No.MCI-5(3)/2003-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on Monday, the 28th July, 2003 at 11.00 am in the Council office at New Delhi where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr. P.C.Kesavankutty Nayar - President (Acting) Prof. P.N. Tandon] Adhoc Committee Dr.(Mrs.) S. Kantha] Members Dr. K.S. Chugh Dr. F.U. Ahmed Dr. D.K. Sharma Dr. Mukesh Kr. Sharma Dr. Ajay Kumar Dr. Nitin S. Vora Dr. V.K. Puri

Lt.Col.(Retd.) Dr. A.R.N. Setalvad - Secretary

Apologies for absence were received from Prof. N. Rangabashyam, Adhoc Committee member and Dr. P.M. Jadhav.

1. <u>Minutes of the Executive Committee held on 30th June, 2003 –</u> <u>Confirmation of.</u>

The minutes of the Executive Committee meeting held on 30^{th} June, 2003 were confirmed.

2. <u>Minutes of the last meetings of the Executive Committee – Action taken</u> <u>thereon.</u>

The Executive Committee and members of the Adhoc Committee noted the action taken by the office on the various items included in the minutes of the Executive Committee meeting held on 30th June, 2003 with following additions/corrections:-

1. On page No.4 item No. 8 "Establishment of medical college at Maullana by Maharishi Markandeshwar Education Trust, Ambala City, Haryana". In the the action taken report it was recorded as under:-

"Decision of the Executive Committee sent to Central Govt. on 1st July,2003."

Further development of the matter be added in the action taken report as under:-

"Decision of the Executive Committee sent to Central Govt. on 1st July,2003. LOI has been issued. Compliance received."

2. On page 10 & 11, item No. 20 "Alluri Sitarama Raju Academy of Medical Sciences, Eluru - renewal of permission for admission of 4th batch of students". The action taken in the matter was recorded as under:-

"Surprise inspection of the college was carried out on 2nd July,2003. Item is included in the agenda of this meeting."

Further development of the matter be added in the action taken report as under:-

"Surprise inspection of the college was carried out on 2nd July,2003. Item is included in the agenda of this meeting. Letter has been sent to Council Advocate for necessary action regarding filing FIR and approaching Hon'ble Court for appropriate decision."

3. On page 17, item No. 33 Problem of hospital treatment of terminally ill patients". The action taken in the matter was recorded as under:-

"The matter is referred to Ethical Committee."

The action taken in the matter be read added as under:-

"The matter is referred to Ethical Committee. It is being planned in September,03.

4. On page 25, item No. 55 "Promotion to the post of Additional Secretary - request of Dr. K.K. Arora, Joint Secretary, MCI". In the action taken report it was recorded as under:-

"File has been put up to the President for constitution of Departmental Promotion Committee."

The action taken in the matter be read added as under:-

"File has been put up to the President for constitution of Departmental Promotion Committee. The President (Acting) has constituted DPC comprising of Dr.H.P.Bhalodiya, Dr. D.K. Sharma and Dr. G.B. Gupta. Orders have been issued for constituting DPC."

3. Dr. Rajendera Prasad Govt. Medical College, Tanda – renewal of permission/approval of the college for the award of MBBS degree granted by Himachal Pradesh University.

Read : The Council Inspectors report (1st & 2nd July, 2003) for renewal of permission/approval of Dr. Rajendera Prasad Govt. Medical College, Tanda for the award of MBBS degree granted by Himachal Pradesh University.

The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report ($1^{st} \& 2^{nd}$ July,2003) and noted the following:-

- 1. The deficiencies of teaching faculty is more than 5%. The deficiencies of Tutors/Residents is also more than 5%. 55 faculty/resident have joined 3 months prior to inspection of whom a few have joined a day before the inspection.
- 2. In casualty, no monitors are provided in the resuscitation room.
- 3. Minor OT does not have any adequate material.
- 4. In OPD, teaching facilities are not adequate and x-ray view box are not provided in several OPDs. OPD discharge slip are used as OPD card. Audiometry room is not sound proof and is not functional. Even the basic facilities like baby wing scale are not available at the MCH centre.
- 5. In wards, though the teaching beds are adequate in number, there is over crowding and there is insufficient space between two beds. The wards are not properly arranged particularly in respect of departments of Skin, TB & Chest. About 75 patients are kept in corridors and near stair cases which is not conducive for teaching.

- 6. The clinical departments in the hospital do not have proper clinical teaching areas either in the wards or in the OPD. Facilities for colour Doppler, studies, blood gas analysis, dialysis are not available. In general, hospital does not have ambience of a proper teaching hospital. Proper diagnosis registers are not maintained in all OPDs. ICCU does not have basic equipment like pulse oximeter.
- 7. There is no dietician in the hospital kitchen. There is only one incharge clerk and 4 cooks to serve 400 patients.
- 8. NICU and PICU are not available. Surgical ICU is provided but it is not functional as yet.
- 9. Staff of the Medical Records department is not qualified but experience to work in Medical Record department.
- 10. In the deptt. of Service laboratories, the service lab. of Serology, Mycology, Mycobateria, , Parasitology, Immunology lab. are not functional.
- 11. In the infrastructure of the pre clinical departments the following deficiencies are noted:-
 - (i) Cold storage cabinet is not available in Anatomy.
 - (ii) Furniture in the demonstration room in Anatomy is not proper as only revolving stools are provided.
 - (iii) The departmental library do not have 80 books in any pre-clinical departments.
- 12. In the infrastructure of para clinical departments the following deficiencies are noted:-
 - (i) There is only one student laboratory in Pathology department instead of two as required as per norms.
 - (ii) The departmental libraries in all the departments do not have 80 books as prescribed under the norms.
- 13. The blood bank licensing is to be expected. Blood bank license has expired on 31st December, 1997. Thereafter, no renewal license has been issued. Although, the blood bank is functioning.
- 14. There is no incinerator. Hospital waste management is improper and hazardous. During the previous inspection 'incinerator of 25 kg. Capacity' was available but it has disappeared during the inspection.
- 15. Rural Health Center is not functional.
- 16. There is no auditorium.
- 17. Urban Health Centre is under the control of Director of Health Services and not under the control of Dean.
- 18. Computers are not available either in the office or in the deptt. of PSM.
- 19. The number of investigations carried out per day is less as only 76 for Biochemistry and 96 for Pathology.
- 20. The number of surgeries performed per day are major 1-2 and minor 3-4.
- 21. Workload in ECG could not be assessed because there is no register maintained in the ECG room.
- 22. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided not to approve Dr. Rajendra Prasad Govt. Medical College, Tanda for the award of MBBS degree granted by Himachal Pradesh University.

The Committee further decided to recommend to the Central Govt. not to renew the permission for admission of 5^{th} batch of students at Dr. Rajendra Prasad Govt. Medical College, Tanda for the academic session 2003-04.

4. <u>Establishment of medical college, Midnapore by Govt. of West Bengal –</u> <u>compliance verification inspection report.</u>

Read : The compliance verification inspection report (3rd & 4th July, 2003) for establishment of Medical College at Midnapore by Govt. of West Bengal u/s 10A of the IMC Act, 1956.

The Executive Committee and members of the Adhoc Committee considered the compliance verification inspection report ($3^{rd} \& 4^{th}$ July,2003) carried out on receipt of compliance on rectification of deficiencies pointed out in the inspection report (March,2003) and noted that following deficiencies are still existing:-

- 1. Incineration is not yet available.
- 2. The facilities for boys and girls hostels are still make shift arrangement and not very satisfactory. This deficiency has not been removed.
- 3. The deficiency of the hostel for the residents also remains the same as no additional facility have been provided.
- 4. The position of the residential quarters remains the same as in the previous report. However, the District Magistrate, Paschim Medinipur has informed the Principal that 15 quarters for accommodating Teaching Officials and Staff from their end in public interest. However, so far no allotment has been done.
- 5. The deficiency of intercom still remains the same. Although tenders have been invited for EPABX. No time frame has been given for its likely completion.
- 6. The number of investigations in the central laboratory has not increased much. Histopathology and Cytopathology work has not been started within the department of Pathology. The space availability for the central clinical lab. is also much less and to that extent the deficiency still remains.
- 7. The new OPD building is under construction which is likely to be completed by June, 2004 and till then the deficiency of OPD still continues. The audiometry room is neither air-conditioned nor sound proof and the deficiency still continues.
- 8. There is no ICU.
- 9. The beds are over crowding and there are no clinical teaching departments.
- 10. The deficiency of space for Radio-Diagnosis department remains the same.
- 11. The shortage of recovery room, staff rooms, teaching room and intensive care remains the same.
- 12. The number of beds in the casualty is still less. The deficiency of shortage of recovery room, staff room, kitchen and ICU in OTs still continues. The space available in the Radiology deptt. is still inadequate.
- 13. No staff rooms have yet been provided. The deficiency of CSSD still continues as it has not been provided. The deficiency of mechanized laundry still continues as it has not been provided.

- 14. The vacant post in the nursing staff are yet to be filled.
- 15. No compliance has been given for the provision of an uninterrupted electricity line.
- 16. No compliance has been given for shifting of CMO/Civil Surgeon and Rehabilitation office from the Medical College & Hospital complex.
- 17. The shortage of faculty is less than 5% but the shortage of Tutors/Residents is around 19%.
- 18. The common rooms for boys and girls have not been furnished properly as yet.
- 19. The examination hall of 250 seats capacity has been provided in the college building with bench type seats. These seats need to be replaced by individual table & chair arrangement.
- 20. The Animal House building has been completed. The services of one Veterinary Surgeon, Two animal keepers and one sweeper have been shown to be appointed. However, Veterinary Surgeon and animal keepers has been posted from District Animal Husbandry Deptt. of Midnapore without any formal orders.
- 21. Photographic section is yet to be shifted in the new space earmarked within the college building.
- 22. Adequate space has been provided for central workshop and three staff members from EMAI, Govt. of West Bengal undertaking has joined to run this workshop. However, no formal orders were available for their posting in the workshop.
- 23. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. not to issue Letter of Intent for establishment of Midnapore Medical College & Hospital, Midnapore by Govt. of West Bengal u/s 10A of the I.M.C. Act,1956 and further decided to recommend to the Central Govt. to disapprove the scheme for establishment of medical college at Midnapore in view of the fact that the time period for getting approval is already over by now and the college authorities may be advised to apply afresh for establishment of the college after rectification of the deficiencies pointed out in the MCI inspection report.

5. <u>Establishment of medical college at Vizianagram (Maharajah's Instt. of</u> <u>Medical Sciences, Nellimarla, Vizianagram by Sri Rama Educational Trust,</u> <u>A.P.).</u>

Read : The Council Inspectors report (4th & 5th July, 2003) for establishment of Medical College at Vizianagram (Maharajah's Instt. of Medical Sciences, Nellimarla, Vizianagram by Sri Rama Educational Trust.

The Executive Committee and members of the Adhoc Committee considered the compliance verification inspection report (4th & 5th July,2003) and decided to recommend to the Central Govt. to issue Letter of permission for establishment of medical college at Vizianagram (Maharajah's Instt. of Medical Sciences, Nellimarla, Vizianagram by Sri Rama Educational Trust, A.P.) u/s 10A of the I.M.C. Act,1956 with an annual intake of 100 (one hundred) students for the academic session 2003-04.

6. <u>Establishment of Medical College at Akola by the Govt. of Maharashtra</u> – <u>Grant of Letter of Permission.</u>

Read : The Council Inspectors report (14th & 15th July, 2003) for grant of Letter of Permission for establishment of Medical College at Akola.

The Executive Committee and members of the Adhoc Committee considered the inspection report (14th & 15th July,2003) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of medical college at Akola by the Govt. of Maharashtra u/s 10A of the I.M.C. Act,1956 with an annual intake of 100 (one hundred) students for the academic session 2003-04.

7. <u>Swami Vivekanand Instt. of Medical Sciences and Research, Valia – renewal</u> of permission for admission of 2nd batch of students during 2003-2004.

Read : The Council Inspectors report (9th & 10th July, 2003) for renewal of permission for admission of 2^{nd} batch of students at Swami Vivekanand Instt. of Medical Sciences and Research, Valia.

The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report (9th & 10th July,2003) and noted the following:-

- 1. The plot of land where the existing hospital with residential quarters and guest house are located is separated by a state highway of approx. 60 feet width from the plot of land where the college building has been constructed. Thus the proposed land is in two pieces and hence does not meet with the qualifying criteria number 2(2) for the Establishment of Medical College Regulations,1999. This deficiency was existing earlier also.
- 2. The shortage of teaching faculty is more than 10%.
- 3. The deficiency in number of teaching beds is 57. The wards are congested with inadequate bed space and inadequate toilet facilities.
- 4. The hospital building expansion is still under construction.
- 5. There is inadequate space in hospital for patients. The space provided for clinical departments located in hospital building is inadequate.
- 6. There are no teaching rooms in OPD. Only few teaching rooms are present in department, which are shared and not properly furnished.
- 7. The number of deliveries and operations performed is inadequate.
- 8. The Infrastructural facilities for the departments of Pathology, Pharmacology, Microbiology, Forensic Medicine and PSM are not yet established and not functional.
- 9. All departmental libraries have inadequate number of books than required as per norms.
- 10. Blood bank is not yet established and at present is not functional.
- 11. The plot of land where the existing hospital with residential quarters and guest house are located is separated by a state highway of approx. 60 feet width from the plot of land where the college building has now been constructed after the last inspection.
- 12. MEU is not yet functional. The equipment available for workshop is not adequate.
- 13. Hostel facilities are available for 112 students against the requirement of 200 students at this stage. The rooms are only partially furnished.
- 14. The clinical material in terms of number of deliveries (1.2 per day) and number of major and minor surgeries (approx. 3.33 per day) and number of investigations (total 19 investigations per day for Biochemistry, clinical pathology and microbiology combined) is inadequate.

- 15. Histopathology and Cytopathology services are not available.
- 16. Mechanized laundry is not available.
- 17. Nursing staff is deficient by almost 40%. Other non-teaching staff is also inadequate than as required as per norms.
- 18. In the Infrastructure of Ist MBBS it has been observed that
 - (a) the washbasins in the dissection hall are inadequate.
 - (b) Number of cadavers are grossly inadequate (only 3 cadavers for 100 students).
 - (c) Number of specimens in the Anatomy is less.
 - (d) Research lab. in Anatomy deptt. is not properly developed.
- 19. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of 100 (hundred) students at Swami Vivekanand Instt. of Medical Sciences & Research, Valia for the academic session 2003-04.

8. <u>Era Lucknow Medical College, Lucknow – renewal of permission for</u> admission of 4th batch of students.

Read : The Council Inspectors report $(14^{th} \& 15^{th} July, 2003)$ for renewal of permission for admission of 4^{th} batch of students at Era Lucknow Medical College, Lucknow.

The Executive Committee and members of the Adhoc Committee considered the inspection report (14th & 15th July,2003) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 students at Era Lucknow Medical College, Lucknow for the academic session 2003-04..

9. <u>Subharati Medical College, Meerut - renewal of permission for admission of</u> <u>4th batch of students.</u>

Read : The Council Inspectors report $(4^{th} \& 5^{th} July, 2003)$ for renewal of permission for admission of 4^{th} batch of students at Subharti Medical College, Meerut.

The Executive Committee and members of the Adhoc Committee considered the inspection report (4th & 5th July,2003) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 students at Netaji Subhash Chandra Bose Subharati Medical College, Meerut for the academic session 2003-04.

10. <u>B.S. Medical College, Bankura - renewal of permission for admission of 3rd</u> batch of students against the increased intake i.e. 50 to 100.

Read : The compliance verification inspection report $(15^{th} \& 16^{th} July, 2003)$ for renewal of permission for admission of 3^{rd} batch of students against the increased intake at B.S. Medical College, Bankura.

The Executive Committee and members of the Adhoc Committee considered the compliance verification inspection report $(15^{th} \& 16^{th} July,2003)$ and decided to recommend to the Central Govt. to renew the permission for admission of 3^{rd} batch of students against the increased intake i.e. 50 to 100 at B.S. Medical College, Bankura for the academic session 2003-04.

11. <u>Alluri Sitarama Raju Academy of Medical Sciences, Eluru - renewal of</u> permission for admission of 4th batch of students.

Read : The inspection report $(2^{nd}$ July, 2003) of Alluri Sitarama Raju Academy of Medical Sciences, Eluru carried out as per decision of the Executive Committee dated 30^{th} June, 2003.

The Executive Committee and members of the Adhoc Committee noted that Alluri Sitarama Raju Academy of Medical Sciences, Eluru was inspected by the Council Inspectors on 19th-20th June, 2003 for renewal of initial permission for admission of 4th batch of students in the first year of M.B.B.S. course. The inspection report was considered by the Executive Committee and the members of the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 30.6.2003. On that date the inspection report with regard to certain other medical colleges in the State of Andhra Pradesh were also to be considered in the meeting. The members of the Executive Committee and the Adhoc Committee appointed by the Hon'ble Supreme Court on perusal of the inspection reports pertaining to some of the colleges in Andhra Pradesh felt that some of the doctors have been shown as teachers in more than one medical college simultaneously. It therefore compelled the Committee to find out that the declaration forms submitted by these colleges in Andhra Pradesh, towards employment of doctors as teachers in their respective medical colleges, be carefully scrutinized to take out all the declaration forms of such doctors who are claimed to be in the employment of more than one medical college simultaneously.

The following doctors who are claimed to be in employment of this medical college at Eluru and who had submitted declaration forms to this effect, it was found that they have also submitted declaration forms for claiming employment as teachers simultaneously in the other medical colleges.

Name of the Doctor	Name of the College where also the employment is claimed.
Dr. K. Anand Kumar	 Warangal Institute of Medical Sciences, Warangal. P.E.S. Institute of Medical Sciences, Kuppam. GSL Medical College, Rajamundry. Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research foundation, Chinoutpalli
Dr. K. Krishnamurthy	 Warangal Institute of Medical Sciences, Warangal. P.E.S. Institute of Medical Sciences, Kuppam. GSL Medical College, Rajamundry. Christian Medical College, Dichpalli Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research foundation, Chinoutpalli.
Dr. Y. Vijay Sarathi	 Warangal Institute of Medical Sciences, Warangal Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research foundation, Chinoutpalli
Dr. S. Lakshmi	P.E.S. Institute of Medical Sciences, Kuppam.
Dr. R. Ramachandra Rao	Prathima Instt. of Medical Sciences, Karimnagar.
Dr. R.V. Sesavatram	GSL Medical College, Rajamundary

As such, an inspection for verification of the staff and the clinical material at the above mentioned college was decided to be carried out.

The inspection Committee on 2nd July, 2003 visited the institution and found that the clinical material and teaching staff is grossly inadequate and it was found as under:-

- (a) The total number of OPD attendance was only 205 inclusive of new and old case.
- (b) Total number of indoor patients were 138 and total number of beds 170. 190 beds in the 2nd floor were found to be non-functional. The Medical Superintendent gave a statement to the effect that the beds were removed for undertaking some repair work in the wards. However, the disappearance of the clinical demonstration rooms, nursing station and ward labs. also indicate that the beds have been removed on a permanent basis. The Paed. Ward and NICU were closed and locked. There were only 2 patients in the ICU ward. No cases were admitted in the Chest and Skin wards since last one week.
- (c) The number of deliveries conducted during the previous 5 days were only 4 i.e. average of 3 per day.

The shortage of teaching faculty was more than 5% as 7 Professors, 19 Assoc. Profs. And 18 Asstt. Profs. Were not available. The deficiency of tutors/residents was almost 90% as 86 turors/residents were not available.

Drs. Sevarathnam and Vijayasarthy working as Professors in Anatomy and Physiology respectively who have also given their names as teachers in some other colleges were questioned on their dual declaration forms signed by them on different institutions; on providing the evidences submitted by the Council Office they have accepted their grave error and given explanations independently which are counter signed by the Principal.

The members of the Executive Committee at its meeting held on 28.7.2003 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present, considered the earlier inspection report dated 19-20 June, 2003 in light of the facts now found in the inspection conducted on 2nd July, 2003. Upon consideration of significant deficiencies with regard to number of beds, patients, clinical material and the shortage in the teaching staff, it was decided to recommend to the Central Govt. not to grant 3rd renewal of permission for admission of 4th batch of students in the first year of MBBS course to this college for the academic year 2003-2004.

The members of the Executive Committee and the Adhoc Committee appointed by the Hon'ble Supreme Court also came to the conclusion that the deficiencies which have been pointed out in the inspection dated 2^{nd} July, 2003 would require about a period of 6 months for their removal. It is therefore also recommended to the Central Govt. that college authorities be advised to put all its efforts in removal of the above mentioned deficiencies during a period of 6 months and therefore the compliance report which may be sent by the college authorities to the Central Govt. be forwarded to the MCI for consideration of 3^{rd} renewal of permission for admission of 4^{th} batch of students in the first year of MBBS course for the academic session 2004-05.

12. <u>Prathima Instt. of Medical Sciences, Nagannur, Karimnagar – to consider</u> <u>the inspection report carried out on 2nd July, 2003.</u>

Read : The inspection report $(2^{nd}$ July, 2003) of Prathima Instt. of Medical Sciences, Nagannur, Karimnagar.

The Executive Committee and members of the Adhoc Committee noted that Prathima Institute of Medical Sciences, Karim Nagar, Andhra Pradesh was inspected by the inspection team of the Council on 27th & 28th May 2003 for renewal of permission for admission of 2nd batch students in the first year of MBBS course for the academic year 2003-04. In the first inspection report dated 27th & 28th May 2003 certain shortcomings were found. However, while scrutinising the declaration forms submitted by the College authorities claiming of employment of teachers, it was observed that the names and photographs which were given in some of the declaration forms, were also appearing in the set of declaration forms and photographs submitted by other medical colleges in the State of Andhra Pradesh also claiming the employment of these Doctors as teachers in these medical colleges. On careful scrutiny and examination of the declaration forms submitted by the management of this College and also the declaration forms submitted by other colleges in the State of Andhra Pradesh, it was found that following Doctors who have claimed employment as teachers in Prathima Institute of Medical Sciences, Karimnagar, are also claimed to be employed simultaneously in other medical colleges.

Name of the Doctor	Name of the College where also the employment is claimed.
Dr. R. Ramachandra Rao	ASRAM, Eluru
Dr. N. Hari	SVS Medical College, Mehboob Nagar
Dr. B. Anasuiya	Kamineni Institute of Medical Sciences, Narketpalli,
	Warrangal Institute of Medical Sciences, Warrangal
Dr. K.P.Vijayalaxmi	PES, Kuppam
Dr. M. Minakshi	Kamineni Institute, Narketpalli

It was decided by the Members of Executive Committee and Members of Adhoc Committee appointed by the Hon'ble Supreme Court to carry out an inspection of this College. This inspection was carried out on 2^{nd} July 2003. Only the following teaching staff was found to be present during this inspection :-

Professors:	06
Associate Professors:	05
Asstt. Professors:	19
Tutors/Residents:	<u>21</u>
Total	<u>51</u>

The attendance registers are not maintained properly. Most of the registers show that the available staff members have signed till 24th of June 2003. For the month of July the following staff members have signed in one register alone for various departments. Principal and Professor of Biochemistry – Dr. Prabhakar Rao, Dr. P. Satyavathy Devi – Professor of Anatomy, Dr. B. Nagappa-Tutor, Community Medicine, Dr. Anuradha-Professor of Pharmacology, Dr. T.T.K. Naidu – Assistant Professor in Forensic Medicine.

The teaching programme is arranged for 1st MBBS students is as per Council regulations but there is minimum staff to carry out and to implement the teaching programmes effectively.

Clinical Material:

The Committee visited the hospital and noted the following:-

- 1. The outpatient attendance was thin and only 250 patients have been registered on that day.
- 2. There were skeletal staff in all the outpatient departments.
- 3. Around 150 investigations are done in the laboratory, 14 general X-rays, one special investigation, 15 ultrasounds and 5 CTS investigations were done in the X-Ray department on the day of inspection.
- 4. There were 3 patients in the casualty department.
- 5. There were total number of 24 patients admitted in various wards. The beds were crowded. 300 beds are available at present against the requirement of 415 beds. There were no patients in the ophthalmology ward. Three Patients were shown in the ENT ward without case sheet of whom one complained of pain abdomen, one pain in left knee joint and third with history of fever.
- 6. Not a single operation theatre was functioning on the day of inspection.

The teaching faculty has been found to be grossly inadequate. For 2nd year of MBBS Course for 150 admissions the minimum bed requirement is 415. The bed

occupancy norm is 80% i.e. approximately 330 patients. As against 415 functional beds requirement only 300 beds were functional. On the day of inspection only 24 patients were occupying the beds and the bed occupancy is only 7.7% as against the minimum requirement of 80%

Upon consideration of the above the Executive Committee at its meeting held on 28.07.03 where the Members of the Adhoc Committee appointed as per the Hon'ble Supreme Court's Order were also present, decided to recommend to the Central Government not to grant first annual renewal to this College for admission of 2nd batch of students in the first year of MBBS course for the academic year 2003-04. It was unanimously felt that these deficiencies would require at least a period of 6 months for removal. It is recommended to the Central Government that the compliance report from this College received by the Central Government be sent to the MCI for verification for the 1st annual renewal of the initial permission for the academic session 2004-05 only.

13. <u>P.E.S. Instt. of Medical Sciences and Research, Kuppam – to consider the</u> inspection report of 2nd July, 2003.

Read : The inspection report (2^{nd} July, 2003) of P.E.S. Instt. of Medical Sciences and Research, Kuppam.

The Executive Committee and members of the Adhoc Committee noted that the inspection of PES Institute of Medical Sciences, Kuppum for admission of second batch of students in the first year of MBBS course was carried out on 26th and 27th May 2003. In the first inspection report dated 26th & 27th May 2003 certain shortcomings were found. However, during consideration of inspection reports in respect of medical colleges in Andhra Pradesh and scrutiny of the declaration forms thereof, it was noticed that some of the doctors who were shown as teachers in the said college were simultaneously working in other medical colleges in the State. It was therefore decided by the Members of the Executive Committee alongwith the Adhoc Committee appointed by the Hon'ble Supreme Court that the declaration forms of the teaching faculty submitted by the colleges at the time of their respective inspection in the State of Andhra Pradesh be scrutinised towards their simultaneous employment as teachers in any other medical college. On consideration of declaration forms and the photographs of the Doctors, claiming to be the teachers in this Medical College, following teachers were found working simultaneously in other medical colleges in the State of Andhra Pradesh: -

Name of the Doctor	Name of the College where also the employment is claimed.		
Dr. P. Jayachandran	C.A. Rao Institute, Karimnagar		
Dr. K. Anand Kumar	Warrangal Institute of Medical Sciences,		
	G.S.L. Rajamundri,		
	P.S. Institute, Chinnotpalli		
	ASRAM, Eluru		
Dr. K. Krishnamurti	Warrangal Institute of Medical Sciences, Warrangal		
	G.S.L. Rajamundri		
	Christian Medical College, Dichpalli,		
	P.S. Institute Chinoutpalli,		
Dr. S. Laxmi/P.Srilaxmi	ASRAM, Eluru		
Dr. S.C. Puroshottam	Christian Medical College, Dichpalli,		
	SVS Medical College, Mehboobnagar,		
	C.A. Rao Institute Karimnagar,		
	Warrangal Institute of Medical Sciences, Warrangal		
Dr. K. Sundareswaran	P.S. Institute, Chinoutpalli,		
	Christian Medical College, Dichpalli,		
	MES Medical College Perinthannanna,		
	Warrangal Institute of Medical Sciences, Warrangal.		

Upon consideration of the findings of the said scrutiny, it was decided by the Members of Executive Committee and Members of Adhoc Committee appointed by the

Hon'ble Supreme Court to carry out an inspection of this College. The inspection of this College was carried out on 2^{nd} July 2003. It was observed that only the following teaching

staff was found to be present:-

Professor:	3
Associate Professors:	3
Asstt. Professors:	9
Tutors/Sr. Residents:	6
Jr. Residents:	2
	23

The teaching faculty is grossly inadequate and the shortage is more than 50%.

CLINICAL MATERIAL:

A. <u>OUT PATIENT ATTENDANCE</u>

The OPD attendance register is not maintained. Hence it is not possible to verify the daily attendance given by the institution. On enquiry from the registration clerk, it was learnt that from 1^{st} May 2003 to 1^{st} July 2003, a total of 1416 male patients have attended the OPD. Data were not available for attendance of female patients (i.e. average of 28 per day)

It was also observed that the serial numbers of the patients attending the OPD are not in order. On these computers, OPD attendance of 1^{st} and 2^{nd} July 2003 was entered. Even these entries are not properly numbered. For example, as per the computer data, the last number on 1^{st} July 2003 was 1,82,991 while the first number on 2^{nd} July 2003 was 41,200. Hence the average figure given by the institution as 1189 is not acceptable.

B. <u>CASUALTY ATTENDANCE</u>

Emergency attendance register shown by the authorities, shows entries made with the same handwriting giving the impression that the entries are made by one person in one sitting; and could not be verified by other documents. Hence the data given cannot be accepted.

<u>However the casualty attendance as per the register maintained by the Staff</u> <u>nurse shows a total of 27 cases attended during the last 9 days. i.e. from 24.06.03 till</u> <u>date. The average attendance per day is hence 3.</u>

C. <u>LABOUR ROOM</u>

On the day of inspection, there was no patient in the labour room. However the register submitted by the authorities showed 4 deliveries from 24.06.03 to 01.07.03 i.e. average of 0.57 per day. Even this figure could not be verified either from the admission register or from the birth forms.

In the entire month of June 2003, only one LSCS was performed.

D. <u>INDOOR ADMISSIONS</u>

The total bed requirement is of 415

Only 64 beds are functional on the day of inspection. These beds are divided into 4 wards, two for female patient and two for male patients. Each ward has 16 beds.

On the day of inspection, a total of 29 patients were occupying the Beds. Therefore, the average indoor occupancy is approximately 8.75%.

The data given by the authorities shows the average indoor patient number to be 46 and average bed occupancy to be 11%

E. <u>OPERATION THEATRES:</u>

Operations performed are as follows:

- I. **MAJOR SURGICAL OT** : A total of 16 major and minor surgical procedures were carried out in the last 8 days. Out of these, 12 were major while 4 were minor procedures i.e. average of 2 per day.
- II. **EMERGENCY OT :** Proper OT Register was not available. However as per the information gathered from the anaesthetist, 5 emergency procedures have been performed in the last 8 days.
- III. **GYNAE. OT** : The total number of major and minor procedures performed in the month of June were 25, only 5 out of these, were major.

F. <u>RADIOLOGY</u>

Workload in the last 8 days is as follows:

i)	X-rays	-63
ii)	CT scan	-28
iii)	USG	-27(Only three obstetric USG)

G. <u>LABORATORIES</u>

Total number of samples analyzed in the last 8 days in different clinical laboratories is as follows:

i)	Clinical Biochemistry	210
ii)	Haematology	173
iii)	Cytopathology	016
iv)	Microbiology	056
v)	Histopathology	008(in the month of June)

H. <u>BLOOD BANK</u>

The blood bank is non-functional. As per the information given by the institution, license has been received on 02.07.03 but has not been shown to the inspectors.

I. <u>ICU</u>

The ICU is non-functional

The teaching faculty has been found to be grossly inadequate. For 2^{nd} year of MBBS Course for 150 admissions only the minimum bed requirement is 415. The bed occupancy norm is 80% i.e. approximately 330 beds. As against the minimum requirement of 415 beds, it has been found that only 64 beds were functional. On the day of inspection only 29 patients were occupying the beds and the bed occupancy is only 6% as against the minimum requirement of 80 %

Upon consideration of the above the Executive Committee at its meeting held on 28.07.03 where the Members of the Adhoc Committee appointed as per the Hon'ble Supreme Court's Order were also present, decided to recommend to the Central Government not to grant first annual renewal to this College for admission of 2nd batch of students in the first year of MBBS course for the academic year 2003-04. It was unanimously decided that these deficiencies would require at least a period of 6 months for removal. It is recommended to the Central Government that the compliance report from this College received by the Central Government be sent to the MCI for verification for the 1st annual renewal of the initial permission for the academic session 2004-05 only.

14. <u>Govt. Medical College, Aurangabad – approval of the college for the award</u> of MBBS degree granted by Maharashtra University of Health Sciences for the increased number of seats i.e. from 100 to 150.

Read : The compliance report submitted by the Dean, Govt. Medical College, Aurangabad vide his letter dated 15th July, 2003 through the Central Govt. on the deficiencies pointed out in the inspection report (June, 2003).

The Executive Committee and members of the Adhoc Committee considered the status note and also the compliance report dated 15.7.2003 received from the Dean, Govt. Medical College, Aurangabad on rectification of deficiencies pointed out in the MCI inspection report of June,2003.

The Committee also noted as under:-

- 1. The Central Government vide its letter dated 20.9.2000 in partial modification to its letter dated.7.7.2000 quoted above, in reference to the State Govt. letter dated 17.7.2000 informed the Secretary, Govt. of Mahrashtra that two batches of students were admitted at Govt. Medical College, Aurangabad against the increased intake (100 to 150) without obtaining the prior permission of the Central Government. It was also informed that the matter regarding adjustment of these excess admissions (100 students) admitted during 1998-99, 1999-2000 was reconsidered by the Central Government and it was decided that the authorities have to surrender 100 students staggered during the years 2000-01, 2001-02 and 2002-03 in the proportion of 30,30 and 40 students respectively within the approved intake of the college. The college authorities were requested to give necessary undertaking for adjustment of students as staggered above. It was also informed to them that the matter of renewal of permission for admission of next batch of students against the increased intake during the year 2000-2001 will be considered only after receipt of the undertaking.
- 2. The Council by a letter dt. 6.6.2001 to The Secretary to Govt. of India, Ministry of Health & F.W. sought to know as to whether an undertaking by the Govt. of Maharashtra was received for surrendering the seats in terms of their letter dated 20.9.2000.
- 3. Director Medical Education, Govt. of India by his letter dated 30th June, 2001 enclosed a copy of the undertaking dated 29.5.2000 received from the Dy. Secretary, Medical Education Department, Govt. of Maharashtra for adjustment of 50 admissions made in excess during 1998-99 at Govt. Medical College, Aurangabad in a phased manner whereby in the year 2001-02 the admissions shall be 135, 2002-03 it would be 135 and 2003-04 it would be 130.
- 4. The Secretary of the Council by a letter dated 13.7.2001 informed the Secretary, Govt. of India that the undertaking of the State Govt. was in respect of only 50 admissions and not for 100 admissions made in excess during the years 1998-99 and 1999-2000. The said undertaking of the State Govt. therefore was not as per Central Government letter dt. 20.9.2000 wherein it was directed that the authorities have to surrender 100 seats staggered during the years 2000-2001, 2001-02 and 2002-03 in the proportion of 30,30 and 40 seats respectively within the approved intake of the college.
- 5. The Aurangabad Bench of Mumbai High Court in an order dated 13.6.2001 in CA No. 3160/2000 in WP No. 3798/2000 directed that the intake capacity of Govt. Medical College, Aurangabad for the current academic year i.e. 2001-02 shall be maintained at 150 seats as was done during the last 3 academic years i.e. 1998-99, 1999-2000 and 2000-2001.
- 6. The Director (ME), Govt. of India in his letter dated 11th July, 2001 to the Secretary, Medical Education, Govt. of Maharashtra and a copy marked thereof to the Secretary, MCI informed that in deference to the order dated 13.6.2001 of the High Court of Judicature of Bombay, Bench at Aurangabad in Civil Application

No. 3160/2000, the Central Government conveys its approval for allowing an intake capacity of 150 students in current year at Govt. Medical College, Aurangabad. It was further stated that this permission, however, was subject to the outcome of the appeal filed by the MCI in the said case and other cases in Aurangabad Bench.

- 7. The Medical Council of India preferred a Review Application before the Aurangabad Bench, Bombay High Court on 12.7.2001 seeking recall of the order dated 13.6.2001 passed by the Hon'ble High Court.
- 8. By a communication received by the Council on 16.7.2001, Advocate V.D. Salunke representing the Council in the instant appeal informed that the Hon'ble High Court was pleased to decided WP No. 3798/2000 finally on 13.7.2001. By virtue of the disposal of the said petition, the second petition i.e. WP No.2764/2001 filed by Nandurbar Taluka Vidhaya Samiti has also been disposed of. However, WP No. 4046/2000 filed by Kashinath Gangadhar Kapsa is kept pending in which the Hon'ble High Court issued directions to the MCI to carry out the survey of all the medical colleges in Maharashtra and to submit detail report regarding deficiencies in all the colleges in Maharashtra within a period of 2 months. The Hon'ble High Court also observed that the issued involved in WP No.4046/2000 and issued involved in Civil Application regarding increase of 50 seats in Govt. Medical College, Aurangabad is connected, therefore it is specifically observed that review petition should be heard alongwith WP No. 4046/2000 though WP No. 3798/2000 is finally decided.
- 9. The Director (ME), Govt. of Maharashtra in a letter dated 15.6.2002 addressed to the Secretary, MCI desired that in terms of orders of the Aurangabad Bench of Mumbai High Court, the annual intake of the college in the academic year 2001-02 shall be 150. Further, as college fulfilling all the requirements for intake of 150, no inspection was called for renewal of permission by the Council.
- 10. Secretary of the Council in a letter dt. 19.7.2002 informed that the Govt. of India in their letter dated 11.7.2001 to the Secretary, Medical Education & Drugs Deptt., Govt. of Maharashtra have cleared that the approval of the Central Government for allowing intake capacity of 150 students for the academic year 2001-02 was in deference of the Hon'ble High Court dated 13.6.2001 and was however, subject to the final outcome of the review appeal filed by the MCI in the said case. Though, it was evident that the order dated 13.6.2001 is not applicable to the admissions to be made in the academic session 2002-03. As such inspection was necessary for further processing and the admissions shall not be made against the increased intake without prior approval of the Central Government, Ministry of Health & F.W. in terms of Section 10A of the Indian Medical Council Act, 1956.

The Executive Committee and members of the Adhoc Committee decided that the compliance verification inspection should be carried out only after merit-wise and category-wise detailed list of students admitted in the academic sessions 2000-01, 2001-02 and 2002-03 is received.

15. <u>MNR Medical College, Sangareddy - renewal of permission for admission of</u> <u>3rd batch of students.</u>

Read : The compliance report submitted by the authorities of MNR Medical College, Sangareddy through the Central Govt. on the deficiencies pointed out in the inspection report ($24^{th} \& 25^{th}$ June, 2003) for renewal of permission for admission of 3^{rd} batch of students.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (24^{th} & 25^{th} June,2003) for renewal of permission for

admission of 3rd batch of students at MNR Medical College, Sangareddy and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. The shortage of teaching staff is still more than 5%.
- 2. The contention of the college that the percentage of staff is only 1% cannot be accepted because the shortage has to be calculated separately with respect to the faculty as senior staff and Tutor/Residents as junior staff.
 - Out of the faculty members, Dr. Santha Kumari shown as Professor of Anatomy, is on long leave and she has gone abroad and therefore she cannot be accepted as staff member.
 - The declaration form of the Associate Professor of General Medicine is not submitted with the compliance and selected only but still not joined.
 - The declaration form of Dr. D. Kamalakar Reddy, Assoc.Professor of Radio-diagnosis which has been submitted with the compliance requires verification as his teaching experience shown in a hospital. It is to be verified whether this hospital is affiliated to a medical college and would qualify as teaching hospital.
 - No details have been given for the postmortems conducted at the Government Hospital on behalf of the college.
- 3. Central 02 and central suction are yet to be provided.
- 4. At the time of inspection it was found that there is no integrated medical records system preventing to find out the real clinical and operative work carried out by the institution. No satisfactory explanation has been given by the college in the compliance.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending not to renew permission for admission of 3rd batch of students for the academic session 2003-2004 at MNR Medical College, Sangareddy.

16. <u>Establishment of new medical college at Karimnagar by Arihant Educational</u> <u>Society, Hyderabad.</u>

Read : The compliance report submitted by the authorities of Arihant Educational Society, Hyderabad through the Central Govt. on the deficiencies pointed out in the inspection report (23^{rd} & 24^{th} June, 2003) for establishment of medical college at Karimnagar.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (23rd & 24th June,2003) for establishment of new medical college at Karimnagar by Arihant Educational Society, Hyderabad and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. The clinical material in terms of number of deliveries and number of major and minor surgeries performed per day is still less. Although it has been written in the compliance letter that the registers are being maintained, no details have been given of the work done in the laboratories.
- 2. The declaration forms of Professor of Biochemistry and Senior Resident in Anaesthesia are not attached with the compliance report.
- 3. Audiometry room is not sound proof.
- 4. No details of registration under PNDT Act are given in the compliance.

- 5. Central monitoring system in ICU is not yet provided.
- 6. In the inspection report of the inspection carried out on 23rd & 24th June,03 it has been specifically mentioned that the construction of lecture theatres, hostels and other furnitures & fixtures in various departments is yet to be completed. Although in the compliance written by the college on 8.7.03 it is claimed that all the deficiencies have been removed, it is difficult to comprehend how the deficiencies of plastering, flooring, painting, window panels, fittings of wardrobes, plumbing and fixtures etc. could have been completed only within 14 days which is the time gap available between the date of last inspection and the date of submission of the compliance.

Similarly in the inspection report it has been mentioned that no staff member is trained in MEU. In the compliance it is claimed that the staff members are trained. It is difficult to comprehend how this training could have been imparted within such a short period of 14 days.

- 7. The deficiency of essential equipment like P.V. table in Obst. & Gynae. OPD is not yet complied with.
- 8. No explanation has been given by the college regarding the huge discrepancy in the number of clinical material reported by the college and the actual number verified from the registers in the previous inspection as shown below:-
 - (i) The inspection report clearly states that the information given was that daily 500-600 investigations are carried out per day, however, no registers were maintained. Records of previous day investigations were not available and on the day of inspection only 7 samples were received till 11.00 a.m.
 - (ii) It was claimed by the college that 361 samples were to be processed in Histopathology laboratory, but not a single report was available.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending disapproval of the scheme and also in view of the fact that the time period for getting approval for starting the college is already over by now.

17. <u>Establishment of new medical college at Warangal by Medicare Educational</u> <u>Trust, Warangal.</u>

Read : The compliance report submitted by the authorities of Medicare Educational Trust, Warangal through the Central Govt. on the deficiencies pointed out in the inspection report (13^{th} & 14^{th} June, 2003) for establishment of medical college at Warangal.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (13th & 14th June,2003) for establishment of new medical college at Warangal by Medicare Educational Trust, Warangal and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. The available clinical material is inadequate and the average bed occupancy as verified for proper teaching material was 25-30% as shown in the inspection report.
- 2. Although the college claims the bed occupancy upto 50-60%, it requires verification whether this would represent proper teaching material or not.
- 3. The blood bank is not yet functional.

- 4. Incinerator is not yet available. Disposal of bio-medical waste is done through a private agency.
- 5. No details have been given for increasing the work load in respect of laboratory and x-ray investigations.
- 6. In the inspection report of the inspection carried out on 23rd & 24th June,03 it has been specifically mentioned that the construction of lecture theatres, hostels and other furnitures & fixtures in various departments is yet to be completed. Although in the compliance written by the college on 8.7.03, it is claimed that all the deficiencies have been removed. It is difficult to comprehend how the deficiencies of plastering, flooring, painting, window panels, fittings of wardrobes, plumbing and fixtures etc. could have been completed only within 14 days which is the time gap available between the date of last inspection and the date of submission of the compliance.

In view of above, the Committee decided to return the compliance report to the Central Government recommending disapproval of scheme and also in view of the fact that the time period for getting approval for starting of the college is already over by now.

18. <u>S. Nijalingappa Medical College, Bagalkot - renewal of permission for</u> admission of 2nd batch of students for the year 2003-2004.

Read : The compliance report submitted by the authorities of S. Nijalingappa Medical College, Bagalkot through the Central Govt. on the deficiencies pointed out in the inspection report ($13^{th} \& 14^{th}$ June, 2003) for renewal of permission for admission of 2^{nd} batch of students.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (13th & 14th June,2003) carried out for renewal of permission for admission of 2nd batch of students at S. Nijalingappa Medical College, Bagalkot and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. The deficiency of inadequacy of clinical material still persists and the available clinical material is insufficient to provide proper student-patient ratio. The explanation given by the college for non-availability of clinical material as per Council norms is not acceptable and the deficiency still persists.
- 2. In the compliance report itself it has been indicated that they have not yet shifted to the new hospital campus.
- 3. The deficiency of BARC specifications not being followed still persists.
- 4. CSSD, Kitchen and Laundry are not yet available.
- 5. The deficiency of nursing staff is still very high being more than 30%.
- 6. Intercom network is yet to be provided.
- 7. The infrastructure of 1st MBBS departments is still provided in makeshift premises in the building of Dental College. It has been mentioned by the college that this will be shifted to the new campus from 30th July,03.
- 8. No compliance has been given about the side laboratories in the wards which were not functional at the time of inspection.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending not to renew permission for admission of 2nd batch of students for the academic session 2003-2004 at S. Nijalingappa Medical College, Bagalkot.

19. <u>Increase of MBBS seats from 75 to 150 at Govt. Mohan Kumaramangalam</u> <u>Medical College, Salem.</u>

Read : The compliance report submitted by DME, Chennai through the Central Govt. on the deficiencies pointed out in the inspection report (26th & 27th May, 2003) for increase of MBBS seats i.e. from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (26th & 27th May,2003) for increase of MBBS seats from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem and noted that the compliance submitted by the college authorities is unsatisfactory and incomplete. Perusal of the compliance report reveals that the following deficiencies have still not been complied with:-

- 1. The deficiency of teaching rooms in clinical departments being makeshift arrangement which are grossly inadequate with respect of facilities, space and equipment is not fully complied with.
- 2. The deficiency of examination hall being smaller than norms still persists.
- 3. The deficiency of the departments not being headed by Professors not duly qualified still persists.
- 4. RHTC and UHTC are still under the directorate of health services.
- 5. Additional space for college library has not yet been provided as the construction is yet to be completed. Details of subscription of major index journals of various specialities have not been given.
- 6. Audiometry room is not yet airconditioned.
- 7. Proper preoperative rooms in the operation theatre complex have not yet been provided.
- 8. Gallery for medical students in the department of Forensic Medicine is not yet available.
- 9. Many of the deficiencies are yet not fully rectified or complied with as shown in the compliance letter which states that arrangements are being made which itself indicates that the rectification/compliance is not complete.
- 10. Intercom facilities are not yet available.
- 11. Dietician is not yet available.
- 12. The Surgery block is not yet commissioned due to non-availability of equipments and basic infrastructure.
- 13. No compliance has been given for the upkeep of indoor wards which was observed as being poor in the inspection report.
- 14. No compliance has been provided for reorganisation of central clinical laboratory and diagnostic services as a single complex.
- 15. Central workshop is not yet available.

- 16. The deficiency of infrastructure like small capacity of demonstration room etc. still persists as they have not been fully complied/rectified.
- 17. No details have been given for providing the quarters through Tamil Nadu Housing Board.
- 18. No details have been given for the animals kept in the animal house.
- 19. Hostels for interns and students are not available at RHTC/PHC.
- 20. No recreation facilities have been created for residents.
- 21. The deficiency of accommodation for nurses being inadequate still persists. No details have been given in the compliance letter for providing adequate accommodation for the nurses.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending disapproval of the scheme for increase of seats and also in view of the fact that the time period for getting approval is already over by now.

20. Increase of MBBS seats from 107 to 150 at SCB Medical College, Cuttack.

Read : The compliance report submitted by the authorities of SCB Medical College, Cuttack through the Central Govt. on the deficiencies pointed out in the inspection report ($4^{th} \& 5^{th}$ June, 2003) for increase of MBBS seats from 107 to 150.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report ($4^{th} \& 5^{th}$ June,2003) for increase of MBBS seats from 107 to 150 at S.C.B. Medical College, Cuttack and noted that the compliance submitted by the college authorities is unsatisfactory and incomplete. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. Some of the buildings for clinical departments like ENT, Central ICU are still under construction.
- 2. Although many clarifications have been given in the compliance report, no real explanation has been given for the poor maintenance, dark long corridors, stinking toilets etc. as reported in the inspection report.
- 3. In the inspection report it was observed that affiliation certificate for the current academic year for 107 students has not been shown to the inspectors. This deficiency has not really been complied with and no letter of affiliation for 107 seats has been attached with the compliance report.
- 4. The contention of the college that the increased clinical material will be required only after two years is not acceptable as it is already an existing medical college with intake of 107 students and all the facilities for 107 students have to be provided in toto.
- 5. The deficiency of distribution of units not being as per the Council norms is not completely complied with. The deficiency in respect of one unit of Surgery, 3 units of Paediatrics, one unit of Psychiatry and 6 units of Obst. & Gynae. as shown in the inspection report still persists.
- 6. The deficiency of trauma unit, surgical ICU and PICU still persists.
- 7. The deficiency of incinerator still persists.

- 8. The deficiency of teaching faculty even after considering the teachers who have been appointed after the inspection and as shown in the compliance still persists at more than 5%.
- 9. The shortage of Tutor and Residents still persists at more than 5%.
- 10. The compliance report reveals that "There is provision for supply of furnitures and fixtures to the laboratories and demonstration rooms for the department of Anatomy, Physiology, Biochemistry for the increased capacity of 150 seats". This shows that furnitures and fixtures are yet to be provided in laboratories and demonstration rooms of these 3 departments for the increased capacity of 150 as shown in the inspection report.
- 11. Audiometry room in ENT OPD is not sound proof.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending disapproval of the scheme for increase of seats and also in view of the fact that the time period for getting approval is already over by now.

21. Khaja Banda Nawaz Instt. of Medical Sciences, Gulbarga - renewal of permission for admission of 4th batch of students during 2003-2004.

Read : The request of the Honorary Secretary, KBN Society, Gulbarga received through the Central Govt. for carrying out the inspection for renewal of permission for admission of 4th batch of students at Khaja Banda Instt. of Medical Sciences, Gulbarga during 2003-2004.

The Executive Committee and members of the Adhoc Committee noted that the Central Government vide its letter dated 13.3.2003 did not renew the permission for admission of 3rd batch during 2002-03 at KBN Instt. of Medical Sciences, Gulbarga after taking into consideration findings of the inspection report and recommendations of the Council.

The Central Government vide its letter dated 26.6.2003 had forwarded a compliance report submitted by the authorities of KBN, Gulbarga on the deficiencies pointed out in the inspection report of May,2003 which was considered by the Executive Committee at its meeting held on 30.6.2003 wherein it was decided to advise the college authorities to apply afresh for carrying out the inspection for renewal of permission for admission of 3^{rd} batch for the academic session 2003-04 as the academic session 2002-03 was already over.

The Committee further noted that the 3rd batch of students for the academic session 2002-03 were admitted at the college in pursuance of the interim order dated 3.12.2002 passed by the Hon'ble High Court of Karnataka without obtaining the permission from the Central Government. The Court had further directed that in the event of the petitioner failing to obtain the necessary permission from the Central Government u/s 10A this order will not aid any equities in favour of the petitioners institutions for those students who were admitted in pursuance to the interim order passed by the court.

The Committee also noted that the Central Government after taking into consideration the findings of the inspection report and the recommendations of the MCI decided not to renew the permission of the fresh batch of students in the college for the academic year 2002-03.

In accordance with the aforesaid decision of the Central Government and the directions of the Hon'ble High Court of Karnataka, the college has been asked to comply with the orders passed by the Hon'ble High Court vide their letter dated 17.7.2003 sent to the college as well as to the Common Entrance Test Cell, Rajiv Gandhi University of Health Sciences, Bangalore.

The Central Government vide its letter dated 11.7.2003 forwarded a copy of letter dated 9.7.2003 received from the Hony.Secretary, KBN Society, Gulbarga who has requested to arrange inspection for the 3^{rd} renewal for admitting the 4^{th} batch of students during the year 2003-04 along with the compliance verification of the 2^{nd} renewal.

In view of above, the Executive Committee and members of the Adhoc Committee decided to ask from the college authorities as well as from the University about the status of students who were admitted at the college without obtaining the permission of the Central Govt./MCI for the 3rd batch of students for the academic session 2002-03 as per the order of the Hon'ble High Court of Karnataka.

The Secretary was directed to place the item again on the agenda for the fresh inspection for the academic session 2003-04 only after the information is received from the institute in this regard.

22. <u>Pondicherry Instt. of Medical Sciences, Pondicherry - renewal of permission</u> for admission of 2nd batch of students.

Read : The matter with regard to renewal of permission for admission of 2nd batch of students at Pondicherry Instt. of Medical Sciences, Pondicherry.

The Executive Committee and members of the Adhoc Committee considered the inspection report (16th & 17th June,2003) along with the clarifications received from Pondicherry Town Planning Department and the college authorities and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100 students at Pondicherry Institute of Medical Sciences, Pondicherry for the academic session 2003-04.

23. <u>Letter from Principal Secretary, Govt. of Andhra Pradesh regarding issue of</u> <u>Essentiality Certificates to (1) Mother Teressa Education Society,</u> <u>Amalapuram and (2) Maharaja Instt. of Medical Sciences, Vizianagaram.</u>

Read : The letter dated 02.07.2003 received from the Principal Secretary, Govt. of Andhra Pradesh regarding issue of Essentiality Certificates to (1) Mother Teressa Education Society, Amalapuram and (2) Maharaja Instt. of Medical Sciences, Vizianagaram.

The Executive Committee and members of the Adhoc Committee perused the letter dated 02.07.2003 received from the Principal Secretary, Govt. of Andhra Pradesh regarding issue of Essentiality Certificates to (1) Mother Teressa Education Society, Amalapuram and (2) Maharaja Instt. of Medical Sciences, Vizianagaram. They decided that the contentions and issues raised in the said letter cannot be accepted as they are formulated in the Regulations notified by the Govt. of India.

The Committee also took a serious note of the language used by the Principal Secretary, Govt. of Andhra Pradesh challenging the very Act of the Medical Council of India which has been formulated and approved by the Central Govt. The Committee observed that the desired information has not been complied by Principal Secretary (Health), Govt. of Andhra Pradesh in her letter quoted above and suggested certain amendments in the present regulations. Moreover, the Committee after detailed deliberations decided to write a final letter asking the same information from the Principal Secretary (Health) and advise her to be careful and cautious while issuing the Essentiality & Desirability Certificate in future.

24. <u>To consider the letter dated 2/7/2003, received from the Controller of Examination, Central Board of Secondary Education sending therein the recommendations of the Advisory Committee for inclusion in the eligibility condition for the candidates appearing in AIPMT examination.</u>

Read : The letter dated 2/7/2003, received from the Controller of Examination, Central Board of Secondary Education sending therein the recommendations of the

Advisory Committee for inclusion in the eligibility condition for the candidates appearing in AIPMT examination.

The Executive Committee and members of the Adhoc Committee considered the letter dated 2.7.03 received from the Controller of Examination, Central Board of Secondary Education and noted the following recommendations of the Advisory Committee meeting dated 02.06.2003 duly approved by the General Body of Central Board of Secondary Education (CBSE) New Delhi, with the suggestion that the weightage to different subject components and the number of questions to be included in the test paper in the preliminary examination and final examination be decided in consultation with the subject experts.

The Committee also noted the recommendations made by the Advisory Committee on AIPMT of the Central Board of Secondary Education, New Delhi, to include the following in the eligibility conditions for the candidates appearing in AIPMT examination and the Controller of Examination has requested that necessary action be taken to include the following in the eligibility conditions:-

- 1. Minimum qualifying marks in Physics, Chemistry and Biology taken together at 10+2 level be prescribed as 60% instead of the present 50% for general category candidates. For SC/ST it be enhanced to 50% from the existing 40%.
- 2. An upper age limit for the aspiring candidates be prescribed. It may be 25 years as on 31st December of his/her admission/Dental course.
- 3. The number of attempts which a candidate may take up be also restricted to three.

Upon considering the above, the Executive Committee and members of the Adhoc Committee decided as under:-

1. The Committee did not agree for the recommendation made at Sl.No. 3.

2. Regarding recommendations made at Sl.No.1 & 2, the Committee noted that the matter was considered at length at the General Body meeting of the Council. The decision taken in the matter be informed to the Central Board of Secondary Education.

25. Complaint against Dr. A.K. Kaushik as alleged by Mr. Rakesh Kapoor.

Read : The recommendations of the Ethical Committee on the complaint against Dr. A.K. Kaushik as alleged by Mr. Rakesh Kapoor.

The Executive Committee and members of the Adhoc Committee endorsed the recommendations of the Executive Committee and also noted that Dr. A.K. Kaushik has obtained MRCP in 1981 and has extensive experience in clinical Cardiology in various hospitals in U.K., Saudi Arabia and India. It was also noted that Dr. Kaushik is also a life member of Cardiological Society of India. Under these circumstances, no action is invited on the part of the Medical Council of India against Dr. Kaushik for practising as a Cardiologist & Physician.

The Committee further decided that the decision taken in the matter be informed to all the State Medical Councils.

26. <u>Decisions against doctors & clarification regarding the degree and duties of</u> <u>an MBBS doctor. (F. No.7/2003).</u>

Read : The recommendations of the Ethical Committee with regard to decision against doctors and clarification regarding the degree and duties of an MBBS doctor. (F. No.7/2003).

The Executive Committee and members of the Adhoc Committee approved the following recommendations of the Ethical Committee with regard to decision against doctors and clarification regarding the degree and duties of an MBBS doctor:-

"The Ethical Committee after detailed deliberation in the matter stated that the queries put forward by the U.P. Nursing Home Association, Hathras Janpad, Mahamaya Nagar, UP may be replied as follows:

- Q 1. Is these any degree like M.D. Ultrasound in the field of Medical Science?
- A. There is no degree like MD Ultrasound but there is degree of MD (Radio-Diagnosis).
- Q 2. Is any MBBS and DCH doctor is not a competent authority for 'Lumbar-Puncture'?
- A. Yes, any MBBS doctor can perform "Lumbar Puncture".
- Q 3. Is an MBBS doctor is needed the consent of the patient during the investigations?A. Yes, consent needs to be taken prior to the "Lumbar-Puncture" procedure.
- Q 4. Is Neuro-Surgeon or Surgeon Doctor is the only capable for Lumbar Puncture?
- A. Any Doctor and/or Surgeon and/or Neuro-Surgeon is capable of doing "Lumbar-Puncture" procedure.
- Q 5. A doctor who posses the degree of MBBS, DMRE is capable for Australia Antigen Test (By the kits)? Can this report will be challenged?
- A. Any MBBS doctor is capable of doing the Australia Antigen Test (By the kits).
- Q 6. Is the District forum can take any decision without the special report against the an MBBS doctor? Although special report or evidence is needed in the matter of any kind of Lack and negligence in the medical services or other loss.
- A. District forum is a competent court to take cognizance against the delinquent MBBS doctor. It is at the discretion and satisfaction of the Hon'ble member of the District Forum to call for expert evidence in order to satisfy the reasonable care and skill as well as alleged medical negligence in the concerned case under dispute

27. Acceptance of complaint cases in the Council office.

Read : The matter along with the recommendations of the Ethical Committee with regard to acceptance of complaint cases in the council office.

The Executive Committee and members of the Adhoc Committee approved the following recommendation of the Ethical Committee as under:-

"The Ethical Committee observed that many complaint cases against Registered Medical Practitioners received by the Council office are not having registration particulars of the medical practitioner against whom complaint has been lodged . Sometimes the alleged medical practitioner is registered with some State Medical Council.

The Ethical Committee is of the opinion that in the above mentioned cases office of the Council should direct the complainant accordingly and only those cases where practitioners are directly registered with M.C.I. and not with any State Medical Council are to be placed before the Ethical Committee for its consideration."

28. <u>Eligibility for the post of Asstt. Professor in Pharmacology – reg.</u>

Read : The letter dated 16/9/2002 from Ravi Goyal, Tutor, Deptt. of Pharmacology, Pramukh Swami Medical College, Karamsad regading his eligibility for appointment as Asstt. Professor in the Department of Pharmacology in a medical along with the recommendation of the TEQ Sub-Committee.

The Executive Committee and members of the Adhoc Committee decided to refer the matter to the Curriculum Revision Committee

29. <u>Recognition of teaching faculty of STD by MCI in the context of offering only</u> <u>M.D.(DVL) & Dip. (DVL) throughout India – Reg.</u>

Read : The matter with regard to recognition of teaching faculty of STD by MCI in the context of offering only M.D.(DVL) & Dip. (DVL) throughout India along with the recommendations of the TEQ Sub-Committee.

The Executive Committee and members of the Adhoc Committee decided to refer the matter to the Curriculum Revision Committee.

30. <u>Recognition of General Hospital, Pondicherry for compulsory internship</u> <u>training.</u>

Read : The inspection report 17th June, 2003 for recognition of General Hospital, Pondicherry for compulsory rotating internship training.

The Executive Committee and members of the Adhoc Committee decided to recognise General Hospital, Pondicherry for compulsory rotating internship training.

31. <u>Establishment of Amala Instt. of Medical Sciences at Thrissur Kerala by</u> <u>Amala Cancer Hospital Society, Thrissur – Grant of Letter of Permission.</u>

Read : The Council Inspectors report (14th & 15th July, 2003) for grant of letter of permission for establishment of Amala Instt. of Medical Sciences at Thrissur Kerala by Amala Cancer Hospital Society, Thrissur.

The Executive Committee and members of the Adhoc Committee considered the inspection report (14th & 15th July,2003) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of Amala Instt. of Medical Sciences at Thrissur Kerala by Amala Cancer Hospital Society, Thrissur u/s 10A of the I.M.C. Act,1956 with an annual intake of 100 (one hundred) students for the academic session 2003-04.

32. <u>Establishment of Arogyavaram Instt. of Medical Sciences, Arogyavaram,</u> <u>Chittor by CSI Arogyavaram Medical Centre, Chittor Distt. A.P.</u>

Read : The Council Inspectors report (8th & 9th July, 2003) for establishment of Arogyavaram Instt. of Medical Sciences, Arogyavaram, Chittor by CSI Arogyavaram Medical Centre, Chittor Distt. A.P.

The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report ($8^{th} \& 9^{th}$ July,2003) and noted the following:-

- 1. Pre-clinical departments of Anatomy, Physiology and Biochemistry are not made fully equipped and functional.
- 2. Gallery type of lecture theatres are not completed and made functional.
- 3. Para-clinical departments are not provided with basic infrastructural facilities.
- 4. Casualty department and its services are not as per Council norms.
- 5. Proper directions guiding the patients in the out-patient area should be distinctly made visible as the campus is very huge and large.
- 6. Adequate toilet facilities with running water are not provided to all the existing wards and are not made fully functional.
- 7. There is no numbering of cots and adequate space between 2 cots in some wards.

- 8. Demonstration rooms in the clinical wards and OPD are to be provided with black board x-ray view box and wash basin.
- 9. The licence for Blood Bank is not renewed.
- 10. Clinical material, number of surgeries and number of deliveries is inadequate and have to be improved upon.
- 11. Boys hostel has to be provided with cupboards and lockers in each room. Water supply and sanitary facilities have to be provided immediately in both boys' and girls' hostels.
- 12. The shortage of teaching staff is more than 10%:

Associate Professors - 8:

Anatomy-1, Physiology-1, Pharmacology-1, Forensic Medicine-1, Orthopaedics – 1, Obst. & Gynae. –1, Anaesthesia – 1, Radio-diagnosis – 1).

13. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. to disapprove the scheme for establishment of Arogyavaram Instt. of Medical Sciences, Arogyavaram, Chittor by C.S.I. Arogyavaram Medical Centre, Chittor in view of the fact that the time period for getting approval is already over by now and the college authorities may be advised to apply afresh for establishment of the college after rectification of the deficiencies pointed out in the MCI inspection report.

33. <u>Establishment of Medical College at Shillong by North Eastern India Trust</u> for Education & Development.

Read : The Council Inspectors report (7th & 8th July, 2003) for establishment of Medical College at Shillong by North Eastern India Trust for Education & Development.

The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report (7th & 8th July,2003) and noted the following:-

- 1. Teaching hospital consists of 4 different hospitals one of which is managed by trust and 3 are managed by the Govt. of Meghalaya. Teaching hospital of the trust has only 78 beds. Thus, the applicant Trust does not fulfil the condition 2(5) of the Qualifying Criteria for Establishment of Medical College Regulations,1999.
- 2. The hospitals and the college are located in different campuses. The college building which has been shown to the inspection team is not in the campus earmarked for it. Thus, condition 2(8) of the Qualifying Criteria for Establishment of Medical College Regulations, 1999 is not fulfilled.
- 3. In many of the wards no patients were admitted or were present on the day of admission.
- 4. The Time Bound programme which was given at the time of application stated that the programme would be finished on or before March, 2003. However, till date the construction facilities for pre clinical department is not yet over.
- 5. Shortage of teaching faculty is more than 25%. Infact in none of the pre clinical departments, Assoc. Prof. is available and only one Asstt. Prof. each is available in Physiology and Biochemistry while no Asstt. Prof. is available in Anatomy.
- 6. Adequate arrangements for water supply have not been made.

- 7. Infrastructure facilities in terms of laboratories, demonstration rooms, staff accommodation etc. are not adequate. The dissection tables in the Anatomy department are not suitable for dissection. Wash basins are not provided in dissection hall and the laboratories in Physiology are ill shaped and the space are too small for a medical college students laboratory. No gallery type lecture hall is available.
- 8. Clinical material in terms of patients attendance, lab. investigations (10 to 20 specimens per day) and x-ray (10-12 per day) is grossly inadequate. The bed occupancy is less than 50%. The OPD is not suitable for teaching purposes. There is no adequate space for the students to be accommodated in the chamber.
- 9. The space in the casualty department is not adequate. Crash tray, ventilator, defibrillator is not available. Oxygen cylinder are provided but there is no adjustment for the delivery of oxygen.
- 10. There is only one OT which has got anaesthetic machine. There is no pipeline of oxygen in the OT or wards. The ICU has only one room which is not well equipped.
- 11. Incinerator is not available.
- 12. Kitchen facilities are not adequate for teaching hospital. Canteen facilities are not available.
- 13. Animal house is not provided.
- 14. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. to disapprove the scheme for establishment of Medical College at Shillong by North Eastern India Trust for Education & Development in view of the fact that the time period for getting approval is already over by now and the college authorities may be advised to apply afresh for establishment of the college after rectification of the deficiencies pointed out in the MCI inspection report.

34. <u>Katuri Medical College & Hospital</u>, <u>Guntur - renewal of permission for</u> admission of 2nd batch of students.

Read : The Council Inspectors report $(15^{th} \& 16^{th} July, 2003)$ for renewal of permission for admission of 2^{nd} batch of students at Katuri Medical College & Hospital, Guntur.

The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report ($15^{th} \& 16^{th}$ July,2003) and noted the following:-

- 1. The shortage of teaching faculty is more than 10%.
 - (a) The authorities could not provide appointment letters of teaching staff, salary certificate and TDS certificate in respect of staff members.
 - (b) Although nominally 1 Professor and 2 Assoc. Professors are shown in the deptt. of Physiology. Dr. Vijayalaxmi who is Asstt. Prof. is shown as Head of department.
- 2. No furniture is provided in the examination hall.
- 3. Construction of one lecture theatre is not completed and furniture is not provided.
- 4. The space for library is inadequate. The number of journals actually received in the library are only 22 against the required norms of 40.

- 5. There is over crowding in the OPD building. Proper teaching areas are not available. The construction of the new OPD building is not complete. Most of the chambers in OPD are not provided furniture.
- 6. The RHTC used by the college is owned by HEAL project and the UHC is owned by Municipal Corporation. The college does not have any RHTC/UHC of its own.
- 7. Residential quarters are not yet available.
- 8. Most of the wards do not have nursing station. Some of the clinical demonstration rooms are without proper furniture. Proper number of beds is not done in the several wards. The space between the two codes is not seen. The patients of Skin & VD kept in a combined ward with medicine. The patients of General Surgery, ENT & Orthopaedics are kept together. Wards are not organised as per Council guidelines.
- 9. Unit distribution is not shown in several wards.
- 10. In casualty, major OT is commissioned but not made functional. In the central laboratory, 24 hours duty roster for staff was not available. Resuscitation facilities are not available.
- 11. Operation theatre needs facilities like pulse oximeter, defibrillator and cardiac monitor.
- 12. Blood bank is not yet functional as license is not yet obtained.
- 13. Medical Record Section needs great improvement. Comupterisation, qualified medical officers and supervision by senior faculty are needed.
- 14. Books in the departmental library of several departments is lesser than required as per norms.
- 15. Pharmacy records are not available.
- 16. Radiology department does not have BARC permission.
- 17. There is common hostel for boys and male resident. Similarly, there is common hostels for girls and nurses. There is no earmarked distribution of hostel facilities for different categories like students, nurses, residents doctors etc. overall hostel accommodation is inadequate.
- 18. In the infrastructure of 2nd MBBS department required number of microscopes in Pathology and Microbiology are not available. Service laboratories in Pathology and Microbiology are not made functional. Only space is provided for the practical laboratory in Forensic Medicine. It is not equipped.
- 19. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 2^{nd} batch of 100 students at Katuri Medical College & Hospital, Guntur for the academic session 2003-04.

35. Dr. D.Y. Patil Pratishthan's Medical College, Pimpri, Pune – increase of MBBS seats from 100 to 150.

Read : The Council Inspectors report (10th & 11th July, 2003) for increase of MBBS seats from 100 to 150 at D.Y. Patil Pratishthan's Medical College, Pimpri, Pune u/s 10A of the IMC Act, 1956.

The Executive Committee and members of the Adhoc Committee considered the inspection report (10th & 11th July,2003) and decided to recommend to the Central Govt. to issue Letter of Intent for increase of MBBS seats from 100 to 150 at Dr. D.Y. Patil Pratishthan's Medical College, Pimpri, Pune u/s 10A of the I.M.C. Act,1956 for the academic session 2003-04.

36. <u>To consider the inspection report carried out to assess the teaching &</u> <u>training facilities available in the Medical Colleges in the State of Madhya</u> <u>Pradesh.</u>

Read : The Council Inspectors reports of (i) G.R. Medical College, Gwalior (ii) Gandhi Medical College, Bhopal (iii) MGM Medical College, Indore (iv) NSCB Medical College, Jabalpur and S.S. Medical College, Rewa.

The Executive Committee and members of the Adhoc Committee considered the inspection reports of following medical colleges in the State of Madhya Pradesh carried out to assess the undergraduate teaching and training facilities available in the colleges on the dates mentioned against each:-

1.	G.R.Medical College, Gwalior	-	11 th & 12 th July,2003
2.	Gandhi Medical College, Bhopal	-	11 th & 12 th July,2003
3.	MGM Medical College, Indore	-	11 th & 12 th July,2003
4.	NSCB Medical College, Jabalpur	-	11 th & 12 th July,2003
5.	S.S.Medical College, Rewa	-	14 th & 15 th July,2003

The Committee further noted the gross deficiencies pertaining with regard to staff and infrastructural facilities at all the Govt. Medical Colleges in M.P. as discussed above which are recorded as under in respect of each medical college and further that postgraduate courses are also run by these colleges.

(a) <u>G.R.Medical College, Gwalior:</u>

- 1. The shortage of teaching faculty is more than 20% and tutors/residents is more than 40%. The entire faculty in the Biochemistry department is non-medical.
- 2. The animal house facilities are not adequate.
- 3. The equipment of mechanized laundry has been procured but it has not yet installed.
- 4. Registration is not computerized.
- 5. In the Infrastructure facilities of Ist MBBS department it is observed that in the deptt. of Biochemistry, the practical laboratory is also used as a demonstration room.
- 6. In the Infrastructure of 2nd MBBS deptt. it has been observed that the facilities of Pathology department are also shared by the deptt. of Microbiology which has not been developed on account of inadequate space and equipment. The deptt. of Microbiology is sharing all teaching facilities with Pathology including microscopes, practical laboratories, theory lecture theatre etc. Most of the equipment in the Microbiology deptt. is very old and needs to be replaced.
- 7. The demonstration room of Forensic Medicine is also partially used as museum. In the museum of Forensic Medicine, the firearms are not available and proper label of various models and photographs is not done.

(b) <u>Gandhi Medical College, Bhopal:</u>

- 1. Infrastructural facilities and staff in pre and para clinical departments even now are not adequate for 140 admissions. Most of the practical laboratories are adequate for 50 students (i.e. 100 admissions) and in most of the departments there are no demonstration rooms, only demonstration areas are available in one portion of the laboratory.
- 2. The staff shortage at present is as follows:
 - A. Professors-1 in TB & Chest.

- B. Readers (16)- 2 in Anatomy, 1 in Physiology, 1 in Biochemistry, 3 in Pathology, 1 in Microbiology, 1 in Forensic Medicine, 1 in Comm. Medicine, 1 in Pediatrics, 1 in TB & Chest, 3 in Gen. Surgery and 1 in Dentistry.
- C. Lecturers (33) 1 in Anatomy, 2 in Physiology, 1 in Biophysics, 1 in Pharmacology, 2 in Pathology, 2 in Microbiology, 2 in Forensic Medicine, 1 Lecturer in Epidemiology, 6 in Gen. Medicine, 2 in Pediatrics, 1 in TB & Chest, 5 in Gen. Surgery, 5 in Orthopaedics, 1 in ENT and 1 in Radiodiagnosis.
- D. Tutors/Registrars/Residents (13) 3 in Anatomy, 2 in Biochemistry, 1 in Microbiology, 3 in Forensic Medicine, 2 in Comm. Medicine, 1 in TB & Chest, 1 in Obst. & Gynae.
- E. Junior Residents (6) 3 in Dermatology, 3 in Psychiatry.

Total Shortages 69 (including 6 Jr. Residents)

- 3. The Infrastructural facilities of practical laboratories, museum and demonstration areas are still common for department of Pathology and Microbiology. Only separate teaching staff for these two departments has been provided. All the service laboratories of Microbiology are placed in one room. All this needs immediate rectification.
- 4. Central Animal House: Central Animal House is grossly under equipped and under staffed. A Veterinary Officer should be appointed, may be part time to lookafter the health of the animals. The infrastructure facilities and staff should be provided as per Council's requirement.
- 5. Central Library: Since the institution is running a large number of PG courses and it is a unitary complex, the working hours of library should be extended to atleast 8 a.m. to 10 p.m. in two shifts. The college is subscribing to only 34 journals. The subscription should be extended to atleast 150 journals and the budget should be increased to 15 lakhs in the first instance from meager 2 lakhs which is at present. The total number of books available are adequate and the library is having Medlar and internet facilities.
- 6. RHC : At present, there is no rural health center under the disciplinary and the administrative control of the institution. Atleast 3 primary health center should be attached and one should be with proper hostel facilities for boys, girls, interns and other teaching staff. At present only interns are taken to some of the centers under the control of the Public Health Department. This is not in accordance with the Council's recommendation for pre registration internship.
- 7. Emergency & Casualty Services: Number of emergency beds available are only 7. They should be increased to atleast 20. The residents of Medicine, Surgery, Orthopaedics and Pediatrics should be posted by rotation in the casualty and the functioning of it should not be left at the sole discretion of a CMO. The emergency x-ray unit should also work round the clock. It should be provided with all the required resuscitation measures.
- 8. The department of Biochemistry is heavily laden with non-medical staff. Efforts should be made to recruit atleast 50% of staff medically qualified. Persons with Ph.D from faculty of Science should not be appointed as faculty member.
- 9. Museum of deptt. of Pharmacology is scattered in the laboratory and the corridor. A central circumscribe museum with proper display of samples should be provided.

- 10. All the clinical departments should be provided with proper teaching areas in OPD and IPD. At present only few of them are available.
- 11. A proper audiometry room with noiseless split level air-conditioner should be provided.
- 12. Central registration and record keeping needs upgradation and improvement. At present the registration is only department-wise and not central.
- 14. Hostel: total accommodation available is only for 534 students against the requirement of 750. The institution should provide a separate hostel for interns. At present they are accommodated in PG hostels, the accommodation in which is otherwise adequate.

(c) <u>M.G.M. Medical College, Indore:</u>

- 1. The shortage of teaching faculty of Tutors/Residents is more than 20% even without considering the additional teachers required for various postgraduate courses. The non-teaching staff is grossly inadequate including nursing, para medical, technical and administrative.
- 2. Two lecture halls are smaller than required as per the norms.
- 3. No common rooms for girls is available at present.
- 4. The staff in the library is less than required as per norms.
- 5. Central workshop is not yet established.
- 6. There is a shortfall of accommodation in girls hostel. Kitchen is not running. One of the hostel of girls is inhabitable. There is no visitors room and no alternate power supply. No security guards and telephone attendants are provided. The accommodation of dormetry type is provided for some students which is not desirable.
- 7. Mess is run in the hostel on co-operative contribution by the students with no help from the hospital authorities.
- 8. Intercom facilities provided is much less than required. No intercom facility at present is available for the staff quarters.
- 9. In the infrastructure of pre-clinical departments, the following deficiencies are noticed:
 - (i) Locker facility for the students are not adequate.
 - (ii) The number of specimens in the Anatomy museum is less.
 - (iii) No separate demonstration room for Physiology and Biochemistry is available. Only one table with necessary equipment is available in clinical physiology lab. which is much less than the norms.
 - (iv) In Biochemistry department, the departmental library, seminar room and research lab. are not provided.
- 10. In the infrastructure of para clinical departments, the following deficiencies are noticed:
 - (i) There is no clinical pathology lab. available.
 - (ii) Research lab. in Microbiology department is not available. The number of specimens in the Microbiology museum is less and catalogue is not available. Research laboratory has to be developed. The clinical investigation in Microbiology are not done in the hospital lab.
 - (iii) Research lab. in Forensic Medicine department is not available. Catalogue in the museum of Forensic Medicine is not available. The number of books in the departmental library in Forensic Medicine is less than required as per norms.
 - (iv) In the deptt. of Community Medicine, it was found that 2 Medical officers posted for duty at the PHCs are not visiting the centres and their services are utilized for college/hospital work.
 - (v) The demonstration room is small. Catalogue is not available in the museum. In all PHCs and RHTC, neither undergraduates nor interns are posted as no transport vehicle are available. No staff member of Community Medicine is staying in any of the centre. All the centres are under the control of State Govt. Health department and HOD of Community Medicine as no administrative control whatsoever on any of

the staff of these centres. The PHC at Simrol is on a rent base and not owned by any health authority. PHC at Manpur is in the building, which have been write off by the Govt. but still these health activities are going on. The number of nursing stations in the wards has to be improved. Nursing staff in relation with number is beds is grossly inadequate. Nursing stations are located in between two large wards. The equipment available in ICU and ICCU is not as per the norms of the Council and are inadequate.

- 11. The license of blood bank has expired in December, 2001 and thereafter it has not been renewed although the correspondence is going on.
- 12. The number of clinical demonstration areas in the OPD are inadequate as major departments do not have demonstration room in the OPD. Ventilator and nursing station are not available in the casualty. Pre-operative and post-operative areas in the OT complex need to be improved.
- 13. Trained Medical Record Officer is not available. Index coding system is not followed in registration of the cases.
- 14. Wash areas have to be provided in the CSSD and it also requires to be augmented with more equipment.
- 15. The capacity of generators available is much less considering the volume of work.

(d) <u>NSCB Medical College, Jabalpur:</u>

- 1. The shortage of teaching faculty is more than 25%.
- 2. The shortage of Tutors/Residents is more than 60%.
- 3. The beds of General Medicine, TB and Psychiatry are common and no demarcation is done. Total beds in this department are 213 against the requirement of 225. Thus, there is a deficiency of 12 beds in this department.
- 4. Number of units in Surgery are 3 out of which one is headed by Professor of Paed. Surgery, one by Plastic Surgery and third one by the Lecturer in Neuro-Surgery.
- 5. Affiliation letter from Rani Durgawati University was not available and was not produced before the inspection team.
- 6. Clinical material particularly in terms of laboratory and x-ray investigations is inadequate. Clinical material is also inadequate in terms of out patients attendance which is 450 to 500 per day and bed occupancy which is less than 80%. Number of investigations performed both in laboratory and x-ray deptt. are grossly inadequate. Number of deliveries conducted is 1 to 2 per day on an average. In the casualty, only 6 beds are available. Resuscitation equipment like defibrillator, emergency trolley etc. were not available. Nursing staff are not available throughout the day. Central lab. samples are collected and sent to different departments for processing. Full scale laboratory is not yet established. Mycology, Para Cytology and micro-bacteriology sections are not available in Microbiology department. Laproscopic surgery is not performed at all in the hospital.
- 7. There is no Medical Record Section in the hospital. Each department maintain its own record in a haphazard manner.
- 8. MEU unit is not yet established.
- 9. Hostel mess facilities are inadequate and are unhygienic. Hostels are in poor state and the medicine facilities are inadequate and unsatisfactorily.
- 10. Cold storage facility for staff are not available.
- 11. 800 MA machine is not available. In x-ray deptt., CT Scan & mammography are not available.
- 12. Rural Health training center is not under the control of Dean. No Urban Health Center is available.
- 13. Animal house facility are not adequate and not as per the norms. The staff available in the animal house is not as per norms.
- 14. Service lab. for clinical biochemistry is not available. This is handled by department of Pathology. Separate students lab. for Forensic Medicine is not available which is shared with the deptt. of Microbiology.
- 15. No separate ultra-sonography machine for Obst. & Gynae. department are available.

(e) <u>S.S. MEDICAL COLLEGE, REWA:</u>

- 1. The shortage of teaching faculty is more than 20%.
 - (a) Shortage of tutors/residents is also about 20%.
 - (b) There is no faculty member in the Biochemistry department. Biochemistry as a subject is taught by staff from Physiology department.
 - (c) Forensic Medicine deptt. has no teaching faculty at all. The only staff available is 2-tutors and the deptt. is headed by Prof. of Microbiology.
- 2. In the OPD, proper demonstration room/teaching areas with furniture are not arranged. Psychiatry OPD runs only 3 days a week. The injection room does not have facilities for managing emergencies like IV fluid 02 cylinder etc. Sound proof audiometry room is not available. Physio-therapist are not posted in the Physiotherapy department.
- 3. There is no central registration system. Central Medical record section is also not available. Each deptt. maintain its own statistic in a haphazard manner.
- 4. The license of blood bank has expired on 31st December, 1997 which has not been renewed thereafter.
- 5. The labour rooms are unhygienic and poorly lighted. New born resuscitation facilities are not adequate. There are no waiting beds. Patients in first stage are also kept on labour table.
- 6. In the central laboratory, clinical biochemistry is also under the deptt. of Pathology.
- 7. The dining areas in the hostel mess do not have adequate furniture.
- 8. There is no urban health center. Rural Health center is not under the control of Dean. No staff from PSM deptt. is posted at the RHTC.
- 9. Animal house is not available.
- 10. Photographic section are not available.
- 11. Examination hall is much smaller- of only 1106 capacity.
- 12. MEU is not functional.
- 13. The books in departmental libraries of several departments like Microbiology, Forensic Medicine etc. are less than required as per norms.
- 14. Personal monitoring system for radiological hazards are not provided. Colour doplar is not made functional as yet.
- 15. Mechanized laundry with adequate equipment is not available.

In view of above, the Executive Committee along with the members of the Adhoc Committee appointed by the Hon'ble Supreme Court opined that enough opportunities were given to all these five Govt. Medical Colleges which are now falling short of staff and infrastructural facilities for which they were originally recognised by the Medical Council of India. All these colleges are also running postgraduate courses without adequate staff.

Noting the above facts, the Executive Committee and members of the Adhoc Committee decided to -

- 1. recommend to the Council to withdraw the recognition of MBBS degree granted by respective Universities in respect of students being trained at the above mentioned medical colleges of the State of M.P. u/s 19 of the Indian Medical Council Act,1956.
- 2. refer these reports to the Postgraduate Medical Education Committee of the Council for further consideration regarding postgraduate courses.
- 37. <u>K.J. Somaiya Medical College, Mumbai renewal of permission for</u> admission of 4th batch of MBBS students against the increased seats from 50 to 100 for the year 2003-2004 - consideration of compliance report.

Read : The compliance report submitted by the college authorities through the Central Govt. on the deficiencies pointed out in the inspection report (9th & 10th June, 2003) for renewal of permission for admission of 4^{th} batch of students against the increased seats from 50 to 100.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (9th & 10th June,2003) for renewal of permission for admission of 4th batch of MBBS students against the increased seats from 50 to 100 at K.J. Somaiya Medical College, Mumbai and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are still existing:-

- 1. The supply of journals as per the Council norms is still pending.
- 2. There is no rural health training centres specifically earmarked by the college. The rural health training is provided through primary health centres under the control of District Health Officer. It is also submitted that the compliance letter itself indicates that participation of department of Community Medicine is almost non-existent in Rural Health Centres. The whole set up is not as per the Council norms.
- 3. Accommodation for hostels for students is grossly inadequate as it has been provided only for 100 students as against 400 required at this stage. Accommodation for residents has been provided only for 78 students as against 125 required as per norms.
- 4. The residential quarters for non-teaching staff has not yet been provided as per the norms.
- 5. Deficiency of toilet facilities in the wards still persists.
- 6. The deficiency of inadequate space in casualty still persists.
- 7. There is no CT Scan in the hospital.
- 8. CSSD is not yet established.
- 9. Autopsy block in Forensic Medicine is not yet available.
- 10. Bed occupancy is still less than 80%.
- 11. All the lecture theatres are of level type instead of gallery type as required as per norms.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending not to renew permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 at K.J. Somaiya Medical College, Mumbai for the academic session 2003-2004.

38. <u>Establishment of new medical college at Vikarabad by Bhagwan Mahavir</u> Memorial Trust, Hyderabad - consideration of compliance report.

Read : The compliance report submitted by the authorities of Mahavir Institute of Medical Sciences, Vikarabad through the Central Govt. on the deficiencies pointed out in the MCI inspection report (29th & 30th May, 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (29th & 30th May,2003) for establishment of new medical college at Vikarabad by Bhagwan Mahavir Memorial Trust, Hyderabad and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are still existing:-

1. The joining report of Dr. V.S. Reddy as Dean of the college is written on his personal letter head which indicates that he is working as a Consultant

Orthopaedic Surgeon at Swapna Speciality Hospital, Hyderabad and also is having consultation hrs. from 9.00 a.m. to 12.30 p.m. and 6.00 p.m. to 8.00 p.m. This itself indicates that he is not working as a full time Dean of the college.

- 2. One Associate Professor each in the departments of Anatomy and Physiology are yet to join.
- 3. The clinical material in terms of OPD attendance is grossly inadequate as the average OPD attendance is still only 150 per day.
- 4. The clinical laboratory facilities are inadequate as the total number of investigations on an average daily only 100.
- 5. No static x-ray machine is yet available.
- 6. The details of bed occupancy have not been given in the compliance.
- 7. Major surgeries are still not being conducted in the hospital. The reason given of by the authorities in the compliance that it was due to unprecedented heat wave conditions prevailing in the state that major surgeries were not conducted is not acceptable as a medical college hospital is expected to be operational and functional throughout the year. Details of deliveries conducted by the college in the hospital are not given.
- 8. As per the details given in the compliance the staff is grossly inadequate for the grant of LOP.
- 9. The nursing staff as seen from the joining reports attached with the compliance would be inadequate for 300 bedded teaching hospital. As regards the construction of hospital building the compliance letter itself indicates that the second portion of the building for housing various ancillary services of the hospital would be put in occupation in next three weeks and the third portion of the building comprising of the inpatient block for housing 300 beds is still under construction.
- 10. No facilities have been provided for any of the college departments.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending disapproval of scheme and also in view of the fact that the time period for getting approval for starting of the college is already over by now.

39. <u>Renewal of permission for admission of 4th batch of MBBS students against</u> <u>the increased intake from 115 to 150 at Pt. B.D. Sharma Postgraduate</u> <u>Institute of Medical Sciences, Rohtak for the year 2003-2004 - consideration</u> <u>of compliance report.</u>

Read : The compliance report submitted by the authorities of Pt. B.D. Sharma Postgraduate Instt. of Medical Sciences, Rohtak through the Central Govt. on the deficiencies pointed out in the inspection report ($26^{th} \& 27^{th}$ June, 2003) for renewal of permission for admission of 4^{th} batch of students against the increased intake i.e. from 115 to 150.

The Executive Committee and members of the Adhoc Committee considered the compliance submitted by the college authorities of Pt.B.D. Sharma PGIMS, Rohtak received through the Central Government on the deficiencies pointed out in the Council Inspectors report (26th & 27th June,2003) carried out for renewal of permission for admission of 4th batch of students for the increased intake from 115 to 150 and noted that following deficiencies are still persisting:-

1. The capacity of lecture theatre is still not as per the norms as required for the college having intake of 150 students. The compliance letter itself also indicates

that the construction of lecture theatres has been delayed and are not available at present.

- 2. The deficiency of part time Veterinary Surgeon is still persist.
- 3. The college has not separated the beds available in various departments into teaching and non-teaching beds and separate statistic for these beds have also not been maintained. In the absence of such clear cut segregation it is not possible to arrive at a specific number of beds available and earmarked for teaching purposes in various departments and in the absence of such information all the beds available have to be treated as teaching beds and under these circumstances, the beds per unit in all the departments still remain higher than the 30 beds which is not as per norms.
- 4. The deficiency of appointing the Lecturers on contractual basis is still persisting.
- 5. The Child Psychologist is not yet available.

It should be noted that the last paragraph in the compliance report which reads as under:-

"It is submitted that efforts are made to over come the deficiencies. The Haryana Public Service Committee is soon advertising all the vacant posts of teachers and senior Residents Constitution of new Lecture Halls and Auditorium is soon to be undertaken. Government has released all the vacancies to be filled in the institute soon. It is requested that necessary permission of Government of India, Ministry of Health and Family Welfare, may be given soon to admit 150 students."

This itself indicates that compliance has not been made as required as per norms.

The Committee further discussed the matter regarding the eligibility of Director of the Institute. The Committee decided to authorise the President(Acting) to appoint a Sub-Committee to go into every detail and submit its report. Till such time the matter regarding renewal of permission for admission of 4th batch for the increased intake from 115 to 150 at the college be deferred.

40. <u>K.V.G. Medical College, Sullia - renewal of permission for admission of 2nd batch of students for the year 2003-2004 – consideration of compliance report.</u>

Read : The compliance report submitted by the authorities of K.V.G. Medical College, Sullia through the Central Govt. on the deficiencies pointed out in the inspection report ($17^{\text{th}} \& 18^{\text{th}}$ June, 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report $(17^{th} \& 18^{th} June,2003)$ for renewal of permission for admission of 2^{nd} batch of students at K.V.G.Medical College, Sullia and noted that the compliance submitted by the college authorities is unsatisfactory and incomplete. Perusal of the compliance report reveals as under:-

1. The deficiency of inadequacy of available clinical material in terms of number of lab. investigations and x-rays and also not being commensurate with the number of patients attending OPD is still not rectified. Even in the compliance report submitted it has been shown that number of Pathology investigations are only 110 to 130 per day, Microbiology 12-20 per day, Biochemistry 17 to 20 per day for inpatients and 40-50 investigations per day of all the 3 departments combined which means that the total investigations carried out in the hospital of out-patients and in-patient together is 179 to 226 per day which is grossly inadequate. The number of x-rays per day as submitted by the college in the compliance report is 18-25 per day and USG 10-20 per day. The number of deliveries performed is only 1-2 per day. Although, the deficiencies are grossly inadequate.

- 2. CT scan is not yet functional. The BARC guidelines for protection of radiological hazards are still not followed. The additional x-ray machine is not yet provided.
- 3. Blood bank is not yet functional.
- 4. Although, the college claims that the pre-clinical departments have been fully established as early as in the year 2001 as permanent. They are still functioning as a make shift arrangement and the time bound programme submitted by the college in respect of development of this department is not followed.
- 5. As regards shortage of teaching faculty it has been shown in the compliance report that the Professor of Pharmacology, TB & Chest have been appointed. Their joining report and declaration forms have not been attached with the compliance report.
- 6. Computerization of central registration counter has not yet taken place. Reception counter is small. The deficiency of case sheet maintenance has not been rectified.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending not to renew the permission for admission of 2^{nd} batch of students for the academic session 2003-2004 at KVG Medical College, Sullia.

41. <u>Co-operative Medical College, Kochi - renewal of permission for admission</u> of 3rd batch of students for the academic session 2003-2004 - consideration of compliance report.

Read : The compliance report submitted by the authorities of Co-operative Medical College, Kochi through the Central Govt. on the deficiencies pointed out in the inspection report ($5^{th} \& 6^{th}$ May, 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report ($5^{th} \& 6^{th}$ May,2003) for renewal of permission for admission of 3^{rd} batch of students at Co-operative Medical College, Kochi and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals that the following deficiencies are yet to be rectified:-

- 1. University affiliation for the academic year 2003-04 has not yet been granted. It is informed that the affiliation will be granted when MCI approval for this year is received.
- 2. Regarding the shortage of staff it is informed that the total deficiencies of staff at the time of inspection was only 10 and not 12. This was accepted by the inspectors also. Professor of Orthopaedics was in Delhi on 5th May to attend the interview conducted by MCI and one Tutor in the department of Pharmacology was appearing for her University Postgraduate examination on that day.
- 3. The Principal further claimed that as may new medical colleges have come or are being set up in Kerala where there is movement of staff from one institution to other on a large scale. Hence many of the faculty members have left the institution and that is the reason of large number of appointments during the month of Feb., April and May,2003. Steps have been initiated to fill up the 10 vacant posts. However this statement itself indicate that the staff shortage is not rectified till this date & the deficiency continues.
- 4. Medical College (JNI Stadium), Indira Gandhi Co-operative Medical College Hospital and Government General Hospital are not in the same campus. The distance between the medical college and Indira Gandhi Hospital is 3 kms. and the distance between the Govt. General Hospital and Medical College is 4 kms. – the position remains the same. It is informed that they are shifting all facilities

from JNI Stadium and Indira Gandhi Co-operative Medical College to their Karlamasery Campus by Sept.,2003, which itself indicates that the facilities are not available at present.

- 5. Examination hall with capacity of 250 students would be ready by Sept.,2003 in their permanent campus.
- 6. Hostel for boys and girls having capacity of accommodating 500 students will be completed by Sept.,2003.
- 7. Nurses Hostel and Residential quarters are also not available. It is informed that they are being constructed in their permanent campus at Karlamsasery.
- 8. Central oxygen supply, incinerator is not available in IGCH Hospital. The same will be provided in the operation theatres in the hospital is being constructed at Karlamsasery as stated in the compliance.
- 9. As regards inadequate space in the various departments, it is informed that the problem will be solved in other three months i.e. by Sept.,2003 when they shift to Karlamsasery their permanent campus.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending not to renew permission for admission of 3rd batch of students for the academic session 2003-2004 at Co-operative Medical College, Kochi.

42. <u>Malankara Orthodox Syrian Church Medical College, Kolencherry for</u> renewal of permission for admission of 2nd batch of students - consideration of compliance report.

Read : The compliance report submitted by the authorities of Malankara Orthodox Syrian Church Medical College, Kolencherry through the Central Govt. on the deficiencies pointed out in the inspection report ($6^{th} \& 7^{th}$ June, 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report dated 14.7.2003 received through the Central Govt., from the Secretary, Malankara Orthodox Syrian Church Medical College, Kolenchery, Ernakulam District, Kerala on rectification of deficiencies pointed out in the MCI inspection report (6th & 7th June,2003) and decided to verify the same by way of an inspection.

43. <u>Renewal of permission/approval of the Maharashtra Institute of Medical</u> <u>Education & Research, Talegaon (MIMER) for the award of MBBS degree</u> <u>granted by Pune University.</u>

Read : The matter with regard to renewal/approval of MIMER, Talegaon for the award of MBBS degree granted by Pune University along with the documents received through the Central Government regarding the availability of land.

The Executive Committee and members of the Adhoc Committee considered the documents on availability of land received through the Central Govt. and decided to recommend approval of Maharashtra Institute of Medical Education & Research, Talegaon for the award of MBBS degree granted by Pune University with an annual intake of 100 (hundred) students.

The Committee further decided to recommend to the Central Government to renew the permission for admission of 8th batch of 100 students at Maharashtra Institute of Medical Education & Research, Talegaon for the academic session 2003-04.

44. <u>Establishment of medical college at Malapuramba by MES Medical College,</u> <u>Malapuramba, Mallapuram District – consideration of compliance report.</u>

Read : The compliance report submitted by MES Medical College, Malapuramba through the Central Govt. on the deficiencies pointed out in the inspection report (27^{th} & 28^{th} June, 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (27th & 28th June,2003) for establishment of medical college at Malapuramba by Muslim Education Society, Calicut and noted that the compliance

submitted by the college authorities is unsatisfactory and incomplete. Perusal of the compliance report reveals that the following deficiencies have not been rectified:-

- 1. Hostels for boys and girls are not yet available.
- 2. The explanation submitted by the college that the Asstt. Professors of not having teaching experience as required is not available. In the absence of any verifiable details the presumption of all candidates undergoing MD/MS programme for 3 years have teaching experience as a part of the curriculum cannot be accepted in toto. Under these circumstances these staff members in whom independent verification experience cannot be accepted as Asstt. Prof.
- 3. Blood Bank is not yet functional as license has not been issued.
- 4. Central oxygen and central suction are not yet provided.
- 5. The clinical material in terms of patient attendance, number of deliveries performed per day is still inadequate. The explanation of the college that all the maternity patients were taken to another hospital for delivery on the day of inspection cannot be accepted. The number of delivery now reported to be 1-2 per day are still inadequate.
- 6. The details of the OPD registers kept manually have not been provided in the compliance report.
- 7. The furniture is inadequate in several departments.
- 8. No compliance has been given for the deficiencies in Operation theatres.

In view of above, the Committee decided to return the compliance report to the Central Government as submitted by the institute recommending disapproval of the scheme and also in view of the fact that the time period for getting approval for starting of the college is already over by now.

45. <u>Establishment of new medical college at Dhamtari by Mennonite Medical</u> Board, Dhamtari, Chhattisgarh – consideration of compliance report.

Read : The compliance report received from the college authorities through the Central Govt. on the deficiencies pointed out in the inspection report $(13^{th} \& 14^{th} June, 2003)$.

The Executive Committee and members of the Adhoc Committee considered the compliance report received through the Central Govt. on the deficiencies pointed out in the MCI inspection report (13th & 14th June,2003) for establishment of medical college at Dhamtari by Mennonite Medical Board, Dhamtari, Chhattisgarh and noted that the compliance submitted by the college authorities is unsatisfactory. Perusal of the compliance report reveals as under:-

- 1. The college has issued letters of appointment for various teaching faculties. However, it has not been clarified whether these appointments are on permanent basis. The declaration forms have not been attached. The relevant order of Dr. A. Phansophkar, Principal of the college from the previous employer is not yet submitted.
- 2. No details have been given about the improvement in the clinical material or increase in the workload of ancillary services like central laboratory, x-rays etc.
- 3. The construction of the college building is not yet completed. As per the statement made by the college authorities in the compliance report itself it has been said that the first phase would be completed by 25th August, 2003 and other ancillary facilities would be provided as soon as the building is ready.

4. The deficiencies of Infrastructure as required for starting the college have not been rectified as yet and the compliance report merely a statement has been made that ancillary facilities like library, office, hostel, cafeteria will also be provided during inspection for LOP.

In view of above, the Committee decided to return the compliance report to the Central Government recommending disapproval of the scheme and also in view of the fact that the time period for getting approval for starting of the college is already over by now.

46. <u>Establishment of new medical college at Haldwani by Uttranchal Forest</u> <u>Hospital Trust, Haldwani – consideration of compliance report.</u>

Read : The compliance report received from college authorities through the Central Govt. on the deficiencies pointed out in the inspection report (17^{th} & 18^{th} Jan., 2003).

The Executive Committee and members of the Adhoc Committee considered the compliance report dated 16.7.2003 submitted by the authorities of Uttranchal Forest Hospital Trust, Haldwani for establishment of new medical college at Haldwani on rectification of deficiencies pointed out in the Council Inspectors report dated 17th & 18th Jan.,2003, through the Central Government vide its letter dated 18.7.2003 and decided to verify the same by way of an inspection.

47. <u>Approval of Indira Gandhi Medical College, Nagpur for the award of MBBS</u> <u>degree granted by Nagpur University for the increased number of seats i.e.</u> <u>from 60 to 100 - consideration of compliance report.</u>

Read : The compliance report submitted by the authorities of Secretary, Govt. of Maharashtra, Medical Education & Drugs Deptt., Mumbai on the deficiencies pointed out in the inspection report ($15^{th} \& 16^{th}$ May, 2003).

The Executive Committee and members of the Adhoc-Committee noted that inspection for approval of Indira Gandhi Medical College, Nagpur for the award of MBBS degree granted by Nagpur University for the increased number of seats i.e. from 60 to 100 was carried out on 15th & 16th May, 2002. In view of the deficiencies pointed out in the inspection report the Executive Committee at its meeting held on 24th June, 2002 did not recommend approval of the college for the increased number of seats. However the Committee decided to renew the permission for admission of 6th batch of seats for the increased number of seats during the year 2002-2003.

The Committee further noted that the compliance on rectification of the deficiencies pointed out in the above inspection report received through the Central Govt. was considered by the Committee at its meeting held on 30th June, 2003 where the members of the Adhoc-Committee were also present. On perusal of the compliance, the Committee noted that the following deficiencies have not yet been rectified:-

- i) Pre and para clinical departments located in different buildings which are old.
- ii) Lecture theatre of 250 seats capacity is yet to be constructed.
- iii) College does not possess a satisfactory workshop.
- iv) There is no facility of CT Scan.
- v) Space in the service labs. of Microbiology Department is inadequate.
- vi) Shortage of staff in the Department of Psychiatry by one Assistant Professor.

The committee therefore recommended not to approve the college for the award of MBBS degree for the increased number of seats and further decided to direct the authorities not to admit students against the increased intake for the academic session 2003-2004.

The Committee further considered the letter dt. 15.7.2003 now received from the Govt. of Maharshtra and noted that the deficiencies as stated above still persist except the shortage of staff in the Deptt. of Psychiatry by appointing one Asstt. Professor.

In view of the above the Executive Committee and members of the Adhoc Committee decided to reiterate its earlier decision taken at its meeting held on 30.6.2003 not to approve Indira Gandhi Medical College, Nagpur for the award of MBBS degree for the increased number of seats from 60 to 100 and further decided to direct the college authorities not to admit students against the increased intake for the academic session 2003-2004.

48. <u>Applicability of UGC pay scales to faculty members of all the University</u> <u>Departments – reg.</u>

Read : The matter with regard to applicability of UGC pay scales to faculty members of all the University Departments.

The Executive Committee and members of the Adhoc Committee considered the letter dated 12.6.2003 received from the Under Secretary, University Grants Commission, New Delhi along with a copy of judgement delivered by the Hon'ble Supreme Court of India in Civil Appeal No.2056 of 1999 - Bharathidasan University & Ans. Vs. All India Council for Technical Education & Others and decided to authorise the President (Acting) to constitute a three members Sub-Committee to go into the details of the matter and judgement.

49. <u>Starting of Sree Balaji Medical College & Hospital, Chennai by Sree</u> Lakshmi Ammal Education Trust, Chennai.

Read : The matter with regard to starting of Sree Balaji Medical College & Hospital, Chennai by Sree Lakshmi Ammal Education Trust, Chennai along with the judgement of Hon'ble Madras High Court dated 11/7/2003 in W.P. No.10251 of 2000.

The Executive Committee and members of the Adhoc Committee noted that the matter with regard to starting of Sree Balaji Medical College, Chennai was considered vide item No. 39 of the meeting held on 30th June,2003 wherein it was decided as under:-

"The Executive Committee and members of the Adhoc Committee decided to reiterate the decision taken earlier in their meeting dated 2nd June,2003 in view of the legal opinion obtained from the Council Advocate relevant portion of which reads as under:-

".....It is seen from all these communications that they have no impact either in fact or in law to the stipulations/restrictions imposed by the Govt. of India, Ministry of HRD in its notification dated 04.07.2002 issued in exercise of powers u/s 3 of the UGC Act. In my opinion, none of the communications mentioned above can neither exclude, alter nor modify the restrictions which have been imposed in the notification dated 04.07.2002 making it more than clear that the status of the Deemed University conferred upon Bharath Institute of Higher Education & Research, Chennai is only with regard to establishment of a Dental College and not for any other institution. These communications, in the absence of a suitable notification by the Govt. of India, Ministry of HRD under Section 3 of the UGC Act, in my opinion, cannot expand the status of deemed University under notification dated 04.07.2002 beyond the establishment of a Dental College.

I am of the opinion that since these latest communications do not empower Bharath Institute of Higher Education & Research to issue any such Resolution seeking to grant consent of affiliation for establishment of a Medical College the purported consent of affiliation dated 06.06.2003, would not fulfil the requirement of statutory MCI regulations imposing the pre-condition of having a consent of affiliation from a University while submitting an application under Section 10A of the Indian Medical Council Act,1956 for seeking the permission of the Central Govt. for establishing a new medical college." This decision was communicated to the Central Government vide letter No.MCI-34(41)/2003-Med./11756, dated 14.07.2003.

However, in the meantime the Govt. of India had forwarded an order from the Hon'ble High Court at Madras in writ petition No. 10251/2000. The operative part of the order reads as under:-

"4. After hearing the writ petition itself on merits, it appears that by letter dated 12.3.2003 issued by the University Grants Commission, Bharath Institute of Higher Education and Research, Chennai has been declared to be deemed University under section 3 of the University Grants Commission Act,1956 and it has no objection to set up Sree Balaji Medical College & Hospital at Chennai subject to fulfillment of other conditions and requirements of concerned statutory authorities (i.e.) Medical Council of India and Ministry of Health and Family Welfare.

5. In such view of the matter, it is unnecessary for the petitioner to seek for the consent of affiliation from the third respondent, the Tamil Nadu Dr. M.G.R.Medical University. Now the question has to be decided by the Medical Council of India, the first respondent and the Union of India represented by Secretary to Government, Ministry of Health and Family Welfare, Department of Health, New Delhi-110 011 second respondent, keeping in view the letter dated 12.3.2003 and the subsequent letter dated 20.6.2003.

The Committee also perused the letter dated 18.7.2003 received from the authorities of Bharath Institute of Higher Education & Research, Chennai in respect of Sree Balaji Medical College & Hospital, Chennai and decided to carry out the inspection for starting of the college by Sree Lakshmi Ammal Education Trust, Chennai.

50. <u>3 Year MBBS course – Reg.</u>

Read : The newspaper report appeared in the English Daily "Hindu" (Chennai Edition) received from Prof. N. Rangabashyam, member of the Adhoc-Committee on the subject noted above.

The Executive Committee and members of the Adhoc Committee noted the contents of news paper report appeared in the English Daily "Hindu" (Chennai Edition) under the caption "3-year MBBS course under study" forwarded by Prof. N. Rangabashyam, Adhoc Committee member.

The Committee categorically stated that it is a retrogative step initiated by the Union Planning Commission as stated in the newspaper report and Council is not in favour of giving MBBS degree 3 years course. The Committee was of the opinion that earlier LMP/LMS degree was awarded but at present short course/condensed course are not encouraged by the Council.

The Committee decided that the matter be discussed at the larger forum i.e. General Body of the Council.

51. <u>To note the letter of Intent/Permission/renewal of permission issued by the</u> Central Govt. for establishment of new medical colleges and increase of seats.

The Executive Committee and members of the Adhoc Committee noted the letter of Intent/Permission/renewal of permission issued by the Central Govt. for establishment of new medical colleges and increase of seats as under:-

Name of the college	Date of letters issued by the Central Govt.
Maharishi Markhandeshwar Institute of Medical Sciences & Research at Mullana Ambala, Haryana by Maharishi Markhandeswar Education Trust, Ambala City.	LOI for establishment of the college with an annual intake of 150 students for the academic year 2003-2004 issued by the Central Govt. on 14 th July, 2003.

Jubilee Mission Medical College & Research Institute, Thrissur, Kerala by Jubilee Mission Hospital Trust, Thrissur, Kerala.	LOP for establishment of the college with an annual intake of 100 students for the academic session 2003-2004 issued by the Central Govt. on 14 th July, 2003.
Pushpagiri Instt. of Medical Sciences & Research Centre at Tiruvalla, Kerala by.	Permission for admission of 2 nd batch of students during 2003-2004 renewed by the Central Govt. on 10 th July, 2003.
Govt. Medical College, Kolhapur	Permission for admission of 3 rd batch of students during 2003-2004 renewed by the Central Govt. on 9 th July, 2003.
Mahatma Gandhi Medical College & Research, Pondicherry.	Permission for admission of 3 rd batch of students during 2003-2004 renewed by the Central Govt. on 1 st July, 2003.
Govt. Medical College at Toothukudi.	Permission for admission of 4 th batch of students during 2003-2004 renewed by the Central Govt. on 11 th July, 2003.
Municipal Corporation Medical College, Muglisara, Surat.	Permission for admission of 4 th batch of students during 2003-2004 renewed by the Central Govt. on 27 th June, 2003.
Fr. Muller Medical College, Mangalore.	Permission for admission of 5 th batch of students during 2003-2004 renewed by the Central Govt. on 27 th June, 2003.
KAP Vishwanathan Govt. Medical College, Trichy.	Permission for admission of 6 th batch of students during 2003-2004 renewed by the Central Govt. on 10 th July, 2003.
Govt. Medical College, Tirunelveli.	LOI for increase of MBBS seats i.e. from 100 to 150 issued by the Central Govt. on 10 th July, 2003, subsequently LOP for increase of seats issued by the Central Govt. on 15 th July, 2003.
Goa Medical College, Goa.	Permission for admission of 3 rd batch of students during 2003-2004 against the increased intake i.e. from 70 to 100 renewed by the Central Govt. on 11 th July, 2003.
Sri Vasantrao Naik Govt. Medical College, Yavatmal.	Permission for admission of 5 th batch of students during 2003-2004 against the increased intake i.e. from 50 to 100 renewed by the Central Govt. on 27 th June, 2003.

52. <u>Regarding section 15(2) of the I.M.C. Act, 1956 Clarification/Comments</u> thereon.

The Executive Committee and members of the Adhoc Committee noted the letter dated Nil received from the Under Secretary, Union Public Service Commission, Dholpur House, New Delhi forwarding therewith a copy of letter dated 26.5.2003 from the Delhi Medical Council.

The Committee also noted that as per Section 27 of the I.M.C. Act,1956 every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled.

The Committee also noted that as per Section 23 "the Registrar of the Council, may, on receipt of the report of registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical Register; provided that the Registrar is satisfied that the person concerned possesses a recognised medical qualification.

The Committee also noted that it at its earlier meeting held on 30.6.2003 while considering the matter with regard to clarification of rules of Medical Council of India regarding illegal Allopathic Medical Practices decided to send a letter to all State Medical Councils stating that those who are already enrolled in Indian Medical Register need not register again with the multiple State Medical Councils.

The Executive Committee and members of the Adhoc Committee in view of above, decided to inform the UPSC that its present practice of prescribing of the registration in a State Medical Register or Indian Medical Register is correct and therefore it should be continued as such without any alteration or any change.

53. <u>Extension of probation period</u>.

The Executive Committee and members of the Adhoc Committee decided to extend the probation period of Dr. A.S. Nayyer, Deputy Secretary (Medical) for a period of one year w.e.f. 25.4.2003.

54. <u>Relaxation of experience required for the purpose of promotion.</u>

The Executive Committee and members of the Adhoc Committee considered the matter with regard to relaxation in the experience criteria, for the following LDC's for promotion to the post of UDC/Store Keeper :-

<u>S.N</u>	Name	Date of appointment	No. of years <u>feeder</u> cadre	For promotion to the post of
		appointment		to <u>the post or</u>
1.	Sh. Sanjay Kumar	01/12/1995	7 yrs. 7 months	Store Keeper
2.	Mrs. Alka Lajpal (PH)	22/12/1995	7 yrs. 6 months	U.D.C.
3.	Mrs. Madhu Rawat	12/01/1996	7 yrs. 5 months	U.D.C.
4.	Ms. Anjana	22/12/1995	7 yrs. 6 months	U.D.C.
5.	Sh. Sanjeev Puri	30/09/1997	5 yrs. 8 months	U.D.C.
6.	Sh. Gajender Kumar	07/10/1997	5 yrs. 8 months	U.D.C.
	(SC)			
7.	Mrs. Rinki Bhateja	15/04/1998	5 yrs. 2 months	U.D.C.
8.	Sh. Vinod Kumar	13/04/1998	5 yrs. 2 months	U.D.C.
	Meena (ST)		-	

The Executive Committee and members of the Adhoc Committee decided to follow the recruitment rules.

55. **Promotion of LDC to UDC.**

The Executive Committee and members of the Adhoc Committee approved the recommendation of the Departmental Promotion Committee dated 24.7.2003 recommending promotion of Shri Jai Prakash, Lower Division Clerk to the post of Upper Division Clerk in the pay scale of Rs.4000-100-6000/-.

56. <u>Establishment of new medical college at Chinakakani by NRI Academy of</u> <u>Medical Sciences, Chinakakani (P.O.) Guntur.</u>

Read : The Council Inspectors report (24th & 25th July, 2003) for establishment of medical college at Chinakakani by NRI Academy of Medical Sciences, Chinakakani, Guntur.

The Executive Committee and members of the Adhoc Committee considered the inspection report (24th & 25th July,2003) and decided to recommend to the Central Govt. to issue Letter of Intent for establishment of medical college at Chinakakani by NRI Academy of Medical Sciences, Chinakakani (P.O.) Guntur u/s 10A of the I.M.C. Act,1956 with an annual intake of 150 (one hundred fifty) students for the academic session 2003-04.

57. <u>R.D. Gardi Medical College, Ujjain - renewal of permission for admission of</u> <u>3rd batch of students for the year 2003-2004.</u>

Read : The Council Inspectors report (24th & 25th July, 2003) for renewal of permission for admission of 3rd batch of students at R.D. Gardi Medical College, Ujjain.

"The Executive Committee and members of the Adhoc Committee considered the Council Inspectors report (24th & 25th July,2003) and noted the following:-

- 1. As per the time bound programme submitted by the college in 2000, 250 beds were to be created at the new hospital building within the campus by December, 2002. However, so far, 168 beds made available on the constructed ground and first floor of which the construction is complete. The construction of two upper floors is still incomplete. The bed occupancy in the new hospital is only between 40-50%. These hospitals requires to be thoroughly upgraded to provide proper teaching material.
- 2. 370 beds are available in the old hospital located at about 5 kms. from the medical college. In this hospital, some departments are house in several small rooms which does not make suitable teaching. For example, main ward of Paed. is having 38 beds and the remaining 12 beds are separate in three rooms. 34 beds of Obst. and 22 beds of Gynae. are separate in 7 rooms in two floors. 16 beds of Ophthalmology are separate in 6 rooms and 50 beds of Orthopaedics are separate in 9 rooms. Male and female patients of ENT are kept in same room. In some wards, space between two beds are less and the wards are over crowded. Common nursing station has been provided for multiple departments/wards and are inadequate for the wards.
- 3. Casualty has 24 beds, 4 in emergency area and 20 in observation area which are provided in two separate areas located in two different wings having a common set of medical and para medical staff to look after both the wings. Oxygen supply is through cylinder. There is no central oxygen supply. There is no ventilator in the casualty area.
- 4. The details in the case sheets are very brief and not confirming to a teaching hospital.
- 5. Number of deliveries conducted are 1 to 2 per day and are inadequate. Number of x-ray investigations are only 56. Number of laboratory investigations are also inadequate for a teaching hospital.
- 6. There is no separate ICCU. ICCU and ICU are combined and a combined ICU functions with medicine and surgery department. There is no separate ICU for burn cases. Nurses in ICU are less than required as per norms.
- 7. CSSD works only in 12 hours in two shifts. Volume of work load is only 44 drums per day. The CSSD facilities in staff are inadequate.
- 8. Incinerator is not available. The hospital has entered into an agreement with a private agency for disposal of hospital waste. Nursing staff is inadequate. The nursing staff in ICU and OT is not as per the recommendations of the Nursing Council.
- 9. No teaching activities are commenced at RHTCs and UHCs as yet.
- 10. Books in the departmental library of TB & Chest, Skin & VD, Psychiatry, Surgery, Orthopaedic, ENT, Ophthalmology, Radiology and Anaesthesia are less than required as per norms.
- 11. Other observations/deficiencies pointed out in the inspection report.

In view of above, the Executive Committee and members of the Adhoc Committee decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students at R.D. Gardi Medical College, Ujjain for the academic session 2003-04. The Committee also decided to issue reminder to the college asking the details of students admitted for the academic year 2001-2002 meritwise, categorywise with dates of admission.

58. <u>Aarupadai Veedu Medical College, Pondihcerry - renewal of permission for</u> admission of 4th batch of students.

Read : The Council Inspectors report (23rd & 24th July,2003) for renewal of permission for admission of 4th batch of students at Aarupadai Veedu Medical College, Pondicherry.

The Executive Committee and members of the Adhoc Committee considered the inspection report (23rd & 24th July,2003) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 students at Aarupadai Veedu Medical College, Pondicherry for the academic session 2003-04.

59. <u>North Bengal Medical college, Darjeeling - renewal of permission for</u> admission of 3rd batch of students for the year 2003-2004 against the increased intake i.e. 50 to 100.

Read : The compliance verification inspection report (24th & 25th July, 2003) for renewal of permission for admission of 3rd batch of students at North Bengal Medical College, Darjeeling against the increased intake i.e. from 50 to 100.

The Executive Committee and members of the Adhoc Committee considered the compliance verification inspection report (24th & 25th July,2003) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of students against the increased intake i.e. 50 to 100 at North Bengal Medical College, Darjeeling for the academic session 2003-04.

60. <u>Burdwan Medical College, Burdwan - renewal of permission for admission of</u> <u>4th batch of students for the year 2003-2004 against the increased intake i.e.</u> <u>50 to 100.</u>

Read : The compliance verification inspection report (24th & 25th July, 2003) for renewal of permission for admission of 4th batch of students at Burdwan Medical College, Burdwan against the increased intake i.e. from 50 to 100.

The Executive Committee and members of the Adhoc Committee considered the compliance verification inspection report (24th & 25th July,2003) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of students against the increased intake i.e. 50 to 100 at Burdwan Medical College, Burdwan for the academic session 2003-04.

61. <u>To consider the inspection report</u> of National Instt. of Medical Sciences, Jaipur by Indian Medical Trust, Jaipur.

Read : The inspection report of National Instt. of Medical Sciences, Jaipur carried out on $22^{nd} \& 23^{rd}$ July, 2003.

The members of the Executive Committee of the Council and the members of the Ad hoc Committee appointed by the Hon'ble Supreme Court perused the inspection report dated 22nd and 23rd July, 2003 of Indian Medical Trust, Jaipur.

The Executive Committee also referred to the earlier inspection reports including the last inspection report dated 18.1.2003, and the relevant records. The inspection team which had carried out the inspection at Jaipur on 18.1.2003 also consisted of Dr. S.K. Bhansali, Gastroentrology Surgeon at Bombay and Dr. (Mrs.) S. Kantha, former Vice-Chancellor of Rajiv Gandhi University of Health Sciences Karnataka, who are also the members of the Ad hoc Committee appointed by the Hon'ble Supreme Court. Some of the significant observations made in the report dated 18.1.2003 were:

- i) This college without obtaining the prior permission under Section 10A of the Act has claimed to have made 150 admissions in the 1st year of the MBBS course i.e. all 150 admissions in the management quota.
- ii) The University of Rajasthan has stated that it has not granted affiliation to this college and, therefore, none of the students claimed to have admitted in this college are eligible to appear in any examination.

- iii) Shortage of teaching staff was also observed. It was also observed that the nonmedical staff in Biochemistry department was beyond the permissible limit.
- iv) 4 Professors, 9 Assistant Professor, 11 tutors/ demonstrators and 11 residents have left the institute in the last 3 months.
- v) The distance between two beds was found to be very less making difficult for movement in between these beds and, therefore, not suitable for management as well for teaching purpose.
- vi) There was no partition in the wards for male and female patients in the Orthopaedics, Ophthalmology and E.N.T. Only one nursing station in a big ward is also found to be deficient. Certain wards like Paediatrics etc. were found to be not having the side laboratories.
- vii) The units of Obstetrics & Gynaecology were not as per the MCI's norms.
- viii) No separate ICCU has been made available.
- ix) The college has failed to provide adequate teaching material. In providing the clinical material has found miserably. The college authorities have tried to mislead the inspection team by admitting patients who would not require any admission or indoor treatment. The college has also tried to provide false records which are not supported by any register.
- x) The figures in the central register and in the departmental registers were not matching and therefore could not rely upon by the team.
- xi) Though the college had claimed bed occupancy of 93.20%, no ward census of the patients admitted and discharged was being maintained by the nursing staff. Most of the patients were admitted only a day before on the day of inspection.
- xii) A vast majority of the patients did not require hospitalization or admission as they were suffering from minor ailments which require only OPD treatment and not hospitalization.
- xiii) Indoor admissions were found to be haphazard and it was found that the beds were filled just to show bed occupancy on the day of inspection. A few patients were provided with hospital clothes, linen or blanket. They were lying on the cot in their own clothes wrapped in their own shawls/sweaters.
- xiv) The case sheets of the many patients admitted in the hospital did not show any details like the unit, outdoor linkage, bed number, clinical notes treatment given etc.
- xv) Ward census was not found to be maintained by staff nurses and indoor admission registers were also not properly maintained.
- xvi) In general, it was observed that the number of post-operative patients in surgery, Orthopaedics and post-operative wards did not corroborate with the number of surgeries claimed to have been performed per day.
- xvii) Not even a single post-operative patient was found in Ophthalmology and E.N.T. wards. There was not even a single patient in the emergency ward.
- xviii) The number of deliveries was found to be only between the range of 10-12 per month i.e. less than 0.5 per day and is grossly inadequate.
- xix) The tests shown in the laboratory were not found matching with the number of admissions shown.
- xx) The office accommodation for clinical staff was found to be deficient. Toilets were under construction and were not functional. No other infrastructural facility was provided. No clerical office had been provided. It further appeared that the entire faculty of the department was to be accommodated in single room which is not as per the MCI regulations.
- xxi) No separate CSSD-Central Sterlization Department has been granted.
 Re-inspection

The college had claimed compliance with the deficiencies. The Ministry had suggested for verification inspection. It was placed before the members of the Ad hoc Committee who were clearly of the view that the deficiencies which had been pointed out in the inspection report dated 18.1.2003 cannot be rectified by anybody within a period of two weeks.

Thereafter on the request of the Central Govt. that the MCI may carry out an inspection, the inspection was scheduled for 22nd and 23rd July, 2003 wherein the Govt. had also sent Sh. S.S. Brar, Joint Secretary, Ministry of Health and Family Welfare, Govt. of India, New Delhi and Dr. R.N. Salhan, Medical Superintendent, RML Hospital,

New Delhi. The Central Govt. had informed the MCI that the above-mentioned representatives of the Ministry who have been directed by the Central Govt. to accompany the inspection team are not to act as the MCI inspectors.

The college management has endorsed that the conduct of the inspection on 22-23 July, 2003 is to their satisfaction. The copy of the communication dated 23.7.2003 written by the Central Govt. Observer bearing the endorsement of the Principal was also perused. The inspection team had given a communication dated 22.7.2003 to the Principal requiring certain documents. The college responded by a letter dated 22.7.2003 claiming to have given all documents. It is stated by the inspection team that proof of ownership and the measurements of land which have become necessary in the light of an advertisement in the newspaper indicating another medical college from the same premises, were not supplied. Similarly, statement of faculty and residents who have joined within last year showing their date of joining alongwith the relieving order from the previous institute was asked for in this letter. However, the college authorities have not responded on this issue.

Regarding point (e), though it has been mentioned in the forwarding letter that required information is; given, but, as a matter of fact, no information regarding the staff and residents relieved within last one year has been furnished.

Similarly, with regard to teaching faculty, photocopies of certain cheques were given but no bank/account statement for confirming payments thereto were provided. Similarly, in relation to other staff for which a stamped receipt list was given but the corresponding bank/account statement has not been furnished. With reference to information asked regarding the statement of deliveries registered with the registering authority, vide point (i), the required information has not been provided by the college authorities. The other documents, in various departments, needed by the inspection team for verification of data and details, as has been observed by the inspection team, were not furnished by the college authorities.

The inspection report was read. The concerned records of the Council were considered. The following observations made under the title and summary/observation were also considered:

Summary/Observation:

Inspection of National Institute of Medical Sciences, Jaipur was carried out on 22nd & 23rd July, 2003.

1. The inspection team requested the Principal to provide certain documents. However, the copies of the following documents were not produced till the inspection left in spite of the repeated requests.

{a} Line map of land showing clearly the plot of land earmarked for the medical college and hospital and total area of the plot certified by the architect & countersigned by the Dean.

{b} Proof of ownership of land.

{c} TDS Challans & certificates for last 1 year. However, the college submitted only one TDS challan by Indian Medical Trust for the assessment year 2003-04 {i.e. financial year 2002-03} paid by the college into bank on 12.7.03. No further details as regards the persons from whom the tax has been deducted or the amount deducted have been given. The amount of TDS shown appears to be disproportionately less for the total amount of salaries claimed to be paid to more than 100 employees.

{d} Accounts statement in respect of salary paid to teachers were not given. Hence the payment of salary made to teaching staff could not be verified. The land documents were required to be verified afresh due to the following reasons:

{1} Americian Institute of Medicine has issued an advertisement regarding admission notice of M.B.B.S. 2003 in which it has been claimed that it is being established in NIMS Medical sciences Campus which means that the same facilities are being used for setting up another college which is not permissible.

{2} In the said advertisement, it is claimed that the college is spread in 20 Acres of land while 25 Acres of land in a unitary plot of land are required for the purpose of setting up a medical college as per M.C.I. norms.

 $\{3\}$ As per the news item in "Dainik Bhaskar" Dt. 22/07/2003, it is reported that the land of 25 Acres of as claimed by the college is in dispute with the farmers which is also under legal dispute.

As the abovementioned points were required to be clarified, fresh set of documents were insisted upon by the inspection of team. However, as the documents have not been submitted by the college, the verification could not be done. If another medical college is set up in the same campus, it would require separate facilities and infrastructure including another plot of land of 25 Acres.

- 2. The institute has claimed to have admitted 150 students on its own, all of them in NRI / Management quota without prior statutory permission from the Central Government. All these 150 admissions have been made under NRI / Management quota. The Central Govt. has not granted mandatory permission under Section 10A. The Rajasthan University has also not granted the affiliation.
- 3. <u>Affiliation:</u> University of Rajasthan, Jaipur had granted a letter giving consent for affiliation and agreed in principle to affiliate the proposed medical college subject to grant of permission by Govt. of India, Ministry of Health and family welfare, New Delhi under section 10-A of the IMC Act, 1956 (102 of 1956). However, the institute has claimed to have admitted 150 students, all in management quota, in the year 2001-2002 without prior statutory permission. Affiliation has not been granted by the University, even for the students already admitted. On the other hand, as per records of the Council an appeal by the University of Rajasthan SLP(C) No. 1273/2003 is pending before the Hon'ble Supreme Court. In this appeal the University of Rajasthan has stated that the University had till date not granted any affiliation and in the absence of affiliation the students of the respondent college cannot be permitted to sit in any exam conducted by the University.
- 4. The teaching hospital has 318 beds. However, the distance between two beds is very less in some wards which makes the wards overcrowded and difficult for any movement in between these beds which is not suitable for management as well as for teaching purposes.
- 5. The case sheets of the many patients admitted in the hospital did not show any of the required particulars like the unit, outdoor linkage, bed number, clinical notes, treatment given, etc. Ward census is not maintained by staff nurses. Indoor admission registers are not maintained properly.
- 6. The casualty ward is having 9 beds. There was no central line supply of oxygen. The scrub room was inside the OT. Duty list of the doctors in casualty was not made available on asking. Medico legal cases are only seen and sent to another hospital. Medico legal cases are registered in a register which was asked to be produced but was not available at the time of inspection. Later on the CMO appeared with the register showing the MLC register. Post-mortem is not performed in the institution. On the day of inspection there were five cases. Only one suction machine was available between all the beds of casualty as well as operation theatre as well as for Anaesthetia. Average attendance of the patients in casualty is shown on an average of 50 patients. There was no telephone available

so as to communicate in emergency to any of the required doctor. Only one oxygen cylinder was available. When asked about the number of surgeries performed in casualty operation theatre no register or number were produced.

- 7. Orthopaedics, Ophthalmology and E.N.T. wards have male and female patients put to-gether without any partition which needs to be segregated. Toilets and other nursing stations and other facilities are common. These need to be separated.
- 8. Single nursing station is provided for a ward of 70 beds catering to different specialities like Medicine and Surgery. There is a need to provide at least one more nursing station in such a big ward. Some wards like Paediatrics, etc. do not have side laboratories which need to be provided.
- 9. ICCU: One ICCU is now available having bed capacity of 6 only. It is providing care for Medical, Surgical, Orthopaedic, Paediatric, Cardiology etc. patients. It is also meant for male, female as well as paediatric patients. Patients which are admitted on the day of inspection were (1) First patient was having quadriplegia following trauma sustained on 27.6.03 and treated elsewhere was admitted in ICU on 14.7.2003. It bears IP No.899937, (2) Second patient was having 60% burns (so said) having no IV fluid going and bearing registration number 891929 admitted on 15.7.03. (3) Third patient having injuries of fracture ulna and humerus having right sided pneumothorax admitted and posted for surgery on the day of inspection but was postponed for the sake of some investigation. (4) Another patient was having acute myocardial infarction. (5) The other patient was having septicaemia due to perineal abscess. None of the first three patients were registered as medicolegal cases. The diseases which were present in these patients cannot be grouped together in ICU. Further, patients of septicaemia and fracture ulna could not have been put in this ICU. Doctor incharge of this ICU is a Cardiologist and when asked about who will look after other patients there was no satisfactory reply. The ICU is equipped with one cardiac monitor, one ventilator, one defibrillator. There was no central supply line. The beds were very close to each other and there was no separate curtain to make it like a cabin. There was a window air conditioner. One telephone line was present. No duty list was available of doctors on duty in ICU.
- 10. Operation theatre: There are two operation theatre blocks. No defibrillator is available. On the day of inspection number of surgeries were 6. The inspection team asked for the register to verify the statistics about number of operations performed. It was provided and it was showing about 40 operations per day. On asking to produce the operation list which is given daily only one slip was produced. When asked about previous such operation list slips, they were not given. It was said that they tore off the slips. In the absence of the operation list slips as well as anesthesia records the claim of the hospital authorities of 40 operations per day cannot be verified. There is no pre-operative area or beds, however, 8 post operative beds are provided for male, female and paediatric patients of all operating branches.
- 11. There are only 3 Anaesthetists as faculty, managing all planned & emergency surgeries. The Principal is qualified anaesthetic but not functioning as anaesthetist. The duty list of anaesthetists was asked but not given.
- 12. Proper record keeping and record linkage systems are not yet developed.
- 13. As no admission register was maintained, the claim of the college as regards the number of admissions could not be verified. The number of X-rays and major Surgeries performed do not match with the number of patients attending the hospital, both as outdoor & indoor.
- 14. Most of the indoor case sheets did not bear indoor case number which is a serious flaw in the hospital recording and reporting system. Many patients were not given hospital clothes or linen and they were lying on the beds in their own clothes and

attire. In some wards, both males and females were kept together.

15. The quality of teaching material as evidenced by the case records is not upto the mark. Patients with minor ailments and vague complaints which normally do not require indoor hospitalisation were also admitted. Most of the patients have been admitted a day or two before the inspection. The details of a few admitted patients are as follows:-

S.No.	Regn.No.	IPD No.	Name	Diagnosis/s
1.	899328	1685		Bodyache
2.	895458	Not Written	Lakshmi	Vascular headache
3.	896274	Not Written	Ramji Lal	UTI
4.	798324	Not Written	Mahesh	Colitis
5.	846472	Not Written	Laxman	Illegible

16. The record linkage from OPD, IPD, operation theatre, histopathology laboratory was test for one patient. The details are as follows:-

Name of the patient	-	Mr. Bhim Singh	
Registration No.	-	1891081	
IPD No.	-	1074	
Diagnosis	-	TB Axillary left	
Operation theatre not	es -	Nil	
Histopathology laboratory: No report			

- 17. Overall it was observed that the registers are maintained by nursing staff who keep a record of identification and information only. Technical details like diagnosis, clinical features, details of surgical notes, Anaesthesia notes are not maintained. All the registers are written in monotonous handwriting and the reliable information could not be extracted from any of the register.
- 18. Labour room <u>:</u> There is only one labour room with one table for septic and clean cases. There is foetal monitor in the labour room and scrubbing area. New born resuscitation facilities are also available. There is an eclampsia room without any facility.
- 19. There is no segregation of waste generated at the site of production in the central laboratory. Technicians are not using gloves while handling blood and blood products. The hygienic condition of the hospital needs improvement.
- 20. The number of investigations carried out are inadequate and disproportionate to the number of persons claimed to have been attending the hospital.
- 21. Daily workload as per the information given varies between 160-180. However, the stock report of x-ray film was verified. It was observed that during the month of March,03 50 x-ray plates of 12x15 and 50 x-ray plates of 8x10 films was received and used upto 29.4.03. When further details were asked regarding the supply it was not revealed.

There is no personal monitoring system for evaluation of radiation hazard.

21. The shortage of teaching staff deficiency is more than 5 % {7.30 %} as under:

<u>{i} Faculty:</u> {2.2 %}

- {1} Professor: Nil
- {2} Associate professor: Nil
- {3} Assistant Professor: 1 {Forensic Medicine: 1}

In respect of the following teaching faculty, the declaration forms have been submitted and they were present at the time of inspection, however, in the list of the cheques presented to the inspection team for the months Feb. 2003 to July 2003, their names are not entered in the list and it seems that no payment by cheque has been made to them.

<u>SI.</u>	<u>No. Name</u>	Designation	Date of Joining
1.	Dr. U.C. Gupta	Prof. & HOD Medicine	25-01-2001
2.	Dr. Manjula	Asstt. Prof. of Medicine	20-01-2003
3.	Dr. R.N. Meena Asstt.	Prof. of Radiology	17-02-2003
4.	Dr. Vidya Rani Verma	Asstt. Prof. Obst. & Gyn	. 20-1-2003
5.	Dr. Ghanshyam Chaudhary	Asstt. Prof. of Paed.	20-1-2003
6.	Dr. Mahesh Udavat	Prof. & HOD Ortho.	22-3-2003
7.	Dr. Kumar Armani	Asstt. Prof. Anaes.	26-5-2003
8.	Dr. S.K. Gautam Prof. c	of Pharmacology 16	-3-2001
9.	Dr. Sajid Azhari	Assoc. Prof. of Biochem.	14-2-2003
10.	Dr. Lekh Raj Singh	Demonstrator,Biochem.	20.8.2002
11.	Dr. B.S. Tomar	Prof.,Pediatrics .	26-6-2002
12.	Dr. Tapas Pramanik	Asstt. Prof. Physiology	15-2-2003
13.	Dr. Arijit S.Ghosh Asstt.	Prof. Physiology 15	-2-2003
14.	Dr. Uma Ojha	Prof. of Anatomy	25-1-2003
15.	Dr. K.G. Tailor	Asstt. Prof. Anatomy 7-4	4-2003

If these teachers would be excluded, the deficiency of senior faculty would be more than 25 %.

{ii} Tutors/ Residents: {11.11 %}

{1} Tutor / Sr. Residents: 7 {Medicine: 4, Surgery: 3}.

{2} Junior Resident: Nil.

{b} Out of the available staff, 15 teachers have joined within last three months.

 $\{c\}$ 75 % - 3 out of 4 - of the faculty members of Biochemistry are non-medical which is in excess of 50 % non-medical faculty permitted for Biochemistry.

{d} Five faculty members out of eight available -i.e. 62 %- of Physiology are nonmedical which is in excess of 30 % non-medical faculty permitted for Physiology.

{e} Three faculty members out of eight available -i.e. 37.50 %- of Anatomy are nonmedical which is in excess of 30% non-medical faculty permitted for Anatomy.

{f} The College has submitted xerox copies of the cheques issued to the teaching staff during the months February 2003 to July 2003. On verifying these cheques with the declaration forms submitted it is observed that there is a mis match between declaration forms and details of the cheques given to the inspection team.

In the list of the cheques issued by the college to the teachers, there are 34 staff members in whose names cheques have been issued but no further details as regards to

their employment are available and their declaration forms also have not been submitted to the inspection team.

{g} Dr. Randhir Singh (Anatomy) was on leave due to sad demise of his sister. However, looking to the cause of his absence, he is counted as a teacher.

{h} The Professor of Anaesthesia is Principal who cannot be HOD and hence one more Professor / Associate Professor should be appointed who can hold the charge of Head of Department.

{i} Dr. J.C. Purohit is shown as Professor of Orthopaedics but he does not possess adequate teaching experience. Hence, he is counted as Assistant Professor.

{j} Dr. (Mrs) Sachdeva, Anatomy department mentioned date of birth as 1.12.38 & 1.1.38 respectively in two different forms. She is granted benefit of doubt and is counted as a teacher taking into account her later date.

{k} Office Accommodation for Clinical Staff: Only space with a table and 1-2 chairs without any other infrastructure have been made available for offices for the clinical staff. Toilets are under construction and hence are not functional. No other infrastructural facility is provided. No clerical office has been provided. It looks as if these offices are not being used at all. Further, it appears that the entire faculty of a department is to be accommodated in a single room which is not in conformity with MCI regulations and norms. Thus the position remains the same as reported earlier and the deficiency continues.

The Committee observed that two most significant, amongst others, deficiencies which had been consistently noticed during the inspections conducted earlier was in relation to the minimum requirement of teaching staff and the clinical material, i.e., no.of patients etc. On one occasion, it had been observed that the college management had sought to claim employment of certain doctors who were actually working in other medical colleges. In the present inspection, as has been pointed out by the inspection team and further as observed by the members on scrutiny of the declaration forms etc. various incompatible variations have been found thereby indicating that the statements made by the college management in this regard are not correct and true. In fact, as has been pointed out below, the management has submitted declaration forms regarding the employment doctors as teachers when same registration number of the doctor is given on more than one form and in some cases, the registration number of the concerned State Council does not even relate to the name and photograph of the candidate which is appended on the declaration form. This clearly indicates and establishes a continuous attempt on the part of the college management to mislead the Council.

The Executive Committee and the members of the Adhoc Committee appointed by the Hon'ble Supreme Court, on considering the contents of the inspection report and on scrutiny of the records made available, found that there are various kinds of incompatible variations and irregularity in statements such as:-

i) The registration number of the concerned State Medical Council which is mentioned on the declaration form, shockingly, does not relate to the name of the doctor mentioned on the declaration form. It can be safely stated that these are the clear cases of deliberate misdeclaration for misleading the Council. It is seen that one particular registration number has been mentioned on two declaration forms of two male doctors claiming to be in the employment of the college and which, on verification, has been found to be for the registration of a lady doctor with the said State Medical Council.

Sl.	Regn. No.	Name	Actual Name
No.			
1.	20721	Dr. Khemchand	Dr. Ashish Jaiman
		Bansal	
2.	20270	<u>Dr. Shiv Kumar</u>	Dr.(Miss) Nitee Jain
		Gupta	
3.	20467	Dr. Aseem Kumar	Dr. (Mrs.) Pravin Rajvansi Saini
		<u>Samar</u>	
4.	20079	Dr. Suresh Kumar	Dr. Suresh Kumar Gupta
		<u>Gupta</u>	(different photographs)
5.	20488	<u>Dr. Lokesh Sharma</u>	Dr.(Mrs.) Sharmila Vijayvsgia
6.	20614	<u>Dr. Kapil Dev Garg</u>	Dr.(Mrs.) Sharmila Punia

- ii) On scrutiny of declaration forms of the teaching staff/ residents given at the time of this inspection many of them have shown their employment prior to 18-1-2003. However, many teachers who have claimed an employment at this institute, prior to 18-1-2003 during July 2003 inspection, were neither present nor submitted the declaration forms during 18-1-2003 inspection namely :
 - a) Dr. Sunil Garg During July inspection, his date of joining as mentioned in the declaration form was shown as 5.8.2002. However, he was not shown as teacher nor the declaration form was submitted during January inspection.
 - b) Dr. Pankaj Goel : During July, 2003 inspection his date of joining was shown as 1-8-2002 ; However, he was not shown as teacher nor the declaration form was submitted during January inspection.
 - c) Dr. Lekpal Singh : during July inspection date of joining in the declaration form was shown as 20-8-2002; However, he was not shown as a teacher nor the declaration form was submitted during January inspection.
 - d) Dr. Sanjay Kumar Jain : during July inspection date of joining in the declaration form was shown as August 2002; However, he was not shown as a teacher nor the declaration form was submitted during January inspection.
 - e) Dr. Mukesh Nagar: During July 2003 inspection, his declaration form shows that he joined the institute on 7-8-2002 in department of Microbiology but during January inspection he was shown in the deptt. Of Physiology.
 - f) Dr. Bhagmal Singh Rao : was not shown in the inspection of 18-1-2003 but has been shown as Resident in the department of Surgery from August 2002 in the declaration form submitted in July 2003 inspection.
- iii) The amount of salary which has been claimed to be paid to some of the doctors as indicated on the declaration forms are completely different than what is stated in their name on the photocopies of the cheques which have been given to the inspection team by the management.

Table 2

Showing the amount of paid salary as reflected in declaration forms, (D.F.) as against amount reflected in cheques

Teacher	r	Amount in D.F.	Amount in cheques
1.	Shaila Bala (Physiology)	19491.00	16374.00
2.	Dhanroopchand Mathur	13670.00	19491.00
3.	Prakash Aswani	13670.00	16374.00

4.	Jagdish Chandra Purohit	9491.00	13670.00
5.	Abhilasha Walia	13971.00	13670.00
6.	Ashish Khare	19491.00	16374.00
7.	Amit Modurl (ENT)(April-June)	16374.00	13670.00
8.	Sadhna Mathur (Obst. & Gynae)	16374.00	13670.00
9.	Ashok Sharma(February)	5922.00	3969.00

iv) There are certain doctors whose declaration forms have been submitted claiming their employment with the management for more than a couple of months but there is no photocopy of any cheque which has been furnished to the inspection team thereby indicating that no salary has been paid to them and whether such doctors are at all in the employment of the college as depicted in Table No. 3

Table 3

<u>Sl. No.</u>	Name	Designation	Date of Joining
1. Dr. U.	C. Gupta	Prof. & HOD Medicine	25-01-2001
2. Dr. Ma	njula	Asstt. Prof. of Medicine	20-01-2003
3. Dr. R.N	N. Meena Asstt.	Prof. of Radiology	17-02-2003
4. Dr. Vic	lya Rani Verma	Asstt. Prof. Obst. & Gyn.	20-1-2003
5. Dr. Gh Chaudl	anshyam hary	Asstt. Prof. of Paed.	20-1-2003
6. Dr. Ma	hesh Udavat	Prof. & HOD Ortho.	22-3-2003
7. Dr. Ku	mar Armani	Asstt. Prof. Anaes.	26-5-2003
8. Dr. S.K	K. Gautam Prof. c	of Pharmacology 16-	-3-2001
9. Dr. Saj	id Azhari	Assoc. Prof. of Biochem.	14-2-2003
10. Dr. Lel	kh Raj Singh	Demonstrator,Biochem.	20.8.2002
11. Dr. B.S	S. Tomar	Prof.,Pediatrics .	26-6-2002
12. Dr. Taj	pas Pramanik	Asstt. Prof. Physiology	15-2-2003
13. Dr. Ari	ijit S.Ghosh Asstt.	Prof. Physiology	15-2-2003
14. Dr. Un	na Ojha	Prof. of Anatomy	25-1-2003
15. Dr. K.(G. Tailor	Asstt. Prof. Anatomy	7-4-2003
16. Dr. Na	vin Sharma	Resident, Medicine	5-3-2003
17. Dr. Mu	ıkesh Kumar Naga	ar Resident Medicine	7-8-2002
18. Dr. Sus	shil Sahu	Tutor, Pharmacology	15-2-2003
19. Dr. Yo	gesh Kumar	Resident, Medicine	10-2-2003

v) The management has given photocopies of the cheques given to employees between February 2003 and July, 2003. The bank/account statement indicating the payment towards those cheques was not furnished by the college management to the inspection team. The inspection team has also observed that the Income-Tax challan indicating payment of TDS is disproportionately less than the amount of salary claimed to have been paid to more than 100 employees over a period of one year.

vi) There are some declaration forms submitted by the management at the time of inspection on 18.1.2003, which bear the same name, same registration number, same date of birth when compared to the declaration forms submitted now in July, 2003 inspection but the photographs of different persons are affixed on these declaration forms.

a) Dr. Suresh Kumar Gupta	Photographs are of different persons but Date of Birth & Regn. No. are same in the Declaration forms given on 18.1.2003 and now in July, 2003
b) Dr. Lokesh Sharma	- do -

- c) Dr. Kapil Deo Garg : do d) Dr. Aseem Kumar Samar - do -
- e) Dr. Abhilasha Jain

- vii) With regard to certain declaration forms which bear a particular date for claiming the commencement of employment, the photocopies of the corresponding cheques for such doctors is from a date which is earlier than the date of commencement of employment as declared by the concerned doctor on the declaration form. They are :-
- 1. Battilal Meena joined on 4.6.2003 and shown salary paid from April, 2003 onwards.
- 2. Alok Garg joined on 7.6.2003 and shown salary paid from March, 2003.
- 3. Ashish Khare shown as Assoc. Prof. is not qualified to become Assoc. Professor as he does not have adequate teaching experience. He joined on 7th March, 2003 and shown salary paid from February onwards. There is a discrepancy in the salary statement in month of May and June. D.F. shows 19491.00 while cheque shows 16374.00.
- 4. Reena Jain, Resident in Medicine joined on 6.5.2003 and shown salary paid from April, 2003
- 5. Suneeta Khare, Asstt. Prof. in Obstetrics joined on 7.3.2003 and shown salary paid from February, 2003.

viii) In certain cases, different dates of joining have been shown at the time of January 2003 and July 2003 inspections as reflected in Table No. 4 :-

Table 4

Sl No.	Name	Date of J	oining
		January 2003	July 2003
1.	Dr. Arun Bharathi	1-8-2002	27-7-2002
2.	Dr. Dhanroop Chand Mathur	12-8-2002	9-8-2002
3.	Prof. B.S. Gupta	1-8-2001	March 2001
	(Dates till he worked at Agroha)	15-5-2001	March 2001)
4.	Dr. B.S. Tomar	29-6-2002	26-6-2002
5.	Dr. Manish Gupta	25-5-2002	20-5-2002
6.	Dr. Shiv Kumar Gupta	12-8-2002	14-8-2002
7.	Dr. R. Sahai	5-8-2002	5-3-2003
8.	Dr. Lokendra Kumar	August 2002	January 2003
9.	Dr. Abhilasha Jain	20-4-2001	20-3-2003

Photographs are different

- ix) In a solitary case of Dr. Devendra Singh Panwar, it is noted that the declaration forms given at the time of inspection on 18-1-2003 and 22/23-7-2003, not only had different photographs but also different registration numbers pertaining to his registration Rajasthan State Medical Council, i.e. No. 20151 was furnished during 18-1-2003 inspection and 22151 was furnished during July 2003 inspection.
- x) In case of Dr. Umesh Chandra Gupta, Professor of Medicine bearing registration No. 294 of Rajasthan Medical Council, the date of birth shown on the declaration form is 1-7-1939 whereas his date of birth recorded with the State Medical Council is 1-7-1938. Thus, he was more than 65 years of age at the time of July 2003 inspection. The maximum age as per the Regulations of MCI till which time a doctor can work as a teacher is 65 years. As Dr. Gupta has attained the age of 65 years on 1-7-2003, with a view to avoid this age disability, a wrong date has been deliberately mentioned in the declaration form to mislead the Council. He cannot be therefore counted as a fulltime teacher in this College having attained the age of 65 years.
- xi) It is further noted that in some of the declaration forms, the registration number has not been quoted as reflected in Table 5. They are

Table 5 Showing missing registration number in Declaration Forms

1.	Dr. Ghanshyam Chaudhar	ry Asstt.Pro	fessor Paediatrics	
2.	Dr. K.C. Bansal	Resident	Medicine	
3.	Dr. D.K. Gupta	Resident	Medicine	
4.	Dr. Alok Garg	Resident	Medicine	
5.	Dr. Deshbandhu Jain	Resident	Radio-Diagnosis	
6.	Dr. Surya Narain Mathur	Asstt.Prof	Dental	

xii) It has been observed that many staff members present in January 2003 inspection have left the institute during the period January – July, 2003 and therefore were not available or present during July 2003 inspection. They are as under :-

a) Professor – 8 :	Radiology-2, Obst. & Gynae2, Physiology-1,
1) A	Anatomy-1, FMT –1 (Retired), Ortho1.
b) Asstt. Prof. – 12	Physiology-3, Medicine-2, Anaesthesio-logy-2, Obst,. & Gynae2, Ortho2, Pathology-1.
c) Tutor/Demons10	Dental-1, Physiology-3, Anatomy-6
d) Jr. Residents : 12	Surgery-6, Obst. & Gynae1, Ophth1, ENT-1, Ortho3

The Committee observed that in the inspection conducted on 18.1.2003, it had been found that the teaching faculty in the subjects taught in the 1st year of the MBBS course viz. Anatomy, Physiology and Biochemistry are not as per the MCI norms. In the subjects of Anatomy & Physiology, the non-medical faculty for teaching of these two subjects cannot be permitted to be more than 30%. In other words, 70% of the faculty in Anatomy and Physiology must be of medical faculty. Similarly, in the subject of Biochemistry, it is a mandatory stipulation that the teaching faculty of 50% in this subject should be of medical persons. Even in the present inspection, it has been found that the non-medical faculty in the Anatomy and Physiology Department is more than the permissible limit of 30% and in the Biochemistry Deptt., it is more than the permissible limit of 50%. Thus, it is observed that even today teaching faculty for the basic three pre-clinical subjects for starting the teaching of 1st year of the MBBS course are not available with this college.

In accordance with the provisions of Section 10A of the Act and the regulations made thereunder the person desirous of establishing a new medical college is mandatorily required to get the prior permission from the Central Govt. on the recommendations of the Medical Council of India. This permission is on yearly/annual basis. In other words, the applicant as per the project scheme submitted to the Central Govt. under the provision of the Act is required to provide minimum infrastructural, teachings and other facilities for the each year. The MCI carries out the inspection in relation to the minimum infrastructural, teachings and other facilities provided by the college authorities in each year. It is stated that if on the inspection of the 1st year the college authorities are able to establish that it has provided the minimum infrastructural, teachings and other facilities for the 1st year of the MBBS course, the MCI makes a recommendation to the Central Govt. for grant of Letter of Permission for the 1st year thereby entitling the college to admit the 1st batch of students.

Similarly, the college thereafter provides the minimum infrastructural, teachings and other facilities for the 2^{nd} year of the MBBS course and on the inspection conducted for that purpose the MCI on verifying that the minimum infrastructural, teachings and other facilities have been provided for the 2^{nd} year of the MBBS course, recommends to the Central Govt. for grant of 1^{st} annual renewal of the initial permission thereby entitling the college to admit the 2^{nd} batch of students in the 1^{st} year of the MBBS course and the 1^{st} batch of the MBBS course which had been admitted in the previous year then goes to the 2^{nd} year of the MBBS course.

This process goes on for the total period of 5 years whereafter, when the 1st batch of the students admitted in the 1st year in the college appear in the final examination of the course that the MCI on the final inspection of the examination makes its recommendations to the Central Govt. for grant of recognition of the degrees of this college.

In the present case the Indian Medical Trust Jaipur has failed to provide the minimum infrastrucutral, teachings and other facilities even for starting the 1st year of the MBBS course. The present inspection conducted on 22nd and 23rd July, 2003 for verifying the minimum infrastructural, teachings and other facilities for starting of the 1st year of the MBBS course has once again indicated number of deficiencies as has been spelt- out above. 150 admissions made by the institution during academic years 2001-02 are clearly in violation of Section 10A of Indian Medical Council Act, 1956. All these admissions in the management quota were also in violation of the principles laid down by the Hon'ble Supreme Court in Unni Krishanan's case which were in force even for making admissions in the 1st year of the MBBS course for the academic session 2001-2002 in all the private medical colleges.

The criteria for these admissions i.e. 85% for the state and 15% for the management quota has been applied all over the country up till and including the academic session 2002-2003. Thus, if any college is granted statutory prior permission under Section 10A of the Act for 150 admissions in the academic session 2002-2003, it could have had admitted only 23 students in the management quota and remaining 127 students were necessarily required to be admitted only from the merit candidates of the common entrance test list prepared by the State Government. This college claims that it has admitted all 150 students in the management quota.

The college authorities had submitted before the Hon'ble High Court on 22.5.2002 that it had admitted only 23 students in the NRI/management quota. The relief claimed for those 23 students was declined by the Hon'ble High Court by order dated 22.5.2002. The relevant portion of the order dated 22.5.2002 of the Hon'ble High Court is as under:

"Admit.

We have heard ld. counsel for the parties on the question of stay. The directions contained in the impugned judgement cannot be carried out at this stage, therefore, we stay the operation of the impugned judgement.

The respondent-College claims that by virtue of a deeming provision the respondent college got deemed

permission w.e.f. 11.12.01 and the College admitted 23 students against the N.R.I quota on the said date. Counsel prays that these students be permitted to continue their studies with respect to the academic year 201-2002. In response to this argument the ld. counsel for the appellant has submitted that in the first instance the deemed permission itself is a matter in dispute; secondly, it is pointed out that after the cut off date there can be no admissions even if there are vacancies occurring subsequently. He has drawn our attention to clause (XXI) of the Ord. 272-V in this behalf. He submits that initial selection was held on 31.8.2001 and calculating the period of three months thereafter the cut off date is to be taken as 30.11.2001. On its own showing the College claims that the admission in NRI quota was given to 23 students on 11.12.2001 which is beyond the cut off date and is, therefore, wrong and contrary to rules.

Accordingly, we can not grant any relief qua 23 NRI students for the academic year 2001-2002."

The college authorities once again went back to the Hon'ble High Court with a review petition for claiming benefit for 23 students allegedly admitted by it. The Hon'ble High Court rejected its prayer by the order dated 30.5.2002 in the following terms:

".....The ld. counsel appearing for the State Government as well as the ld. counsel for the Union of India and Rajasthan University were also heard at the time of hearing of this review application. The stand of all these counsel is common and is to be effect that the provisions regarding deemed permission cannot be invoked by the respondents in the facts of the present case. Mr. Bharat Vyas, the ld. counsel for the Union of India has given certain relevant dates in this behalf. It has been stated that the application for permission was made by the respondents to the Union of India on 30.8.2000. On 13.9.2000, certain deficiencies in the application were pointed out to the applicants, the basic deficiency being that "essentiality certificate" to be issued by the State Government was not The respondents sought time to clear the annexed. deficiencies. The State Government issued the essentiality certificate on 14.11.2000. On receipt of the said certificate by the Union of India, it forwarded the application of the respondents for permission to the Medical Council of India on The Medical Council of India returned the 20.11.2000. papers to the Union of India on 30.11.2000 pointing out certain deficiencies. On 11.12.2000, the respondents received the consent for affiliation from the Rajasthan University, which was also to form part of the application for permission to start the medical college. In the meanwhile, the respondents filed a writ petition in this court, wherein one of the relief claimed was regarding grant of permission to run the medical college. In the said writ petition, an interim order was passed on 28.11.2001, restraining the Central Govt. from passing any adverse orders against the NIMS on the question of permission to run the medical college. In view of the said interim order, the Central Govt. was prevented from passing any final order on the question of permission to run the medical college. This interim order continued till the disposal

of the writ petition on 23.4.2002. The Medical Council of India got inspection of the respondent-college conducted on 30/31.3.2001. The inspection report went against the respondents. The Central Govt. accordingly invited the respondents for personal hearing fixed on 28.5.2001 vide its letter dated 11.5.2001. The respondents requested for further time. On 26.5.2001, the respondents admitted the deficiencies. On 17.7.2001, the respondents wrote again to the Central Govt. taking the stand that they had cleared the deficiencies. On 24/25.9.2001, another inspection of the respondent-college was conducted by the Medical Council of India.

On the basis of these facts, the ld. counsel for the Union of India argued that as per their own admission, the respondents had not cleared the deficiencies in their application for permission to run the medical college up to 17.7.2001 and, therefore, the one-year period envisaged in Section 10-A (5) of the Act could not be said to be complete. Under these facts, it is submitted that there could be no question of deemed permission on 11.12.2001.

The ld. counsel for the applicants in the review application (NIMS) had really no answer to this except stating that on 11.12.2000, the respondent NIMS had obtained sanction for affiliation and its application for permission to run the medical college was, therefore, complete and the period of one year started from the said date.

For present purposes, prima facie we are not satisfied with the contention of the ld. counsel for the applicants in the review application in this behalf. Therefore, prima facie we are unable to agree that there was a deemed permission in favour of the respondent-medical college with effect from 11.12.2000. However, this view is only for purposes of deciding the present controversy and need not be taken as an expression of opinion for purposes of final decision of the case.

Coming to the question of cut-off date, i.e. 30.11.2001 not being adhered to by the State Govt. itself, we find no merit in the contention. Of course, some letters have been annexed to the review application, which may support this argument, however, in the reply filed on behalf of the State Govt., the ambiguities have been cleared. In has been categorically stated that though such letters were written, yet, final decision of the Faculty of Medicine and Pharmaceuticsof the Rajasthan University as also of the Academic Council of the University was firm and to the effect that 30.11.2001 was final cut-off date. The relevant resolutions in this behalf have been annexed to the reply. It has been categorically stated by the ld. counsel for the University as also for the State Govt. that no fresh admission has been permitted by the University after 30.11.2001.

Mr. Dalip Singh, the ld. counsel appearing for the University of Rajasthan added further information by stating

that in fact, the Rajasthan University has so far not granted affiliation to the respondent-college and without the affiliation the college will not be able to send any students for the examinations for medical courses, which are admittedly conducted by the University. He submitted that only consent for affiliation was given to the respondent-college to enable it to apply for permission to Central Govt. to run the medical college. After this permission is granted, the stage will be reached when the University could be asked to grant affiliation. Without affiliation with the University, no student would be permitted to take the University examination.

In the present case, admittedly, the affiliation with the University is not there so far and, therefore, the question of permitting any student of the respondent-college to continue to pursue the course would be futile and would lead to creation of unnecessary equities ambiguities in favour of such students. Today the stage is that the respondent-college has neither affiliation with the Rajasthan University, nor it has permission to run the medical college. In view of these facts, no case for review of our order dated 22.5.2002 is made out.

The review application is accordingly dismissed. It is reiterated that the above view is only for purposes of decision arrived at this stage and is not a final expression of opinion which may have any bearing at the time of the final hearing of the case.

Sd/-	Sd/-
(P.P. Naolekar), J	(Arun Kumar), CJ."

It is therefore apparent that all these 150 admissions in the management quota only made by the college management are contrary to Section 10A, judgement of the Hon'ble Supreme Court and also to the abovementioned orders passed by the Hon'ble Court on 22.5.2002 and 30.5.2002. It is stated that even if it is presumed for the sake of arguments that this management had made 127 more admissions, apart from the submission that they are violative of Section 10A and the judgement of the Hon'ble Supreme Court including in the case of Unni Krishnan, they are also illegal in view of the orders dated 22.5.2002 and 30.5.2002 which clearly held that any admissions after the cut off date of the University in November 2001 is not sustainable, the alleged admissions in April 2002 are therefore ex facie illegal. In any case, the management had claimed only 23 admissions on 22.5.2002 and could not have made any admission thereafter as the judgement of the ld. Single Judge granting deemed permission was stayed by the order dated 22.5.2002 and was finally set aside by the judgement of the ld. Division Bench of the High Court of Rajasthan.

The Committee also observed that the Hon'ble Supreme Court in the case of Azamgarh Medical College where the permission to admit the students was granted exparte by the Lucknow Bench of the High Court without the permission of the Central Govt. under Section 10A, the Hon'ble Supreme Court had set aside the order of the Hon'ble High Court and had clearly laid down that any claimed teaching or training of MBBS students without the mandatory prior permission of the Central Govt. under Section 10A of the Act has no consequence or existence in the eyes of law. The judgement of the Supreme Court is dated 5.4.2000 in the case of UOI Vs. Era Educational Trust and Anr. in Civil Appeal Nos. 2517-18/2000 - (2000) 5 SCC 57.

Further, it is observed that the required occupancy of the beds, on the basis of whatever record has been made available and the necessary record which has not been made available by the college authorities, the Executive Committee and the members of

the Ad hoc Committee are of the view that the college is significantly deficient in the minimum required clinical material for the teaching and training of students apart from various other deficiencies which have been incorporated in the observations made by the inspection team.

The non-furnishing of number of documents such as accounts statement for furnishing the salary paid, registers in various wards for furnishing number of admitted patients and treatment etc. have not been provided by the college authorities. In the absence thereof and on the physical inspection it has again been observed that a make belief attempt was sought to be created by the college authorities by trying to mislead the inspection team so as to indicate achieving the minimum targets in the hospital for grant of Letter of Permission by the Central Govt. for the 1st batch of students for admissions in the MBBS course.

Once again the patients have been shown to be admitted only a day or two before the inspection when most of the patients did not require any admission. The treatment chart did not contain the minimum required particulars. The patients were again found in their own clothes while lying on the beds and were not wearing the hospital clothes. It is also observed that the significant number of doctors have joined recently in this college. The most disturbing feature which has been observed by the Executive Committee and the members of the Ad hoc Committee appointed by the Hon'ble Supreme Court that a ld. Single Judge of the Hon'ble Rajasthan High Court who had granted deemed permission to this college, was stayed by the Hon'ble High Court in appeal on 22.5.2002. The college claimed that it had admitted 23 students in the NRI/ Management quota. This prayer for benefit for these 23 students was specifically declined by the Hon'ble High Court by its orders dated 22.5.2002 and 30.5.2002. Thereafter the deemed permission in favour of the college was set aside by the Division Bench of this Hon'ble Court.

As against this decision the college has claimed admissions of 150 students, all in the NRI/management quota, when even if it had been granted permission by the Central Govt. under Section 10A, it then ought to have admitted not less than 127 meritorious students from the merit list of the common entrance test held by the State. In any case, no admissions were permissible for this college on account of the stay granted by the Hon'ble Division Bench of the High Court on 22.5.2002 and finally when the deemed permission order by the Single Judge had been set aside.

It has also been observed from the contents of the report that this institution is having six operation theatres. As per its claim 40 surgeries are being performed on each day the help of only 3 anaesthetists. It is physically and humanly impossible for 3 anaesthetists to remain present and handle six operation theatres simultaneously for performing 40 surgeries every day.

It has been found by the inspection team that dissected parts of only two bodies and three intact cadavers were available in the Department of Anatomy at the time of inspection on 22^{nd} and 23^{rd} July, 2003. It is absolutely unbelievable that 150 students can be taught a subject of Anatomy in the 1^{st} year of the MBBS course on such highly deficient teaching material and especially when the claim of the management of the college is that it is running this course since 2001.

The management claimed that in the department of Radiology they are carrying out 160-180 X-rays every day. However, when the indent(s) for seeking supplies of Xray films from the stock were asked for, it was observed by the inspection team that during the month of March 2003 it is only 50 X-ray plates 12' X 15' and 50 X-ray plates of 8' X 10' had been received by the Radiology department. This stock of 100 X-ray films which was indented by the Radiology department from the stock was not exhausted in the month of March itself but was continued to be used in the month of April 2003. The extent of this miniscule user of only 100 X-ray films over an approximate period of two months further establishes that the availability of patients and clinical material for a hospital of minimum 300 beds at the inception stage itself is significantly deficient. The inspection report also records that the management was requested to explain this position and give further details but nothing more was provided. In view of the aforesaid observations, the Executive Committee and the members of the Ad hoc Committee came to the conclusion to recommend to the Central Govt. not to grant Letter of Permission to this college for making admissions of 1st batch in the 1st year of MBBS course for the academic session 2003-2004. The Committee also noted that the Council had already recommended vide its letter No. MCI-34(41)/2002-Med./ 33742 dated 20-1-2003 to the Central Government that the scheme under Section 10A submitted by this management for establishing a medical college be disapproved by the Central Govt. under Section 10A(4) of the Act.

In the light of the above and after noticing that sufficient opportunity has been given to this management over a period of approximately 3 years (application under Section 10A of this college was given to the Central Govt. in August 2000) for removal of deficiencies for grant of Letter of Permission by the Central Govt., the Executive Committee and the members of the Adhoc Committee appointed by the Hon'ble Supreme Court, decided to reiterate its earlier decision recommending disapproval of the scheme of the applicant Trust to the Central Government.

62. <u>Basaveshwara Medical College, Chitradurga - renewal of permission for</u> admission of 3rd batch of students during 2003-2004.

Read : The matter with regard to carrying out inspection of Basaveshwara Medical College, Chitradurga for renewal of permission for admission of 3rd batch of students during 2003-2004.

The Executive Committee and members of the Adhoc Committee noted that the Central Government vide its letter dated 13.6.2003 did not renew the permission for admission of 3rd batch during 2002-03 at Basaveshwara Medical College, Chitradurga after taking into consideration findings of the inspection report and recommendations of the Council.

The Committee further noted that the 3^{rd} batch of students for the academic session 2002-03 were admitted at the college in pursuance of the interim order dated 3.12.2002 passed by the Hon'ble High Court of Karnataka without obtaining the permission from the Central Government. The Court had further directed that in the event of the petitioner failing to obtain the necessary permission from the Central Government u/s 10A <u>this order will not aid any equities</u> in favour of the petitioners institutions for those students who were admitted in pursuance to the interim order passed by the court.

The Council had received a letter dated 9.6.2003 from the Principal, Baseveshwara Medical College, Chitradurga requesting to conduct an inspection of the college for admission of 3rd batch of students during 2003-04.

In view of above, the Executive Committee and members of the Adhoc Committee decided to ask from the college authorities as well as from the University about the status of students who were admitted at the college without obtaining the permission of the Central Govt./MCI for the 3rd batch of students for the academic session 2002-03 as per the order of the Hon'ble High Court of Karnataka.

The Secretary was directed to place the item again on the agenda for the fresh inspection for the academic session 2003-04 only after the information is received from the institute in this regard.

63. <u>Regarding relaxation of the minimum qualifying marks in the competitive</u> <u>examination for admission to MBBS for reserved category students.</u>

Read : The D.O. letter dt. 3rd July, 2003 received from Dr. Chalton Lien Amo, Minister (Health), Manipur on the subject noted above.

The Executive Committee and members of the Adhoc Committee considered the D.O. letter dated 3.7.2003 from Dr. Chalton Lien, Amo, Minister (Health), Manipur regarding relaxation of the minimum qualifying marks in the competitive examination for admission to MBBS course for reserved category students and decided not to agree for relaxation of minimum qualifying marks in the competitive examination as prescribed in the Graduate Medical Education Regulations,1997.

64. Appointment of Staff Car Drivers, Ordinary Grade in the Council office.

The Executive Committee and members of the Adhoc Committee approved the appointments of Staff Car Drivers in the Council office as recommended by the Selection Committee vide its meeting dated 26.7.2003 as under:-

1.	Shri Lokesh Kumar	-	General

2. Shri Brij Lal Panjla - OBC

65. Membership of the Building Sub-Committee in the Council office.

The Executive Committee and members of the Adhoc Committee noted that they at their meeting held on 31/10/2002 reconstituted the Building Committee with the following members and also decided that the Building Committee should make all endeavors to meet frequently to monitor the progress of the work of the Council building even by holding frequent meetings at the site as and when required :-

- 1. Dr. D.K. Sharma Chairman
- 2. Dr. Ved Prakash Mishra
- 3. Dr. S.S. Yadav
- 4. Dr. S.B. Siwach

Dr.S.N. Mishra has been nominated as one of the member of the Building Sub-Committee by the General Body of the Council at its meeting held on 24.3.2003.

The Committee further observed that in last all meetings of the Building Committee held during the year 2003 Dr.S.S. Yadav was not present as mentioned below:-

Date of the meeting	Presence
26/02/2003	Not attended
27/02/2003	Not attended
12/03/2003	Not attended
17/04/2003	Not attended
21/05/2003	Not attended
25/07/2003	Not attended

In view of above, the Committee decided to authorise the President (Acting) to nominate one member on the Building Sub-Committee of the Council in place of Dr.S.S.Yadav.

66. Approval of Press Release for Guest House of the proposed Council Building.

The Executive Committee and members of the Adhoc Committee approved the draft press release in connection with (a) Construction of Housing and Guest House Complex, (b) Supplying, Erection, Testing and Commissioning of Elevators submitted by the Management Consultants, M/s Suresh Goel & Associates vide their letter dated 22.7.2003 (verbatim Press release) as under:-

MEDICAL COUNCIL OF INDIA

PRESS NOTICE

Sealed item rate tenders are invited by the Secretary, Medical Council of India (MCI) from reputed and eligible contractors of CPWD and those of appropriate list of P & T, MES and non-CPWD contractors for the under mentioned works :-

Name	of Work	Estimated Cost	Period o	5	Tender Cost
• >		D 1 50 00 000 /	completion	Deposit	D 1 000 /
A)	Construction of Housing and Guest House Complex of	Rs.1,70,00,000/-	6 months	Rs.3,40,000/-	Rs.1,000/-
	Guest House Complex of Medical Council of India,				
	Sector-8, Pocket-14, Dwarka,				
	New Delhi. SH: Civil, Electrical,				
	Plumbing & Horticulture works				
	etc.				
	<u>lity Criteria</u>				
i)	The agency must have completed s		5.00 Crores eac	h (except Group Hou	ising) during the
::)	last 3 years with Annual turnover		the Energy	En sin son on souissel	ant manle official
ii)	Documentary proof for completion should accompany the application		the Executive	Engineer or equival	ent rank official,
	should accompany the application				
B)	Supplying, Erection, Testing and	Rs.47,00,000/-	6 months	Rs.94,000/-	Rs.1000/-
,	Commissioning of Elevators.	· · · ·			,
•	<u>lity Criteria</u>				
i)	The firm should be in business of e			. 1 . 1.	
ii)	The firm should be profit nature fi				
iii)	The firm should have executed ath the client (Approved Certificate				
	Engineer.	s) which should	nom a perso	It not below the ra	lik of Executive
iv)	The firm should bear ISO 9001 Cer	tificate for Elevate	or.		
v)	The firm should have good infra			Preferably their n	naintenance staff
,	should be with mobile phone/tw				
	hours for emergency call and with	24 hours for other	r calls.		
vi)	The firm should be in collaboratio				
	they are equipped with latest tech		e and details of	such collaboration s	hall be intimated
••	with the requisition for issue of Te		• • • 1•		1 1 .
vii)	Tenderers to intimate the above in			request of issue of te	nder documents.
	Those not fulfilling the above crite	na shan not be iss	ueu tenuer.		
					Work
1.	Tenders will be received in the	office of Secretary	y, Medical Cou	ncil of India (MCI)	
	Aiwan-E-Galib Marg, Kotla Road			,	
	3.00 p.m. and shall be opened at 3	.30 p.m. on the sa	me day in the r	presence of intending	5
	contractors.				
2.	Other Details :				
i)	Date of receipt of applications for l	ssue of Tender do	ocuments upto		14/08/2003
ii)	Date of Sale of Tender documents.				21/08/2003
11)	Date of Sale of Tender documents.				21/08/2003
iii)	Queries if any should be addresse	ed to M/s Suresh	Goel & Associa	ates, S-83, Panchshila	Latest by
,	Park, New Delhi, Fax No.(011)260				28/08/2003
	、 <i>/</i>				
3.	Contractors should submit their ITC Certificate for the last 5 years, Sales Tax Registration and Sales Tax				
	Clearance Certificate along with th	e application.			
4		11 1 1 1 1	.1 1		
4.	Tender Cost & Earnest Money sha Draft" in favour of Medical Counc	-	the shape of ".	Deposit of Call Rece	pt or Demand
	Diant in lavour of Medical Counc	n or muid.			

67. <u>Sanction of the post of Deputy Secretary.</u>

The Executive Committee and members of the Adhoc Committee approved sanction of the one more post of Deputy Secretary (Medical) in the Council office keeping in view the increased work load in the Council in all spheres including inspections for undergraduate and postgraduate courses and registration of doctors etc., and authorised the President (Acting) to constitute the Selection Committee.

The Committee while approving the above further suggested that a comprehensive statement be prepared by the Council office showing the requirement of staff in all categories and be placed before the Committee.

68. Date and venue of the next meeting of the Executive Committee.

The Executive Committee and members of the Adhoc Committee decided to hold its next meeting on 23.08.2003 at 11.00 a.m. in the Council Office at New Delhi.

The members of the Executive Committee and of the Adhoc Committee also took cognizance of the Central Government letter in which the deadline of 30th June was prescribed for the MCI to take the decisions on the question of granting/renewing the permissions. In view of the deadline so prescribed, the Secretary of the Council was asked by the members of the Executive Committee and of the Adhoc Committee, to convey the decisions taken in today's meeting in respect of permissions/renewals of the medical colleges to the Central Government immediately.

(Lt. Col. (Retd.) Dr. ARN Setalvad) Secretary

New Delhi, dated the 28th July,2003.

<u>A P P R O V E D</u>

(Dr. P.C.Kesavankutty Nayar) President (Acting)