system

6. 3.2.6 Recognise and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition: in a) life style diseases, and b) cancer in collaboration with other members of the health care team.

Communicator with patients, families, colleagues and community

1. 3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.
2. 3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy

3.3.

3. 3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy.

3.3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

3.4. Lifelong learner committed to continuous improvement of skills and knowledge

1. 3.4.1 Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.
2. 3.4.2 Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.
3. 3.4.3 Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.
4. 3.4.4 Demonstrate ability to search (including through electronic means), and critically evaluate the medical literature and apply the information in the care of the patient.
5. 3.4.5 be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession

1. 3.5.1 Practice selflessness, integrity, responsibility, accountability and respect.
2. 3.5.2 Respect and maintain professional boundaries between patients, colleagues and society.
3. 3.5.3 Demonstrate ability to recognize and manage ethical and professional conflicts.
4. 3.5.4 Abide by prescribed ethical and legal codes of conduct and practice.
5. 3.5.5 Demonstrate a commitment to the growth of the medical profession as a whole.

3.5. Assessment of skills related to Attitude, Ethics and Communication

Assessment is a vital component of competency based education. In addition to making the pass/fail decisions, a very important role of assessment is to provide feedback to the learner and help him/her to improve learning. The assessment in AETCOM nodule has been designed with this purpose. The teachers should use this opportunity to observe the performance and provide feedback based on their observations. In case a student has demonstrated a performance, which is considered below expectation, corrective action including counselling should be initiated. Many of the tools in this module may appear subjective but coupled with the experience of the assessor, they will serve a very useful purpose.

OBJECTIVE OF MEDICAL GRADUATE TRAINING PROGRAMME:

(1) NATIONAL GOALS:

At the end of undergraduate program, the medical student should be able to:

- (a) recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfil his/her social obligations towards realization of this goal.
- (b) Learn every aspect of National policies on health and devote himself/herself to its practical implementation.
- (c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- (d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- (e) Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

(2) INSTITUTIONAL GOALS:

(I) In consonance with the national goals each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The undergraduate students coming out of a medical institute should:

- (a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
- (b) Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.
- (c) Appreciate rationale for different therapeutic modalities be familiar with the administration of the "essential drugs" and their common side effects.
- (d) Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
- (e) Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine.
- (f) Be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:
 1. (i) Family Welfare and Material and Child Health(MCH)
 2. (ii) Sanitation and water supply
 3. (iii) Prevention and control of communicable and non-communicable diseases

4. (iv) Immunization
5. (v) Health Education
6. (vi) IPHS standard of health at various level of service delivery, medical waste disposal.
7. (vii) Organizational institutional arrangements.

(g) Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery.

(h) Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.

(i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.

(j) Be competent to work in a variety of health care settings.

(j) Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

(II) All efforts must be made to equip the medical graduate to acquire the skills

7. Training Period and Time Distribution

(1) Every student shall undergo a period of certified study extending over 4 1/2 academic years divided into 9 semesters, (i.e. of 6 months each) from the date of commencement of his study for the subjects comprising the medical curriculum to the date of completion of the examination and followed by one year compulsory rotating internship. Each semester will consist of approximately 120 teaching days of 8 hours each college working time, including one hour of lunch.

(2) The period of 4 1/2 years is divided into three phases as follows :-

a) **Phase-I** (two semesters) - consisting of Pre-clinical subjects (Human Anatomy, Physiology including Bio-Physics, Bio-chemistry and introduction to Community Medicine including Humanities). Besides 60 hours for introduction to Community Medicine including Humanities, rest of the time shall be somewhat equally divided between Anatomy and Physiology plus Biochemistry combined (Physiology 2/3 & Biochemistry 1/3).

b) **Phase-II** (3 semesters) - consisting of Para-clinical/ clinical subjects.

During this phase teaching of Para-clinical and clinical subjects shall be done concurrently.

The Para-clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and part of Community Medicine.

The clinical subjects shall consist of all those detailed below in Phase III.

Out of the time for Para-clinical teaching approximately equal time be allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and Community Medicine combined (1/3 Forensic Medicine & 2/3 Community Medicine). See Appendix-C.

c) **Phase-III** (Continuation of study of clinical subjects for seven semesters after passing Phase-I) The clinical subjects to be taught during Phase II & III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynecology and Community Medicine. Besides clinical posting as per schedule mentioned herewith, rest of the teaching hours be divided for didactic lectures, demonstrations, seminars, group discussions etc. in various subjects. The time distribution shall be as per Appendix-C.

The Medicine and its allied specialties training will include General Medicine, Pediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc. The Surgery and its allied specialties training will include General Surgery, Orthopedic Surgery including Physio-therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anesthesia, Dentistry, Radio-therapy etc. The Obstetrics & Gynecology training will include family medicine, family welfare planning etc.

(3) The first 2 semester (approximately 240 teaching days) shall be occupied in the Phase I (Pre-clinical) subjects and introduction to a broader understanding of the perspectives of medical education leading to delivery of health care. No student shall be permitted to join the Phase II (Para-clinical/clinical) group of subjects until he has passed in all the Phase I (Pre-clinical subjects) for which he will be permitted not more than four chances (actual examination), provided four chances are completed in three years from the date of enrollment.

(4) After passing pre-clinical subjects, 1 1/2 year (3 semesters) shall be devoted to Para-clinical subjects.

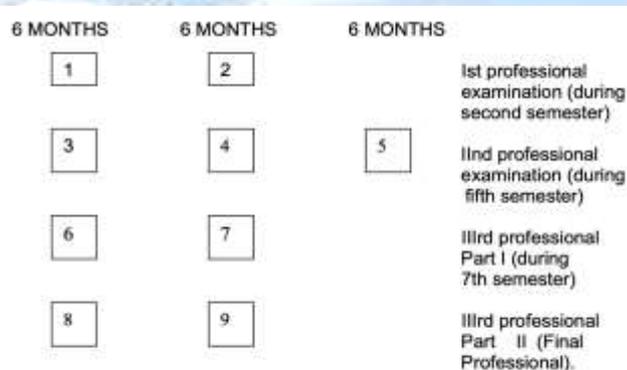
Phase II will be devoted to Para-clinical & clinical subjects, along with clinical postings. During clinical phase (Phase III) pre-clinical and Para-clinical teaching will be integrated into the teaching of clinical subjects where relevant.

(5) Didactic lectures should not exceed one third of the time schedule; two third schedule should include practicals, clinicals or/and group discussions. Learning process should include living experiences, problem oriented approach, case studies and community health care activities.

(6) Universities shall organize admission timings and admission processes in such a way that teaching in first semester starts by 1st of August each year.

(7) Supplementary examination may be conducted within 6 months so that the students who pass can join the main batch and the failed students will have to appear in the subsequent year.

8. Phase distribution and timing



a) Passing in 1st Professional is compulsory before proceeding to Phase II training.

b) A student who fails in the IInd professional examination should not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination.

c) Passing in IIIrd Professional (Part I) examination is not compulsory before entering for 8th & 9th semester training, however passing of IIIrd Professional (Part I) is compulsory for being eligible for IIIrd Professional (Part II) examination.

During third to ninth semesters, clinical postings of three hours duration daily as specified in the Table below is suggested for various departments, after Introductory Course in Clinical Methods in Medicine & Surgery of two weeks each for the whole class.

TABLE

Total Subject:	3 rd Semester (Wks)	4 th Semester (Wks)	5 th Semester (Wks)	6 th Semester (Wks)	7 th Semester (Wks)	8 th Semester (Wks)	9 th Semester (Wks)	Total (Wks)
General*** Medicine	6	-	4	-	4	6	6	26
Paediatrics	-	2	-	2	2	4	-	10
Tuberculosis And Chest Diseases	-	2	-	-	-	-	-	02
Skin & STD	-	2	-	2	-	2	-	06
Psychiatry	-	-	2	-	-	-	-	02
Radiology*	-	-	-	-	2	-	-	02
General **** Surgery	6	-	4	-	4	6	6	26
Orthopaedics**	-	-	4	4	-	-	2	10
Ophthalmology	-	4	-	4	-	-	2	10
Ear Nose And Throat	-	4	-	4	-	-	-	08
Obstetrics and Gynaecology including Family Welfare Planning	2	4	4	-	4	4	6	24
Community Medicine	4	4	-	4	-	-	-	12
Casualty	-	-	-	2	-	-	-	02
Dentistry	-	-	-	-	2	-	-	02
Total (in Weeks)	18	22	18	22	18	22	22	142

- Clinical methods in Medicine and Surgery for whole class will be for 2 weeks each respectively at the start of 3rd semester

* This posting includes training in Radiodiagnosis and Radiotherapy where existent.

** This posting includes exposure to Rehabilitation and Physiotherapy.

*** This posting includes exposure to laboratory medicine and infectious diseases.

**** This posting includes exposure to dressing and Anesthesia.

***** This includes maternity training and Family medicine and the 3rd semester posting shall be in Family Welfare Planning.

CHAPTER III CURRICULUM (SUBJECT-WISE)

9. Pre-clinical subjects - Phase I: In the teaching of these subjects stress shall be laid on basic principles of the subjects with more emphasis on their applied aspects.

(1) HUMAN ANATOMY

(i) Goal

The broad goal of the teaching of undergraduate students in Anatomy aims at providing comprehensive knowledge of the gross and microscopic structure and development of human body to provide a basis for understanding the clinical correlation of organs or structures involved and the anatomical basis for the disease presentations.

ii) Objectives:

A) Knowledge:

At the end of the course the student should be able to

a. comprehend the normal disposition, clinically relevant interrelationships, functional and cross sectional anatomy of the various structures in the body.

b. identify the microscopic structure and correlate elementary ultra-structure of various organs and tissues and correlate the structure with the functions as a prerequisite for understanding the altered state in various disease processes.

c. comprehend the basic structure and connections of the central nervous system to analyze the integrative and regulative functions of the organs and systems. He/She should be able to locate the site of gross lesions according to the deficits encountered.

(d) Demonstrate knowledge of the basic principles and sequential development of the organs and systems, recognize the critical stages of development and the effects of common teratogens, genetic mutations and environmental hazards. He/She should be able to explain the developmental basis of the major variations and abnormalities.

(B) Skills:

At the end of the course the student should be able to:

1. (a) Identify and locate all the structures of the body and mark the topography of the living anatomy.
2. (b) Identify the organs and tissues under the microscope.
3. (c) Understand the principles of karyotyping and identify the gross congenital anomalies.
4. (d) Understand principles of newer imaging techniques and interpretation of Computerized Tomography (CT) Scan, Sonogram etc.
5. (e) Understand clinical basis of some common clinical procedures i.e., intramuscular & intravenous injection, lumbar puncture and kidney biopsy etc.

(C) Integration

From the integrated teaching of other basic sciences, student should be able to comprehend the regulation and integration of the functions of the organs and systems in the body and thus interpret the anatomical basis of disease process.

(2) HUMAN PHYSIOLOGY INCLUDING BIO-PHYSICS

(A) PHYSIOLOGY

I) GOAL

The broad goal of the teaching of undergraduate students in Physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and disease.

ii) OBJECTIVES

a) KNOWLEDGE

At the end of the course the student will be able to :

1. (1) Explain the normal functioning of all the organ systems and their interactions for well-coordinated total body function.
2. (2) Assess the relative contribution of each organ system to the maintenance of the milieu interior.
3. (3) Elucidate the physiological aspects of normal growth and development.
4. (4) Describe the physiological response and adaptations to environmental stresses.
5. (5) List the physiological principles underlying pathogenesis and treatment of disease.

b) SKILLS

At the end of the course the student should be able to :

1. (1) Conduct experiments designed for study of physiological phenomena.
2. (2) Interpret experimental/investigative data.
3. (3) Distinguish between normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

c) INTEGRATION

At the end of the integrated teaching the student should acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

(B) BIOPHYSICS

(a) **GOAL & OBJECTIVES:** The broad goal of teaching Biophysics to undergraduate students is that they should understand basic physical principles involved in the functioning of body organs in normal and diseased conditions.

Total time for teaching Biophysics = 5 hrs

Out of which:

1. Didactic lectures – 3 hrs
2. Tutorial/group discussion – 1 hr
3. Practical – 1 hr

(b) Topic distribution

(1) Lectures:

Physical principles of transport across cell membranes and across capillary wall.

Biopotentials.

Physical principles governing flow of blood in heart and blood vessels.

Also physical principles governing flow of air in air passages.

2. Tutorial/group discussion: On the topic covered in didactic lectures.

3. Practicals:

Demonstration of :

- Biopotential on oscilloscope
- Electro Encephalogram (EEG)
- Electro Myelogram (EMG)
- Electro Cardiogram (ECG)

BIOCHEMISTRY

Biochemistry including medical physics and Molecular Biology.

GOAL

The broad goal of the teaching of undergraduate students in biochemistry is to make them understand the scientific basis of the life processes at the molecular level and to orient them towards the application of the knowledge acquired in solving clinical problems.

ii) OBJECTIVES a) KNOWLEDGE

At the end of the course, the student should be able to :

1. (1) describe the molecular and functional organization of a cell and list its subcellular components;
2. (2) delineate structure, function and inter-relationships of biomolecules and consequences of deviation from normal;
3. (3) summarize the fundamental aspects of enzymology and clinical application wherein regulation of enzymatic activity is altered;
4. (4) describe digestion and assimilation of nutrients and consequences of malnutrition;
5. (5) integrate the various aspects of metabolism and their regulatory pathways;
6. (6) explain the biochemical basis of inherited disorders with their associated sequelae;
7. (7) describe mechanisms involved in maintenance of body fluid and pH homeostasis;
8. (8) outline the molecular mechanisms of gene expression and regulation, the principles of genetic engineering and their application in medicine;
9. (9) summarize the molecular concepts of body defence and their application in medicine;

10. (10) outline the biochemical basis of environmental health hazards, biochemical basis of cancer and carcinogenesis;
11. (11) familiarize with the principles of various conventional and specialized laboratory investigations and instrumentation analysis and interpretation of a given data;
12. (12) The ability to suggest experiments to support theoretical concepts and clinical diagnosis.

B. SKILLS:

At the end of the course, the student should be able to :

1. (1) make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening and diagnosis;
2. (2) analyze and interpret investigative data;
3. (3) demonstrate the skills of solving scientific and clinical problems and decision making;

C. INTEGRATION

The knowledge acquired in biochemistry should help the students to integrate molecular events with structure and function of the human body in health and disease.

(4) INTRODUCTION TO HUMANITIES & COMMUNITY MEDICINE

Including Introduction to the subjects of Demography, Health Economics, Medical Sociology, Hospital Management, Behavioral Sciences inclusive of Psychology.

OBJECTIVES

KNOWLEDGE

At the end of the course, the student should be able to: x

1. (1) describe the molecular and functional organization of a cell and list its subcellular components;
2. (2) delineate structure, function and inter-relationships of biomolecules and consequences of deviation from normal;
3. (3) summarize the fundamental aspects of enzymology and clinical application wherein regulation of enzymatic activity is altered;
4. (4) describe digestion and assimilation of nutrients and consequences of malnutrition;
5. (5) integrate the various aspects of metabolism and their regulatory pathways;
6. (6) explain the biochemical basis of inherited disorders with their associated sequelae;
7. (7) describe mechanisms involved in maintenance of body fluid and pH homeostasis;
8. (8) outline the molecular mechanisms of gene expression and regulation, the principles of genetic engineering and their application in medicine;
9. (9) summarize the molecular concepts of body defence and their application in medicine;
10. (10) outline the biochemical basis of environmental health hazards, biochemical basis of cancer and carcinogenesis;
11. (11) familiarize with the principles of various conventional and specialized laboratory investigations and instrumentation analysis and interpretation of a given data;
12. (12) the ability to suggest experiments to support theoretical concepts and clinical diagnosis.

(b). SKILLS

At the end of the course, the student should be able to make use of:

(1) Principles of practice of medicine in hospital and community settings and familiarization with elementary nursing practices.

(2) Art of communication with patients including history taking and medico-social work.

Teaching of community medicine should be both theoretical as well as practical. The practical aspects of the training programme should include visits to the health establishments and to the community where health intervention programmes are in operation.

In order to inculcate in the minds of the students the basic concepts of community medicine to be introduced in this phase of training, it is suggested that the detailed curriculum drawn should include at least 30 hours of lectures, demonstrations, seminars etc. together with at least 15 visits of two hours each.

10. PARA CLINICAL SUBJECTS OF PHASE II

9.1 PATHOLOGY:

I) GOAL

The broad goal of the teaching of undergraduate student in Pathology is to provide the students with a comprehensive knowledge of the mechanisms and causes of disease, in order to enable him/her to achieve complete understanding of the natural history and clinical manifestations of disease.

ii) OBJECTIVES

a) KNOWLEDGE

At the end of the course, the student should be able to :-

1. (1) Describe the structure and ultra structure of a sick cell, mechanisms of cell degeneration, cell death and repair and be able to correlate structural and functional alterations.
2. (2) Explain the pathophysiological processes which govern the maintenance of homeostasis, mechanisms of their disturbance and the morphological and clinical manifestations associated with it.
3. Describe the mechanisms and patterns to tissue response to injury such that she/he can appreciate the pathophysiology of disease processes and their clinical manifestations.
4. Correlate normal and altered morphology (gross and microscopic) of different organ systems in common diseases to the extent needed for understanding of disease processes and their clinical significance.

SKILLS

At the end of the course, the student should be able to:-

1. Describe the rationale and principles of technical procedures of the diagnostic laboratory tests and interpretation of the results;
2. Perform the simple bed-side tests on blood, urine and other biological fluid samples;
3. Draw a rational scheme of investigations aimed at diagnosing and managing the cases of common disorders;
4. Understand biochemical/physiological disturbances that occur as a result of disease in collaboration with pre clinical departments.

INTEGRATION

At the end of training he/she should be able to integrate the causes of disease and relationship of different etiological factors (social, economic and environmental) that contribute to the natural history of diseases most prevalent in India.

9.2 MICROBIOLOGY

I) GOAL

The broad goal of the teaching of undergraduate students in Microbiology is to provide an understanding of the natural history of infectious disease in order to deal with the etiology, pathogenesis, laboratory diagnosis, treatment and control of infections in the community.

OBJECTIVES KNOWLEDGE

At the end of the course, the student should be able to:

1. State the infective micro-organisms of the human body and describe the host parasite relationship.
2. List pathogenic micro-organisms (bacteria, viruses, parasites, fungi) and describe the pathogenesis of the diseases produced by them.
3. State or indicate the modes of transmission of pathogenic and opportunistic organisms and their sources, including insect vectors responsible for transmission of infection.
4. Describe the mechanisms of immunity to infections.
5. Acquire knowledge on suitable antimicrobial agents for treatment of infections and scope of immunotherapy and different vaccines available for prevention of communicable diseases.
6. Apply methods of disinfection and sterilization to control and prevent hospital and community acquired infections.
7. Recommend laboratory investigations regarding bacteriological examination of food, water, milk and air.

(b). SKILLS

At the end of the course, the student should be able to:

1. Plan and interpret laboratory investigations for the diagnosis of infectious diseases and to correlate the clinical manifestations with the etiological agent.
2. Identify the common infectious agents with the help of laboratory procedures and use antimicrobial sensitivity tests to select suitable antimicrobial agents.
3. Perform commonly employed bed-side tests for detection of infectious agents such as blood film for malaria, filarial, gram staining and AFB staining and stool sample for ova cyst.
4. Use the correct method of collection, storage and transport of clinical material for microbiological investigations.

C.INTEGRATION

The student should understand infectious diseases of national importance in relation to the clinical, therapeutic and preventive aspects.

(3) PHARMACOLOGY

GOAL:

The broad goal of the teaching of undergraduate students in Pharmacology to inculcate a rational and scientific basis of therapeutics.

OBJECTIVES KNOWLEDGE

At the end of the course, the student should be able to:

1. Describe the pharmacokinetics and pharmacodynamics of essential and commonly used drugs.
2. List the indications, contraindications, interactions and adverse reactions of commonly used drugs.
3. indicate the use of appropriate drug in a particular disease with consideration to its cost, efficacy and safety for
 - i) Individual needs.
 - ii) Mass therapy under national health program.
4. Describe the pharmacokinetic basis, clinical presentation, diagnosis and management of common poisonings.
5. List the drugs of addiction and recommend the management.
6. Classify environmental and occupational pollutants and state the management issues.
7. Indicate causations in prescription of drugs in special medical situations such as pregnancy, lactation, infancy and old age.
8. Integrate the concept of rational drug therapy in clinical pharmacology. state the principles underlying the concept of 'Essential Drugs'
9. Evaluate the ethics and modalities involved in the development and

SKILLS

At the end of the course, the student should be able to:

1. Prescribe drugs for common ailments.
2. Recognize adverse reactions and interactions of commonly used drugs.
3. Observe experiments designed for study of effects of drugs, bioassay and interpretation of the experimental data.
4. Scan information on common pharmaceutical preparations and critically evaluate drug formulations.

INTEGRATION

Practical knowledge of use of drugs in clinical practice will be acquired through integrated teaching with clinical departments and pre clinical departments.

(4) FORENSIC MEDICINE INCLUDING TOXICOLOGY**GOAL;**

The broad goal of the teaching of undergraduate students in Forensic Medicine is to produce a physician who is well informed about medico legal responsibilities in practice of medicine. He/She will also be capable of making observations and inferring conclusions by logical deductions to set enquiries on the right track in criminal matters and connected medico legal problems. He/She acquires knowledge of law in relation to medical practice, medical negligence and respect for codes of medical ethics.

ii) OBJECTIVES

a. KNOWLEDGE

At the end of the course, the student should be able to:

1. Identify the basic medicolegal aspects of hospital and general practice.
2. Define the medicolegal responsibilities of a general physician while rendering community service either in a rural primary health centre or an urban health centre.
3. Appreciate the physician's responsibilities in criminal matters and respect for the codes of medical ethics.
4. Diagnose, manage and identify also legal aspects of common acute and chronic poisonings.
5. Describe the medicolegal aspects and findings of post-mortem examination in case of death due to common unnatural conditions & poisonings.
6. Detect occupational and environmental poisoning, prevention and epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act.
7. Describe the general principles of analytical toxicology.
8. Medical jurisprudence in view of the Consumer Protection Act – wherein doctors have been covered under its ambit. They have both rights as well as responsibilities. Under medical insurance acts of negligence covered as well as rights for effective service delivery.

SKILLS

At the end of the course, the student should be able to :-

1. Make observations and logical inferences in order to initiate enquiries in criminal matters and medico legal problems.
2. Diagnose and treat common emergencies in poisoning and manage chronic toxicity.

(c) INTEGRATION

Make observations and interpret findings at postmortem examination. observe the principles of medical ethics in the practice of his profession.

Department shall provide an integrated approach towards allied disciplines like Pathology, Radiology, Forensic Sciences, Hospital Administration etc. to impart training regarding medicolegal responsibilities of physicians at all levels of health care. Integration with relevant disciplines will provide scientific basis of clinical toxicology e.g., medicine, pharmacology etc.

COMMUNITY MEDICINE**GOAL:**

The broad goal of the teaching of undergraduate students in Community Medicine is to prepare them to function as community and first level physicians in accordance with the institutional goals.

ii) OBJECTIVES

a) **KNOWLEDGE**

At the end of the course, the student should be able to: -

1. Describe the health care delivery system including rehabilitation of the disabled in the country;
2. Describe the National Health Programmes with particular emphasis on maternal and child health programmes, family welfare planning and population control.
3. List epidemiological methods and describe their application to communicable and non-communicable diseases in the community or hospital situation.
4. Apply biostatistical methods and techniques;
5. Outline the demographic pattern of the country and appreciate the roles of the individual, family, community and socio-cultural milieu in health and disease.
6. Describe the health information systems.
7. Enunciate the principles and components of primary health care and the national health policies to achieve the goal of 'Health for All'.
8. Identify the environmental and occupational hazards and their control. describe the importance of water and sanitation in human health.
9. To understand the principles of health economics, health administration, health education in relation to community.

b) **SKILLS**

At the end of the course, the student should be able to :-

- (1) Use epidemiology as a scientific tool to make rational decisions relevant to community and individual patient intervention.
- (2) Collect, analyse, interpret and present simple community and hospital based data.
3. Diagnose and manage common health problems and emergencies at the individual, family and community levels keeping in mind the existing health care resources and in the context of the prevailing socio-cultural beliefs.
- (4). Diagnose and manage maternal and child health problems and advise a couple and the community on the family planning methods available in the context of the national priorities.
- (5) Diagnose and manage common nutritional problems at the individual and community level.
- (6) Plan, implement and evaluate a health education programme with the skill to use simple audio-visual aids.
- (7) Interact with other members of the health care team and participate in the organisation of health care services and implementations of national health programmes.

c). **INTEGRATION;**

Develop capabilities of synthesis between cause of illness in the environment or community and individual health and respond with leadership qualities to institute remedial measures for this.

11. CLINICAL SUBJECTS OF PHASE II & PHASE III

The teaching and training in clinical subjects will commence at the beginning of Phase II and continue throughout

The clinical subjects will be taught to prepare the MBBS graduates to understand and manage clinical problems at the level of a practitioner. Exposure to subject matter will be limited to orientation and knowledge required of a general doctor. Maximum attention to the diagnosis and management of the most common and important conditions encountered in general practice should be emphasised in all clinical subject areas. Instructions in clinical subjects should be given both in outpatient and in-patient during clinical posting.

Each of the clinical departments shall provide integrated teaching calling on pre-clinical, para-clinical and other clinical departments to join in exposing the students to the full range of disciplines relevant to each clinical area of study. Problem approach will be emphasised based on basic social sciences and a continuation of clinical and laboratory syllabi to optimally understand and manage each clinical condition.

The course shall comprise of:

i) MEDICINE & ITS ALLIED SPECIALITIES; MEDICINE:

GOAL :

The broad goal of the teaching of undergraduate students in Medicine is to have the knowledge, skills and behavioral attributes to function effectively as the first contact physician.

ii) OBJECTIVES

(a) KNOWLEDGE

At the end of the course, the student should be able to:

- (1) Diagnose common clinical disorders with special reference to infectious diseases, nutritional disorders, tropical and environmental diseases.
- (2) Outline various modes of management including drug therapeutics especially dosage, side effects, toxicity, interactions, indications and contra-indications.
- (3) Propose diagnostic and investigative procedures and ability to interpret them.
- (4) Provide first level management of acute emergencies promptly and efficiently and decide the timing and level of referral, if required.
- (5) Recognize geriatric disorders and their management.

b. SKILLS;

At the end of the course, the student should be able to:

- (1) Develop clinical skills (history taking, clinical examination and other instruments of examination) to diagnose various common medical disorders and emergencies.
- (2) Refer a patient to secondary and/or tertiary level of health care after having instituted primary care.

(3) Perform simple routine investigations like haemogram, stool, urine, sputum and biological fluid examinations.

(4) Assist the common bedside investigative procedures like pleural tap, lumbar puncture, bone marrow aspiration/biopsy and liver biopsy.

c. INTEGRATION

(B) With community medicine and physical medicine and rehabilitation to have the knowledge and be able to manage important current national health programs, also to be able to view the patient in his/her total physical, social and economic milieu.

With other relevant academic inputs which provide scientific basis of clinical medicine e.g. anatomy, physiology, biochemistry, microbiology, pathology and pharmacology.

PEDIATRICS

Pediatrics including Neonatology

The course includes systematic instructions in growth and development, nutritional needs of a child, immunization schedules and management of common diseases of infancy and childhood, scope of Social Pediatrics and counseling.

i) **GOAL**

The broad goal of the teaching of undergraduate students in Pediatrics is to acquire adequate knowledge and appropriate skills for optimally dealing with major health problems of children to ensure their optimal growth and development.

ii) **OBJECTIVES**

a. **KNOWLEDGE**

At the end of the course, the student should be able to:

1. Describe the normal growth and development during foetal life, neonatal period, childhood and adolescence and outline deviations thereof.
2. Describe the common pediatric disorders and emergencies in terms of epidemiology, etiopathogenesis, clinical manifestations, diagnosis, rational therapy and rehabilitation.
3. State age related requirements of calories, nutrients, fluids, drugs etc. in health and disease.
4. Describe preventive strategies for common infectious disorders, malnutrition, genetic and metabolic disorders, poisonings, accidents and child abuse.
5. Outline national programmes relating to child health including immunisation programmes.

b. **SKILLS** At the end of the course, the student should be able to:

1. Take a detailed pediatric history, conduct an appropriate physical examination of children including neonates, make clinical diagnosis, conduct common bedside investigative procedures, interpret common laboratory investigation results and plan and institute therapy.

2. Take anthropometric measurements, resuscitate newborn infants at birth, prepare oral rehydration solution, perform tuberculin test, administer vaccines available under current national programs, perform venesection, start an intravenous saline and provide nasogastric feeding.
3. Conduct diagnostic procedures such as lumbar puncture, liver and kidney biopsy, bone marrow aspiration, pleural tap and ascetic tap.
4. distinguish between normal newborn babies and those requiring special care and institute early care to all new born babies including care of preterm and low birth weight babies, provide correct guidance and counseling in breast feeding.
5. Provide ambulatory care to all sick children, identify indications for specialized/inpatient care and ensure timely referral of those who require hospitalization.

(c). INTEGRATION

The training in pediatrics should prepare the student to deliver preventive, promotive, curative and rehabilitative services for care of children both in the community and at hospital as part of a team in an integrated form with other disciplines, e.g. Anatomy, Physiology, Biochemistry, Microbiology, Pathology, Pharmacology, Forensic Medicine, Community Medicine and Physical Medicine and Rehabilitation.

(C) PSYCHIATRY

I) GOAL

The aim of teaching the undergraduate student in psychiatry is to impart such knowledge and skills that may enable him to diagnose and treat common psychiatric disorders, handle psychiatric emergencies and to refer complications/unusual manifestations of common disorders and rare psychiatric disorders to the specialist.

ii) OBJECTIVES

a. KNOWLEDGE

At the end of the course, the student should be able to:

- (1) Comprehend nature and development of different aspects of normal human Behaviour like learning, memory, motivation, personality and intelligence;
- (2) recognize differences between normal and abnormal behaviour;
- (3) Classify psychiatric disorders;
- (4). recognize clinical manifestations of the following common syndromes and plan their appropriate management of organic psychosis, functional psychosis, schizo-phrenia, affective disorders, neurotic disorders, personality disorders, psycho-physiological disorders, drug and alcohol dependence, psychiatric disorders of childhood and adolescence;
- (5) Describe rational use of different modes of therapy in psychiatric disorders.

b. SKILLS;

The student should be able to:

- (1) Interview the patient and understand different methods of communications in patient-doctor relationship;
- (2) elicit detailed psychiatric case history and conduct clinical examination for assessment of mental status;
- (3) Define, elicit and interpret psycho-pathological symptoms and signs.
- (4) Diagnose and manage common psychiatric disorders;
- (5) Identify and manage psychological reactions and psychiatric disorders in medical and surgical patients in clinical practice and in community setting.

C. INTEGRATION;

Training in Psychiatry should prepare the students to deliver preventive, promotive, curative and rehabilitative services for the care of patients both in the family and community and to refer advance cases to a specialised Psychiatry/Mental Hospital. Training should be integrated with the departments of Medicine, Neuro Anatomy, Behavioral Sciences and Forensic medicine.

D DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES I) GOAL:

The aim of teaching the undergraduate student in Dermatology, S.T.D. and Leprology is to impart such knowledge and skills that may enable him to diagnose and treat common ailments and to refer rare diseases or complications/unusual manifestations of common diseases, to the specialist.

ii) OBJECTIVES:

A. KNOWLEDGE:

At the end of the course of Derma to-S.T.D. and Leprology, the student Shall be able to:

1. Demonstrate sound knowledge of common diseases, their clinical manifestations, including emergent situations and of investigative procedures to confirm their diagnosis;
2. Demonstrate comprehensive knowledge of various modes of therapy used in treatment of respiratory diseases;
3. Describe the mode of action of commonly used drugs, their doses, side- effects/toxicity, indications and contra-indications and interactions;
4. Describe commonly used modes of management including the medical and surgical procedures available for the treatment of various diseases and to offer a comprehensive plan of management for a given disorder;

c. SKILLS:

The student should be able to:

1. Interview the patient, elicit relevant and correct information and describe the history in a chronological order.
2. Conduct clinical examination, elicit and interpret physical findings and diagnose common disorders and emergencies;
3. Perform simple, routine investigative and office procedures required for making the bed-side diagnosis, especially the examination of scrapings for fungus, preparation of slit smears and staining for AFB for leprosy patients and for STD cases;
4. Take a skin biopsy for diagnostic purposes;
5. Manage common diseases recognizing the need for referral for specialized care, in case of inappropriateness of therapeutic response;
6. Assist in the performance of common procedures, like laryngoscopic examination, pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage/aspiration.

INTEGRATION:

The broad goal of effective teaching can be obtained through integration with departments of Medicine, Surgery, Microbiology, Pathology, Pharmacology and Preventive & Social Medicine.

(2) SURGERY & ITS ALLIED SPECIALITIES

A) SURGERY - including Pediatrics Surgery:

i) GOAL:

The broad goal of the teaching of undergraduate students in Surgery is to produce graduates capable of delivering efficient first contact surgical care.

OBJECTIVES:

KNOWLEDGE:

At the end of the course, the student should be able to:

1. Describe aetiology, pathophysiology, principles of diagnosis and management of common surgical problems including emergencies, in adults and children.
2. Define indications and methods for fluid and electrolyte replacement therapy including blood transfusion.
3. Define asepsis, disinfection and sterilization and recommended judicious use of antibiotics.
4. Describe common malignancies in the country and their management including prevention.
5. Enumerate different types of anaesthetic agents, their indications, mode of administration, contraindications and side effects.

SKILLS:

At the end of the course, the student should be able to:

1. Diagnose common surgical conditions both acute and chronic, in adult and children.
2. Plan various laboratory tests for surgical conditions and interpret the results.
3. Identify and manage patients of hemorrhagic, septicemic and other types of shock.
4. be able to maintain patent air-way and resuscitate i) a critically injured patient
ii) patient with cardio-respiratory failure iii) a drowning case

5. Monitor patients of head, chest, spinal and abdominal injuries, both in adults and children.
6. Provide primary care for a patient of burns.
7. Acquire principles of operative surgery, including pre-operative, operative and post operative care and monitoring.
8. Treat open wounds including preventive measures against tetanus and gas gangrene.
9. Diagnose neonatal and pediatric surgical emergencies and provide sound primary care before referring the patient to secondary/tertiary centers.
10. Identify congenital anomalies and refer them for appropriate management.

In addition to these he should have observed/assisted/ performed the following:

1. Incision and drainage of abscess
2. Debridement and suturing open wound
3. Venesection
4. Excision of simple cyst and tumours
5. Biopsy of surface malignancy
6. Catheterisation and nasogastric intubation
7. Circumcision
8. Meatotomy
9. Vasectomy
10. Peritoneal and pleural aspirations
11. Diagnostic proctoscopy
12. Hydrocele operation
13. Endotracheal intubation
14. Tracheotomy and cricothyroidotomy
15. Chest tube insertion.

(c). INTEGRATION:

The undergraduate teaching in surgery should be integrated at various stages with different pre and para and other clinical departments. .

ORTHOPEDECS:

KNOWLEDGE:

The student should be able to:

1. explain the principles of recognition of bone injuries and dislocation
2. Apply suitable methods to detect and manage common infections of bones and joints.
3. Identify congenital, skeletal anomalies and their referral for appropriate correction or rehabilitation.
4. Recognize metabolic bone diseases as seen in this country.
5. Explain etiogenesis, manifestations, diagnosis of neoplasm affecting bones.

SKILLS

At the end of the course, the student should be able to:

1. Detect sprains and deliver first aid measures for common fractures and sprains and manage uncomplicated fractures of clavicle, Colles's, forearm, phalanges etc.

2. Techniques of splinting, plaster, immobilization etc.
3. Management of common bone infections, learn indications for sequestration, amputations and corrective measures for bone deformities.
4. Aspects of rehabilitation for Polio, Cerebral Palsy and Amputation.

APPLICATION:

Be able to perform certain orthopedic skills, provide sound advice of skeletal and related conditions at primary or secondary health care level.

d.INTEGRATION:

Integration with anatomy, surgery, pathology, radiology and Forensic Medicine be done.

RADIO-DIAGNOSIS AND RADIOTHERAPY RADIODIAGNOSIS & IMAGING:

GOAL:

The broad goal of teaching the undergraduate medical students in the field of Radio-diagnosis should be aimed at making the students realise the basic need of various radio-diagnostic tools in medical practice. They should be aware of the techniques required to be undertaken in different situations for the diagnosis of various ailments as well as during prognostic estimations.

OBJECTIVES KNOWLEDGE:

The student should be able to:

1. Understand basics of X-ray production, its uses and hazards.
2. Tumours and metabolic bone diseases.
3. Appreciate and diagnose changes in bones - like fractures, infections,
4. Identify and diagnose various radiological changes in disease conditions of chest and mediastinum, skeletal system, G.I. Tract, Hepatobiliary system and G.U. system.
5. Learn about various imaging techniques, including isotopes C.T., Ultrasound, M.R.I. and D.S.A.

b.SKILL

At the end of the course the student should be able to:

1. use basic protective techniques during various imaging procedures.
2. Interpret common X-ray, radio-diagnostic techniques in various community situations.
3. advise appropriate diagnostic procedures in specialized circumstances to appropriate specialists.

B RADIOTHERAPY

i) GOAL:

The broad goal of teaching the undergraduate medical students in the field of Radiotherapy is to make the students understand the magnitude of the ever-increasing cancer problem in the country. The students must be made aware about steps required for the prevention and possible cure of this dreaded condition.

ii) OBJECTIVES a. KNOWLEDGE:

The students should be able to:

1. identify symptoms and signs of various cancers and their steps of investigations and management.
2. explain the effect of radiation therapy on human beings and the basic principles involved in it.
3. know about radio-active isotopes and their physical properties
4. be aware of the advances made in radiotherapy in cancer management and knowledge of various radio therapeutic equipment while treating a patient.

b.SKILL:

At the completion of the training programme, the student should be able to:

1. take a detailed clinical history of the case suspected of having a malignant disease.
2. assist various specialists in administration of anticancer drugs and in application and use of various radiotherapeutic equipment, while treating a patient.

(3) OTO-RHINO-LARYNGOLOGY

I) GOAL:

The broad goal of the teaching of undergraduate students in Otorhinolaryngology is that the undergraduate student have acquired adequate knowledge and skills for optimally dealing with common disorders and emergencies and principles of rehabilitation of the impaired hearing.

ii) OBJECTIVES

KNOWLEDGE

At the end of the course, the student should be able to:

1. describe the basic pathophysiology of common ENT diseases and emergencies.
2. adopt the rational use of commonly used drugs, keeping in mind their adverse reactions.
3. suggest common investigative procedures and their interpretation.

b.SKILLS

At the end of the course, the student should be able to:

1. Examine and diagnose common ENT problems including the pre-malignant and malignant disorders of the head and neck.
2. Manage ENT problems at the first level of care and be able to refer whenever necessary.
3. Assist/carry out minor surgical procedures like ear syringing, ear dressings, nasal packing etc.
4. Assist in certain procedures such as tracheostomy, endoscopies and removal of foreign bodies.

c. INTEGRATION:

The undergraduate training in ENT will provide an integrated approach towards other disciplines especially neurosciences, ophthalmology and general surgery.

4. OPHTHALMOLOGY

GOAL:

The broad goal of the teaching of students in ophthalmology is to provide such knowledge and skills to the students that shall enable him to practice as a clinical and as a primary eye care physician and also to function effectively as a community health leader to assist in the implementation of National Programme for the prevention of blindness and rehabilitation of the visually impaired.

OBJECTIVES

KNOWLEDGE

At the end of the course, the student should have knowledge of:

1. Common problems affecting the eye:
principles of management of major ophthalmic emergencies main systemic diseases affecting the eye
2. Effects of local and systemic diseases on patient's vision and the necessary action required to minimise the sequelae of such diseases;
3. Adverse drug reactions with special reference to ophthalmic manifestations;
4. Magnitude of blindness in India and its main causes;
5. National programme of control of blindness and its implementation at various levels
6. Eye care education for prevention of eye problems
role of primary health centre in organization of eye camps
7. Integration of the national programme for control of blindness with the other national health programmes
8. Eye bank organization

b. SKILLS:

At the end of the course, the student should be able to:

1. Elicit a history pertinent to general health and ocular status;
2. Assist in diagnostic procedures such as visual acuity testing, examination of eye, Schiottz tonometry, Staining for Corneal pathology, confrontation perimetry, Subjective refraction including correction of presbyopia and aphakia, direct ophthalmoscopy and conjunctival smear examination and Cover test.
3. Diagnose and treat common problems affecting the eye;
4. Interpret ophthalmic signs in relation to common systemic disorders;
5. Assist/observe therapeutic procedures such as subconjunctival injection, Corneal/Conjunctival foreign body removal, carbolic cautery for corneal ulcers, Nasolacrimal duct syringing and tarsorrhaphy
6. Provide first aid in major ophthalmic emergencies;
7. Assist to organise community surveys for visual check-up
8. Assist to organise primary eye care service through primary health centres;

9. Use effective means of communication with the public and individual to motivate for surgery in cataract and for eye donation;

10. Establish rapport with his seniors, colleagues and paramedical workers, so as to effectively function as a member of the eye care team.

c. INTEGRATION

The undergraduate training in Ophthalmology will provide an integrated approach towards other disciplines especially neurosciences, Otorhino-laryngology, General Surgery and Medicine.

10.5. OBSTETRICS AND GYNAECOLOGY

Obstetrics and Gynecology to include family welfare and family planning. i) GOAL:

The broad goal of the teaching of undergraduate students in Obstetrics and Gynaecology is that he/she should acquire understanding of anatomy, physiology and pathophysiology of the reproductive system and gain the ability to optimally manage common conditions affecting it.

ii) OBJECTIVES

a. KNOWLEDGE

At the end of the course, the student should be able to:

1. Outline the anatomy, physiology and pathophysiology of the reproductive system and the common conditions affecting it.
2. Detect normal pregnancy, labour puerperium and manage the problems he/she is likely to encounter therein.
3. List the leading causes of maternal and perinatal morbidity and mortality.
4. Understand the principles of contraception and various techniques employed, methods of medical termination of pregnancy, sterilisation and their complications.
5. Identify the use, abuse and side effects of drugs in pregnancy, pre- menopausal and post-menopausal periods.
6. Describe the national programme of maternal and child health and family welfare and their implementation at various levels.
7. Identify common gynaecological diseases and describe principles of their management.
8. State the indications, techniques and complications of surgeries like Caesarean section, laparotomy, abdominal and vaginal hysterectomy, Fothergill's operation and vacuum aspiration for M.T.P.

b. SKILLS

At the end of the course, the student should be able to:

1. Examine a pregnant woman; recognise high risk pregnancies and make appropriate referrals.

2. Conduct a normal delivery, recognise complications and provide postnatal care.
3. Resuscitate the newborn and recognise congenital anomalies.
4. Advise a couple on the use of various available contraceptive devices and assist in insertion in and removal of intra-uterine contraceptive devices.
5. Perform pelvic examination, diagnose and manage common gynaecological problems including early detection of genital malignancies.
6. Make a vaginal cytological smear, perform a post coital test and wet vaginal smear examination for *Trichomonas vaginalis*, moniliasis and gram stain for gonorrhoea.
7. Interpretation of data of investigations like biochemical, histopathological, radiological, ultrasound etc.

c. INTEGRATION:

The student should be able to integrate clinical skills with other disciplines and bring about coordination's of family welfare programmes for the national goal of population control.

D. GENERAL GUIDELINES FOR TRAINING:

1. Attendance of a maternity hospital or the maternity wards of a general hospital including (i) antenatal care (ii) the management of the puerperium and (iii) a minimum period of 5 months in-patient and out-patient training including family planning.
2. Of this period of clinical instruction, not less than one month shall be spent as a resident pupil in a maternity ward of a general hospital.
3. During this period, the student shall conduct at least 10 cases of labour under adequate supervision and assist in 10 other cases.
4. A certificate showing the number of cases of labour attended by the student in the maternity hospital and/or patient homes respectively, should be signed by a responsible medical officer on the staff of the hospital and should state:
 - (a) that the student has been present during the course of labour and personally conducted each case, making the necessary abdominal and other examinations under the supervision of the certifying officer who should describe his official position.
 - (b) That satisfactory written histories of the cases conducted including wherever possible antenatal and postnatal observations, were presented by the student and initialed by the supervising officer.

5. FAMILY PLANNING:

Training in Family Planning should be emphasized in all the three phases and during internship as per guideline provided in Appendix A.

6. COMMUNITY MEDICINE

The teaching and training of community medicine will continue during the first two semesters of phase III (clinical Phase). The goals, objectives and skills to be acquired by the student has already been outlived in Phase II(Para Clinical Phase).

7. EMERGENCY MEDICINE:

This must be a general department. Till such time a full-fledged department is created this may be under the control of the Department of Anesthesia.

Examination Regulations

Essentialities for qualifying to appear in professional examinations.

The performance in essential components of training are to be assessed, based on:

(1) ATTENDANCE

“(I) ATTENDANCE: 75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching i.e. seminars, group discussions, tutorials, demonstrations, practical’s, hospital (Tertiary Secondary, Primary) posting and bed side clinics etc.”

(2) Internal Assessment:

1. (i) It shall be based on day to day assessment (see note), evaluation of student assignment, preparation for seminar, clinical case presentation etc.:
2. (ii) Regular periodical examinations shall be conducted throughout the course. The questions of number of examinations is left to the institution:
3. (iii) Day to day records should be given importance during internal assessment :
4. (iv) Weight age for the internal assessment shall be 20% of the total marks in each subject :
5. Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final university examination of that subject.”

Note

Internal assessment shall relate to different ways in which students participation in learning participation in learning process during semesters in evaluated.

Some examples are as follows:

1. (i) Preparation of subject for students seminar.
2. (ii) Preparation of a clinical case for discussion.
3. (iii) Clinical case study/problem solving exercise.
4. (iv) Participation in Project for health care in the community (planning stage to evaluation).
5. (v) Proficiency in carrying out a practical or a skill in small research project.
6. (vi) Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/Vacation work.

(3) UNIVERSITY EXAMINATIONS:

Theory papers will be prepared by the examiners as prescribed. Nature of questions will be short answer type/objective type and marks for each part indicated separately.

Practical's/clinicals will be conducted in the laboratories or hospital wards. Objective will be assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Clinical cases should preferably include common diseases not esoteric syndromes or rare disorders. Emphasis should be on candidate's capability in eliciting physical signs and their interpretation.

Viva/oral includes evaluation of management approach and handling of emergencies. Candidate's skill in interpretation of common investigative data, x- rays, identification of specimens, ECG,etc. also is to be evaluated.

The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary for knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently. Evaluation will be carried out on an objective basis.

Question papers should preferably be of short structure/objective type.

Clinical cases/ practical's shall take into account common diseases which the student is likely to come in contact in practice. Rare cases/obscure syndromes, long cases of neurology shall not be put for final examination.

During evaluation (both Internal and External) it shall be ascertained if the candidate has acquired the skills as detailed in Appendix-B.

There shall be one main examination in a year and a supplementary to be held not later than 6 months after the publication of its results. Universities Examinations shall beheld as under:-

First Professional:-

In the second Semester of Phase 1 training, in the subjects of Anatomy, Physiology and Bio-Chemistry.

Second Professional:-

In the Fifth Semester of Phase II training, in the subjects of Pathology, Microbiology, Pharmacy and Forensic Medicine.

Third Professional :-

Part 1- in the Seventh Semester of Phase III, in the subjects of Ophthamology, Oto-rhyno-laryngology and Community Medicine.

Third Professional :-

Part II-(Final Professional) – At the end of Phase III training in the subjects of Medicine, Surgery, Obstetrics &Gynaecology and Pediatrics.

Note :

Results of all university examinations shall be declared before the start of teaching for next semester.

(4) DISTRIBUTION OF MARKS TO VARIOUS DISCIPLINES :

(A) First Professional examination :(Pre-clinical Subjects):-

(a) Anatomy:

Theory-Two papers of 50 marks each

(One applied question of 10 marks in each paper) 100 marks.

Oral (Viva) 20 marks Practical 40 marks

Internal Assessment

(Theory-20; Practical-20) 40 marks

Total 200 marks (b) Physiology including Biophysics

Theory-Two papers of 50 (One applied question of Oral (Viva)
Practical

Internal Assessment (Theory-20; Practical-20)

Total

(c) Biochemistry : Theory-Two papers of 50

(One applied question of

Oral (Viva)

Practical

Internal Assessment (Theory-20; Practical-20)

Total

marks each

10 marks in each paper) 100 marks

20 marks 40 marks

40 marks 200 marks

marks each

10 marks in each paper) 100 marks

20 marks 40 marks

40 marks 200 marks

Pass: In each of the subjects, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practicals.

(B) SECOND PROFESSIONAL EXAMINATION;

(Para-clinical subjects) :

1. (a) Pathology :

Theory-Two papers of 40 marks each
(One applied question of 10 marks in each paper) Oral (Viva)
Practical
Internal assessment
(Theory-15; Practical-15)

Total

2. (b) Microbiology :

Theory-Two papers of 40 marks each
(One applied question of 10 marks in each paper) Oral (Viva)
Practical
Internal assessment

80 marks 15 marks

30 marks 150 marks

80 marks 15 marks

(Theory-15; Practical-15) Total

(c) Pharmacology

Theory-Two papers of 40 marks each Containing one question on clinical therapeutics Oral (Viva)
Practical
Internal assessment
(Theory-15; Practical-15)

Total

(d) Forensic Medicine Theory-one papers

Oral (Viva) Practical/Clinicals Internal assessment (Theory-10; Practical-10)

Total

30 marks 150 marks

80 marks 15 marks 25 marks

30 marks 150 marks

40 marks 10 marks 30 marks

20 marks 100 marks

Pass: In each of the subjects, a candidate must obtain 50 % in aggregate with a minimum of 50% in Theory including oral and minimum of 50% in Practicals/clinicals.

(d) THIRD PROFESSIONAL

(i) PART 1

(Clinical subjects)

Part 1: To be conducted during end period of seventh semester.

1.(a) Ophthalmology:

Theory: One paper

(should contain one question on pre-clinical and para-clinical aspects, of 10 marks)

Oral (Viva)

Clinical

Internal assessment

(Theory-10; Practical-10)

Total

2.(b) Oto-Rhino-Laryngology :

Theory: One paper

(should contain one question on pre-clinical and

40 marks

10 marks 30 marks 20 marks

100 marks

40 marks

Para-clinical aspects, of 10 marks) Oral(Viva)

Clinical

Internal assessment

(Theory –10 Practical-10) Total

(c) Community Medicine including Humanities:

Theory: Two papers of 60 marks each

(includes problem solving, applied aspects of management at primary level including essential drugs, occupational (agro based) diseases, rehabilitation and social aspects of community).

Oral (Viva)

Practical/Project evaluation
Internal assessment
(Theory -20; Practical-20)

Total

Pass: In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals/clinicals.

PART-II

Each paper shall have two sections. Questions requiring essay type answers may be avoided.

(a) Medicine:

Theory- Two papers of 60 marks each

Paper 1- General Medicine

Paper II- General Medicine (including Psychiatry,
Dermatology and S.T.D.)

(Shall contain one question on basic sciences and allied subjects) Oral (Viva) Interpretation of X-ray
ECG, etc. 20 marks

Clinical (Bed side)

Internal assessment

(Theory-30; Practical-30)

Total

(b) Surgery:

Theory-Two papers of 60 marks each Paper-1-General Surgery (Section 1) Orthopaedics (Section 2)

PAPER II-General Surgery including
Anesthesiology, Dental diseases and Radiology.

10 marks 30 marks 20 marks

100 marks

120 marks

10 marks 30 marks 40 marks

200 marks

120 marks

300 marks 120 marks

100 marks 60 marks

(shall contain one question on basic sciences and allied subjects)

Oral (Viva) Interpretation of Investigative data Clinical (Bed Side)
Internal assessment
(Theory-30; Practical-30)

Total

20 marks 100 marks 60 marks 60 marks 300 marks

Paper 1 of Surgery shall have one section in Orthopaedics. The questions on Orthopaedic Surgery be set and assessed by examiners who are teachers in the Orthopaedic surgery.

(c) Obstetrics and Gynecology

Theory Two papers of 40 marks each 80 marks Paper I- Obstetrics including social obstetrics.
Paper II – Gynecology, Family Welfare and Demography
(Shall contain one question on basic sciences and allied subjects)

Oral (Viva) including record of delivery cases(20+10) Clinical
Internal assessment
(Theory-30; Practical-30)

Total

(d) Pediatrics : (Including Neonatology) Theory : One paper

30 marks 60 marks

200 marks

40 marks (Shall contain one question on basic sciences and allied subjects)

Oral (Viva) Clinical

Internal assessment (Theory-10; Practical-10)

Total

10 marks 30 marks 20 marks

100 marks

Pass : In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practicals/clinicals.

13 APPOINTMENT OF EXAMINERS:

- (1) No person shall be appointed as an examiner in any of the subjects of the Professional examination leading to and including the final Professional examinations for the award of the MBBS degree unless he has taken atleast five years previously, a doctorate degree of a recognized university or an equivalent qualification in the particular subject as per recommendation of the Council on

teachers' eligibility qualifications and has had at least five years of total teaching experience in the subject concerned in a college affiliated to a recognized university at a faculty position.

2. (2) There shall be at least four examiners for 100 students, out of whom not less than 50% must be external examiners. Of the four examiners, the senior most internal examiner will act as the Chairman and co-ordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained. Where candidates appearing are more than 100, one additional examiner, for every additional 50 or part thereof candidates appearing, be appointed.
3. (3) Non medical scientists engaged in the teaching of medical students as whole time teachers, may be appointed examiners in their concerned subjects provided they possess requisite doctorate qualifications and five year teaching experience of medical students after obtaining their postgraduate qualifications. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream
4. (4) External examiners shall not be from the same university and preferably be from outside the state.
5. (5) The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his subject.
6. (6) A university having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college.
7. (7) External examiners shall rotate at an interval of 2 years.
8. (8) There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- (9) Except Head of the department of subject concerned in a college/institution, all other with the rank of reader or equivalent and above with requisite qualifications and experience shall be appointed internal examiners by rotation in their subjects; provided that where there are no posts of readers, then an Assistant Professor of 5 years standing as Assistant Professor may be considered for appointment as examiner.
- (10) The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a student who has failed only in one subject but has passed in all other subjects.

CHAPTER - V**14. INTERNSHIP****(1) General**

Internship is a phase of training wherein a graduate is expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

(2) SPECIFIC OBJECTIVES

At the end of the internship training, the student shall be able to:

- i. Diagnose clinical common disease conditions encountered in practice and make timely decision for referral to higher level;
- ii. Use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services.
- iii. Manage all type of emergencies-medical, surgical obstetric, neonatal and paediatric, by rendering first level care;
- iv. Demonstrate skills in monitoring of the National Health Programme and schemes, oriented to provide preventive and promotive health care services to the community;
- v. Develop leadership qualities to function effectively as a leader of the health team organised to deliver the health and family welfare service in existing socio-economic, political and cultural environment;
- vi. Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.

(3) Time allocation to each discipline is approximate and shall be guided more specifically by the actual experience obtained. Thus a student serving in a district or taluk hospital emergency room may well accumulate skill in surgery, orthopaedics, medicine, obstetrics and Gynaecology and Paediatrics during even a single night on duty. Responsible authorities from the medical college shall adjust the intern experience to maximize intern's opportunities to practice skills in patient care in rough approximation of the time allocation suggested.

(4) INTERNSHIP – TIME DISTRIBUTION Compulsory

Community Medicine – 3 months

Medicine – 2 months

Surgery including Orthopaedics - 2 months

Obst./Gynae. Including Family Welfare Planning – 2 months

Paediatric – 15 days

Ophthalmology – 15 days

Otorhinolaryngology – 15 days

Casualty – 15 days

Elective Postings

Elective subjects-

Elective posting will include two of the following for 15 days in each subject.

1. i) Dermatology and Sexually Transmitted Diseases,
2. ii) Psychiatry,
3. iii) Tuberculosis and Respiratory Diseases,
4. iv) Anaesthesia,
5. v) Radio-diagnosis,
6. vi) Physical Medicine and Rehabilitation,
7. vii) Forensic Medicine and Toxicology,
8. viii) Blood bank and Transfusion Department

(5) OTHER DETAILS:

1. i) All parts of the internship shall be done as far as possible in institutions of India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.
2. ii) Every candidate will be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of the College authorities and University concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.
3. iii) The University shall issue a provisional MBBS pass certificate on passing the final examination.
4. iv) The State Medical Council will grant provisional registration to the candidate on production of the provisional MBBS pass certificate. The provisional registration will be for a period of one year. In the event of the shortage or unsatisfactory work, the period of provisional registration and the compulsory rotating internship may be suitably extended by the appropriate authorities.
5. v) The intern shall be entrusted with clinical responsibilities under direct supervision of senior medical officer. They shall not be working independently.
6. vi) Interns will not issue a medical certificate or a death certificate or a medicolegal document under their signature.

vii) In recognition of the importance of hands-on experience, full responsibility for patient care and skill acquisition, internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital. A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas:

Provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/university, the State Government and the District administration, who shall regulate the training of such trainee.

Provided further that for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College;

viii) Adjustment to enable a candidate to obtain training in elective clinical subjects may be made.

9. ix) Each medical college shall establish links with one entire district extending out-reach activities. Similarly, Re-orientation of Medical Education (ROME) scheme may be suitably modified to assure teaching activities at each level of District health system which will be coordinated by Dean of the medical college;
10. x) Out of one year, 6 months shall be devoted to learning tertiary care being rendered in teaching hospital/district hospital suitably staffed with well qualified staff, 3 months of secondary care in a small District or Taluka Hospital/Community Health Centre and 3 months in Primary Health care out of which 2 months should be in Primary Health Programme at the Community level. One month of primary care training may be in the form of preceptorship with a practicing family physician or voluntary agency or other primary health care provider.
11. xi) One year's approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital.

(6) ASSESSMENT OF INTERNSHIP:

INTERNSHIP – DISCIPLINE RELATED:

(i) Community Medicine

Interns shall acquire skills to deal effectively with an individual and the community in the context of primary health care. This is to be achieved by hands on experience in the district hospital and primary health Centre. The details are as under: -

(I) Community Health Centre/District Hospital/Attachment to General Practitioner:

1. (1) During this period of internship an intern must acquire
 1. (a) clinical competence for diagnosis of common ailments, use of bed side investigation and primary care techniques;
 2. (b) gain information on 'Essential drugs' and their usage;
 3. (c) recognize medical emergencies, resuscitate and institute initial treatment and refer to suitable institution.
2. (2) Undergo specific Government of India/Ministry of Health and Family Welfare approved training using Government of India prescribed training manual for Medical Officers in all National Health Programmes (e.g. child survival and safe motherhood-EPI, CDD, ARI, FP, ANC, safe delivery, Tuberculosis, Leprosy and others as recommended by Ministry of Health and Family Welfare:-
 - (a) Gain full expertise in immunization against infectious disease;
 - (b) Participate in programmes in prevention and control of locally prevalent endemic diseases including nutritional disorders;
 - (c) Learn skills first hand in family welfare planning procedures;
 - (d) Learn the management of National Health Programmes;
3. (3) Be capable of conducting a survey and employ its findings as a measure towards arriving at a community diagnosis.
4. (4) (a) conduct programmes on health education,

(b) gain capabilities to use Audiovisual aids,

(c) Acquire capability of utilization of scientific information for promotion of community health .

5. (5) Be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.

6. (6) Acquire quality of being professional with dedication, resourcefulness and leadership.

7. (7) Acquire managerial skills, delegation of duties to paramedical staff and other health professionals.

(II) TALUQA HOSPITAL

Besides clinical skill, in evaluation of patient in the environment and initiation of primary care, an Intern shall: -

1. (1) effectively participate with other members of the health team with qualities of leadership;
2. (2) make a community diagnosis in specific situations such as epidemics and institute relevant control measures for communicable diseases;
3. (3) develop capability for analysis of hospital based morbidity and mortality statistics.
4. (4) Use essential drugs in the community with the awareness of availability, cost and side effects;
5. (5) Provide health education to an individual/community on :
 6. a) tuberculosis;
 - b) Small family, spacing, use of appropriate contraceptives;
 - c) Applied nutrition and care of mothers and children;
 - d) immunization;
 - e) Participation in school health programmed.

(III) PRIMARY HEALTH CENTRE

1. (1) Initiate or participate in family composite health care (birth to death), Inventory of events;
2. (2) Participation in all of the modules on field practice for community health e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrhea disorders etc.
- (3) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure etc.;
- (4) Acquire proficiency for Family Welfare Programmers (ante natal care, normal delivery, contraception care etc.)
- (5) A village attachment of at least one week to understand issues of community health along with exposure to village health centers, ASHA Sub Centers should be added.

(ii) GENERAL MEDICINE

(I) Interns shall acquire following training during their term.

1. (1) acquire competence for clinical diagnosis based on history physical examination and relevant laboratory investigation and institute appropriate line of management;
2. (2) This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and system illnesses.

2. (II) The intern shall have assisted as a care team in intensive care of cardiac, respirator, hepatic, neurological and metabolic emergencies.
3. (III) The intern shall be able to conduct the following laboratory investigations:
 - (a) Blood: (Routine haematology smear and blood groups);
 - (b) Urine: (Routine chemical and microscopic);
 - (c) Stool: (for ova/cyst and occult blood);
 - (d) Sputum and throat swab for gram stain or acid fast stain and (e) Cerebro Spinal Fluid (CSF) for smear.
4. (IV) Conduct following diagnostic procedures:
 1. (a) Urethral catheterisation; Proctoscopy; Ophthalmos copy/Otoscopy; Indirect laryngoscopy;
 2. (b) therapeutic procedures; Insertion of Ryles Tube; Pleural, ascetic tap, Cerebro Spinal Fluid (CSF) tap,
 5. Installing or air way tube, Oxygen administration etc.
6. (V) Biopsy Procedures: Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, Nasal/nerve/skin smear for leprosy.
7. (VI) (a) Familiarity with usage of life saving procedures: including use of aspirator, respirator and defibrillator,
 - (b) Competence in interpretation of different monitoring devices such as cardiac monitor, blood gas analysis etc.
7. (VII) Participate as a team member in total health care of an individual including appropriate follow-up and social rehabilitation.
 8. (VIII) Other competencies as indicated in general objectives.

(iii) PAEDIATRICS:

The details of the skills that an intern shall acquire during his/her tenure in the department of Pediatrics are as follows:

The intern shall be able to:

1. (1) Diagnose and manage common childhood disorders including neonatal disorders and acute emergencies(enquiry from parents of sick children), examining sick child making a record of information;
2. (2) Carry out activities related to patient care such as laboratory work, investigative procedures and use of special equipments. The details are given as under:-
 - (a) Diagnostic techniques: blood (including from femoral vein and umbilical cord), obscess, cerebrospinal fluid, urine, pleura and peritoneum and common tissue biopsy techniques;
 - (b) Techniques related to patient care: immunization, perfusion techniques, feeding procedures, tuberculin testing & breast feeding counseling;
 - (c) Use of equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;
3. (3) screening of newborn babies and those with objective risk factors for any anomalies and steps for prevention in future;

4. (4) plan in collaboration with parents and individual, collective surveillance of growth and development of new born babies, infants and children so that he/she is able to:

- (a) Recognize growth abnormalities;
- (b) Recognize anomalies of psychomotor development;
- (c) Detect congenital abnormalities;

(5) assess nutritional and dietary status of infants and children and organize prevention, detection and follow up of deficiency disorders both at individual and community level such as:

- (a) Protein-energy malnutrition
- (b) Deficiencies of vitamins especially A, B, C and D; (c) Iron deficiency;

(6) Institute early management of common childhood disorders with special reference to Pediatrics dosage and oral rehydration therapy.

(7) Participate actively in public health programme oriented towards children in the community.

(iv) GENERAL SURGERY

An intern is expected to acquire following skills during his/her posting:

1. Diagnose with reasonable accuracy all surgical illnesses including emergencies
2. Resuscitate a critically injured patient and a severe burns patient; (b) control surface bleeding and manage open wound;
3. Monitor patients of head, spine, chest abdominal and pelvic injury; (b) institute first-line management of acute abdomen;
4. (a) Perform venesection;
- (b) Perform tracheostomy and endotracheal intubation;
- (c) Catheterize patients with acute retention or perform trocar cystostomy,
5. Drain superficial abscesses,
6. Suturing of wound,
7. Perform circumcision,
8. Biopsy of surface tumours,
9. Perform vasectomy

(v) CASUALTY:

The intern after training in Casualty must be able to:

- (1) identify acute emergencies in various disciplines of medical practice; (2) manage acute anaphylactic shock;
- (3) manage peripheral-vascular failure and shock;
- (4) manage acute pulmonary oedema and Left Ventricular failure (LVF); (5) undertake emergency management of drowning poisonings and

Seizures;

6. (6) undertake emergency management of bronchial asthma and status asthmaticus;

7. (7) undertake emergency management of hyperpyrexia;
8. (8) undertake emergency management of comatose patients regarding airways positioning, prevention of aspiration and injuries;
9. (9) assess and administer emergency management of burns;
10. (10) assess and do emergency management of various trauma victims;
11. (11) identify medicolegal cases and learn filling up forms as well as complete other medicolegal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

(vi) OBSTETRICS AND GYNAECOLOGY :

Technical skills that interns are expected to learn:

1. (1) diagnosis of early pregnancy and provision of ante-natal care;
2. (2) diagnosis of pathology of pregnancy related to
 - (a) abortions;
 - (b) ectopic pregnancy;
 - (c) tumors complicating pregnancy;
 - (d) Acute abdomen in early pregnancy;
 - (e) Hyper emesis gravid arum;
3. (3) detection of high risk pregnancy cases and suitable advise e.g. PIH, hydramanios, antepartum hemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;
- (4) Antenatal pelvic assessment and detection of cephalopelvic disproportion;
5. (5) induction of labour and anatomy under supervision;
6. (6) management of normal labour, detection of abnormalities, post-partum hemorrhage and repair of perennial tears;
7. (7) assist in forceps delivery;
8. (8) assist in caesarean section and postoperative care thereof;
9. (9) detection and management of abnormalities of lactation;
10. (10) perform non-stress test during pregnancy;
11. (11) per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;
12. (12) Medico legal examination in Gynecology and obstetrics.
13. (13) To perform the following procedures:-
 - (a) dilation and curettage and fractional curettage;
 - (b) endometrial biopsy;
 - (c) endometrial aspiration;
 - (d) pap smear collection;
 - (e) Intra Uterine Contraceptive Device (IUCD) insertion; (f) Minilap ligation;
 - (g) Urethral catheterisation;
 - (h) Suture removal in postoperative cases;
 - (i) Cervical punch biopsy;
14. (14) to assist in major abdominal and vaginal surgery cases in Obstetrics and Gynecology.
15. (15) to assist in follow-up postoperative cases of obstetrics and Gynecology such as:

- (a) Colposcopy;
- (b) Second trimester Medical Termination of Pregnancy (MTP) Procedures e.g. Emcredyl Prostaglandin instillations;

(16) To evaluate and prescribe oral contraceptive.

(vii) OTO RHINO LARYNGOLOGY (ENT)

1. (1) Interns shall acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including the emergencies and malignant neoplasma of the head and neck;
2. (2) he/she shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of management of common Ear Nose and Throat (ENT) problems;
3. (3) he/she shall be able to carry out minor surgical procedures such as:
 1. (a) earsyringing antrum puncture and packing of the nose for epistaxis,
 2. (b) nasal douching and packing of the external canal,
 3. (c) Remove the foreign bodies from the nose and ear
- (d) Observed or assisted in various endoscopic procedures and trachesotomy;
- (4) an item shall have participated as a team member in the community diagnosis e.g. Chronic Suppurative Otitis Media (CSOM) and be aware of national programme on prevention of deafness
- (5) he/she shall possess knowledge of various ENT rehabilitative programmers.

(viii) OPHTHALMOLOGY

An intern shall acquire following skills: -

- (1) he/she shall be able to diagnose and manage common ophthalmological conditions such as:-

Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision;

2. (2) he shall be able to carry out assessment of refractive errors and advise its correction;
3. (3) he shall be able to diagnose ocular changes in common systemic disorders;
4. (4) he/she shall be able to perform investigative procedures such as:- Tonometry, syringing, direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.
5. (5) he/she shall have carried out or assisted the following procedures: (1) Subconjunctival injection; (2) Ocular bandaging; (3) Removal of concretions;
- (4) Epilation and electrolysis;
- (5) Corneal foreign body removal; (6) Cauterization of corneal ulcers; (7) Chalazion removal;
- (8) Entropion correction;
- (9) Suturing conjunctival tears; (10) Lids repair
10. (10) Glaucoma surgery (assisted);
11. (11) Eucleation of eye in cadaver;
6. (6) he/she shall have full knowledge on available methods for rehabilitation of the blind.

(ix) ORTHOPAEDICS ; GOAL:

The aim of teaching the undergraduate student in Orthopaedics and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He shall have ability to diagnose and suspect presence of fracture, dislocation, acute osteomyelitis, acute poliomyelitis and common congenital deformities such as congenital talipes equinovarus (CTEV) and dislocation of hip (CDH).

1. (A) **THERAPEUTIC**- An intern must know:

1. (a) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and post operative splintage and application of Thomas splint;
2. (b) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles's fracture;

(c) Manual reduction of common dislocations – interphalangeal, metacarpophalangeal, elbow and shoulder dislocations;

3. (d) Plaster cast application for undisplaced fractures of arm, forearm, leg and ankle;
4. (e) Emergency care of a multiple injury patient;
5. (f) Precautions about transport and bed care of spinal cord injury patients.

2. (B) **Skill that an intern should be able to perform under supervision:**

- (1) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH; (2) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand;

3. (C) An intern must have observed or preferably assisted at the following operations:

- (1) drainage for acute osteomyelitis;
- (2) sequestrectomy in chronic osteomyelitis; (3) application of external fixation;
- (4) internal fixation of fractures of long bones.

(x) **DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES**

An intern must be able to: -

(1) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies.

(2) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD

Cases;

- (3) Take a skin biopsy for diagnostic purpose;
- (4) Manage common diseases recognizing the need for referral for

Specialized care in case of inappropriateness of therapeutic response.

(xi) **PSYCHIATRY :**

An Intern must be able to:

1. (1) diagnose and manage common psychiatric disorders;

2. (2) identify and manage psychological reaction and psychiatric disorders in medical and surgical patients in clinical practice and community setting.

12. (xii) TUBERCULOSIS AND RESPIRATORY DISEASES :

An intern after training must be able to: -

- (1) Conducting proper clinical examination, elicit and interpret clinical findings and diagnose common respiratory disorders and emergencies;
2. (2) perform simple, routine investigative procedures required for making bed side diagnosis, specially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;
3. (3) Interpret and manage various blood gases and pH abnormalities in various respiratory diseases;
4. (4) Manage common diseases recognizing need for referral for specialized care in case of inappropriateness of therapeutic response;
- (5) Perform common procedures like laryngoscopy, pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo-thoracic drainage aspiration.

13. (xiii) ANAESTHESIA :

After the internship in the department of Anesthesiology an intern shall acquire knowledge, skill and attitude to:

- (1) perform pre-anaesthetic check up and prescribe pre-anaesthetic medications;
2. (2) perform venepuncture and set up intravenous drip;
3. (3) perform laryngoscopy and endotracheal intubation;
4. (4) perform lumbar puncture, spinal anaesthesia and simple nerve blocks;
5. (5) conduct simple general anaesthetic procedures under supervision;
6. (6) monitor patients during anaesthesia and post operative period;
- (7) Recognize and manage problems associated with emergency anaesthesia;
8. (8) maintain anaesthetic records;
9. (9) recognise and treat complication in post operative period;
- (10) perform cardio-pulmonary brain resuscitation (C.P.B.R.) currently, including recognition of cardiac arrest.

(xiv) RADIO-DIAGNOSIS:

An intern after training must be able to identify and diagnose:

1. (1) all aspects of 'Emergency Room' Radiology like –
 - (a) all acute abdominal conditions;
 - (b) all acute traumatic conditions with emphasis on head injuries;
 - (c) differentiation between Medical and surgical radiological emergencies;

(2) Basic hazards and precautions in Radio-diagnostic practices.

15. (xv) **PHYSICAL MEDICINE AND REHABILITATION:**

An intern is expected to acquire the following skills during his/her Internship: -

(1) Competence for clinical diagnosis based on details history an assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegic, paraplegia, amputations etc;

(2) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;

3. (3) principles and procedures of fabrication and repair of artificial limbs and appliances;

4. (4) various therapeutic modalities;

5. (5) use of self help devices and splints and mobility aids;

6. (6) familiarity with accessibility problems and home making for disabled;

7. (7) ability to demonstrate simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee etc.;

16. (xvi) **FORENSIC MEDICINE AND TOXICOLOGY**

The intern is to be posted in the casualty department of the hospital while attached under Forensic Medicine Department with the following objectives:

(1) To identify medico legal problem in a hospital and general practice;

2. (2) to identify and learn medico legal responsibilities of a medical man in various hospital situations;

3. (3) to be able to diagnose and learn management of basic poisoning conditions in the community;

4. (4) to learn how to handle cases of sexual assault;

5. (5) to be able to prepare medico-legal reports in various medico legal situations;

6. (6) to learn various medicolegal post-mortem procedures and formalities during its performance by police.

APPENDIX 'A'

Curriculum in 'Family Welfare' for the Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.

The Curriculum may be considered under various pre and para clinical heads and the following details are worked out for each of the disciplines.

1. **Anatomy**

1. (1) Gross and microscopic anatomy of the male and female generative organs.

2. (2) The menstrual cycle.

3. (3) Spermatogenesis and Oogenesis

4. (4) Fertilization of the ovum.

5. (5) Tissue and organ changes in the mother in pregnancy.

6. (6) Embryology and Organogenesis.

7. (7) Principles of Genetics.

8. (8) Applied anatomy of mechanical methods of preventing conception.

1. a) In female- chemical contraceptive, pessaries, Intra-Uterine Contraceptive Device (IUCD), tubectomy etc.
2. b) In male – condom, vasectomy etc.

2. Physiology

1. (1) Physiology of reproduction.
2. (2) Endocrines and regulations of reproduction in the female
3. (3) Endocrines and physiology of reproduction in the male.
4. (4) Physiology and Endocrinology of pregnancy, parturition and lactation.
5. (5) Nutritional needs of mother and child during pregnancy and lactation.
6. (6) The safe period-rhythm method of contraceptions.
7. (7) Principles of use of oral contraceptive.

3. Pharmacology

(1) Mode of action and administration of:

1. (a) Chemical contraceptive
2. (b) Oral contraceptive
2. (2) Contra indication for administration of contraceptives.
3. (3) Toxic effects of contraceptives.

4. Community Medicine

- (1) The need for family welfare Planning.
2. (2) Organization of Family Welfare Planning service.
3. (3) Health Education in relating to Family Welfare Planning.
4. (4) Nutrition.
5. (5) Psychological needs of the mother, the child and the family.
6. (6) Demography and vital Statistics.

5. Obstetrics & Gynecology

(1) Contraceptive methods in male/female.

1. (a) Mechanical
 1. Pessaries, Intra Uterine Contraceptive Device (IUCD), Condoms,
 2. Tubectomy and vasectomy
2. (b) Chemical
3. (c) Oral
4. (d) Rhythm Method
 2. (2) Demonstrations of use of Pessaries, IUCD, Condoms and technique of tubectomy
 3. (3) Advice on family planning to be imparted to parents.

6. Paediatrics:

- (1) Problems of child health in relation to large family.
 1. (a) Organization of pediatric services.
 2. (b) Nutritional problems of mother and child.
 3. (c) Childhood diseases due to overcrowding.

7. Surgery

Technique of Vasectomy.

I. Compulsory Internship

Placement of a student for in-service training in a family welfare planning clinic for a period of at least one month.

II. Examination

- III. **It is necessary that questions on family welfare planning be introduced in the theory, practical and oral examination throughout the MBBS course.**

The curriculum content has been indicated subjectwise. However, it would be more advantageous to the student for purpose of integrated learning and for understanding of the subject if family welfare planning instruction with the curriculum content indicated could be divided into two parts.

Part-I

Anatomy, Physiology, Biochemistry and Pharmacology

There shall be close integration in the teaching of these subjects. It is suggested that during the early para-clinical years, two to three weeks may be set apart for instruction in Family Welfare Planning relating to these subjects; so that the student gets an overall understanding of the principles and practice of "Family Planning" within the limited time available for covering all the subjects of the medical course. The method suggested would save time and repetition of essential facts.

Part-II

This includes the later para-clinical and clinical courses. The practical aspects of Family Welfare Planning methods should be emphasized. The program of instruction shall be supervised by the Department of Obstetrics and Gynaecology. The department of Community Medicine Internal Medicine, Psychiatry, Paediatrics and Surgery must be closely associated in imparting instruction relating to the problems arising for want of family welfare planning and the advantages to society and the individual which will be gained by adopting the measures suggested.

Seminars:

The medical colleges shall organise occasional seminars in which staff from all departments and the in-service trainees shall participate.

APPENDIX-B

A comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) Graduate:

1. Clinical Evaluation:

1. (a) To be able to take a proper and detailed history.
2. (b) To perform a complete and thorough physical examination and elicit clinical signs.
3. (c) To be able to properly use the stethoscope, Blood Pressure, Apparatus Autoscope, Thermometer, Nasal Speculum, Tongue Depressor, Weighing Scales, Vaginal Speculum etc.:
4. (d) To be able to perform internal examination-Per Rectum (PR), Per Vaginum (PV) etc.
5. (e) To arrive at a proper provisional clinical diagnosis.

II. Bed side Diagnostic Tests:

1. (a) To do and interpret Haemoglobin(HB), Total Count (TC), Erythrocytic Sedimentation Rate (ESR), Blood smear for parasites, Urine examination /albumin /sugar /ketones /microscopic.:
2. (b) Stool exam for ova and cysts;
3. (c) Gram, staining and Siehl-Nielsen staining for AFB;
4. (d) To do skin smear for lepra bacilli
5. (e) To do and examine a wet film vaginal smear for Trichomonas
6. (f) To do a skin scraping and Potassium Hydroxide (KOH) stain for fungus infections;
7. (g) To perform and read Montoux Test.

III. Ability to Carry Out Procedures.

1. (a) To conduct CPR (Cardiopulmonary resuscitation) and First aid in newborns, children and adults.
2. (b) To give Subcutaneous (SC) /Intramuscular (IM) /Intravenous (IV) injections and start Intravenous (IV) infusions.
3. (c) To pass a Nasogastric tube and give gastric lavage.
4. (d) To administer oxygen-by mask/catheter
5. (e) To administer enema
6. (f) To pass a urinary catheter- male and female
7. (g) To insert flatus tube
8. (h) To do pleural tap, Ascitic tap & lumbar puncture
9. (i) Insert intercostal tube to relieve tension pneumothorax
10. (j) To control external Haemorrhage.

IV Anaesthetic Procedure

1. (a) Administer local anaesthesia and nerve block
2. (b) Be able to secure airway patency, administer Oxygen by Ambu bag.

IV. Surgical Procedures

1. (a) To apply splints, bandages and Plaster of Paris (POP) slabs;
2. (b) To do incision and drainage of abscesses;
3. (c) To perform the management and suturing of superficial wounds;
4. (d) To carry on minor surgical procedures, e.g. excision of small cysts and nodules, circumcision, reduction of paraphimosis, debridement of wounds etc.
5. (e) To perform vasectomy;
6. (f) To manage anal fissures and give injection for piles.

VI Mechanical Procedures

1. (a) To perform thorough antenatal examination and identify high risk pregnancies.
2. (b) To conduct a normal delivery;
3. (c) To apply low forceps and perform and suture episiotomies;
4. (d) To insert and remove IUD's and to perform tubectomy

VII Paediatrics

1. (a) To assess new borns and recognise abnormalities and I.U. retardation
2. (b) To perform Immunization;
3. (c) To teach infant feeding to mothers;
4. (d) To monitor growth by the use of 'road to health chart' and to recognize development retardation;
5. (e) To assess dehydration and prepare and administer Oral Rehydration Therapy (ORT)
6. (f) To recognize ARI clinically;

VIII ENT Procedures:

1. (a) To be able to remove foreign bodies;
2. (b) To perform nasal packing for epistaxis;
3. (c) To perform tracheostomy

IX Ophthalmic Procedures:

1. (a) To invert eye-lids;
2. (b) To give Subconjunctival injection;
3. (c) To perform appellation of eye-lashes;
4. (d) To measure the refractive error and advise correctional glasses;
5. (e) To perform nasolacrimal duct syringing for potency

X. Dental Procedures:

To perform dental extraction

XI Community Health:

1. (a) To be able to supervise and motivate, community and para-professionals for corporate efforts for the health care;
2. (b) To be able to carry on managerial responsibilities, e.g. Management of stores, indenting and stock keeping and accounting
3. (c) Planning and management of health camps;
4. (d) Implementation of national health programmes;
5. (e) To effect proper sanitation measures in the community, e.g. disposal of infected garbage, chlorination of drinking water;
6. (f) To identify and institute and institute control measures for epidemics including its proper data collecting and reporting.

XII Forensic Medicine Including Toxicology

1. (a) To be able to carry on proper medicolegal examination and documentation of injury and age reports.
2. (b) To be able to conduct examination for sexual offences and intoxication;
3. (c) To be able to preserve relevant ancillary material for medico legal examination;
4. (d) To be able to identify important post-mortem findings in common un-natural deaths.

XII Management of Emergency

1. (a) To manage acute anaphylactic shock;
2. (b) To manage peripheral vascular failure and shock;
3. (c) To manage acute pulmonary oedema and LVF;
4. (d) Emergency management of drowning, poisoning and seizures
5. (e) Emergency management of bronchial asthma and status asthmaticus;
6. (f) Emergency management of hyperpyrexia;
7. (g) Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
8. (h) Assess and administer emergency management of burns

FEES DETAILS OF UG (MBBS) Ist Year Fee

S.No.	Heads	Amount	Remarks
1.	Admission Fees	2000/-	At the time of Admission
2.	Enrolment Fee	1000/-	At the time of Admission
3.	Tuition Fees	18000/-(GEN/EWS) 9000/- (SC/ST/OBC)	Each Year
4.	Others	4000/-	Each Year
5.	Development	2000/-	Each Year
6.	Library	2000/-	Each Year
7.	Examination Fees	6000/-	Each Year/Per Examination
8.	Mark Sheet Fees	1000/-	Each Year/Per Examination
9.	Cautions Money	10000/-	At the time of Admission (Refundable)
10.	Athletic	100/-	At the time of Admission
11.	Student Welfare	1000/-	At the time of Admission
12.	Admission Form Fee	100/-	At the time of Admission
13.	Computer Fees	500/-	At the time of Admission
14.	Alumni Fees	1000/-	At the time of Admission
15.	Foundation Course	1000/-	At the time of Admission
Total (GEN/EWS)		49,700/-	
Total (SC/ST/OBC)		40,700/-	

1 – HOSTEL FEES DETAILS, TO BE PAID AT THE TIME OF HOSTEL ALLOTMENT (MBBS STUDENTS 2021-22 BATCH)

Hostel Security Money (Refundable)	5000/-
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2 - Hostel Fee:- Every Year each (Boy's) Student

Hostel	Double Seated	Rs. 2400/- Per year
Electricity	Double Seated	Rs. 2500/- Per year
Air conditioner charges		Rs. 15000/- Per year
Mess Charge advance pay	Rs. 45000/- Per Annum	Rs. 22500/- Per six month

3 - Hostel Fee:- Every Year each (Girl's) Student

Hostel	Double Seated	Rs. 2400/- Per year
Electricity	Double Seated	Rs. 2500/- Per year
Mess Charge advance pay	Rs. 45000/- Per Annum	Rs. 22500/- Per six month

SOP FOR CONDUCT OF MBBS EXAMINATION

The main as well as supplementary examinations shall be conducted by the Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow for the MBBS students enrolled at Dr. Ram Manohar Lohia Institute of Medical Sciences as per the guidelines given by National Medical Council (NMC) {Graduate Medical Education Regulations of Medical Council of India (MCI) 1997 and amendments thereof.} The internal assessment, distribution of marks, criteria for passing a subject, appointment of examiners shall be as per NMC guidelines.

1. The entire examination process including the fixation of date of examination, appointment of Examiners, conduct of examination, declaration of Result and issue of Mark Sheets will be regulated and controlled by the Controller of Examination of the Institute. The Controller of Examinations shall appoint internal and external examiners from a list of examiners being provided by the respective departments through Board of Studies. For suggesting the names of examiners, the Board of Studies shall abide by the latest regulations as provided by the National Medical Commission from time to time.
2. The medium of examination will be in English except for interaction with the patients which may be done in the language mutually convenient.
3. There shall be four Professional examinations, schedule of which shall be notified in the academic calendar every year.
4. **Professional Exams**
 - 4.1 There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main examination.
 - 4.2 The number of times a candidate will be allowed to appear, to clear the First Professional examinations will be as per MCI Graduate Medical Education Regulations or regulations notified by National Medical Commission from time to time. A candidate can appear in the second professional only if he has passed the first professional examination & completed his second professional duration of training as per MCIGMER2019 (11 months).
 - 4.3 A student, who fails in the second Professional examination, shall not be allowed to appear in Third Professional Part I examination unless she/he passes all subjects of second Professional examination.
 - 4.4 Passing in Third Professional (Part I) examination is not compulsory before starting Part-II training, however, passing of third Professional (Part I) is compulsory for being eligible for Third Professional (Part II) examination.
 - 4.5 No more than four attempts shall be allowed for a candidate to pass the first Professional examination. The total period for successful completion of First Professional course shall not exceed four (4) years. Partial attendance of examination in any subject shall be counted as an attempt.
 - 4.6 A student shall not be entitled to graduate later than 10 years of his/her joining of the first MBBS course.

5. Eligibility to appear in Professional Examinations

The performance in essential components of training are to be assessed, based on:

5.1 Attendance

- 5.1.1 Attendance requirements are 75% in theory and 80% in practical/clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase-the learner must have 75% attendance in theory and 80% in practical in each phase in instruction in that subject.
- 5.1.2 If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have 75% attendance in each subject and 80% attendance in each clinical posting.
- 5.1.3 Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional-Part II examination.

5.2 Internal Assessment

Internal assessment shall be based on day-to-day assessment and regular periodic examinations.

- 5.2.1 Day to day assessment shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.
- 5.2.2 Regular periodic examinations shall be conducted throughout the course. There shall be no less than 3 internal assessment examinations in each Preclinical/Para-clinical subject and no less than two examinations in each clinical subject in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
- 5.2.3 When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second professional, third Professional Part I and third Professional Part II, independently.
- 5.2.4 Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
- 5.2.5 The final internal assessment in a broad clinical specialty (e.g. Surgery and allied specialties etc.) shall comprise of marks from all the constituents specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.
- 5.2.6 Students must secure at least 50% marks of the total marks (combined in theory and practical /clinical; not less than 40% marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the Professional examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination. The marks obtained in internal assessment examination shall not change if the student fails to pass Professional examination (although the student may be allowed to appear in internal assessment examination after failing in Professional examination with another batch by the respective head of the departments, this would only be for practice purpose and the internal assessment marks would not be modified).
- 5.2.7 The results of internal assessment should be displayed on the notice board within 1-2 weeks of the test. Institute/Dean office/UG Cell shall formulate policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.
- 5.2.8 Students must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the Professional examination of that subject.
- 5.2.9 The marks of each Internal Assessment will be put up on the notice board by the respective Heads of Departments within 2 weeks and a copy will be sent to the Dean and Controller of Examinations.
- 5.2.10 The record of the marks of internal assessment (Day to Day and Terminal) will be maintained in every department for a period of at least 5 years, or till the student obtains his MBBS degree, whichever is later.

6. Conduct of Professional Examinations

- 6.1 Professional examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.
- 6.2 All Professional examinations shall be conducted by the Controller of Examinations, Dr Ram Manohar Lohia Institute of Medical Institute, Lucknow.
- 6.3 The schedule of examination shall be notified by the Controller of Examinations.
- 6.4 Professional Examinations shall be held as under:
- 6.4.1 **First Professional examination**
- a. First Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.

6.4.2 Second Professional

a. The second Professional examination shall be held at the end of second Professional training (11 months), in the subjects of Pathology, Microbiology, and Pharmacology.

6.4.3 Third Professional

a. Third Professional Part I examination shall be held at end of third Professional part 1 of training (12 months) in the subjects of Ophthalmology, Otorhinolaryngology, Community Medicine, and Forensic Medicine and Toxicology.

b. Third Professional Part II - (Final Professional) examination shall be at the end of training (14 months including 2 months of electives) in the subjects of General Medicine, General Surgery, Obstetrics & Gynecology and Pediatrics. The disciplines of Orthopedics, Anesthesiology, Dentistry and Radiodiagnosis will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.

c. The discipline of Psychiatry and Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis will constitute 25% of the total theory marks in General Medicine incorporated as a separate section in paper II of General Medicine.

6.5 The professional examination schedule shall be as in Table I (given below).

Table 1

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
							Foundation Course	I MBBS			
I MBBS								Exam I MBBS	II MBBS		
II MBBS								Exam II MBBS	III MBBS		
III MBBS Part I									Exam III MBBS Part I	Electives & Skills	
III MBBS Part II											
Exam III MBBS Part II	Internship										
Internship											

6.6 Marks Distribution & pass criteria shall be as per table 2 given below (As per GMER 2019).

Table-2

Phase of Course	Written-Theory - Total	Practicals / Orals / Clinicals	Pass Criteria
First Professional			Internal Assessment
Human Anatomy - 2 papers	200	100	50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations
Physiology - 2 papers	200	100	
Biochemistry - 2 papers	200	100	
Second Professional			University Examination
Pharmacology - 2 Papers	200	100	Mandatory 50% marks in theory and practical (practical = practical/clinical + viva)
Pathology - 2 papers	200	100	[theory=theory paper(s) only]
Microbiology - 2 papers	200	100	
Third Professional Part – I			Internal assessment
Forensic Medicine & Toxicology - 1 paper	100	100	marks are not to be added to marks of the University
Ophthalmology – 1 paper	100	100	examinations and should be shown separately in the grade card.
Otorhinolaryngology – 1 paper	100	100	
Community Medicine - 2 papers	200	100	
Third Professional Part – II			
General Medicine - 2 papers	200	200	
General Surgery - 2 papers	200	200	
Pediatrics – 1 paper	100	100	
Obstetrics & Gynaecology - 2 papers	200	200	

6.7 Theory Papers

- 6.7.1 Questions papers will be so designed so that they could be easily attempted in the stipulated time of 3 hours duration.
- 6.7.2 Marks allotted to each question will be indicated against them.
- 6.7.3 There shall be two question papers each for Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Community Medicine, Surgery and Obstetrics & Gynaecology.
- 6.7.4 Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks.
- 6.7.5 For Phase-I First Professional each theory paper shall consist of 3 parts -Section A, Section B & MCQs. Section A& B will carry 40 marks each. There shall be 20 MCQs of one mark each in paper I & II both.

6.8 Setting of Question Paper

- 6.8.1 For each subject, the model question paper with distribution of syllabus & marks shall be sent to Controller of Examinations by the Head of Departments in accordance of the prevailing Graduate Medical Education Regulations.
- 6.8.2 The examiners deputed to set the paper for the year shall send the question paper in -sets to Controller of examinations accordingly.

6.9 Appointment of Examiners

- 6.9.1 Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as assistant professor after obtaining postgraduate degree in the subject in a college affiliated to a recognized/approved/permited medical college.
- 6.9.2 For the Practical/Clinical examinations, there shall be at least four examiners for 100 learners, out of whom not less than 50% must be external examiner. Of the four examiners, the senior most internal examiner will act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained. Where candidates appearing are more than 100, two additional examiners (one external & one internal) for every additional 50 or part there of candidates appearing, be appointed.
- 6.9.3 Where candidates appearing are more than 100, two additional examiners (one external & one internal) for every additional 50 or part there of candidates appearing, be appointed.
- 6.9.4 In case of non-availability of medical teachers, approved teachers without a medical degree (engaged in the teaching of MBBS students as whole-time teachers in a recognized medical college), may be appointed examiners in their concerned subjects provided they possess requisite doctorate qualifications and four years teaching experience (as assistant professors) of MBBS students. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.
- 6.9.5 External examiners may not be from the same University.
- 6.9.6 The internal examiner in a subject shall not accept external examiner for a college from which external examiner is appointed in his/her subject.
- 6.9.7 All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- 6.9.8 All theory paper assessment should be done as central assessment program (CAP) of concerned Institute.
- 6.9.9 Honorary/Emeritus/Visiting Professors or part time/ad-hoc teachers are not eligible to be appointed as internal examiners.
- 6.9.10 In case a faculty is due for retirement in the on-going academic session, s(he) should ideally avoid being a Internal examiner for that session. However, under circumstances of non-availability of internal examiners in the department, the COE may allow a retired faculty to conduct examinations, if the retirement is less than three months.

6.9.11 In case of non-availability, retirement of internal examiners, the COE may allow a retired faculty to conduct examinations, if the retirement is less than three months.

6.10 **Practical Examination**

The Practical/Clinical examination will be conducted in the laboratory/hospital/wards, as the case may be to assess the proficiency in skills to conduct the experiment, interpretation of data and logical conclusions. However, the oral examination (Viva-voice) may be conducted elsewhere within the department. This will be notified by the respective Head of Departments.

6.11 **Submission of Award Sheet of Practical Examination**

The Head of Department or Chairman of Examiners, as the case may be, shall ensure that the Award Sheet in their respective subject duly filled & signed in the prescribed format (as per the current GMER) should be submitted on or before the last date fixed by Examination Cell.

6.12 **Instructions regarding submission of the bills**

It shall be the duty of Head of Department / Chairman of Examiners, as the case may be, to send all the completely filled, duly signed & verified bills /remuneration forms for practical, evaluation, TA/DA etc. to the Examination Cell.

All the bills/claim shall be reimbursed as per the prevailing institute guidelines /rules.

6.13 **Examination fees & refund of Examinations Fees**

Examination fees as per the Institute laws after approval of the Examination Committee/Finance Controller/Director shall be payable before filling the examination form.

In case of any dispute or unforeseen event not covered under above instructions regarding the reimbursement fees payment, the decision of the Examination Committee shall be considered final

6.14 **Declaration of Result**

The result shall be declared by the Institute after successful completion of all papers of the respective examination. The result of the Professional examinations will generally be declared within one month of the practical examination is over.

Copy of the result shall be hosted the Institute website. In case of any discrepancy the marks in the official file/date base shall be taken as correct. A copy shall also be provided to the respective Dean and the Principal of the college concerned with a copy on the notice board.

Award of Distinction

Distinction shall be awarded based on the percentage of marks scored

- a. 65% and above: Certificate of Honors to the first three students.
- b. 75% or above: Certificate of Honors with Distinction.
- c. 75% or above in all subjects of all Professional examinations; MBBS (Hons).
- d. Only those students who pass in the Main Professional examination, in the first attempt in each subject will qualify for Honors, Distinction, Certificates, Certificates, Medals, Trophies, Book Prize, Cash Prize or any other Prize etc. as per the Institute norms.
- e. Passing with Honors, Passing the subject with honors, Certificate of Honors/Securing 65% or more marks/Certificate/Medal/Trophies/Book Prize/Cash Prize/etc. will be mentioned in the Character Certificate to be issued by the Dean of the faculty.

6.15 **Re-evaluation &scrutiny**

There is no provision of revaluation in the Institute.

The students can apply for scrutiny within 15 days of the declaration of the result after payment of the prescribed fees.

The scrutiny will be done by the scrutiny committee appointed by Director on the recommendation of the Controller of Examination. It shall not include the examiners.

The process of scrutiny will include marking on any unchecked answer and re- totaling of the marks already awarded. In condition after scrutiny the total marks come less than the original marks, then the later marks would be considered final. The unchecked answer will be evaluated the concerned Head of the Department/Chairman of Examiner as the case may be.

The result of the scrutiny will be declared within 15 days of the last date to apply for scrutiny. For the students of the Final Professional (Part-2) Examination there will be a provision of emergent scrutiny for which the student can apply soon after the declaration of the result on payment of the fees prescribed. The result of the emergent scrutiny will be declared within 7 days from the receipt of the application.

In case of any situation/event not covered under these guidelines the decision of the Director of the Institute shall be final.

6.16 **General Regulations**

Number of Attempts a Candidate can appear shall be at the discretion of Director Dr RMLIMS

The result(s) of Professional Examination can be placed, before declaration, in the emergent meeting of the Examination Committee for deliberations etc. These proceedings shall be confidential.

All the Results will be placed in the next Examination Committee for analysis and advice, if any. Every student has to pass in each subject separately and no marks shall be transferred from one subject to the other subject. Furthermore, no marks shall be transferred from one part of the examination to any other part in any subject.

The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a learner for clearing the examination as a whole but not for clearing a subject resulting in exemption.

Students who fail in one or more subjects(s) in any Professional examination will be eligible to appear only in those subject(s) in which they have failed, provided they satisfy other conditions to appear in the next examination.

The Institute shall issue a provisional MBBS pass certificate and an "Attempt Certificate" to the candidate after he/she has passed Final Professional (Part-II) MBBS examination.

If the need so arises, a pass certificate can be issued to the students of their Professional Examinations as well.

During Professional examinations an examiner, on sound medical grounds, can be provided a Writer, on request made to the Controller of examination. The Writer shall belong to one of the junior batches of the same faculty, should not have started the study of those subjects and will sit with the examinee and not elsewhere. The Writer will only write and draw what the examinee dictates. For this purpose, the Writer will be issued a Writer-Admit Card bearing the self attested recent photograph, signature and thumb impression of the examinee and the Writer. Invigilator(s) will be specially deputed to provide theory answer book, question paper and complete all the formalities related to the candidate and Writer. The Chief Invigilator, in consultation with the Physician in-charge will provide all the medicines needed from time to time.

REGULATIONS FOR INTERNSHIP COMPLETION AND EXTENSION

As per National Medical Commission (Compulsory Rotating Medical Internship) Regulations, 2021.

Internship to be an integral part of undergraduate medical education.— Without prejudice to the provisions of these regulations, compulsory rotating medical internship shall be an integral part of undergraduate medical education degree.

2. Bar on license to permanent registration.—No medical graduate shall be eligible to permanent registration to practice medicine in India unless he undergoes the compulsory rotating medical internship in India as provided in Annexure-I.

3. Duration and Period of Internship— The overall duration of compulsory rotating medical internship shall not be less than twelve months and shall be completed within a period of two years from the date of qualifying credentials to pursue compulsory rotating medical internship.

4. Quality of internship.— No medical graduate shall be considered to have undergone compulsory rotating medical internship unless—

(a) All the essential (practical) aspects of medicine in the areas specified Annexure-I, II & III are completed during the internship; and

(b) The entire course of internship is done under active supervision of the mentor duly qualified in that respect, and the mentor has duly issued certificate in that respect, as per the proforma provided.

5. Qualifications of mentor.— No person shall be eligible either to supervise a medical internee or certify the completion of compulsory rotating medical internship, unless he possesses all the qualifications specified in Annexure -III.

6. The Dean/ Principal/ Director or any other equivalent authority shall be responsible for implementation of these Regulations.

DURATION and PERIOD OF CRMI

1. Total Duration

Every candidate shall be required to undergo a compulsory rotating medical internship (CRMI) for a minimum period of twelve months, to the satisfaction of the college authorities and the University concerned after passing the final Bachelor of Medicine and Bachelor of Surgery (MBBS) examination/ National Exit Exam for MBBS (Next), so as to be eligible for the award of the MBBS degree by the respective Universities.

2. Period for Completion

(a) The Internship shall be completed within two years of passing the final MBBS or Foreign Medical Graduate Examination (FMGE) or NExT Step-1 examination, whenever in force.

(b) The minimum duration of compulsory rotating medical internship may be extended appropriately by a reasonable period on recommendation by the Institute for reasons including but not limited to:

(i) insufficient period of attendance; or

(ii) any exigency such as disasters or unforeseen circumstances in the country as notified by the Government of India or any competent authority duly authorized to do so.

(c) The duration of internship may be curtailed or temporarily suspended or even withdrawn or cancelled at any time by the institution or University according to the prevailing rules or regulations of the relevant authority, provided—

(i) The registrant, due to any reason whatsoever, desires not to pursue CRMI; or

(ii) The registrant is not found to have fulfilled eligibility requirements; or

(iii) There are proven acts of indiscipline; or

(iv) There are proven acts of professional misdemeanor or misconduct; or

(v) Any other acts or actions including those violating law of the land.

ELIGIBILITY CRITERIA FOR COMPLETION OF CRMI

The following requirements need to be fulfilled to be eligible for CRMI.

1. Indian Medical Graduates

(a) The applicant should have successfully completed the MBBS course of any University from a college or institution approved and recognised by the Commission and listed by the Undergraduate Medical Education Board under the provisions of section 35 of the Act.

(b) The qualifying examination for Indian Medical Graduates shall be in accordance with the applicable rules and regulations of the Commission at the time of commencement of internship;

(i) The Final MBBS Examination of various Universities or institutions of India;

(ii) The National Exit Test (NExT) Step-1 held under sub-section (1) of section 15 of the Act whenever this examination becomes operational;

(iii) Any other requirement as may be regulated or notified by the Central Government or, as the case may be, the Commission.

(c) All Indian Medical Graduates shall complete their entire period of compulsory rotating internship Training (CRMI) in the institution where they have pursued and completed their Bachelor of Medicine and Bachelor of Surgery (MBBS);

(i) One-year approved service in the Armed Forces Medical Services, after passing the final MBBS Examination shall be considered as equivalent to the pre- registration training detailed above; and such training

Shall, as far as possible, be at the Base or General Hospital. The training in Community Medicine should fulfill

The norms of the NMC as proposed above. However next step 2 will be mandatory for these candidates also.

Sr. No.	Nature of Posting	Department of Specialty	Duration	Remarks
1.	Mandatory Exclusive	Community Medicine	12 weeks	(a) Postings should be in Community Health Centres (CHC)/ Rural Health Centre (RHC) with rotation of: 3 weeks- General Surgery 3 weeks- General Medicine 3 weeks- Obstetrics and Gynaecology 3 weeks- Community Medicine Not more than 15 interns at any given time in one centre As provided in the Minimum Requirements for Annual MBBS Admissions Regulations (2020) section A.1.14 related to Community Medicine must be followed.
2.	Mandatory Exclusive	General Medicine	6 Weeks	Includes postings in out- patient, in-patient wards and admission day emergency and exposure to High Dependency Units (HDU) and Intensive Care Units (ICU)
3.	Mandatory Exclusive	Psychiatry	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies

4.	Mandatory Exclusive	Pediatrics	3 weeks	Includes postings in Out- patient, In-patient wards and Admission Day Emergency postings and exposure to Neonatal or Pediatric High Dependency and Intensive Care Units (HDU/NICU/PICU)
5.	Mandatory Exclusive	General Surgery	6 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency and both Minor and Major Operation Theatres and exposure to High Dependency Units (HDUs) and Intensive Care Units (ICUs)
6.	Mandatory Exclusive	Anesthesiology and Critical Care	2 weeks	Includes postings in Operation Theatre, Intensive Care Units, Basic Life Support (BSL) training and additionally Pain Clinic and Palliative Care, if available
7.	Mandatory Exclusive	Obstetrics and Gynaecology including Family Welfare and Planning	7 Weeks	Includes postings in Out- patient, In-patient wards, Admission Day Emergency, Labour Room and Operation Theatres and exposure to High Dependency Units (HDU), Intensive Care Units (ICU) and Family Planning methods
8.	Mandatory Exclusive and Concurrent PMR with Orthopedics	Orthopaedics including Physical Medicine and Rehabilitation (PM&R)	2 weeks	Includes postings in Out- patient, In-patient, Admission Day Emergency, Plaster Room and Operation Theatres Postings in Physical Medicine and Rehabilitation (PM&R) may run concurrent in afternoons/mornings equivalent to 4 half-days (14% of total postings)
9.	Mandatory Exclusive	Emergency/ Trauma/ Casualty	2 weeks	Includes postings related to Resuscitation areas, Triage, In-patient wards and Operation Theatre, Basic Life Support as well as exposure to medico-legal procedures
10.	Mandatory Exclusive	Forensic Medicine and Toxicology	1 week	Includes Autopsy postings
11.	Mandatory Exclusive	Dermatology, Venereology and Leprology	1 week	Predominantly Out-patient postings with exposure to handling emergencies
12.	Mandatory Exclusive	Otorhinolaryngology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres
13.	Mandatory Exclusive	Ophthalmology	2 weeks	Predominantly Out-patient postings with exposure to handling emergencies, Minor as well as Major Operation Theatres

14.*	Electives Exclusive*	Broad Specialties Group	4 weeks total; 2 weeks minimum,	Respiratory Medicine and Short Directly Observed Treatment Course in Tuberculosis (DOTS-TB) Center Radio diagnosis Lab Medicine Geriatric Medicine
15.*	Electives Exclusive	Indian Systems of Medicine	1 week	May choose any: Ayurveda Yoga Unani Siddha Homeopathy Sowa Rigpa

*Note 1: Electives may be selected by candidates as per their choice:

Distribution for electives:

Major broad specialty: One minimum for 1 week

Remaining 3 weeks- Any broad specialty or 2 weeks for broad specialty and 1 week for AYUSH

Indian systems of Medicine: Optional any one for 1 week.

Note 2: Exposure of interns is mandatory in the following relevant areas during posting for training in clinical departments, namely:—

Laboratory Medicine and Clinical Biochemistry;

Histopathology and Cytopathology;

Hematology, and Transfusion Medicine / Blood Bank;

Microbiology (including Virology);

Hospital Infection Control, Biomedical Waste Management, Central Sterile Supply Units;

Medical Record Keeping;

Hospital Information Services.

Annexure-I

CURRICULUM AND SPECIALITIES OF COMPULSORY ROTATING MEDICAL INTERNSHIP (CRMI)

1. DISCIPLINE

(a).COMMUNITY MEDICINE The aim of teaching the undergraduate student in Community Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses and

recognize the importance of community involvement. He/she shall acquire competence to deal effectively with

an individual and the community in the context of primary health care. This is to be achieved by hands-on

experience in the District Hospital and Primary Health Centre. The details are as under: -

(i) 12 weeks (Total): Community Medicine (compulsory residence in center)

(ii) 3 weeks: General Medicine

(iii) 3 weeks: General Surgery

(iv) 3 weeks: Obstetrics and Gynecology

(v) 3 weeks: Community Medicine

District Hospital /Community Health Centre:

A. Tasks an intern must be able to do without assistance:

1. An intern must:

- (a) Be able to diagnose common ailments and advise primary care;
- (b) Demonstrate knowledge on 'Essential drugs' and their usage;
- (c) Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution/ suggest to the patient an alternative health care facility if he/she wants to know about the same.

2. An intern must be familiar with all National Health Programmes (e.g. RCH, UIP, CDD, ARI, FP, ANC, Tuberculosis, Leprosy and others), as recommended by the Ministry of Health and Family Welfare.

3. An intern must:
- (a) Gain full expertise in immunization against infectious disease;
 - (b) Participate in programmes related to prevention and control of locally prevalent endemic diseases including nutritional disorders;
 - (c) Learn skills in family welfare planning procedures.

4. An intern must:

- (a) Gain capabilities to conduct programmes on health education;
- (b) Gain capabilities to use Audio visual aids;
- (c) Acquire capability of utilization of scientific information for promotion of community health.

B. An intern must have observed or preferably assisted at the following:

1. An intern should be capable of establishing linkages with other agencies as water supply, food distribution and other environmental or social agencies.

2. An intern should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health care professionals.

Taluka Hospital/ First Referral Unit/ CHC

A. An intern must be able to do without assistance:

1. An intern shall provide health education to an individual/community on:

- (a) tuberculosis;
- (b) small family, spacing, use of appropriate contraceptives;
- (c) applied nutrition and care of mothers and children;
- (d) immunization.

B. An intern must be able to do with supervision:

An intern shall attend at least one school health programme with the medical officer.

Primary Health Centre / Urban Health Centre

A. An intern must be able to do without assistance the following:

- (a) Participate in family composite health care (birth to death), inventory of events;
- (b) Participate in use of the modules on field practice for community health, e.g., safe motherhood, nutrition surveillance and rehabilitation, diarrheal disorders, etc;
- (c) Participate in and maintain documents related to immunisation and cold chain;
- (d) Acquire competence in diagnosis and management of common ailments e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure, etc.

B. An intern must be able to do under supervision the following:

- (a) Acquire proficiency in Family Welfare Programmes (antenatal care, normal delivery, contraception, etc.);

(b) Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub-Centres;

(c) Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer.

(b). GENERAL MEDICINE

1. Goal:-The aim of posting of an intern in General Medicine is to impart such knowledge and skills that may enable him to diagnose and treat common medical illnesses. He/she shall acquire competence in clinical diagnosis based on history, physical examination and relevant laboratory investigations and

institute

appropriate line of management; this would include diseases common in tropics (parasitic, bacterial or viral

infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

2. An intern must have observed/assisted or preferably performed at the following operations/procedures:

(a) Proctoscopy, Ophthalmoscopy/ Otoscopy, Indirect laryngoscopy;

(b) Therapeutic procedures;

(c) Urethral catheterization, Insertion of Ryle's Tube, Pleural, Ascitic fluid aspiration;

(d) Cerebrospinal Fluid (CSF) aspiration, Air way tube installation;

(e) Oxygen administration, etc.;

(f) Biopsy Procedures: Liver, Kidney, Skin, Nerve, Lymph node, and muscle biopsy, Bone marrow aspiration, Biopsy of Malignant lesions on surface, nasal/nerve/skin smear for leprosy under supervision;

(g) Skills that an intern should be able to perform under supervision:

(i) should be familiar with life-saving procedures, including use of aspirator, respirator and defibrillator, cardiac monitor, blood gas analyser;

(ii) should be able to advise about management and prognosis of acute & chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, myocardial infarction and angina, TIA and stroke, seizures, diabetes

mellitus, hypertension renal and hepatic failure, thyroid disorders and hematological disorders. He should participate in counseling sessions for patients with non- communicable diseases and tuberculosis, HIV patients,

etc.;

(iii) should be able to confirm death and demonstrate understanding of World Health Organization cause of death reporting and data quality requirements;

(iv) should be able to demonstrate understanding of the coordination with local and national epidemic management plans;

(v) should be able to demonstrate prescribing skills and demonstrate awareness of pharmaco-vigilance, antibiotics policy, prescription audit and concept of essential medicines list.

(c). PSYCHIATRY

1. Goal:-The aim of posting of an intern in Psychiatry is to impart such knowledge and skills that may enable him/her to diagnose and treat common psychiatric illnesses. He/she shall acquire competence for clinical

diagnosis based on history, physical examination and relevant laboratory investigations and institute appropriate

line of management. He/she should also be able to recognize the behavioral manifestations of systemic illnesses

and differentiate them from psychiatric disorders.

2. Therapeutic-

A. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Diagnose and manage common psychiatric disorders;

(ii) Identify and manage psychological reactions;

(iii) Diagnose and manage behavioral disorders in medical and surgical patients;

(iv) ECT administration;

(v) Therapeutic counseling and follow-up.

(d). PEDIATRICS

1. Goal:

The aim of posting of an intern in Pediatrics is to impart such knowledge and skills that may enable him/her to diagnose and treat common childhood illnesses including neonatal disorders. He/she shall

acquire

competence for clinical diagnosis based on history, physical examination and relevant laboratory investigations

and institute appropriate line of management. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and various system illnesses.

An intern must have observed / assisted or preferably performed the following procedures:

(i) diagnose and manage common childhood disorders including neonatal disorders and acute emergencies, examining sick child making a record of information;

(ii) Diagnostic techniques: blood collection (including from femoral vein and umbilical cord), drainage of abscess, collection of cerebrospinal, pleural and peritoneal fluids, suprapubic aspiration of urine;

(iii) Techniques related to patient care: immunization, perfusion techniques, nasogastric tube insertion, feeding procedures, tuberculin testing & breast-feeding counselling;

(iv) Use of equipments: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;

(v) Institute early management of common childhood disorders with special reference to paediatric dosage and oral rehydration therapy;

(vi) Screening of new born babies and those with risk factors for any anomalies and steps for prevention in future; detect congenital abnormalities;

(vii) Recognise growth abnormalities; recognise anomalies of psychomotor development;

(viii) Assess nutritional and dietary status of infants and children and organize prevention, detection and follow-up of deficiency disorders both at individual and at community levels, such as:

protein-energy malnutrition

deficiencies of vitamins especially A, B, C and D;

Iron deficiency

2.2 Skills that an intern should be able to perform under supervision:

(i) An intern should be familiar with life-saving procedures, including use of aspirator, respirator, cardiac monitor, blood gas analyser.

(ii) An intern should be able to advise about management and prognosis of acute and chronic illnesses like viral fever, gastroenteritis, hepatitis, pneumonias, congenital heart diseases, seizures, renal and hepatic diseases, thyroid disorders and hematological disorders. She/he should participate in counseling sessions with parents including HIV counseling.

(e). GENERAL SURGERY

1. Goal-The aim of posting of an intern in General Surgery is to impart such knowledge and skills that may enable him to diagnose and treat common surgical ailments. He/she shall have ability to diagnose and

suspect with reasonable accuracy all acute and chronic surgical illnesses.

2. Therapeutic-

A. An intern must have observed / assisted or preferably performed the following procedures:

(i) venesection or venous access;

(ii) tracheostomy and endotracheal intubation;

(iii) catheterization of patients with acute retention or trocar cystostomy;

(iv) drainage of superficial abscesses;

(v) basic suturing of wound and wound management (including bandaging);

(vi) biopsy of surface tumours;

(vii) perform vasectomy.

B. Skills that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute and chronic surgical illnesses, head injury, trauma, burns and cancer. Counsel patients regarding the same;
- (ii) Advise about rehabilitation of patients after surgery and assist them for early recovery;
- (iii) Should be able to demonstrate understanding of World Health Organisation cause of death reporting and data quality requirements;
- (iv) Should be able to demonstrate understanding of the use of national and state/ local cause of death statistics.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Resuscitation of critical patients;
- (ii) Basic surgical procedures for major and minor surgical illnesses;
- (iii) Wound dressings and application of splints;
- (iv) Laparoscopic/ Minimally Invasive surgery;
- (v) Lymph node biopsy.

(f). ANESTHESIOLOGY

1. Goal:- The aim of posting of an intern in anaesthesia is to impart such knowledge and skills that may enable him to understand principles of anaesthesia and recognize risk and complications of anaesthesia. At the end of internship, he/she should be able to perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

2. THERAPEUTICA.

An intern must have observed or preferably assisted in:

- (i) Pre-anaesthetic checkup and prescribe pre-anaesthetic medications;
- (ii) Venepuncture and set up intravenous drip;
- (iii) Laryngoscopy and endotracheal intubation;
- (iv) Lumbar puncture, spinal anaesthesia and simple nerve blocks;
- (v) Simple general anaesthetic procedures under supervision;
- (vi) Monitor patients during anaesthesia and in the post-operative period;
- (vii) Maintain anaesthetic records;
- (vii) Perform cardio-pulmonary resuscitation correctly, including recognition of cardiac arrest.

B. Skill that an intern should be able to perform under supervision:

- (i) Counseling and advise regarding various methods of anaesthesia;
- (ii) Recognise problems associated with emergency anaesthesia;
- (iii) Recognise and assist in treating complications in the post-operative period.

C. An intern must have observed or preferably assisted at the following operations/ procedures
Anaesthesia for major and minor surgical and other procedures.

(g). OBSTETRICS AND GYNAECOLOGY

1. Goal-The aim of posting of an intern in Obstetrics & Gynaecology is to impart such knowledge and skills that may enable him/ her to diagnose and manage antenatal and post natal follow up; manage labor and detect intra-partum emergencies; diagnose and treat common gynaecologic ailments.

2. THERAPEUTICA.

An intern must perform or assist in:

- (i) Diagnosis of early pregnancy and provision of ante-natal care; antenatal pelvic assessment and detection of cephalo-pelvic disproportion;

(ii) Diagnosis of pathology of pregnancy related to:

- abortion;
- ectopic pregnancy;
- tumours complicating pregnancy;
- acute abdomen in early pregnancy;
- hyperemesis gravidarum;

(iii) Detection of high risk pregnancy cases and give suitable advice e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;

(iv) Induction of labor and amniotomy under supervision, Management of normal labor, detection of abnormalities, post-partum hemorrhage and repair of perennial tears,

(v) Assist in forceps delivery;

(vi) Detection and management of abnormalities of lactation;

(vii) Evaluation and prescription oral contraceptives with counseling;

(viii) Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;

(ix) Medico-legal examination in Gynecology and Obstetrics.

B. Skills that an intern should be able to perform under supervision:

(i) Dilatation and curettage and fractional curettage;

(ii) Endometrial biopsy;

(iii) Endometrial aspiration;

(iv) Pap smear collection;

(v) Intra Uterine Contraceptive Device (IUCD) insertion;

(vi) Mini-lap-ligation;

(vii) Urethral catheterization;

(viii) Suture removal in post-operative cases;

(ix) Cervical punch biopsy.

C. An intern must have observed or preferably assisted at the following operations/procedures:

(i) Major abdominal and vaginal surgery cases;

(ii) Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations, Caesarean section.

(h). ORTHOPAEDICS

1. Goal:- The aim of posting of an intern in Orthopaedics and Physical Medicine and Rehabilitation is to impart such knowledge and skills that may enable him to diagnose and treat common ailments. He/she shall have ability to diagnose and suspect presence of fracture, dislocation, actual osteomyelitis, acute poliomyelitis

and common congenital deformities such as congenital talipesequinovarus (CTEV) and dislocation of hip (CDH).

2. THERAPEUTICA.

An intern must have observed or preferably assisted in:

(i) Splinting (plaster slab) for the purpose of emergency splintage, definitive splintage and postoperative splintage and application of Thomas splint;

(ii) Manual reduction of common fractures – phalangeal, metacarpal, metatarsal and Colles' fracture;

(iii) Manual reduction of common dislocations – interphalangeal, metacarpo-phalangeal, elbow and shoulder dislocations;

(iv) Plaster cast application for un-displaced fractures of arm, fore arm, leg and ankle;

(v) Emergency care of a multiple injury patient;

(vi) Transport and bed care of spinal cord injury patients.

B. Skill that an intern should be able to perform under supervision:

(i) Advise about prognosis of poliomyelitis, cerebral palsy, CTEV and CDH;

(ii) Advise about rehabilitation of amputees and mutilating traumatic and leprosy deformities of hand.

C. An intern must have observed or preferably assisted at the following operations:

- (i) Drainage for acute osteomyelitis;
- (ii) Sequestrectomy in chronic osteomyelitis;
- (iii) Application of external fixation;
- (iv) Internal fixation of fractures of long bones.

(i). PHYSICAL MEDICINE AND REHABILITATION

1. Goal:-The aim of posting of an intern in Physical Medicine & Rehabilitation is to impart such knowledge and skills that may enable him/ her to diagnose and treat common rheumatologic, orthopedic and

neurologic illnesses requiring physical treatment. He/she shall acquire competence for clinical diagnosis based

on history, physical examination and relevant laboratory investigations and institute appropriate line of management.

2. THERAPEUTICA.

An intern must have observed or preferably assisted in:-

- (i) Diagnosing and managing with competence clinical diagnosis and management based on detailed history and assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations, etc.;
- (ii) Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;
- (iii) Procedures of fabrication and repair of artificial limbs and appliances.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Use of self-help devices and splints and mobility aids;
- (ii) Accessibility problems and home-making for disabled;
- (iii) Simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee, etc.;
- (iv) Therapeutic counselling and follow-up.

(j). OTORHINOLARYNGOLOGY (ENT)-

1. Goal:- The aim of posting of an intern in ENT is to impart such knowledge and skills that may enable him to diagnose and treat common otorhinolaryngological conditions such as ear pain, foreign bodies and acquire ability for a comprehensive diagnosis of common Ear, Nose and Throat (ENT) diseases including emergencies and malignant neoplasms of the head and neck.

2. THERAPEUTIC

A. An intern must have observed or preferably assisted in:

- (i) Ear syringing, antrum puncture and packing of the nose for epistaxis;
- (ii) Nasal douching and packing of the external canal;
- (iii) Removing foreign bodies from nose and ear;
- (iv) Observing or assisting in various endoscopic procedures and tracheostomy.

B. Skill that an intern should be able to perform under supervision-

- (i) Intern shall have participated as a team member in the diagnosis of various ENT-related diseases and be aware of National programme on prevention of deafness;
- (ii) Intern shall acquire knowledge of various ENT related rehabilitative programmes.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

Intern shall acquire skills in the use of head mirror, otoscope and indirect laryngoscopy and first line of Management of common Ear Nose and Throat (ENT) problems.

(k). OPHTHALMOLOGY

1. Goal:- The aim of posting of an intern in ophthalmology is to impart such knowledge and skills that may enable him to diagnose and treat common ophthalmological conditions such as Trauma, Acute conjunctivitis, allergic conjunctivitis, xerosis, entropion, corneal ulcer, iridocyclitis, myopia, hypermetropia, cataract, glaucoma, ocular injury and sudden loss of vision.

2. THERAPEUTIC.

An intern must have observed or preferably assisted in:

- Sub-conjunctival injection;
- (ii) Ocular bandaging;
- (iii) Removal of concretions;
- (iv) Epilation and electrolysis;
- (v) Corneal foreign body removal;
- (vi) Cauterization of corneal ulcers;
- (vii) Chalazion removal;
- (viii) Entropion correction;
- (ix) Suturing conjunctival tears;
- (x) Lids repair
- (xi) Glaucoma surgery (assisted);
- (xii) Enucleation of eye in cadaver.

B. Skill that an intern should be able to perform under supervision:

Advise regarding methods for rehabilitation of the blind.

C. An intern must have observed or preferably assisted at the following operations/procedures:

- (i) Assessment of refractive errors and advise its correction;
- (ii) Diagnose ocular changes in common systemic disorders;
- (iii) Perform investigative procedures such as tonometry, syringing;
- (iv) direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

(I). FORENSIC MEDICINE AND TOXICOLOGY

1. Goal:- The aim of posting of an intern in Forensic Medicine and Toxicology is to impart such knowledge and skills that may enable him to identify and know the basic procedures related to medico-legal cases.

If the college/ institute is deficient in autopsy facilities, MOU shall be signed with center in the same district so as to provide training to interns.

2. An intern must have observed or preferably assisted in:

- (i) Documentation and certification of trauma;
- (ii) Diagnosis and certification of death;
- (iii) Legal documentation related to emergency cases;
- (iv) Certification of medical-legal cases e.g. Age estimation, sexual assault, etc.;
- (v) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc.

B. An intern must have observed a medico-legal autopsy/ post-mortem.

XIII. LAB SERVICES CONSISTING OF CLINICAL PATHOLOGY, LABORATORY MEDICINE, BIOCHEMISTRY AND HEMATOLOGY SERVICES ALONG WITH BLOOD BANKING

An intern must be able to PERFORM without assistance and interpret the results of the following Laboratory investigations:

- (i) Blood: Complete blood count including Platelet count, peripheral blood smear preparation and Examination including malarial parasites;

- (ii) Urine: (Routine chemical and microscopic examination);
- (iii) Stool: (for ova/cyst and occult blood);
- (iv) Blood Banking: Blood grouping (manual), saline cross-matching;
- (v) Sputum and throat swab for Gram stain and acid-fast stain;
- (vi) Cerebrospinal Fluid (CSF) for proteins, sugar and smear;
- (vii) Performing blood sugar test by glucometer;
- (viii) Pleural and ascitic fluid for routine chemistry and microscopy;
- (ix) Draw blood by venepuncture independently and collect samples in appropriate bottles in proper order;
- (x) Correctly collect and transport samples and specimens for blood tests, culture, histopathology and cytopathology investigations;
- (xi) Fill requisition forms appropriately.

(m). CASUALTY SERVICES/ EMERGENCY MEDICINE

1. Goal:-The aim of posting of an intern in casualty is to impart such knowledge and skills that may enable him/her to diagnose and treat common acute surgical /medical ailments. He/she shall have ability to diagnose and suspect, with reasonable accuracy, acute surgical illnesses including emergencies, resuscitate critically injured patient and a severely burned patient, control surface bleeding and manage open wounds and monitor and institute first-line management of patients of head, spine, chest, abdominal and pelvic injury as well as acute abdomen.

2. THERAPEUTICA.

An intern must perform or assist in:

- (i) Identification of acute emergencies in various disciplines of medical practice;
- (ii) Management of acute anaphylactic shock;
- (iii) Management of peripheral-vascular failure and shock;
- (iv) Management of acute pulmonary edema and Left Ventricular Failure (LVF);
- (v) Emergency management of drowning, poisoning and seizure;
- (vi) Emergency management of bronchial asthma and status asthmaticus;
- (vii) Emergency management of hyperpyrexia;
- (viii) Emergency management of comatose patients regarding airways, positioning, prevention of aspiration and injuries;
- (ix) Assessment and administering emergency management of burns;
- (x) Assessing and implementing emergency management of various trauma victims;
- (xi) Identification of medico-legal cases and learn filling up of forms as well as complete other medicolegal formalities in cases of injury, poisoning, sexual offenses, intoxication and other unnatural conditions.

B. Skill that an intern should be able to perform under supervision:

- (i) Advise about prognosis of acute surgical illnesses, head injury, trauma and burns. Counsel patients regarding the same;
- (ii) Electrocardiogram(ECG);
- (iii) Routine radiographs of chest, abdomen, skull, etc.

C. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Resuscitation of critical patients;
- (ii) documentation medico legal cases;
- (iii) management of bleeding and application of splints.

(n) DERMATOLOGY, VENEREOLOGY AND LEPROSY

Goal:-The aim of posting of an intern in Dermatology, Venereology & Leprosy is to impart such knowledge and skills that may enable him to diagnose and treat common dermatological infections and leprosy.

He/she shall acquire competence for clinical diagnosis based on history, physical examination and relevant

laboratory investigations and institute appropriate line of management; this would include diseases common in

tropics (parasitic, bacterial or viral infections, and cutaneous manifestations of systemic illnesses).

2. THERAPEUTICA.

At the end of internship an intern must be able to:

- (i) Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies;
- (ii) Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

B. An intern must have observed or preferably assisted at the following procedures:

(i) Perform simple, routine investigative procedures for making bedside diagnosis, specially the examination of scraping for fungus, preparation of slit smears and staining for AFB for leprosy patient and for STD cases;

(ii) Skin biopsy for diagnostic purpose.

(o). RESPIRATORY MEDICINE Goal:-

The aim of posting of an intern in Respiratory Medicine is to impart such knowledge and skills that may enable him/her to diagnose and treat common respiratory illnesses. He/she shall acquire competence for

clinical diagnosis based on history, physical examination and relevant laboratory investigations and institute

Appropriate line of management.

2. THERAPEUTIC –

A. An intern must perform or assist in:

- (i) Diagnosing and managing common respiratory disorders and emergencies;
- (ii) Simple, routine investigative procedures required for making bed side diagnosis, especially sputum collection, examination for etiological organism like AFB, interpretation of chest X-rays and respiratory function tests;
- (iii) Interpreting and managing various blood gases and pH abnormalities in various illnesses.

B. An intern must have observed or preferably assisted at the following operations/ procedures:

- (i) Laryngoscopy;
- (ii) Pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumo- thoracic drainage Aspiration;
- (iii) Therapeutic counseling and follow up.

(p). RADIO-DIAGNOSIS

1. Goal:-The aim of posting of an intern in radio-diagnosis is to impart such knowledge and skills that may enable him/ her to understand principles of imageology and recognize risk and complications of radiologic

procedures and the need for protective techniques. At the end of internship, he/she should be able to counsel and

prepare patients for various radiologic procedures.

A. An intern must acquire competency in:

- (i) Identifying and diagnosing acute abdominal conditions clinically and choose appropriate imaging modality for diagnosis;
- (ii) Identifying and diagnosing acute traumatic conditions in bones and skull using X rays / CT Scans with emphasis on fractures and head injuries;
- (iii) Recognising basic hazards and precautions in radio-diagnostic practices specially related to pregnancy;
- (iv) Demonstrating awareness of the various laws like Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994).

Annexure-II

CERTIFIABLE PROCEDURAL SKILLS

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate that should be included in log books

Specialty	Procedure
General Medicine	Venipuncture (I) Intramuscular injection (I) Intradermal injection (D) Subcutaneous injection (I) Intra Venous (IV) injection(I) Setting up IV infusion and calculating drip rate (I) Blood transfusion (O) Urinary catheterization (D) Basic life support (D) Oxygen therapy (I) Aerosol therapy / nebulization (I) Ryle's tube insertion (D) Lumbar puncture (O) Pleural and asciticfluid aspiration (O) Cardiac resuscitation (D) Peripheral blood smear interpretation (I) Bedside urine analysis (D)
General Surgery	Basic suturing (I) Basic wound care (I) Basic bandaging(I) Incision and drainage of superficial abscess(I) Early management of trauma (I) and trauma life support(D)
Orthopedics	Application of basic splints and slings(I) Basic fracture and dislocation management (O) Compression bandage (I)
Obstetrics	Obstetric examination(I) Episiotomy(I) Normal labor and delivery (including partogram) (I)
Gynecology	Per Speculum (PS) and Per Vaginal (PV) examination(I) Visual Inspection of Cervix with Acetic Acid (VIA) (O) Pap Smear sample collection & interpretation (I) Intra- Uterine Contraceptive Device (IUCD) insertion & removal(I)
Pediatrics	Neonatal resuscitation(D) Setting up Pediatric IV infusion and calculating drip rate (I) Setting up Pediatric Intraosseous line (O)

Forensic Medicine	Documentation and certification of trauma (I) Diagnosis and certification of death(D) Legal documentation related to emergency cases (D) Certification of medical-legal cases e.g. Age estimation, sexual assault etc.(D) Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc (D)
Otorhinolaryngology	Anterior nasal packing (D) Otoscopy (I)
Ophthalmology	Visual acuity testing (I) Digital tonometry(O) Indirect ophthalmoscopy (O) Epilation (O) Eye irrigation(I) Instillation of eye medication (I) Ocular bandaging(I)
Dermatology	Slit skin smear for leprosy(O) Skin biopsy(O) Gram's stained smear interpretation (I) KOH examination of scrapings for fungus (D) Dark ground illumination (O) Tissue smear (O) Cautery - Chemical and electrical (O)
Pathology and Blood Banking	Peripheral blood smear preparation, staining and interpretation (I) Urine routine and microscopy examination (I) Manual blood sugar estimation (I) CSF examination (I) Blood grouping (I) Saline cross match method (I)
Microbiology	Gram's stained smear interpretation (I) KOH examination of scrapings for fungus (I) Dark ground illumination (O) ZN stained smear interpretation (I) Wet mount examination of stool for ova and cysts (I) Identification of blood parasites on PBS (I)
Pharmacology	Writing a prescription (D) Audit of a given prescription (D) Recognize an adverse drug reaction (I) Be able to prepare a list of essential drugs for a healthcare facility
Applied Anatomy	Identification of structures on X-rays/ ultrasound
Applied Physiology	Perform, analyze, and interpret pulmonary function (e.g. FVC, MVV) (O) Perform, analyze, and interpret measurements of cardiac and vascular function (e.g. HR, BP, ECG) (D) Interpret blood parameters (e.g. hematocrit/red blood cell count, lactate, glucose) (I) Perform, analyze, and interpret CNS function (e.g. nerve conduction

	velocity, EMG, cranial nerve examination) (D)
Applied Biochemistry	Estimate glucose, creatinine, urea and total proteins, A:G ratio in serum (D) Estimate serum total cholesterol, HDL cholesterol, triglycerides(D) Estimate serum bilirubin, SGOT/SGPT/alkaline phosphates (D) Estimate calcium and phosphorous(D)
Biomedical waste management	Segregation and disposal of sharps, plastics, OT material, HIV/HBsAg/ HCV/ corona virus infected material (O)

I: Independently performed on patients O: Observed in patients or on simulations

D: Demonstration on patients or simulations and performance under supervision in Patients

Annexure -III

MENTOR- A mentor for intern shall possess postgraduate qualification in the subject concerned and shall be duly certified as a mentor for interns by Professor and Head of the Department concerned.

Annexure -IV

ASSESSMENT

The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works.

Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training;

The assessments shall predominantly test clinical/ practical skills.

Feed-back mechanisms must be in place so that progress and deficiencies are conveyed to interns such that measures for correction and improvement can be instituted early and effectively.

Based on the record of work and objective assessment at the end of each posting, the respective Head of the Unit and Head of the Department shall certify satisfactory completion of the posting.

The Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship.

Interns shall have to undergo an eligibility licentiate test/NExT step-2 whenever duly notified as a requisite to granting of Permanent Registration/ license to practice.

STIPEND

All interns shall be paid stipend as fixed by the appropriate authority applicable to the institution/ University or State.

Stipend may not be paid during any period of extension except in the case of maternity or paternity leave or medical leave, as may be recommended and approved by the Medical Board. Total stipend paid for the entire internship may be for fifty-two weeks (Twelve months) only.

TRAINING

Internship training shall be supervised:

The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician or mentor in each department or supervisor who shall be a Faculty member.

The supervisor shall be responsible for any ethical and legal issues related to interns being supervised by

them.

The restrictions of independent practice related to patient care and other services during internship are as in section 5.3(e) of NMC regulation, 2021.

Interns shall be given adequate opportunities to acquire competencies to become confident primary care physicians:

The emphasis during internship shall be hands-on training applying the scientific and theoretical background gained during the undergraduate course.

Based on the progress of knowledge, skill acquisition, graded responsibility for patient care should be given.

Interns shall be trained to independently handle common acute emergencies and be aware of individual limitations and necessity of proper and timely referral of such cases to appropriate centres.

Interns shall be mentored to acquire effective communication and other skills that are necessary for empathetic and compassionate clinical care.

It should be ensured that the intern gets learning experience in the community:

These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in Government health programs, etc.

Internship should be increasingly scheduled to utilise clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital.

A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas:

Provided that where an intern is posted to District or Sub-Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee.

Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal or Dean of Institute.

Skills in Emergency Medicine / Casualty/ Trauma

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control Hemorrhage									
Intubate									
Basic Adult Resuscitation									
Basic Pediatric Resuscitation									
Draw blood									
Use vacutainer									
Canulate vein									
Set up IV infusion									
Monitor IV infusion									
Give IM injection									
Give SC injection									
Give IV Injection									
Fill Requisition Form									

Order grouping /cross matching									
Order blood/ blood products									
Set up transfusion									
Draw blood for culture aseptically									
Immediate assessment of chest pain									
Immediate assessment of abdominal pain									
Immediate assessment of unconscious patient									
Immediate assessment of stroke									
Immediate assessment of trauma									

Log Book Page

Skill	Observed		Assisted		Done under supervision		Able to do independently		Remarks /Comments
	Date	No	Date	No	Date	No	Date	No	
Control hypotension									
Triage									
Perform actions necessary in the first few minutes of arrival of a sick patient									
Seek help appropriately									
Manually handle / lift / shift patients									
Prepare for emergency surgery / procedures									
Monitor patients requiring oxygen									
Appropriately use mask, Non invasive ventilation									
Monitor sick patients in HDU									

Note:

These are only incomplete sample skills

Every institution can prepare such lists for each posting and include communication skills etc.

Instead of numbers check boxes can be used for simplicity and to avoid cumbersome entries

INTERNSHIP ASSESSMENT AND FEED-BACK FORM

Name: _____ Student / Intern ID: __ Supervisor: _____ Department/
Specialty: _____ Unit: __ Dates: / / to / / Leaves: _____ days

RATING

PLEASE RATE ON A SCALE OF A, B, C, D WITH

- A: Outstanding B: Good
 - C: Average
 - D: Needs further training
- Scoring may be based on

- Knowledge
- Patient Care
- Procedural Skills
- Independent care
- Communication Skills
- System Based Practice
- Professionalism
- Life-long Learning

FEED-BACK

Strengths:

Areas of Improvement needed:

Comments:

Student: _____ Date: __
Faculty: _____ Date:

LEAVE RULES FOR INTERNS

An intern shall be allowed to avail the following leaves;-

A. Normal Leave:

- (i) Interns shall be permitted a maximum of fifteen days leave with prior permission, during the entire period of internship.
- (ii) The entire period of fifteen days cannot be availed during any of the one week or two weeks postings applicable to a single department or specialty

B. Maternity Leave:

- (i) Lady Interns may be permitted Maternity Leave according to prevailing rules and regulations of the Central Government or State Government, as may be applicable

C. Paternity Leave: Male interns may be permitted paternity leave for two weeks either in continuation or intervals of one week each within one year of internship.

D. Medical Leave:

- (i) Medical Leave shall be included within the fifteen days of normal leave.
- (ii) Any medical leave beyond this period shall be recommended only by a duly constituted Medical Board.

E. The internship shall be extended if the leave of absence of any kind exceeds beyond this period:

- (i) The period of extension shall be equivalent to the period beyond permissible fifteen days of leave.
- (ii) The internship shall be repeated only in the department or specialty wherein the above extension is necessary.

HOSTEL ADMINISTRATION

Director

The Hostels of Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow are under the overall supervision of the Director, Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow, who shall appoint the Hostel Management Committee (HMC) of boys and girls separately to supervise the administration of the Hostels on his/ her behalf. In case of any dispute, the decision of the Director shall be final and binding in all matters related to the Hostels.

1.1. Hostel Management Committee [HMC]

The Hostel Management Committee shall be headed by Chief Wardens of Hostels and shall be assisted by several other faculty members, who shall be deputed as Wardens and Assistant Wardens of Hostels.

1.2. Composition

The Hostel Management Committee consists of the following members:

- | | | | |
|------|--|------------------|--|
| i. | Chief Warden of Hostels | Chairperson | He/she shall be nominated by the Director from amongst the Senior Professor/ Additional Professor of the institute and shall be female faculty for Girls' Hostel and male faculty for Boys' Hostel. |
| ii. | Warden of Hostel. | Member | He/she shall be nominated by the Director from amongst the Additional Professor of the institute on recommendation of the Chief Warden of Hostels and shall be female faculty for Girls' Hostel and male faculty for Boys' Hostel. |
| iii. | Assistant Wardens of Hostels | Members | They shall be nominated by the Director on recommendation of the Chief Warden/warden of Hostels. They are from regular faculty members of the institute and shall be female faculty for Girls' Hostel and male faculty for Boys' Hostel. |
| iv. | Administrative Officer/ Assistant Administrative Officer | Member | He/ She shall be deputed from such non-teaching staff of the institute and shall be responsible for maintenance of all records related to hostel. He/ She shall assist the committee in performance of its tasks. |
| v. | Finance Officer or | Member | - |
| vi. | Assistant Engineer | Member | He/ She shall be appointed by the Director from amongst the assistant engineers at the institute. |
| vii. | Sub-Dean (Student Welfare) | Member Secretary | Ex-officio |

Apart from the above members, the Chief Warden of Hostels may seek special invitees for meetings as and when required.

1.4.1 Terms of Reference

The Hostel Management Committee (HMC) shall be responsible to set guidelines for day-to-day functioning and long-term planning of matters related to hostels including supervision of all hostel staff.

The committee shall meet from time to time and advise on the following matters:

- 1.4.2 All policy matters related to hostel rules and regulations
- 1.4.3 Policy changes necessitated due to change in circumstances.
- 1.4.4 Financial matters that have a bearing on overall functioning.
- 1.4.5 Matters related to engineering services.
- 1.4.6 Matters related to security.
- 1.4.7 Policies related to purchase and stores related to hostels.
- 1.4.8 Matters related to student welfare and facilities/ conveniences within the hostel premises.
- 1.4.9 Any other matter as considered necessary by the Chairperson.

1.4.10 Meetings

The Hostel Management Committee (HMC) shall meet at least twice in an yearly meeting. Apart from the regular meetings, the member secretary, with permission from the chairperson, may constitute subcommittees consisting of members from within the HMC and other members from within the institute for specific purposes as and when required; such subcommittees should be headed by one of the Assistant Wardens of Hostels. The agenda for such meetings of the HMC or sub-committees hence constituted must be circulated in advance to all members of the HMC and sub-committees, and a quorum of 50% is necessary. However, special meetings may be called by the Chairperson or Member Secretary, with permission from Chairperson, without any prior notice for discussing matters requiring urgent attention. The minutes of the meetings are signed by the chairperson and circulated to all members with copy to Dean (Academic) and Director for information.

1.4.11 Tenure

The tenure of the Chief Warden/Warden/Assistant Warden of Hostels is generally for a period of three years, that may be extended at the discretion of the Director.

1.4.12 Hostel Section

The Hostel Section functions under the overall supervision of the Chief Warden.

1.4.13 Hostel Committee

The Chief Warden constitutes a hostel committee for routine functioning of Hostel Section. The Chief Warden can constitute sub-committees for specific purposes such as:

1. Formulation of various guidelines
2. Grievance redressal
3. Maintenance of discipline
4. Store purchase related to hostels
5. Accounts of hostels
6. Hygiene and Sanitation
7. Mess and shops
8. Any other matter as deemed appropriate

Such sub-committees shall report to the Chief Warden, who may forward the observations/recommendations to higher authorities as he/ she deems fit.

1.4.14 Hostel Office

There shall be a well-equipped separate office of the Boys and Girls Hostels each located in Dr RMLIMS, Vibhuti Khand Campus, Lucknow.

1.5 Hostel Staff

The Director, Dr RMLIMS may appoint /post staff for the hostel activities with the purpose of working in the Hostel Section. This includes caretakers (for each floor), ministerial staff, attendants and other maintenance staff. All hostels are managed by caretakers/Asstt. Wardens who look after the day-to-day affairs of the Hostellers under the Supervision of Warden/Chief Warden.

1.6 Other Appointees

The Chief Warden on due approval by the Director may appoint Resident Wardens, Hostel Wardens, Wing Wardens or Faculty Guardians for students for the purpose of improving the comfort and welfare of the hostellers. Such appointments are usually adhoc, for a short duration depending on the requirements and exigencies.

1.7 Hostel Layout

Any dwelling that houses the undergraduate students at the Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow or guests in its constituent campuses or buildings owned or rented by the institute especially for the purpose of housing students is considered a Hostel. of the institution.

Any dwelling or room rented privately by an undergraduate student of Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow is not considered as a Hostel and hence shall not be under the purview of the hostel rules and regulations.

1.8 Resident of a Hostel

Any undergraduate student at Dr Ram Manohar Lohia Institute of Medical Sciences who is duly allotted accommodation by the Chief Warden shall be considered as a resident of a hostel. The term "hosteller" may be used interchangeably with "resident "of the hostel.

1.9 Guest and visitor

Any person who is not a bonafide undergraduate or postgraduate student or academic resident or PhD scholar or elective students or trainees of the Dr Ram Manohar Lohia Institute of Medical Sciences and is provided accommodation by the Chief Warden for a short period [less than ten days under normal circumstances] in the hostels is considered as a guest.

The guests are usually accommodated in the Guest Rooms available in different hostels.

Any person who is not a resident / hosteller but is visiting a hosteller/ resident and does not stay overnight in the hostels is considered as visitor.

2. HOSTELS (UNDERGRADUATE)

2.1. List of Hostels:

Dr S C Rai Hostel (Boys' Hostel), Vibhuti Khand Campus
 Girls' Hostel, Vibhuti Khand Campus
 Saryu Enclave (Boys' Hostel) – Rented, Gomti Nagar Extension

2.2. Types of Accommodation

The following types of accommodation are generally approved and available in different hostels:

- 2.2.1. Shared accommodation – All MBBS students would be provided shared accommodation till VII semester.
- 2.2.2. Single accommodation – The final year (VIII & IX semester) students and interns are eligible for single room, if available. Such accommodations may be subject to higher hostel charges, as decided by the HMC and approved by the Director of the institute.
- 2.2.3. In event of exigency, the Chief Warden may alter the type of accommodation to ensure maximum utilization of available accommodation.

2.3. Furnishings The following facilities are provided in the hostel rooms:

- 2.3.1. Cot.
- 2.3.2. Steel/ wooden inbuilt cupboard.
- 2.3.3. Study table with study chair.
- 2.3.4. Any other furniture, furnishings, structure, or fixture as provided or erected by the institute.
 Note: Mattresses, pillows, bed sheets, curtains are not provided to allottees. All furnishings provided to the allottees shall be indented in the name of the hosteller and shall be returned in the original state to the institute at the time of vacating the hostel at the time of transfer to another hostel/ leaving the institute/ passing-out from the institute. Damage to hostel property/ furnishings shall attract fine in form of submission of the original cost of item or replacing the item with same/ similar product. The decision of the hostel committee shall be final and binding in all such cases.

2.4. Internal areas within the Hostel Campus

- 2.4.1. Washrooms, Lifts and Staircase, Common rooms in shared accommodation in any form.
- 2.4.2. Any furniture, furnishing, structures or fixture as provided or erected or constructed by the institute Corridors.

2.5. External areas within the Hostel Campus

Hostel campus includes roads., horticulture of any form, playgrounds, streetlights, benches, security barriers or similar structures, signage's and other structures, Internet and computer facilities including wireless routers installed. within the hostel premises or any other structure or fixture as provided or erected or constructed by the institute.

2.6. Guest Rooms

- 2.6.1. Guest Rooms are specified rooms for guests of Hostellers allotted for a short period, not exceeding ten days on payment basis.
- 2.6.2. The resident should contact Hostel Section to book guest room. The guest room booking can be made up to sixty days in advance, subject to availability.
- 2.6.3. Guest Rooms are modestly furnished.
- 2.6.4. Guest Rooms may or may not have attached washroom

3. HOSTEL ALLOTMENT (UNDERGRADUATE)

- 3.1. Allotment of hostel accommodation is done according to the rules and regulations framed by the Hostel Committee and endorsed by the Director, Dr RMLIMS, Lucknow.
- 3.2. Allotting Authority
 - 3.2.1. The Chief Warden is the allotting authority in accordance with the rules and regulations approved by the competent authorities.
 - 3.2.2. The Chief Warden, to expedite routine functioning, may depute any official of the Hostel Committee or Hostel Section to make the allotment on his / her behalf in accordance with the established rules and regulations.
 - 3.2.3. The Chief Warden in consultation with the Hostel Committee may modify the Hostel Allotment Rules and Regulations in the best interests of the institution.
- 3.3. Eligibility for Hostel Accommodation

All MBBS students – Preference would be given to students not resident of Lucknow. Students from Lucknow would only be considered for Hostel allocation only if rooms are available; preference would be given to MBBS students in final year (VIII & IX Semester) and interns from Lucknow in such cases.
- 3.4. Application for Hostel Accommodation
 - 3.4.1. Allotment of hostel accommodation is only based on application made on prescribed form available in Hostel office. All the hostel forms (No dues form, vehicle pass form, residence proof form, Application for hostel accommodation forms, change of room form, etc) are available on the institute website as well.
 - 3.4.2. No change of rooms will ordinarily be allowed. It would be solely based on justification presented by the hosteller and the decision of the hostel committee shall be final and binding.
- 3.5. Principles of allotment procedure
 - 3.5.1. Allotment will be made according to the date of joining. If the date of joining is same, then the date of completion of application. If both are same, then the date of deposit of security amount for the hostel. The date of joining will be valid till the last date of admission process by the final counselling for MBBS. If the candidate has not applied within this period, then his /her application is liable to be rejected by the hostel committee.
 - 3.5.2. No choice of rooms will be allowed either in first allotment or upgradation. The room will be allotted according to the date of vacation of the room to the first person on waiting list. If the candidate refuses to accept the room, then he/she will be debarred for 6 months and will only be considered after 6 months lapse.
 - 3.5.3. For request of room change after occupying the allotted room, hosteller should have filed in a request for such a change within 1 month of the initial allocation. No Change will be permitted for 3 months from initial allotment. Only 3 days will be allowed to accept the change offer and if accepted, a further 7 days to occupy the new allotment and vacate the previous allotment. If the person fails to accept the offer in 3 days, it will be automatically offered to the next in waiting and the hosteller then debarred for change for 6 months. The process will not be reversed in any case. Any candidate who accepts the change but fails to vacate the previous accommodation within stipulated period will be charged penal rent for two room occupancy.
 - 3.5.4. No choice of rooms will be allowed during change of rooms. The room will be allotted according to the date of vacation of the room to the first person on waiting list. If the candidate refuses to accept the room, then he/she will be debarred for 6 months and will only be considered thereafter.

- 3.5.5. All applications pertaining to hostel allocation, change of room, vacating hostel room, allocation of guest room, etc shall be verified and forwarded by the Dean (Academics) or Sub-Dean (Undergraduate Cell) or Sub-Dean (Student Welfare).
 - 3.5.6. Application of mutual exchange of rooms shall be written to the Chairperson, HMAAC and forwarded by the Dean (Academics). However, the hostellers shall exchange the room only after approval of the HMAAC. Any non-approved mutual exchange of rooms shall be considered as an act of indiscipline, and the HMAAC may cancel the allocation of hostellers in such cases.
 - 3.5.7. Individual rooms /shared rooms may be allotted to undergraduate students through draw of lots. Lots will be both for pairing and allotment of specific room number.
 - 3.5.8. The undergraduate MBBS students up to VII semester are to be housed in double sharing rooms. Subsequently, single rooms may be allotted in or after VIII subject to availability of such rooms. This will also be done through draw of lots both for the seniority of allotment and the specific room allotted.
 - 3.5.9. As stated above the allotment of hostel rooms shall be given by the Rules prevalent at the time of allotment. The rules however may be modified from time to time with the approval of competent authority.
- 3.6. Waitlist
 - 3.6.1. The Hostel Section shall display a waitlist up to first 20 waitlisted candidates. Waiting list will be updated every month.
 - 3.7. Offer of allotment (Allotment Letter)
 - 3.7.1. Allotment offer will be made on the date of vacation of a room.
 - 3.7.2. The notice of allotment will be displayed on the notice boards at the institute. Additionally, the waitlisted candidates may be informed telephonically by the hostel committee. Complaints about non-receipt of allotment or delays will not be entertained.
 - 3.7.3. All candidates shall accept the allotted accommodation within the time stipulated in the letter (7 days from the issue of the letter), otherwise the allotment will be cancelled without any further notice and allotted to the next in line. The candidate who fails accept the seat within the time stipulated or refuses the allotted seat, for any reason, will then be debarred for 6 months. He/she will then be considered only after 6 months. This process will not be reversed in any case.
 - 3.7.4. If the candidate accepts the allotment a further 10 days grace (total of 17 days from the issue of the letter) will be given for him to occupy the room. The occupancy of the room will be counted from the date the keys are handed over by the hostel section to the candidate. If the candidate fails to take charge of the keys within the stipulated date, the allotment will automatically stand cancelled, and the room will then be offered to the next in waiting. This process will not be reversed in any case.
- 3.8. Period of Allotment
 - 3.8.1. The period of allotment shall not exceed 10 days beyond the date of completion of the course or tenure of undergraduate course.
 - 3.8.2. Vacating the hostel on time will be the sole responsibility of the candidate, whether a notice is served or not. Vacation notice is ordinarily not served. Failure to vacate hostel accommodation on time with or without permission shall invite levying of penal rent, automatically, as applicable and eviction proceedings.
 - 3.8.3. No student shall receive his / her certificate from the Academic Section prior to vacation of hostels on time.
 - 3.8.4. The unsuccessful residents /students will be given extension of hostel accommodation for a maximum period of two terms of 6 months each. Total of 1-year extension period over and above the course duration only (Maximum one year) on normal rent and then will be asked to

vacate the room. Failure to appear in an exam would be counted as an attempt. The official letter from the academic section is a must for this extension of academic period.

3.9. Change of Allotted Accommodation

3.9.1. Change of room is normally allowed only once during the entire time of tenure.

3.9.2. Additionally, change of room is allowed to hostellers on emergency situations like fire/seepage / fallen ceiling etc. with the approval of the Chief Warden. No choice of room will be allowed for such changes and hostel office will allocate the room.

3.10. Mutual Exchange of Accommodation

3.10.1. Mutual exchange of rooms is allowed with permission only once and only in the same hostels.

3.10.2. Mutual exchanges shall not be permitted within 3 months of allotment or if either of the allottees has less than three months period before the expected completion of their tenure.

3.10.3. In case one or more hostellers have mutually exchanged rooms without permission this will be considered as a gross violation of the allotment and strict action shall be taken as deemed appropriate, which can include cancellation of allotment for both.

3.11. Refusal of Accommodation

3.11.1. If any applicant does not accept the accommodation allotted by any of the above methods within the period as indicated in the allotment letter or any other similar document or instrument, he/ she shall be deemed to refuse the said allotment.

3.11.2. Lack of any written communication to the Superintendent of Hostels regarding the allotment within the stipulated period shall be treated as refusal.

3.11.3. Any applicant who refuses to accept the allotted accommodation or is implied to refuse the accommodation shall be debarred for 6 months for reconsideration of allotment.

3.11.4. In the event of refusal, the next person in the waitlist shall be allotted the said accommodation.

3.11.5. The Hostel Committee may deliberate on written reasons for refusal such as non-receipt of allotment letter and reissue such allotment without the debarment if such reasons are considered valid or reasonable.

3.12. Occupancy

3.12.1. Only the allottee shall occupy the accommodation. Parent/s, siblings, friends are not permitted to stay.

3.12.2. If any other occupant resides in the said accommodation, irrespective of the duration, it would be viewed as contravention of the rule. In case anyone else stays in the room allotted, it will be treated as sub-letting and action will be initiated as deemed fit. This may lead to allotment being cancelled immediately and the candidate may be asked to vacate immediately. It may also lead to debarring of the person, who was staying in the room, for any future allotment of hostel room. The information about this violation of the rules will be intimated to the Academic section for necessary action as deemed fit.

4. ALLOTMENT OF GUEST ROOMS (FOR UNDERGRADUATE STUDENTS)

- 4.1. Guest Rooms in the hostel premises may be booked usually for 7 days. Extension for 3 more days (maximum 10 days) as may be granted on case-to-case basis. Maximum one booking /per resident or student per 3 months.
- 4.2. Allotment of Guest Rooms is done on application in the prescribed form by a bonafide hosteller. Proof of relationship with guest to be submitted along with application. Only parents and siblings and parent in-laws are allowed.
- 4.3. Guest Rooms may be allotted directly by the Hostel Section without prior booking in case of emergency, especially for members of families of students attending bereavement, illness etc. The Chief Warden may take the decision on humanitarian grounds.
- 4.4. All charges and security deposit shall have to be paid at the time of booking the guest room.
- 4.5. The security deposit will be refunded on returning the key and after deductions, if any, towards damage to property.
- 4.6. The responsibility of paying all charges and of maintaining the guest room during the stay of the guest and discipline of the guest shall be the responsibility of the hosteller who has booked the room.
- 4.7. The keys should be received from the Concerned Hostel Assistant Warden and returned in time (Working hours). Failure to return the keys in time would invite fines that may be deducted from the Security Deposit.
- 4.8. The maximum duration of a single allotment of the guest the Hostel committee will decide from time to time. This generally does not exceed ten days. Penalty for overstay may be levied.
- 4.9. Guest may be allowed to stay in the students' room, with permission of hostel authorities on certain special cases like illness, for short period not exceeding 2-3 days. For female hostellers, only lady guest will be allowed in girls' hostels; for male hostellers, only male guest will be allowed in boys' hostels.

5. MESS RULES

- 5.1. The rules and regulations of the mess shall be determined by a sub-committee that shall be headed by Dean (Student Welfare) and members shall include one Assistant Warden (Male), one Assistant Warden (Female), one Dietician or nominee, two batch representatives each from male and female undergraduate students of different MBBS batches and one male and female intern each.
- 5.2. Once a student joins the hostel, he / she is deemed to have become a member of the mess until he / she vacates the hostel officially.
- 5.3. No change of mess is permissible.
- 5.4. The mess is run by the institute.
- 5.5. Strict discipline should be maintained in the dining hall.
- 5.6. Menu will be displayed on the notice board. Changes can be made based on the decision of mess committee.
- 5.7. Day scholars will not be entertained as guests in the mess.
- 5.8. Inmates can entertain their parents as guests on prior information to the hostel authorities. The guest rate would be determined by the mess committee.
- 5.9. Food will not be served in rooms and the inmates are not supposed to take food to their rooms. If an inmate is ill, the assistant warden will make suitable arrangements.
- 5.10. The inmates should not enter the kitchen
- 5.11. Wasting food is a crime. No diner shall waste food. Paying mess bill does not entitle a diner to waste food. If any student is found wasting food, he / she will be fined. If the same student is found repeating the same mistake, he / she will be expelled from the hostel.
- 5.12. The system of self service will be followed in all the mess
- 5.13. The quantity of food will be unlimited except in the case of special items
- 5.14. All diners shall produce ID card and Mess card to dine every time in the mess
- 5.15. Unauthorized people and non-hostelers seen in the dining hall without receipts of payment will be charged fine.
- 5.16. If the mess dues are not cleared in time, the hosteller would be warned. If the dues are not cleared within a week, or as determined by the mess committee, the hosteller would be expelled from the mess.

6. ETHICS, CONDUCT AND DISCIPLINE IN HOSTEL

6.1. All hostellers / residents guests and visitors to the hostels should conduct themselves in a manner that is in keeping with the prestige, honour, and dignity of the Dr Ram Manohar Lohia Institute of Medical Sciences.

6.2. BEHAVIOR

6.2.1. Hostellers / residents are expected to maintain discipline and decorum not only in the hostel but also in the institutional campus. Hostellers / residents must respect privacy and dignity and belongings of fellow-hostellers/ residents, visitors and guests irrespective of age, gender, social standing, seniority, discipline of study, position etc.

6.2.2. The hostel is meant for both undergraduate and postgraduate students who have been selected for learning and training. At no time should the hostellers / residents behave in a manner that disturbs the learning of fellow-hostellers / residents. Maintaining the best possible conditions for studying and rest is the responsibility of every hosteller/ resident.

6.2.3. Hostellers should refrain from making noise, shouting or create disturbance in any form.

6.2.4. Radios, music systems and other such appliances must be played at an appropriate volume or earphones may be used so as not to cause any disturbance to others.

6.2.5. Partying / celebrations of any form are not permitted in the hostels without prior permission of the Chief Warden who may earmark specific areas for this purpose.

6.2.6. Hostellers must take care of hostel and institutional property.

6.2.7. Hostellers should not deface, alter, or destroy any hostel or institutional property. Vandalism is a serious offence.

6.2.8. Ragging in any form within and outside the hostels is banned in the country as directed by the Hon'ble Supreme Court of India.

6.2.9. At no time shall hostellers / residents argue unnecessarily, abuse, threaten or misbehave with any institute employee (Including security staff who may interact with them during their duty).

6.2.10. Dr Ram Manohar Lohia Institute of Medical Sciences, Lucknow is declared a "No Smoking zone". Hence smoking in premises is completely banned.

6.2.11. Use of tobacco and its products are not permitted in the hostels.

6.2.12. In view of the known health hazards hostellers / residents are advised to refrain themselves from smoking and use of tobacco.

6.2.13. Consumption of Alcohol, Intoxicating Substance and Illicit drugs is banned in the hostel.

6.2.14. Alcohol should not be served in parties / celebrations within the hostel campus even when permission for such parties/ celebrations has been obtained from the Chief Warden.

6.2.15. It is illegal to possess recreational or prohibited drugs.

6.2.16. Possession, use, peddling etc of any recreational or prohibited drugs is a criminal offence.

6.2.17. Hostellers must not indulge in violence or in actions leading to physical or mental harm to anyone.

6.2.18. Hostellers / residents should not possess any weapons or replicas of weapons or any other article that may cause physical harm.

6.2.19. Hostellers /residents should not.at any time bring in unauthorized or unknown individuals into the hostel premises.

6.2.20. Hostellers / residents shall not sub-let or have proxy or dummy room-mate hostels. Otherwise, they may face-strict disciplinary action against such activity.

6.2.21. Hostellers / residents must refrain from any risky behaviour and exercise utmost caution to ensure safety to self and others.

6.2.22. Valuables including laptops, books, jewellery, mobile phones must be kept in a secure place. Hostel Section will not be responsible for any loss.

6.2.23. Any item that potentiating fire hazard must be promptly removed.

- 6.2.24. Any substance or appliance that may pose threat to safety of self or others must be removed.
- 6.2.25. Vehicles must be driven safely observing the specified speed limit within the hostel premises and parked only at designated areas.
- 6.2.26. Hosteller must abide by any restriction of entry and exit times as advised by the competent authority.
- 6.2.27. Hostellers / residents must always uphold the good name of the institution. They must not only conduct themselves appropriately but also refrain from making unsolicited remarks or convey unconfirmed reports or construe personal opinion as facts which might prejudice opinion against the institution unnecessarily.
- 6.3. **EMERGENCY REPORTING** - The hostellers must report immediately to the Hostel Section/ Security in following circumstances: -
- 6.3.1. Issues related to security or threat in the hostel premises. Act of vandalism.
- 6.3.2. Act of misconduct including ragging. Illness of self or any hosteller / resident.
- 6.3.3. Unusual behaviour of any hosteller/ resident including behaviour that may in his / her opinion amount to depression, detachment, no response from a room locked from inside, missing neighbour etc.
- 6.3.4. Mishaps including fires, accidents to self or fellow-hostellers I residents within and outside the hostels.
- 6.3.5. Criminal or anti-national activity in the hostel premises.
- 6.4. **RELIGIOUS ACTIVITIES** – The institution practices secularism and respects all religious faiths and beliefs. However, the hostel premises should not be used for any religious activities and congregations. All hostellers/ residents and their parents and guardians have right to report and seek redressal of grievances within the institution. Hostellers / residents and their parents and guardians are requested not to influence the working of the hostel or its committees in any manner so as not to bias or prejudice decisions. Hostellers/ residents and their parents and guardians are encouraged to suggest improvements in the functioning of the hostels. Constructive criticisms / suggestions may be written to the Chief Warden/ Director. Suggestions that are likely to influence policy decisions on a long term are usually discussed in the meetings of the Hostel Management and Allocation Committee. Hostellers/ residents may therefore discuss such matters in their own associations beforehand and forward them to the Chief Warden for placing their views in the meetings. However, this does not prevent individuals from putting forth their suggestions directly to the Chief Warden of Hostels.
- 6.5. **MAINTENANCE**
- 6.5.1. All hostellers/ residents / guests/ visitors shall take utmost care of hostel premises, hostel, and institutional property.
- 6.5.2. All hostellers /residents, guests and visitors shall ensure all furniture, fixtures, furnishings are handled with care and maintained properly.
- 6.5.3. Vandalism and graffiti is a serious offence.
- 6.5.4. No furniture, fixture or furnishing shall be moved from one room to another.
- 6.5.5. In the event of wear and tear or damage or defect of any of the furniture, fixtures, or furnishings either in the room or in the common areas, the Hostel Section / Maintenance Enquiry should be informed for necessary action.
- 6.5.6. The institution may decide on the use of electrical appliances from time to time.
- 6.5.7. Air-conditioners, washing machines, room heaters, heat convectors, geysers and all other electrical appliances are currently not permitted in any of the hostels.
- 6.5.8. All hostellers / residents shall switch-off all lights, fans and plug points before leaving the room or when not in use and ensure their maintenance.

- 6.5.9. Drawing of electricity by making additional conduits or opening of existing fixtures for such purpose is prohibited.
- 6.5.10. Electrical appliances in the washroom such as water heaters/ solar heated geysers etc must be handled with care.
- 6.5.11. No hosteller / resident / guest/ visitor shall touch or attempt to repair electrical fixture/ connection/ circuit breaker / junction box etc.
- 6.5.12. All damaged or non-functional electric points should be immediately reported to the Hostel Section / Maintenance/ Enquiry.
- 6.5.13. Water is a scarce commodity and wastage is discouraged and should be always avoided. All water leakages should be reported immediately to the Hostel Section/ Maintenance/Enquiry.
- 6.5.14. All hostellers / residents/ guests /visitors shall keep the hostel accommodation and the hostel premises as well as surroundings, neat and clean.
- 6.5.15. All garbage, rubbish and refuse including disposable wares should be disposed of in the garbage bins provided or in the designated areas.
- 6.5.16. All hostellers/ residents shall inform the Hostel Section if at any time they find lack of cleanliness and hygiene in any of the eateries/ mess/ drinking water dispensers etc in the hostel premises.
- 6.5.17. Should no action be taken within a reasonable period [even immediate if so warranted] the Hostel Committee should be intimated.
- 6.5.18. Any collection of water in the hostel premises including water coolers, unused containers, disposable glasses, flowerpots etc. especially during the rainy season should be viewed as a serious lapse of cleanliness and sanitation and reported immediately to the Hostel Section/ Sanitation Department /cleaners posted there.



7. SAFETY AND SECURITY

- 7.1. All hostellers / residents / guests / visitors shall take all precautions and cooperate with the authorities to maintain safety and security of the hostel premises.
- 7.2. While reporting matters related to safety and security, if the situation so warrants, the name of the hosteller/ resident shall be kept in confidence.
- 7.3. All hostellers / residents shall report immediately to the security staff if they are witness to or are aware of: -
 - 7.3.1. Any suspicious individual / individuals in the hostel premises.
 - 7.3.2. Any vehicle or suspicious articles lying unattended in the hostels.
 - 7.3.3. Any unauthorized or illegal activity within the hostel premises.
 - 7.3.4. An act of ragging.
 - 7.3.5. An act of abuse in any form.
- 7.4. All accommodation is provided with facilities for locking and it is expected that doors should be always locked for reasons of security. Hostellers/ residents who are likely to remain outside the hostels [e.g., while going home on a vacation] are required to inform the Hostel Section with contact details and inform their neighbours.
- 7.5. All valuables should be placed in secure place. Keeping of large amount of cash in hostel rooms is discouraged. Laptops and other valuables should be insured against theft and pilferage.
- 7.6. No unauthorized person is permitted in the hostels.
 - 7.6.1. It is mandatory for all hostellers/ residents to always carry their institutional Identity Card. They should produce them whenever requested by appropriate authorities and appreciate that entry to hostels may be barred without proper identification.
 - 7.6.2. All guests / visitors should be able to prove their identity or should be accompanied by a bonafide hosteller/ resident with an identity card.
 - 7.6.3. Any un-authorized person in the hostel premises should be reported to the Security immediately.
 - 7.6.4. All delivery personnel should be contacted and met at the hostel entrance and should not be allowed to enter hostel premises in the interest of security of self and others.
 - 7.6.5. Courier and posts can be received in the Hostels at the entrance from the Security Guards.
 - 7.6.6. All visitors including parents and guardians should be met at the gate or visitors' room.
 - 7.6.7. No guests including Parents & Relatives are allowed to go into the rooms of the hostellers without prior permission of the Chief Warden of Hostels.
 - 7.6.8. The female visitors are not allowed to go into the rooms of Gents' Hostel.
 - 7.6.9. The male visitors are not allowed to go into the rooms of the ladies Hostels/ Students Nurses Hostel.
 - 7.6.10. Hostellers/ residents are not permitted to employ maids / servants.
 - 7.6.11. Vehicle Identity Stickers / Passes as provided by the institution / Hostel Section from time to time must be displayed.
 - 7.6.12. Vehicles without such identification or with invalid identification will not be permitted into the designated areas of the hostel or may be towed away by the security personnel.
 - 7.6.13. Vehicles lying unattended/ parked for a long time without information to the Hostel Section / Security may be removed from the hostel parking areas to other designated areas by security personnel.
 - 7.6.14. All hostellers/ residents are required to comply with vehicle entry and parking regulations as may be appropriate from time to time including exigencies such as security threats, use of space during activities [e.g., Cultural, Sports], maintenance work etc.

- 7.6.15. All vehicles should be driven with care and within permissible speed in the hostels. Vehicles driven at high speed or without silencers and causing disturbance will be viewed seriously.
- 7.7. Hazardous material of any kind is restricted / banned in hostel premises
- 7.7.1. Any material that is a fire-risk should be avoided or used cautiously in the hostels. This includes, candles, incense sticks, [use with caution and put off before leaving the room] firecrackers, gas cylinders, petroleum products etc. [not permitted].
- 7.7.2. Insecticides, toxins, poisons of any kind are not to be kept in rooms. Mosquito repellents should be used provided there is no known allergy to these substances.
- 7.7.3. Weapons of any kind are forbidden to be brought or kept in the hostel premises.
- 7.7.4. All hostellers/ residents are to report to the Hostel Section and Security the presence of any hazardous material including weapons of any kind in the hostel premises.
- 7.7.5. Cooking, boiling, microwaving, baking etc are not permitted in the hostels.
- 7.8. Health
- 7.8.1. All hostellers / residents should take adequate care to remain healthy and fit.
- 7.8.2. All hostellers / residents are required to take care of their health with the facilities available.
- 7.8.3. All hostellers / residents shall inform the Hostel Section of any form of illness of self or their fellow-hostellers so that appropriate assistance could be rendered.
- 7.8.4. All hostellers/ residents on regular medication are advised to intimate the Hostel Section, in confidence regarding their medication.
- 7.8.5. The Hostel Section shall maintain absolute confidentiality of the illness. The Hostel Section shall provide all necessary assistance.
- 7.8.6. The treating physician shall be informed of any adverse situations.
- 7.8.7. The parents / guardians shall be informed of any adverse situations.
- 7.8.8. Hostellers / residents must intimate the Hostel Section regarding any injury or bodily harm to self or fellow hostellers/ residents even if sustained outside the hostel premises.
- 7.9. Students Out Pass
- 7.9.1. All undergraduate students should take prior permission from their concerned hostel warden /hostel authority on weekdays if they want to go out for night stay from hostel on some emergency. This is otherwise not permitted.
- 7.9.2. All undergraduate students are permitted to go out on weekend and holidays by writing their details of destination in a register kept. If they write the incorrect details in the register, they will be responsible for it.
- 7.9.3. Undergraduate students those who go out without entry or permitted letter, they
- 7.9.4. Themselves will be responsible for any incident that happens.

8. DISCIPLINARY PROCEEDINGS (FOR UNDERGRADUATE STUDENTS)

- 8.1. All hostel residents/ guests and visitors must follow the law of the land and the rules and regulations of the Institution. Failure to comply may invite proceedings or actions as deemed necessary.
- 8.2. All hostellers/ residents/ guests /visitors should be aware that the hostel premises are within the jurisdiction of the law of the land and the law enforcement agencies have full authority to investigate and act on any lawbreaker. The hostels cannot be used as a sanctuary or haven for those who do not abide by the law of the land. The Hostel Section and the institute have no authority over the action of law enforcement authorities on those who break the law.
- 8.3. All actions that are contrary to the rules and regulations of the Hostel or against the norms of expected behaviour even if not explicit in these rules and regulations are liable for disciplinary proceedings.
- 8.4. All acts of indiscipline shall be investigated based on a complaint or report obtained either from the staff of the Hostel Section, members of the Hostel Committee, and competent individual of the institute as considered appropriate, aggrieved hosteller/ resident or their parents/ guardians or any other person considered appropriate for this purpose.
- 8.5. Any individual who is aggrieved because of indiscipline in the hostels can make a complaint or report in writing to the Chief Warden.
- 8.6. Complaints / reports received by the Director, Dean or other competent authorities may be forwarded to Chief Warden for necessary action.
- 8.7. The Chief Warden may take cognizance of any act of indiscipline brought to his notice or observed by him /her and treat this as a complaint even if a written complaint or report is not available or made or forwarded from competent authorities.
- 8.8. All complaints or reports shall be investigated by the Chief Warden, or a Committee constituted by him/ her or competent authorities for this purpose.
- 8.9. For the purpose of free and fair investigation, the Chief Warden may seek the help of any individual / individuals whose expertise is considered necessary for him/her.
- 8.10. The Chief Warden or the committee constituted there of may summon any individuals or witnesses for examination or recording versions while investigating cases of indiscipline.
- 8.11. All deliberations shall be confidential.
- 8.12. The report available with the Superintendent of Hostels would be confidential.
- 8.13. The report may be forwarded to the competent authorities if necessary.
- 8.14. Anyone accused of indiscipline shall have full right and liberty to defend himself / herself without bias or prejudice and the principle of not guilty until proven shall apply with the exception of "Ragging" where the onus of proving innocence lies with the senior.
- 8.15. Acts of Indiscipline and Disciplinary Actions

The list of acts that constitute indiscipline in the hostel premises is applicable to hostellers or residents, guests, and visitors. Only a tentative list not in any order of severity is provided. Disciplinary actions shall be complied with on the recommendations of the Superintendent of Hostels, Dean or Director of the institution or any other competent authority after appropriate procedures and approvals.

The following is a list of tentative or possible actions that may be recommended. The list is neither complete nor exhaustive and additional actions may be recommended from time to time. One or more actions may be taken concurrently after or on filing of criminal or civil complaints by the institution with law enforcement agencies.

Depending on the act of Indiscipline and the decision of the disciplinary action committee in concurrence with the Competent Authority, any or disciplinary action may be initiated against each of the following: -

Acts of indiscipline	Disciplinary Action
1. All acts contrary to the prevailing laws of the land including criminal and anti-national acts.	1. As per Rule of land. 2. Expulsion or rustication from the institution permanently or for varying period.
2. Ragging in any form.	As per guidelines of Supreme Court
3. Use of hostel premises for acts considered immoral.	1. As per IPC. 2. Cancellation of allotment. 3. Expulsion or rustication from the hostel permanently or for varying periods. 4. Adverse entries in the academic files.
4. Sub-letting, sub-tenancy or allowing unauthorized or non-allottees to stay in the accommodation without prior permission from the competent authority.	1. Cancellation of allotment. 2. Expulsion or rustication from the hostel permanently or for varying periods
5. Contravening allotment rules including exchanging rooms, handing over accommodation without authorization, shifting of furniture, fixtures and furnishings	1. Cancellation of allotment. 2. Expulsion or rustication from hostel permanently or for varying periods.
6. Damage /Lost to hostel property movable/ immovable	1. Fine /recovery in consultation with Engineering Section/store. 2. Imposition of fines that may be variable or commensurate with damage wherever applicable [e.g. Up to three times the cost of damaged property]. 3. Directive to submit letter of apology. 4. Letter to parents / guardian as and when necessary.
7. Vandalism, graffiti, pasting of	1. Fine as determined by hostel

Acts of indiscipline	Disciplinary Action
posters that may damage hostel walls and displays.	<p>committee.</p> <ol style="list-style-type: none"> 2. Imposition of fines that may be variable or commensurate with damage wherever applicable e.g. Up to three times the cost of damaged property. 3. Personal apology and regret over incidents to aggrieved hosteller / resident. 4. Letter to parents / guardian as and when necessary.
8. Physical harm or abuse to anyone in the hostel premises.	<ol style="list-style-type: none"> 1. As per IPC. 2. Suspension from attending classes. 3. Indication of in-disciplined behaviour in reference letters/ character certificate from the institution. 4. Letter to parents / guardian as and when necessary.
9. Abuse and mis behaviour with anyone in the hostel premises on the basis of gender, religion, caste, social group or any other reasons.	<ol style="list-style-type: none"> 1. As per IPC. 2. Expulsion or rustication from the hostel permanently or for varying periods. 3. Suspension from attending classes. 4. Adverse entries into academic files. 5. Indication of in-disciplined behaviour in reference letters/ character certificate from the institution. 5. Letter to parents / guardian as and when necessary.
10. Creating nuisance and making noise so as to disturb others.	<ol style="list-style-type: none"> 1. Fine as determined by the hostel committee. 2. Directive to submit a letter of apology. 3. Personal apology and regret over incidents to aggrieved hosteller / resident.
11. Partying or similar activities or other congregations without necessary permission.	<ol style="list-style-type: none"> 1. Expulsion or rustication from the hostel permanently or for varying periods. 2. Restriction from entry into hostels or mess for varying periods. 3. Suspension from attending classes. 4. Adverse entries into academic files.

Acts of indiscipline	Disciplinary Action
12. Consumption or use or peddling of Illicit Substances.	<ol style="list-style-type: none"> 1. Action as per IPC. 2. Cancellation of allotment. 3. Expulsion or rustication from the hostel permanently or for varying periods. 4. Adverse entries into academic files.
13. Drinking alcohol and causing nuisance in the hostels.	<ol style="list-style-type: none"> 1. Fine as determined by the hostel committee. 2. Expulsion or rustication from the hostel permanently or for varying periods. 3. Imposition of fines that may be variable or commensurate with damage wherever applicably [e.g. Up to three times the cost of damaged property]. 4. Directive to submit letter of apology. 5. Letter to parents/ guardian as and when necessary .
14. Engaging in risky behaviour including cooking and causing fire hazards, storing of hazardous material, driving vehicles in a dangerous manner within the hostel premises, causing health hazards by stagnating water without informing Hostel Section etc.	<ol style="list-style-type: none"> 1. Fine as determined by the hostel committee. 2. Higher fines second time, as determined by the hostel committee. 3. Expulsion or rustication from the hostel permanently or for varying periods. 4. Adverse entries into academic files. 5. Directive to submit letter of apology.
15. Unauthorized use of hostel facilities including use of appliances that are not permitted.	<ol style="list-style-type: none"> 1. Fine as determined by the hostel committee. 2. Higher fines second time, as determined by the hostel committee. 3. Imposition of fines that may be variable or commensurate with damage wherever applicably [e.g. Up to three times the cost of damaged property]. 4. Directive to submit letter of apology.
16. Not clearing payments and dues on time.	<ol style="list-style-type: none"> 1. As per Rules which may be changed from time to time. 2. Imposition of fines that may be variable or commensurate with damage wherever applicable [e.g.

Acts of indiscipline	Disciplinary Action
	Up to three times the cost of damaged property]. 3. Eviction from the hostels .
17. Concealing, misleading or providing incorrect information while applying for hostels.	1. Cancellation of hostel allotment. 2. Expulsion or rustication from the hostel permanently or for varying periods. 3. Indication of in-disciplined behaviour in reference letters/ character certificate from the institution. 4. Adverse entries in academic files.
18. Disrespect to authority and functioning of institutional offices and officials in the course of their duty.	1. Report to Dean/Director. 2. Directive to submit letter of apology. 3. 3. Any other actions recommended by the institution.
19. Violation of Hostel Rules and Regulations as indicated In the previous sections both overt and implied.	1. Cancellation of hostel allotment. 2. Expulsion or rustication from the hostel permanently or for varying periods.
20. Keeping Pets, Feeding stray animals.	1. Cancellation of hostel allotment. 2. Expulsion or rustication from the hostel permanently or for varying periods
21. Any other act or behaviour considered to be a form of indiscipline.	As appropriate.

It must be noted that in those instances wherein the act of indiscipline cannot be attributed to a single individual, collective responsibility shall be fixed, and disciplinary actions may be recommended against several individuals or hostellers/ residents of one or more wings or even the entire hostel.

8.16. Disputes, if any, shall be restricted to jurisdiction of Lucknow only.