

S. No.	Description	Maximum Marks
1.	Theory – Two papers of 80 marks each Paper- I – Obstetrics including social obstetrics, Paper – II - Gynaecology, Family Welfare and Demography - Shall contain one question on basic sciences and allied subjects	160
2.	Oral (Viva) including record delivery cases 20	20
3.	Clinical	60
4.	Internal Assessment (Theory – 30 Practical – 30)	60
	Total	300

VII.3.2.5. Paediatrics (including Neonatology)

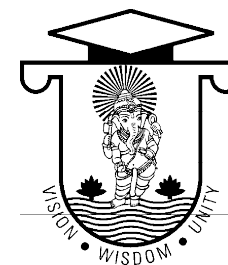
S. No.	Description	Maximum Marks
1.	Theory – One paper - Shall contain one question on basic sciences and allied subjects	80
2.	Oral (Viva)	10
3.	Clinical	30
4.	Internal Assessment (Theory –15 ; Practical – 15)	30
	Total	150

VII.3.2.6. CRITERIA FOR PASS

The subjects mentioned in clauses VII.3.2.2 to VII.3.2.5, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals/clinicals

VINAYAKA MISSIONS UNIVERSITY

SALEM, INDIA



**BACHELOR OF MEDICINE AND BACHELOR OF SURGERY
(M.B.B.S.) DEGREE PROGRAMME**

UNDER FACULTY OF MEDICINE

REVISED REGULATIONS 2012

S.No.	Description	Maximum Marks
1.	Theory - Two papers of 80 marks each Paper-I -General Surgery (Section 1), Orthopaedics (Section 2) Paper - II - General Surgery including Anaesthesiology, Dental disease and Radiology shall contain one question on basic sciences and allied subjects	160
2.	Oral (Viva) interpretation of Investigation data	20
3.	Clinical (Bed Side)	60
4.	Internal Assessment (Theory - 30; Practical - 30)	60
	Total	300

VII.3.2.3.1. Part - I 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.

VII.3.2.4. Obstetrics and Gynaecology

VII.3.1.3. CRITERIA FOR PASS

The subjects mentioned in clause VII.3.1.2, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals/clinicals

VII.3.2. PART-II (CLINICAL SUBJECTS)

VII.3.2.1. In Part-II, each paper shall have two sessions. Question requiring essay type answers may avoid

VII.3.2.2. Medicine

S. No.	Description	Maximum Marks
1.	Theory – Two papers of 80 marks each Paper- I – General Medicine Paper – II - General Medicine (including Psychiatry, Dermatology and S.T.D. - Shall contain one question on basic sciences and allied subjects	160
2.	Oral (Viva) Interpretation of X-ray, ECG, etc.	20
3.	Clinical (Bed side)	60
4.	Internal Assessment (Theory – 30; Practical – 30)	60
	Total	300

VII.3.2.3. Surgery

VINAYAKA MISSIONS UNIVERSITY, SALEM

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS) DEGREE PROGRAMME

UNDER FACULTY OF MEDICINE

REVISED REGULATIONS 2012

In exercise of the powers conferred by the Revised Memorandum of Association (RM2010) and Revised Bye-Laws (RB2010) of the Vinayaka Missions University (VMU), Salem, the Board of Management of the University hereby issue the following revised regulations pertaining to the undergraduate Programme and the award of the degree of Bachelor Medicine and Bachelor of Surgery (MBBS) of at this University.

1. TITLE AND COMMENCEMENT

These revised regulations shall be called "BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS) DEGREE PROGRAMME UNDER FACULTY OF MEDICINE - REVISED REGULATIONS 2012 - RR2012" of the Vinayaka Missions University, Salem.

These revised regulations come into force with effect from the Academic year 2012-13 and are subject to such modifications as may be approved by the apex bodies of the University from time to time.

2. PREAMBLE

The degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) in Faculty of Medicine shall be awarded to a candidate who, as per these regulations, has successfully undergone the programme, passed the prescribed examinations and thereby qualified to receive the degree. The medium of the programme will be English.

2.1. GENERAL CONSIDERATIONS AND TEACHING APPROACH

2.1.1. Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative and rehabilitative aspects of medicine.

2.1.2. The training, though broad based and flexible, will aim to provide an educational experience of the essentials required for health care in our country meeting at the same time internationally acceptable standards.

2.1.3. The curriculum must provide for adequate placement training tailored to the varied needs of community and rural healthcare services and their continuous upgradation with passage of time. Provision should exist for excellent exposure to field practice and training during internship.

2.1.4. Instead of only disease, hospital orientation and curative aspects being concentrated, all the basic concepts of modern scientific medical education are to be adequately dealt with.

2.1.5. There must be enough experiences to be provided for self-learning. The methods and techniques that would ensure this must become a part of teaching learning process.

2.1.6. The medical graduate shall be capable of functioning independently in both urban and rural environment. Emphasis shall be laid on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.

VII.3. THIRD PROFESSIONAL EXAMINATION

VII.3.1. PART-I (CLINICAL SUBJECTS)

VII.3.1.1. Part- I Examination of this course to be conducted at end of the seventh semester

VII.3.1.2. Distribution of Marks for Part - I

S. No.	DESCRIPTION	Maximum Marks For Subjects		
		Ophthalmology	Oto-Rhinology	Community Medicine including Humanities
1.	Theory – One paper (should contain one question on Pre-clinical and Para-clinical aspects, of 10 marks)	80	80	160 (Two papers of 80 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)
2.	Oral (Viva)	10	10	20
3.	Clinical	30	30	60 (Practicals/Project Evaluation)
4.	Internal Assessment (Theory – 15 Practical – 15)	30	30	30 (Theory – 30 Practical)
	Total	150	150	300

VII.1.1. CRITERIA FOR PASS

The subjects mentioned in clause VII.1, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals

VII.2. SECOND PROFESSIONAL (PARA-CLINICAL SUBJECTS) EXAMINATION

S. No.	DESCRIPTION	300 Maximum Marks For Subjects				
		Pathology	Microbiology	Pharmacology	Forensic Medicine	Environment Studies
1.	Theory – Two papers of 80 marks each (One applied question of 10 marks in each paper)	160	160	160 (Containing one question on clinical therapeutics)	80(One Paper)	75
2.	Oral (Viva)	20	20	20	10	--
3.	Practical	60	60	60	30 (Practical/Clinical)	--
4.	Internal Assessment (Theory – 30 Practical –30)	60	60	60	30 (Theory – 15 Practical – 15)	25 (Field Work)
	Total	300	300	300	150	100

VII.2.1. CRITERIA FOR PASS

1. The subjects mentioned in clause VII.2, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals/clinicals
2. For the subject Environment Studies, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory and Field Work

2.1.7. The importance of social factors like population control and family welfare planning should be emphasized throughout the period of training.

2.1.8. Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.

2.1.9. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world should form a part of this process.

2.1.10. Every effort should be made to encourage the use of active methods related to demonstration and on first-hand experience. Students shall be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.

2.1.11. The graduate medical education in clinical subjects should be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments should be suitably planned to provide training to graduates in small groups.

2.1.12. Clinics shall be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.

2.1.13. Proper records of the work shall be maintained which will form the basis for the students' internal assessment and shall be available to the inspectors at the time of inspection of the college by the Medical Council of India.

2.1.14. Maximal efforts have to be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt shall be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.

2.1.15. Students shall be encouraged to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties. A discussion group should not have more than 20 students.

2.1.16. Faculty member should avail of modern educational technology while teaching the students and to attain this objective, Medical Education Units/Departments be established in all medical colleges for faculty development and providing learning resource material to teachers.

2.1.17. To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year should not exceed one month, during the 4 ½ years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.

2.1.18. In order to implement the revised curriculum in toto, the Board of Faculties and the Board of Studies of the concerned faculty shall ensure that adequate inputs are provided.

2.1.19. HISTORY OF MEDICINE

The students will be given an outline on "History of Medicine". This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the College.

2.1.20. All medical institutions should have curriculum committee which would plan curricula and instructional method which will be regularly updated.

4. Emergency management of drowning, poisoning and seizures
5. Emergency management of bronchial asthma and status asthmaticus;
6. Emergency management of hyperpyrexia;
7. Emergency management of comatose patients regarding airways, positioning prevention of aspiration and injuries
8. Assess and administer emergency management of burns

ANNEXURE-VII

DISTRIBUTION OF MARKS TO EACH DISCIPLINES

VII.1. FIRST PROFESSIONAL (PRE - CLINICAL SUBJECTS) EXAMINATION

S. No.	DESCRIPTION	300 Maximum Marks For Subjects		
		Anatomy	Physiology including Biophysics	Bio-Chemistry
1.	Theory – Two papers of 80 marks each (One applied question of 10 marks in each paper)	160	160	160
2.	Oral (Viva)	20	20	20
3.	Practical	60	60	60
4.	Internal Assessment (Theory – 30 Practical – 30)	60	60	60
	Total	300	300	300

VI.10. DENTAL PROCEDURES

To perform dental extraction

VI.11. COMMUNITY HEALTHY

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

VI.12. FORENSIC MEDICINE INCLUDING TOXICOLOGY

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

VI.13. MANAGEMENT OF EMERGENCY

1. To manage acute anaphylactic shock;
2. To manage peripheral vascular failure and shock;
3. To manage acute pulmonary oedema and LVF;

3. DEFINITIONS AND NOMENCLATURE

In the Regulations, unless the context otherwise requires, certain terms used and their meanings are as under.

- 3.1. Government or MHRD : Central Government of India, Ministry of Human Resources Development (Department of Secondary Education and Higher Education).
- 3.2. UGC : the University Grants Commission established under Sec.4. of the University Grants Commission Act 1956 (Central Act 3 of 1956)
- 3.3. MCI : Medical Council of India, Apex body for the medical programmes/colleges
- 3.4. University : Vinayaka Missions University, Salem- 636 308.
- 3.5. Vice Chancellor : Vice Chancellor of Vinayaka Missions University
- 3.6. Board of Management or BoM : Board of the Management, the highest governing body of the University
- 3.7. Academic Council or AC : Academic Council the highest academic body of the University, chaired by the Vice Chancellor
- 3.8. Board of Studies or BoS : Board of Studies of the University under the Faculty of Medicine
- 3.9. CoE : Controller of Examinations of the University
- 3.10. CEE : All India Common Entrance Examination conducted by the University
- 3.11. Dean : Dean of the Medicine Faculty of the University
- 3.12. BoF : Board of Faculty, academic body of Medical Programmes / Colleges, constituted by the Vice Chancellor with the Dean as the Chairperson.
- 3.13. Institution or College : Medical College constituted under University approved by the Government.

3.14. Programme : Under Graduate Programme leading to the award of M.B.B.S. approved by the MCI and University.

3.15. Head of Institution or HoI : Dean of the Constituent Medical colleges of the University

3.16. HoD : Head of the Department of the College.

3.17. Curriculum and syllabus : The curriculum and syllabus for study as prescribed by the Board of Studies (BoS) with the approval of the concern Board of Faculty (BoF) and Academic Council (AC) based on the Medical Council of India (MCI) regulations.

3.18. Teaching Staff or Teacher : The Dean of Faculty, Professors, Associate Professors, Readers, Assistant Professors, Lecturers and Tutors and other like persons engaged in coaching the students and assisting the students in the conduct of studies and Research in the College/University;

4. REGISTRATION

4.1. A candidate admitted in the MBBS Programme in the constituent Medical College of the University shall register with the University by remitting the prescribed fees along with the application form for registration duly filled in and forwarded to the Controller of Examinations of this University through the Head of the Institutions within the stipulated date.

4.2. The name of the candidate must be registered in the University within three months from the date of admission.

4.3. If the candidate fails to satisfy the above clause 4.2., the admission of the candidate stands cancelled and the permission for re-admission for such candidate will not be issued.

5. ELIGIBILITY FOR ENROLLMENT

No candidate shall be allowed to be admitted to the first year of the programme unless:

VI.6. MECHANICAL PROCEDURES

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

VI.7. PAEDIATRICS

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

VI.8. ENT PROCEDURES

1. To be able to remove foreign bodies;
2. To perform nasal packing for epistaxis;
3. To perform tracheotomy

VI.9. OPHTHALMIC PROCEDURES

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

VI.3. ABILITY TO CARRY OUT PROCEDURES.

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

VI.4. ANAESTHETIC PROCEDURE

1. Administer local anaesthesia and nerve block
2. Be able to secure airway potency, administer Oxygen by Ambu bag.

VI.5. SURGICAL PROCEDURES

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

5.1. The candidate completes the age of 17 years on or before 31st December of the year of admission to the programme;

5.2. The candidate has passed a qualifying examination as under:

5.2.1. The higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of Physics, Chemistry, Biology and Mathematics or any other elective subject, with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on Education.

5.2.1.1. If the course content for the subjects mentioned in clause 5.2.1, is not as prescribed for 10+2 educational structure of the National Committee, the candidate will have to undergo a period of one year pre-professional training before admission to the Medical colleges.

OR

5.2.2. The intermediate examination in science of an Indian University/Board or other recognised examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject;

OR

5.2.3. The pre-professional/pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The pre-professional/ pre-medical examination shall include a practical test in Physics, Chemistry and Biology and also English as a compulsory subject;

OR

5.2.4. The first year of the three year degree course of a recognized university, with Physics, Chemistry and Biology including a

practical test in these subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course;

OR

5.2.5. B.Sc. examination of an Indian University, provided that he/she has passed the B.Sc. examination with not less than two of the subjects Physics, Chemistry, Biology (Botany, Zoology) and further that he/she has passed the earlier qualifying examination with the subjects Physics, Chemistry, Biology and English.

OR

5.2.6. Any other examination which in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology including practical test in each of these subjects and English.

5.3. Marks obtained in Mathematics are not be considered for admission to MBBS course.

5.4. The pre-professional course may be conducted either at a Medical college or a Science college.

5.5. Blind (including color blind), deaf and/or dumb candidates shall not be admitted in the course.

5.6. ELIGIBILITY CERTIFICATE

The candidate who has passed any qualifying Examination other than the Higher secondary course examination conducted by the Government of Tamil Nadu or any of the State boards in India or CBSE shall obtain an Eligibility Certificate from the University by remitting the prescribed fee along with the application before seeking admission to the University / Constituent College.

5.7. PHYSICAL FITNESS CERTIFICATE

5.7.1. Every candidate before admission to the programme shall submit to the Head of the Institution a Certificate of Medical Fit-

ANNEXURE-VI

A COMPREHENSIVE LIST OF SKILLS RECOMMENDED AS DESIRABLE FOR BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (MBBS) GRADUATE:

VI.1. CLINICAL EVALUATION

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

VI.2. BED SIDE DIAGNOSTIC TESTS

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

V.15.16.5. To be able to prepare medico-legal reports in various medicolegal situations;

V.15.16.6. To learn various medicolegal post-mortem procedures and formalities during its performance by police.

ness from an authorized Medical Officer that the candidate is physically fit to undergo the programme and does not suffer from any contagious disease.

5.7.2. The candidates with disability should produce the Disability Certificate issued by the duly constituted District Medical Board.

6. ADMISSION

6.1. The students applying for admission to this programme of this University shall be selected on the basis of merit through the "ALL INDIA COMMON ENTRANCE EXAMINATION (CEE)" conducted by the University.

6.2. The Admission Procedure for the CEE conducted by the University for this programme is given separately.

6.3. The minimum percentage of marks obtained from the above CEE for eligibility for admission to this programme shall be 50% for the general category candidates and 40% for the candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes.

6.3.1. Provided that a candidate who satisfies clause 6.3. also must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology at the qualifying examination for general category and 40% marks in the case of the candidates belonging to Scheduled Castes, Scheduled Tribes or any other categories notified by the Government.

6.4. Non Resident / Foreign Nationals can be admitted upto 15% of total seats as per norms and guidelines of the University. They are exempted from the CEE stated in clause 6.1., but their merit will be ascertained based on their performance in qualifying examination approved by the Government and the University.

6.5. To complete the entire admission process in time as per the MCI guidelines, the university shall follow the statutory time schedule prescribed by the MCI is enclosed in ANNEXURE-I

6.6. There shall be no admission of students in respect of any academic session beyond 30th September under any circumstance as per the time schedule mentioned in clause 6.5. The University shall not register any student admitted beyond the said date.

7. DURATION OF THE PROGRAMME

The Duration of certified study of this programme shall extend over the period of 5 ½ years including one year of compulsory internship as detailed below.

First M.B.B.S. Programme	1 year
Second M.B.B.S. Programme	1 ½ year
Third M.B.B.S. Programme	1 year
Final M.B.B.S. Programme	1 year
Compulsory Rotatory Residential Internship (CRRI)	1 year

8. EXTENSION OF MAXIMUM DURATION

The candidates who fail to complete the year-wise programme as mentioned in clause 7 would be permitted to complete the programme within a period of 9 years from the date of admission to the course. Those who fail to complete within the extended period shall be discharged from the course.

9. COMMENCEMENT OF THE COURSE

9.1. The academic year for the programme shall commence in the month of August every year.

9.2. The cut-off date for admission to the programme shall be 30th September of every year

V.15.15. PHYSICAL MEDICINE AND REHABILITATION:

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

V.15.15.1. Competence for clinical diagnosis based on details history an assessment of common disabling conditions like poliomyelitis, cerebral palsy, hemiplegia, paraplegia, amputations etc;

V.15.15.2. Participation as a team member in total rehabilitation including appropriate follow up of common disabling conditions;

V.15.15.3. Principles and procedures of fabrication and repair of artificial limbs and appliances;

V.15.15.4. Various therapeutic modalities;

V.15.15.5. Use of self-help devices and splints and mobility aids;

V.15.15.6. Familiarity with accessibility problems and home making for disabled;

V.15.15.7. Ability to demonstrate simple exercise therapy in common conditions like prevention of deformity in polio, stump exercise in an amputee etc.

V.15.16. 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:

V.15.16.1. To identify medicolegal problem in a hospital and general practice;

V.15.16.2. To identify and learn medicolegal responsibilities of a medical man in various hospital situations;

V.15.16.3. To be able to diagnose and learn management of basic poisoning conditions in the community;

V.15.16.4. To learn how to handle cases of sexual assault;

V.15.13. ANAESTHESIA

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

V.15.13.1. Perform pre-anaesthetic checkup and prescribe pre-anaesthetic medications;

V.15.13.2. Perform venepuncture and set up intravenous drip;

V.15.13.3. Perform laryngoscopy and endotracheal intubation;

V.15.13.4. Perform lumbar puncture, spinal anaesthesia and simple nerve blocks;

V.15.13.5. Conduct simple general anaesthetic procedures under supervision;

V.15.13.6. Monitor patients during anaesthesia and post-operative period;

V.15.13.7. Recognize and manage problems associated with emergency anaesthesia;

V.15.13.8. Maintain anaesthetic records;

V.15.13.9. Recognize and treat complication in post-operative period;

V.15.13.10. Perform cardio-pulmonary brain resuscitation (C.P.B.R.) correctly, including recognition of cardiac arrest.

V.15.14. RADIO-DIAGNOSIS

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

V.15.14.1. All aspects of "Emergency Room? Radiology like -

1. All acute abdominal conditions;

2. All acute traumatic conditions with emphasis on head injuries;

3. Differentiation between Medical and surgical radiological emergencies;

V.15.14.2. Basic hazards and precautions in Radio-diagnostic practices.

10. WORKING DAYS IN AN ACADEMIC YEAR

10.1. Each Academic year shall consist of not less than 240 working days.

10.2. The total number of working days available for the MBBS programme in one academic year may be arrived at as follows:-

Number of days in a year	365
No. of days of weekly off in a year (Sundays)	52
No. of declared holidays	23
Vacation period	30
Total Number of Holidays	115
Total No. of working days including examination period	250

10.3. The total number of working days and time schedule for this programme will be finalized by the concerned BoF and BoS every year

11. MIGRATION

11.1. Migration of students from one medical college/University to another medical college/University may be granted on any genuine ground subject to the availability of vacancy in the college where migration is sought and fulfilling the other requirements laid down in the Regulations.

11.1.1. Migration would be restricted to 5% of the sanctioned intake of the college during the year.

11.1.2. Cases not covered under the above clause 11.1.1. may be referred to the Council and get approval from it, based on the recommendation on the concerned Board of Faculty and Academic council of the University for Consideration on individual merits.

11.1.3. No migration will be permitted on any ground from one medical college to another located within the same city.

11.2. Migration of students from one College to another is permis-

sible only if both the colleges are recognised by the Central Government and MCI and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of the receiving medical college.

11.3. The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination. Migration during clinical course of study shall not be allowed on any ground.

11.4. For the purpose of migration an applicant candidate shall first obtain "No Objection Certificate" from the college where he is studying for the present and the university to which that college is affiliated and also from the college to which the migration is sought and the university to which that college is affiliated. The candidate shall submit his/her application for migration within a period of 1 month of passing (Declaration of result of the 1st Professional MBBS examination) along with the above cited four "No Objection Certificates" to: (a) the Director of Medical Education of the State, if migration is sought from one college to another within the same State or (b) the Medical Council of India, if the migration is sought from one college to another located outside the State.

11.5. A student who has joined another college on migration shall be eligible to appear in the second professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed by the University and MCI.

11.6. Migration/Transfer of students from other University may be considered by the University only in exceptional cases satisfying the following conditions

11.6.1. Compassionate grounds

11.6.1.1. Death of supporting guardians

11.6.1.2. Disturbed conditions as declared by the Government

11.7. Any request for migration not covered the clause 11.6.1. shall be referred to the Medical Council of India for consideration on in-

V.15.10.3. Take a skin biopsy for diagnostic purpose;

V.15.10.4. Manage common diseases recognizing the need for referral for specialized care in case of inappropriateness of therapeutic response.

V.15.11. PSYCHIATRY

An Intern must be able to:

V.15.11.1. Diagnose and manage common psychiatric disorders;

V.15.11.2. Identify and manage psychological reaction and psychiatric disorders in medical and surgical patients in clinical practice and community setting.

V.15.12. TUBERCULOSIS AND RESPIRATORY DISEASES

An intern after training must be able to: -

V.15.12.1. Conducting proper clinical examination, elicit and interpret clinical findings and diagnose common respiratory disorders and emergencies;

V.15.12.2. 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;

V.15.12.3. Interpret and manage various blood gases and pH abnormalities in various respiratory diseases;

V.15.12.4. Manage common diseases recognizing need for referral for specialized care in case of inappropriateness of therapeutic response;

V.15.12.5. Perform common procedures like laryngoscopy, pleural aspiration, respiratory physiotherapy, laryngeal intubation and pneumothoracic drainage aspiration.

3. Manual reduction of common dislocations - interphalangeal, metacarpophalangeal, elbow and shoulder dislocations;
4. Plaster cast application for undisplaced fractures of arm, fore arm, leg and ankle;
5. Emergency care of a multiple injury patient;
6. Precautions about transport and bed care of spinal cord injury patients.

V.15.9.3. 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;

V.15.9.4. 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.

V.15.10. DERMATOLOGY AND SEXUALLY TRANSMITTED DISEASES

An intern must be able to: -

V.15.10.1. Conduct proper clinical examination; elicit and interpret physical findings, and diagnose common disorders and emergencies.

V.15.10.2. 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;

dividual merits by the authorities of the University. The decision taken by the Council on such requests shall be final.

11.8. The University shall send intimation to the Medical Council of India about the number of students admitted by them on migration within one month of their joining. It shall be open to the Council to undertake verification of the compliance of the provisions of the regulations governing migration by the Colleges at any point of time.

12. BREAK OF STUDY

12.1. Break of study may be permitted for genuine reasons like serious health problems and calamitous family situations. The Vice chancellor is vested with the power to permit the break for which the candidate must apply in the prescribed form enclosing necessary supporting documents and fees through his/her HoI, sufficiently ahead of the proposed period of break. A break of study may cast for a period of 6 to 12 months.

12.2. The period of break of study of the candidate for rejoining the course shall be calculated from the date of commencement of the discontinuance of the course.

12.3. A maximum two spells of break of study for UG degree courses will be allowed for the entire duration of the course. Any further break of study shall entail the candidate to be de-registered and his/her admission will stand cancelled.

12.4. A candidate having a break of more than 12 months for UG Degree course, the course of study shall be extended by that period and the candidate is permitted to appear for the examination only after completing this extension period. The candidate shall apply to the University through his/her HoI for the extension using the prescribed form and fees.

13. REJOINING/DISCONTINUING AFTER THE BREAK

13.1. For UG degree courses the Candidate having availed a break

of study between 6 and 12 months shall apply for rejoining the course in the prescribed form as in (ANNEXURE - II) by remitting the stipulated fee for condonation of break of study to the Academic Officer of this University through the Dean/Principal of the faculty/concerned college for issue of necessary permission to rejoin the course. The concerned Dean of the College shall not permit any candidate with a Break of study as stipulated above to rejoin the course without obtaining the prior permission from the authorities of the University.

13.2. A candidate who completed the course of study and appeared for the Final Year examinations but failed in one or more subject and does not consecutively appear for two supplemental examinations, shall undergo a refresher course for a period of six months after obtaining the permission from the university. He/She shall undergo the refresher course in the college in which he/she last studied and obtain a certificate to that effect before appearing for the failed subjects of final year examination. The examination application shall be forwarded through the Dean of the college concerned.

13.3. All the undergraduate students have to execute a declaration at the time of registration with this university in this regard in the prescribed form as in Annexure -III

13.4. Any break of study beyond five years is considered as discontinuation of study. This is applicable for all the years of study of the Under Graduate Degree courses. However, in exceptional cases, if a candidate having a break of study beyond five years but less than ten years and the break of study is in one spell, the Board of Management, may, on the recommendation of the Vice-Chancellor, permit the candidate to rejoin the course from the beginning of the year. The Candidate shall be permitted to rejoin at the beginning of the first year of the course (i.e.) the candidate has to re-do the course from the beginning and shall after fulfillment of the Regulations this University to the course concerned be admitted to the examinations. The candidate shall not be exempted in the subjects already passed.

6. Cauterization of corneal ulcers;
7. Chalazion removal;
8. Entropion correction;
9. Suturing conjunctival tears;
10. Lids repair
11. Glaucoma surgery (assisted);
12. Enucleation of eye in cadaver;

V.15.8.6. He/She shall have full knowledge on available methods for rehabilitation of the blind.

V.15.9. ORTHOPAEDICS

V.15.9.1. GOAL

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

V.15.9.2. THERAPEUTIC

An intern must know:

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

V.15.7.4. 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

V.15.7.5. He/She shall possess knowledge of various ENT rehabilitative programmes.

V.15.8. OPHTHALMOLOGY

An intern shall acquire following skills: -

V.15.8.1. The candidate 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;

V.15.8.2. He/She shall be able to carry out assessment of refractive errors and advise its correction;

V.15.8.3. He/She shall be able to diagnose ocular changes in common systemic disorders;

V.15.8.4. He/She shall be able to perform investigative procedures such as:-

Tonometry, syringing, direct ophthalmoscopy, subjective refraction and fluorescein staining of cornea.

V.15.8.5. 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;

14. READMISSION AFTER EXTENSION

If the candidates name is not registered with the University within three months from the cutoff date prescribed for the respective courses for admission without any valid reasons / ground for such non-registration, permission for re-admission for such candidates will not be issued by the University.

15. PROGRAM STRUCTURE

15.1. CURRICULUM

15.1.1. The curriculum and the syllabus for the course pertaining to the M.B.B.S. Programme are given separately.

15.2.2. The curriculum and the syllabus for the course shall be prescribed by the Academic Council based on the recommendation of concern Board of faculty and Board of Studies.

15.2. TRAINING PERIOD AND TIME DISTRIBUTION

15.2.1. Every student shall undergo a period of certified study extending over 4 ½ academic years allocated into 9 semesters with the duration of six months period from the date of commencement of his/her study for the subjects comprising the medical curriculum to the date of completion of the examination and followed by one year compulsory rotating internship.

15.2.1.1. Each semester will consist of approximately 120 teaching days of 8 hours each college working time, including one hour of lunch.

15.2.2. SUBJECT OF STUDY

The period of 4 ½ academic years is divided into three phases as follows

15.2.2.1. Phase - I

1. - Pre-clinical Subjects (First and Second Semester)

1.1. Anatomy

1.2. Physiology including Bio-Physics

1.3. Bio-Chemistry

1.4. Introduction to Community Medicine including Humanities

2. The Total number of Teaching Hours for the subject "Introduction to Community Medicine including Humanities" is approximately 60 hours and the rest of the time shall be somewhat equally divided between Anatomy and Physiology plus Biochemistry combined (Physiology 2/3 & Biochemistry 1/3).

15.2.2.2. Phase - II

1. Para-clinical Subjects (Third to Fifth Semester)

1.1. Pathology

1.2. Pharmacology

1.3. Microbiology

1.4. Forensic Medicine including Toxicology

1.5. Community Medicine

1.6. Environment Studies

2. This Second Phase having both Para-clinical as mentioned clause 15.2.2.2.1. and Clinical subjects. The Teaching of both Para-clinical and Clinical subjects shall be done concurrently.

3. The Clinical subjects studied in this phase are mentioned in Phase - III

7. Urethral catheterisation;

8. Suture removal in postoperative cases;

9. Cervical punch biopsy;

V.15.6.14. To assist in major abdominal and vaginal surgery cases in Obstetrics and Gynaecology.

V.15.6.15. To assist in follow-up postoperative cases of obstetrics and gynaecology such as:

1. Colposcopy;

2. Second trimester Medical Termination of Pregnancy (MTP) procedures e.g. Emcredyl Prostaglandin instillations;

V.15.6.16. To evaluate and prescribe oral contraceptive

V.15.7. OTO RHINO LARYNGOLOGY (ENT)

V.15.7.1. 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;

V.15.7.2. The candidate 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;

V.15.7.3. He/She shall be able to carry out minor surgical procedures such as:

1. Earsyringing antrum puncture and packing of the nose for epistaxis,

2. Nosal douching and packing of the external canal,

3. Remove the foreign bodies from the nose and ear

4. Observed or assisted in various endoscopic procedures and trachesotomy;

2. Ectopic pregnancy;
3. Tumours complicating pregnancy;
4. Acute abdomen in early pregnancy;
5. Hyperemesis gravidarum;

V.15.6.3. Detection of high risk pregnancy cases and suitable advise e.g. PIH, hydramanios, antepartum haemorrhage, multiple pregnancies, abnormal presentations and intra-uterine growth retardation;

V.15.6.4. Antenatal pelvic assessment and detection of cephalopelvic disproportion;

V.15.6.5. Induction of labour and amniotomy under supervision;

V.15.6.6. Management of normal labour, detection of abnormalities, post-partum hemorrhage and repair of perennial tears;

V.15.6.7. Assist in forceps delivery;

V.15.6.8. Assist in caesarean section and postoperative care thereof;

V.15.6.9. Detection and management of abnormalities of lactation;

V.15.6.10. Perform non-stress test during pregnancy;

V.15.6.11. Per speculum, per vaginum and per rectal examination for detection of common congenital, inflammatory, neoplastic and traumatic conditions of vulva, vagina, uterus and ovaries;

V.15.6.12. Medicolegal examination in Gynecology and obstetrics.

V.15.6.13. To perform the following procedures:-

1. Dilation and curettage and fractional curettage;
2. Endometrial biopsy;
3. Endometrial aspiration;
4. Pap smear collection;
5. Intra Uterine Contraceptive Device (IUCD) insertion;
6. Minilap ligation;

4. The teaching period for the Para-clinical subjects are approximately equally allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and Community Medicine combined (1/3 Forensic Medicine & 2/3 Community Medicine).

5. The prescribed teaching Hours and Model Time tables are given in ANNEXURE - IV

15.2.2.3. Phase - III

1. Clinical Subjects (Third to Ninth Semester)

1.1. Medicine and its allied specialties

1.2. Surgery and its allied specialties

1.3. Obstetrics and Gynaecology

1.4. Community Medicine

2. Besides clinical posting as per schedule, rest of the teaching hours is divided for didactic lectures, demonstrations, seminars, group discussions etc. in various subjects. The time distribution shall be as per ANNEXURE - IV.

3. The Medicine and its allied specialties training will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc.

4. The Surgery and its allied specialties training will include General Surgery, Orthopaedic Surgery including Physio-therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio-therapy etc.

5. The Obstetrics & Gynaecology training will include family medicine, family welfare planning etc.

15.2.3. The total number of teaching days for Phase I - Pre clinical subject is approximately 240 teaching days. The Pre-clinical subjects and introduction to a broader understanding of the perspectives of medical education leading to delivery of health care.

15.2.4. Phase II having three semesters 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

15.2.5. 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.

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

15.2.7. The training given with due care to the candidates in the institution for the award of M.B.B.S. Degree shall determine the expertise of the specialist and/or medical teachers produced as a result of the educational programme during the period of stay in the institution.

15.2.8. All candidates joining this programme shall attend not less than 75% for both theory and practical /clinical of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process

V.15.5. CASUALTY:

The intern after training in Casualty must be able to:

V.15.5.1. Identify acute emergencies in various disciplines of medical practice;

V.15.5.2. Manage acute anaphylactic shock;

V.15.5.3. Manage peripheral-vascular failure and shock;

V.15.5.4. Manage acute pulmonary oedema and Left Ventricular failure (LVF);

V.15.5.5. Undertake emergency management of drowning poisonings and seizures;

V.15.5.6. Undertake emergency management of bronchial asthma and status asthmaticus;

V.15.5.7. Undertake emergency management of hyperpyrexia;

V.15.5.8. Undertake emergency management of comatose patients regarding airways positioning, prevention of aspiration and injuries;

V.15.5.9. Assess and administer emergency management of burns;

V.15.5.10. Assess and do emergency management of various trauma victims;

V.15.5.11. 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.

V.15.6. OBSTETRICS AND GYNAECOLOGY:

Technical skills that interns are expected to learn:

V.15.6.1. Diagnosis of early pregnancy and provision of ante-natal care;

V.15.6.2. Diagnosis of pathology of pregnancy related to

1. Abortions;

- V.15.3.5.1. Protein-energy malnutrition
- V.15.3.5.2. Deficiencies of vitamins especially A, B, C and D;
- V.15.3.5.3. Iron deficiency;
- V.15.3.6. Institute early management of common childhood disorders with special reference to Paediatrics dosage and oral rehydration therapy.
- V.15.3.7. Participate actively in public health programme oriented towards children in the community.

V.15.4. GENERAL SURGERY

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

- V.15.4.1. Diagnose with reasonable accuracy all surgical illnesses including emergencies
 - V.15.4.2.1. Resuscitate a critically injured patient and a severe burns patient;
 - V.15.4.2.2. Control surface bleeding and manage open wound;
- V.15.4.3.1. Monitor patients of head, spine, chest abdominal and pelvic injury;
- V.15.4.3.2. Institute first-line management of acute abdomen;
- V.15.4.4.1. Perform venesection;
- V.15.4.4.2. Perform tracheostomy and endotracheal intubation;
- V.15.4.4.3. Catheterise patients with acute retention or perform trocar cystostomy,
- V.15.4.4.4. Drain superficial abscesses,
- V.15.4.4.5. Suturing of wound,
- V.15.4.4.6. Perform circumcision,
- V.15.4.4.7. Biopsy of surface tumours,
- V.15.4.4.8. Perform vasectomy

15.2.8.1. The Institution undertaking this programme shall set up a curriculum committee with chairperson of the Concern HoI, which shall work out the details of the training programme in each speciality in consultation with department faculty staff and also coordinate and monitor the implementation of this training programme.

15.2.8.2. The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates.

15.3. INTERNSHIP

15.3.1. GENERAL

In order to make trained work force available, it may be considered as a phase of training wherein the graduate is expected to conduct actual practice under the supervision of a trained doctor. The learning methods and modalities have to be done during the MBBS course itself with larger number of hands on session, practice on simulators including zoes models.

15.3.2. SPECIFIC OBJECTIVES

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

- 15.3.2.1. Diagnose clinical common disease conditions encountered in practice and make timely decision for referral to higher level
- 15.3.2.2. Use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services
- 15.3.2.3. Manage all type of emergencies-medical, surgical obstetric, neonatal and paediatric, by rendering first level care
- 15.3.2.4. Demonstrate skills in monitoring of the National Health Programme and schemes, oriented to provide preventive and promotive health care services to the community

15.3.2.5. Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare service in existing socio-economic, political and cultural environment

15.3.2.6. Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.

15.3.3. 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.

15.3.3.1. 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.

15.3.3.2. The time allocation and assessment for internship to each discipline are given in ANNEXURE - V

16. EXAMINATION

16.1. COMMENCEMENT OF EXAMINATIONS

The University Examinations will be conducted twice in an academic year, during the first weeks of August and February. The CoE would notify the dates of examinations to the candidates.

16.2. ATTENDANCE REQUIREMENTS FOR ADMISSION TO EXAMINATIONS

16.2.1. No candidate shall be permitted to appear for the Examination unless he/she put in 75% attendance in a subject inclusive of attendance in non-lecture teaching i.e. seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary Secondary,

V.15.3. PAEDIATRICS:

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

The intern shall be able to:

V.15.3.1. 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;

V.15.3.2. Carry out activities related to patient care such as laboratory work, investigative procedures and use of special equipments. The details are given as under:-

V.15.3.2.1. Diagnostic techniques: blood (including from femoral vein and umbilical cord), abscess, cerebrospinal fluid, urine, pleura and peritoneum and common tissue biopsy techniques;

V.15.3.2.2. Techniques related to patient care: immunization, perfusion techniques, feeding procedures, tuberculin testing & breast feeding counseling;

V.15.3.2.3. Use of equipment: vital monitoring, temperature monitoring, resuscitation at birth and care of children receiving intensive care;

V.15.3.3. Screening of newborn babies and those with objective risk factors for any anomalies and steps for prevention in future;

V.15.3.4. 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:

V.15.3.4.1. Recognize growth abnormalities;

V.15.3.4.2. Recognize anomalies of psychomotor development;

V.15.3.4.3. Detect congenital abnormalities;

V.15.3.5. 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:

V.15.2.2. The intern shall have assisted as a care team in intensive care of cardiac, respirator, hepatic, neurological and metabolic emergencies.

V.15.2.3. The intern shall be able to conduct the following laboratory investigations:

1. Blood: (Routine haematology smear and blood groups);
2. Urine: (Routine chemical and microscopic);
3. Stool: (for ova/cyst and occult blood);
4. Sputum and throat swab for gram stain or acid fast stain and
5. Cerebro Spinal Fluid (CSF) for smear.

V.15.2.4. Conduct following diagnostic procedures:

1. Urethral catheterisation; Proctoscopy; Ophthalmoscopy/Otology; Indirect laryngoscopy;
2. Therapeutic procedures; Insertion of Ryles Tube; Pleural, ascetic tap, Cerebro Spinal Fluid (CSF) tap, installing or air way tube, Oxygen administration etc.

V.15.2.5. 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.

V.15.2.6.1. Familiarity with usage of life saving procedures including use of aspirator, respirator and defibrillator

V.15.2.6.2. Competence in interpretation of different monitoring devices such as cardiac monitor, blood gas analysis etc.

V.15.2.7. Participate as a team member in total health care of an individual including appropriate follow-up and social rehabilitation.

V.15.2.8. Other competencies as indicated in general objectives

Primary) posting and bed side clinics etc.?

16.2.2. In case of a subject in which there is no examination at the end of the academic year/ semester, the percentage of attendance shall not be less than 65%. However, at the time of appearing for the professional examination in the subject, the aggregate percentage of attendance in the subject should satisfy the condition stated in clause 16.2.1.

16.2.3. If the candidate is having lack of attendance in any of the academic year, the candidate has to attend the classes even after completion of the course and the candidate will be permitted to appear for the subsequent examination only after the candidate earns the minimum required attendance.

16.2.4. In case of Under Graduate students posted for training in any other Department or College for a period of one or two months as the case may be, the candidate should get the attendance from that Departments / College and submit the same to the Head of the Department in which the candidate is undergoing the course who will forward the attendance to the University.

16.2.5. Failed candidates who are not promoted to the next phase of study are required to put in minimum 75% of attendance during the extended period of study before appearing for the next examination.

16.2.6. The Dean / Head of the Institutions of the Faculty/Constituent Colleges has to furnish to the Controller of Examinations of this University, the attendance particulars specifying the number of working days attended by the candidate every quarter both by E-mail and in hard copy form.

16.2.7. Before commencement of examination of the year the Dean/ Head of the Institutions of the faculties and constituent colleges has to furnish the consolidated attendance particulars of the candidates specifying the number of days of attendance in each month for a period of one year to this University, in the prescribed format.

16.2.8. The period of examination is also considered as working period for this programme.

16.2.9. The attendance particulars for the Examination session for the respective study period are to be submitted two weeks prior to the commencement of the Examination. As the candidate would have paid the fees for the particular Examination, it could be presumed that he/she would attend the rest of the classes in the remaining two weeks after submission of attendance particulars to the University and appear for the Examination.

16.3. CONDONATION OF LACK OF ATTENDANCE

There shall be no condonation of lack of attendance for the programme.

16.4. SCHEME OF EXAMINATION

16.4.1. The University shall ensure that the minimum number of hours for lecture / demonstration /practical /seminar etc. in the subjects in each M.B.B.S. examination as specified in the curriculum of the regulations.

16.4.2. The University shall ensure that the students of the colleges, who do not fulfill the Regulation for Medicine (Minimum Standards of Education), are not sent for the University Examination.

16.4.3. Each theory paper shall be of three hours duration.

16.4.4. The practical/ oral examination shall be completed immediately after the theory examination.

16.5. METHODS OF EVALUATION

Evaluation may be achieved by the written test, practicals, clinical examination and viva voce tested methods. It is achieved by two processes

5. Provide health education to an individual/community on:

5.1. Tuberculosis;

5.2. Small family, spacing, use of appropriate contraceptives;

5.3. Applied nutrition and care of mothers and children;

5.4. Immunization;

5.5. Participation in school health programme.

V.15.1.3. PRIMARY HEALTH CENTRE

1. Initiate or participate in family composite health care (birth to death), Inventory of events;

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 Programmes (ante natal care, normal delivery, contraception care etc.)

5. Village attachment of atleast one week to understand issues of community health along with exposure to village health centres, ASHA Sub Centres should be added.

V.15.2. GENERAL MEDICINE

V.15.2.1. Interns shall acquire following training during their term.

1. Acquire competence for clinical diagnosis based on history physical examination and relevant laboratory investigation and institute appropriate line of management;

2. This would include diseases common in tropics (parasitic, bacterial or viral infections, nutritional disorders, including dehydration and electrolyte disturbances) and system illnesses

- 2.1. Gain full expertise in immunization against infectious disease;
- 2.2. Participate in programmes in prevention and control of locally prevalent endemic diseases including nutritional disorders;
- 2.3. learn skills first hand in family welfare planning procedures;
- 2.4. learn the management of National Health Programmes;
3. Be capable of conducting a survey and employ its findings as a measure towards arriving at a community diagnosis.
- 4.1. conduct programmes on health education,
- 4.2. gain capabilities to use Audiovisual aids,
- 4.3. acquire capability of utilization of scientific information for promotion of community health
5. Be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies.
6. Acquire quality of being professional with dedication, resourcefulness and leadership.
7. Acquire managerial skills, delegation of duties to paramedical staff and other health professionals.

V.15.1.2. TALUQA HOSPITAL

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

1. Effectively participate with other members of the health team with qualities of leadership;
2. Make a community diagnosis in specific situations such as epidemics and institute relevant control measures for communicable diseases;
3. Develop capability for analysis of hospital based morbidity and mortality statistics.
4. Use essential drugs in the community with the awareness of availability, cost and side effects;

16.5.1. Formative or Internal assessment (IA) is done through a series of tests and examinations conducted by the institution.

16.5.2. Summative or University examinations are done by the university through examination conducted at the end of the specified course.

16.6. INTERNAL ASSESSMENT

16.6.1. The IA shall be based on day to day assessment, evaluation of student assignment, preparation for seminar, clinical case presentation etc.

16.6.1.1. Internal assessment shall relate to different ways in which student's participation in learning participation in learning process during semesters is evaluated. For example, Preparation of subject for student's seminar, Preparation of a clinical case for discussion, Clinical case study/problem solving exercise, Participation in Project for health care in the community (planning stage to evaluation), Proficiency in carrying out a practical or a skill in small research project, Multiple choice questions (MCQ) test after completion of a system/teaching etc.

16.6.1.2. Each Assessment mentioned in clause 16.6.1.1. is tested and recorded. Some of the assessment can be assigned as Home work/Vacation work.

16.6.2. The continuing assessment examinations for theory may be held frequently at least three (Five for Second Professional) times in a given academic year and the average marks of two (Three for Second Professional) best performances shall be taken into consideration for the award of sessional marks.

16.6.3. A minimum of four (Five for Phase-II) practical examinations shall be conducted in each subject during an academic year and an average of two (Three for Phase-II) best performances shall be taken into consideration for award of sessional marks.

16.6.4. Day to day records should be given importance during internal assessment

16.6.5. Weightage for the internal assessment shall be 20% of the total marks in each subject

16.6.6. A student must secure 35% of marks in the internal theory and practical exam to appear for the university examinations

16.6.7. The internal assessment marks (both in theory and Practical) should be submitted to the University endorsed by the Principal of the College 15 days prior to the commencement of the theory examinations.

16.7. UNIVERSITY EXAMINATIONS

16.7.1. 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.

16.7.1.1. Question papers should preferably be of short structure/objective type. The model question paper for each subject is enclosed with Syllabus, which is given separately.

16.7.2. Practicals/clinicals will be conducted in the laboratories or hospital wards. The objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion.

16.7.3. Clinical cases should preferably include common diseases and not esoteric syndromes or rare disorders. Emphasis should be on candidate's capability in eliciting physical signs and their interpre-

V.13.3.1. A score of less than 3 in any of items in clause V.13.2. will represent unsatisfactory completion of internship.

V.14. Full registration shall only be given by the State Medical Council/Medical Council of India on the award of the MBBS degree by the university or its declaration that the candidate is eligible for it.

V.15. GUIDELINES TO IMPLEMENT THE TRAINING

Some guidelines to the implementation of training programme in disciplines related as follows.

V.15.1. 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 follows;

V.15.1.1. Community Health Centre/District Hospital/Attachment to General Practitioner:

1. During this period of internship an intern must acquire

1.1. Clinical competence for diagnosis of common ailments, use of bed side investigation and primary care techniques;

1.2. Gain information on "Essential drugs" and their usage;

1.3. Recognize medical emergencies, resuscitate and institute initial treatment and refer to suitable institution.

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:-

V.13. ASSESSMENT OF INTERNSHIP

V.13.1. The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he 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. Based on the record of work and date of evaluation, the Head of the Institutions shall issue certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

V.13.2. The satisfactory completion having the SCORE 0 - 5, shall be determined on the basis of the following;

V.13.2.1. Proficiency of knowledge required for each case

V.13.2.2. The competency in skills expected to manage each case

1. Competency for performance of self-performance,
2. of having assisted in procedures,
3. of having observed.

V.13.2.3. Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports.

V.13.2.4. Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals).

V.13.2.5. Initiative, participation in discussions, research aptitude

V.13.3. The measurement of the score as follows

SCORE	PERFORMANCE
0	Poor
1	Fair
2	Below average
3	Average
4	Above average
5	Excellent

tation. Clinical cases/practicals 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.

16.7.4. 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.

16.7.5. 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/her to carry out his/her professional day to day work competently. Evaluation will be carried out on an objective basis.

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

16.7.7. 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.

16.7.8. SCHEME OF EXAMINATIONS

1. The scheme of examination for M.B.B.S. Course shall be divided into

1.1. 1st Professional M.B.B.S. examination at the end of the second semester of Phase-I training, in the subjects of Anatomy, Physiology including Biophysics and Bio-Chemistry

1.2. Second Professional M.B.B.S. examination at the end of Fifth semester of Phase-II training, in the subjects of Pathology, Microbiology, Pharmacy and Forensic Medicine, Environment Studies

1.2.1. The examination for the subject Environment Studies shall be held on before six months for the Second Professional examinations

1.3. Third Professional Part - I M.B.B.S. examination at the end of Seventh Semester of Phase - III training, in the subjects of Ophthalmology, Oto-rhyno-laryngology and Community Medicine and Third Professional Part - II M.B.B.S. examination at the end of Phase - III training i.e. Ninth Semester, in the subjects of Medicine, Surgery, Obstetrics & Gynecology and Pediatrics.

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

16.7.9. ALLOCATION OF MARKS

The allocation of marks for each subjects from first year to final year M.B.B.S. examination are given separately in ANNEXURE-VII

16.7.10. EXAMINERS

16.7.10.1. 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/she 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.

16.7.10.2. 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 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, one additional examiner, for every additional 50 or part thereof candidates appearing, be appointed.

V.8.1. 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.

V.8.2. 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;

V.9. Adjustment to enable a candidate to obtain training in elective clinical subjects may be made.

V.10. 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;

V.11. Out of one year, 6 months shall be assigned 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.

V.12. 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.

V.2. 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.

V.3. 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.

V.4. The University shall issue a provisional MBBS pass certificate on passing the final examination.

V.5. 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.

V.6. The intern shall be entrusted with clinical responsibilities under direct supervision of senior medical officer. They shall not be working independently.

V.7. Interns will not issue a medical certificate or a death certificate or a medicolegal document under their signature.

V.8. 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:

16.7.10.3. 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

16.7.10.4. External examiners shall not be from the same university and preferably be from outside the state

16.7.10.5. The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his/her subject.

16.7.10.6. External examiners shall rotate at an interval of 2 years

16.7.10.7. There is a separate set of examiners for each constituent medical college of the University with internal examiners from the concerned college.

16.7.10.8. There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.

16.7.10.9. 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.

16.7.11. SUBMISSION OF LABORATORY RECORD NOTE BOOKS

16.7.11.1. At the time of practical/ clinical examination each candidate shall submit to the Examiners in his/her laboratory record note

books duly certified by the Head of the Department /Institution as the bonafide record of the work done by the candidate.

16.7.11.2. The practical record shall be evaluated by the concerned Head of the Department (Internal Evaluation) and the practical record marks shall be submitted to the University, 15 days prior to the commencement of the theory examinations.

16.7.11.3. The candidate may be permitted by the Examiners to refer to the practical record book during the practical examination in the subject of Biochemistry only. No other materials, hand-written, printed guides are allowed for reference during the practical examinations.

16.7.11.4. In respect of failed candidates the marks awarded for records at previous examinations will be carried over for the subsequent examination or the candidates shall have the option to improve his/her performance by submission of fresh records.

16.7.12. RESULTS & READMISSION TO EXAMINATION

16.7.12.1. The University may ensure that the results of the examinations are published in time so that the student who successfully completes M.B.B.S examination can complete the course in within stipulated time prescribed by the regulation.

16.7.12.2. No student shall be permitted to join the Phase II - Para-clinical/clinical group of subjects until he/she has passed in all the subjects in Phase I

16.7.12.3. The supplementary examination for First Professional MBBS 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 provided that the students who pass the supplementary examination shall be allowed to appear in the second professional MBBS examination only after he/she com-

ANNEXURE-V

INTERNSHIP

V. 1. TIME DISTRIBUTION FOR COMPULSORY INTERNSHIP

The Compulsory Internship for the subjects and time allocations for those subjects are follows

S. No.	Name of the Subject	Time allocation
1.	Community Medicine	2 months
2.	Medicine including 15 days of Psychiatry	2 months
3.	Surgery including 15 days of Anaesthesia	2 months
4.	Obstetrics and Gynaecology including Family Welfare Planning	2 months
5.	Paediatrics	1 month
6.	Orthopaedics including PMR	1 month
7.	ENT	15 days
8.	Ophthalmology	15 days
9.	Casualty	15 days
10.	Elective Posting	15 days

V.1.1.. The subjects for the Elective posting will be Dermatology and Sexually Transmitted

Diseases, Tuberculosis and Respiratory Diseases, Radio-Diagnosis, Forensic Medicine, Blood Bank, Psychiatry

V.1.1.1. Structure internship with college assessment will be at the end of the internship

IV.2.2.1. The time between 1 PM and 2 PM is Lunch

IV.2.3. FOURTH AND FIFTH SEMESTER

Days	Time						
	8-9 AM	9-10AM	10-11AM	11AM-12PM	12-1 PM	2-3 PM	3-4 PM
Mon day	Lectures in Clinical Subjects (LCS)	Clinical Postings (CP)	CP	CP	Para Clinical Lectures (PCL)	Practicals (Ps)	Ps
Tues day	LCS	CP	CP	CP	PCL	Para – Clinical (PC)	PC
Wed day	LCS	CP	CP	CP	PCL	PC	PC
Thurs day	LCS	CP	CP	CP	PCL	PC	PC
Fri day	LCS	CP	CP	CP	PCL	PC	PC
Saturday	LCS	CP	CP	CP	PCL	PC	PC

IV.2.3.1. The time between 1 PM and 2 PM is Lunch

IV.2.4. SIXTH TO NINTH SEMESTER

Days	Time						
	8-9 AM	9-10AM	10-11AM	11AM-12PM	12-1 PM	2-3 PM	3-4 PM
Mon day	Lectures in Clinical Subjects (LCS)	Clinical Postings (CP)	CP	CP	Lectures in Demonstration in Clinical Subjects (LDCS)	Practicals Demonstration in Clinical Subjects (PDCS)	PDCS
Tues day	LCS	CP	CP	CP	LDCS	PDCS	PDCS
Wed day	LCS	CP	CP	CP	LDCS	PDCS	PDCS
Thurs day	LCS	CP	CP	CP	LDCS	PDCS	PDCS
Fri day	LCS	CP	CP	CP	LDCS	PDCS	PDCS
Saturday	LCS	CP	CP	CP	LDCS	PDCS	PDCS

IV.2.4.1. The time between 1 PM and 2 PM is Lunch

pletes the full course of study of three semesters for the second professional MBBS examination irrespective of the examination of the main batch

16.7.12.4. A student who fails in the Second professional (Phase-II) examination should not be allowed to appear Third Professional Part I examination unless he/she passes all subjects excluding Environment Studies subject of Second Professional examination

16.7.12.4.1. The student may carry over the subject Environment Studies till his/her end of the course. But he/she should pass the subject to qualify for the awarding degree.

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

16.7.13. If the University may under exceptional circumstances, partially or wholly cancel any examination conducted by it, shall intimate to the Medical Council of India and arrange for conduct the re-examination in those subjects within the period of 30 days from the date of such cancellation.

16.7.14. GRACE MARKS

Grace marks upto a maximum of 5 marks may be awarded to students who have failed in one subjects but passed in all other subjects at the completion of the course

16.7.15. REVALUATION / RETOTALLING OF ANSWER SCRIPTS

16.7.15.1. Revaluation

There shall be no revaluation of answer scripts for the M.B.B.S. programme

16.7.15.2. Retotaling

The University on application and remittance by the candidate of a stipulated fee to be prescribed by the University shall permit to apply a retotaling the marks received for various questions in an answer paper/ papers for theory of all subjects for which the candidate has appeared in the university examination. Any error in totaling of the marks awarded if identified should be suitably rectified.

17. CRITERIA FOR A PASS

For declaration of pass in a subject, a candidate shall secure minimum 50% marks in the University examination both in Theory and Practical/ Clinical examinations separately, as specified below:

17.1. A candidate shall secure minimum 50% marks in aggregate in University theory including Viva voce examination and 35% marks in internal assessment combined together.

17.2. A candidate shall secure minimum 50% marks in aggregate in University practical / clinical examination and 35% marks in internal assessment combined together

18. CLASSIFICATION OF SUCCESSFUL CANDIDATES

18.1. A successful candidate who secures 60% or above of the marks in the aggregate in a subject in his/ her first appearance will be declared to have passed in First class in that particular subject and a successful candidate securing 75% or above of the marks in aggregate in any subject in the first appearance will be declared to have passed the examination in that subject with Distinction.

18.2. First class may be awarded to such candidates who have passed all the subjects at the first appearance and obtained 60% of marks and above in all the subjects he /she had appeared.

18.3. Candidates who have passed all the subjects as per regulations and not falling under the clauses 18.1 and 18.2. shall be declared to have passes in second class

Name of the Subject	Minimum Teaching period in Hours	Name of the Subject	Minimum Teaching period in Hours
General Medicine	300	General Surgery	300
Paediatrics	100	Orthopaedics	100
T.B. and Chest	20	Ophthalmology	100
Psychiatry	20	ENT	70
Skin and STD	30	Radiology	20
Community Medicine	50	Dentistry	10
Anaesthesia	20	Obstetrics and Gynaecology inclusive	300

IV.2. MODEL TIME TABLES

IV.2.1. The following model time tables from third semester to ninth semester are suggested by the MCI. Adjustments where required, depending upon the availability of time and facility, be made.

IV.2.2. THIRD SEMESTER

Days	Time						
	8-9 AM	9-10AM	10-11AM	11AM-12PM	12-1 PM	2-3 PM	3-4 PM
Mon day	Para Clinical Lectures (PCL)	Clinical Postings (CP)	CP	CP	PCL	Practicals (Ps)	Ps
Tues day	PCL	CP	CP	CP	PCL	Para – Clinical (PC)	PC
Wed day	PCL	CP	CP	CP	PCL	PC	PC
Thurs day	PCL	CP	CP	CP	PCL	PC	PC
Fri day	PCL	CP	CP	CP	PCL	PC	PC
Saturday	PCL	CP	CP	CP	PCL	PC	PC

IV.1.3.1.1. Note:

1. Clinical posting of three hours duration/day
2. This posting includes exposure to laboratory medicine and infectious diseases
3. This posting includes training in Radio-diagnosis and Radio-therapy where existant
4. This posting includes exposure to dressing and Anesthesia
5. This posting includes exposure to Rehabilitation and Physiotherapy
6. This includes maternity training and Family medicine and the third semester posting shall be in Family Welfare Planning
7. Clinical Methods in Medicine and Surgery for whole class will be for two weeks each respectively at the beginning of the third semester

IV.1.3.1.2. This period of Training in clinical postings is minimum suggested by the MCI. Adjustments where required depending on availability of time be made.

IV.1.3.1.3. This period of training does not include University examinations period.

IV.1.3.1.4. Excess of the time if available, shall be assigned to other sub specialities

IV.1.3.2. Apart from the clinical postings as mentioned in clause IV.3.1., the minimum hours shall be allotted for Theory lectures, demonstrations and seminars etc. in the following subjects

19. MODIFICATIONS OF REGULATIONS

These regulations are subject to modifications from time to time as per the decisions of the apex body of the University

ANNEXURE - I

TIME SCHEDULE FOR COMPLETION OF THE ADMISSION PROCESS FOR FIRST MBBS COURSE

Schedule for Admission	Seats filled up by University through All India Entrance Examination
Conduct of Entrance Examination	Month of May
Declaration of Result of Qualifying Exam./Entrance Exam.	First week of June
First round of Counseling / Admission	To be over by 30 th June
Last date for joining the allotted college and course	Within 15 days from the date of allotment of seats ¹
Second and further (if any) round of counseling for allotment of seats from waiting list	To be over by 8 th August
Last date for joining for candidates allotted seats in Second/Higher round of counseling from the waiting list	Within 15 days from the date of allotment of seats.
Commencement of academic session	1 st of August
Last date up to which students can be admitted against vacancies arising due to any reason	30 th September
Note: 1. Head of the Institution should intimate the existing vacancies to the University, after the last date of joining the course by the candidate concerned within seven days and latest by 23rd of July.	

ANNEXURE - I

PROFORMA FOR RE-ADMISSION

1. Name of the student with Register No. :
2. Name of the course and period of study :
3. Name of the Faculty / College :
4. Date of Joining the course :
5. Duration of break of study :
6. Details of examinations appeared & Subjects passed :
7. Reasons for the break of study of the course (Evidence should be produced) :
8. The details of previous break of study (Enclose Xerox copy of the condonation order) :
9. Whether his / her own vacancy is available for rejoining the course:
10. Whether any disciplinary action taken or under investigation :
11. Whether the candidate has paid the prescribed fee for readmission sought for (furnish the details) Processing Fee: Rs.500/- Condonation Fee: Rs.1,000/- Per year of part there of (or) as revised by the University from time to time). :
12. Previous correspondence if any (Furnish copies of relevant records) :
13. Recommendation of the Dean/Principal /Director concerned :

IV.2.2. Teaching of Para clinical subjects shall be 4 hours per day in third semester and 3 hours per day in fourth and fifth semester

IV.1.3. CLINICAL POSTINGS

IV.1.3.1. TIME TABLE FOR CLINICAL POSTINGS

S. No.	Subject	Total No. Weeks ¹ / Semester							Total in weeks
		III	IV	V	VI	VII	VIII	IX	
1	2	3	4	5	6	7	8	9	10
1.	General Medicine ^{2,7}	6	--	4	--	4	6	6	26
2.	Paediatrics	--	2	--	2	2	4	--	10
3.	Tuberculosis and Chest Diseases	--	2	--	--	--	--	--	02
4.	Skin & STD	--	2	--	2	--	2	--	06
5.	Psychiatry	--	--	2	--	--	--	--	02
6.	Radiology ³	--	--	--	--	2	--	--	02
7.	General Surgery ^{4,7}	6	--	4	--	4	6	6	26
8.	Orthopaedics ⁵	--	--	4	4	--	--	2	10
9.	Ophthalmology	--	4	--	4	--	--	2	10
10.	Ear Nose and Throat (ENT)	--	4	--	4	--	--	--	08
11.	Obstetrics and Gynaecology including Family welfare planning ⁶	2	4	4	--	4	4	6	24
12.	Community Medicine	4	4	--	4	--	--	--	12
13.	Casualty	--	--	--	2	--	--	--	02
14.	Dentistry	--	--	--	--	2	--	--	02
	Total in Weeks	18	22	18	22	18	22	22	142

ANNEXURE-IV

PRESCRIBED TEACHING HOURS AND MODEL TIME TABLES

IV.1. TEACHING HOURS

The Minimum teaching hours as prescribed by MCI in various disciplines are follows:

IV.1.1. PRE CLINICAL SUBJECTS

IV.1.1.1. The minimum teaching hours of various Pre-clinical subjects for Phase- I in First and Second semester are follows

Name of the Subject	Minimum Teaching period in Hours
Anatomy	650
Physiology	480
Biochemistry	240
Community Medicine	60

IV.1.2. PARA CLINICAL SUBJECTS

IV.1.2.1. The minimum teaching hours of various Para-clinical subjects for Phase- II in Fifth to Seventh semester are follows

Name of the Subject	Minimum Teaching period in Hours
Pathology	300
Pharmacology	300
Microbiology	250
Community Medicine including 8 weeks postings of 3 hours each	200
Forensic Medicine	100

This is to certify that the details furnished above in respect of the candidate are verified and found to be correct.

Signature of Dean / Principal / Director

(with seal)

Format for furnishing details of candidates in whose cases condonation of shortage of attendance has been granted for appearing for THEORY EXAMINATIONS.

Name of the College:

Academic year for which condonation has been granted for :

Sl. No.	Name of the Candidate (s)	Name of the Course and Branch (if applicable)	Total No. of working days/ hours for the year / semester	Minimum No. of days required for attendance certificate	No. of days attended by the candidate	Actual shortage of attendance
1	2	3	4	5	6	7
1						
2						
3						
4						
5						

1. Requested condonation of attendance in respect of the above candidate/s as the shortage of attendance is within prescribed condonation limit.

2. The Demand Draft(s) for Rs..... being the fee for condonation of shortage of attendance, drawn in favor of **The registrar, Vinayaka Mission's Research Foundation - Deemed University, Salem** is / are enclosed.

Date:

Place :

Recommended by

(Head of the Institution)

Approved by

VICE CHANCELLOR

(Signature with college seal)

(Signature with seal)

Note :

1. The fee prescribed for condonation of shortage of attendance as specified by the university shall be paid by the student.
2. The forms should reach the University at least 15 days before the commencement of respective University Examinations.
3. A separate list (Three copies, Degree wise) showing candidates who have not earned the required attendance and are not eligible for condonation should also be sent at least 15 days before the commencement of Examination.

ANNEXURE-II

DECLARATION

I

Son of / Daughter of

Residing at

..... and admitted

to in I year of

(Name of the College) do hereby solemnly affirm and sincerely state as follows.

I declare that I shall abide by the Rules and Regulations prescribed by the Vinayaka Missions University, Salem for the (Course) including regulations for re-admission after the break of study.

Date:

Signature of the Candidate

/Counter signed/

Dean/Principal/Director

(Office date seal)