

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

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on Wednesday, the 12th May, 2004 at 11.00 a.m. in the Council office, Aiwan-E-Galib Marg, Kotla Road, New Delhi –2 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)]Former Dean,]Govt. Medical College,]Trivandrum
Padamshree Prof. P.N.Tandon	]Former Prof. & Head of Neuro-]Surgery, A.I.I.M.S, New Delhi and]Member, Adhoc Committee]appointed by the Hon'ble Supreme Court
Prof. N. Rangabhashyam	]Emeritus & University Professor of]Surgery, Dr.M.G.R. Medical University, Chennai and Member, Adhoc Committee]appointed by the Hon'ble Supreme Court
Dr. (Mrs.) S.Kantha	]Former Vice Chancellor,]Rajiv Gandhi University of Health]Sciences, Karnataka and Member,]Adhoc Committee appointed by]the Hon'ble Supreme Court
Padamshree Prof. K.S. Chugh	]Emeritus Professor of Nephrology]P.G.I., Chandigarh
Dr.D.K. Sharma	]Former Prof. & Head]Deptt. of Paediatrics]LLRM Medical College]Meerut.
Dr.Ajay Kumar	]Consultant Urologist]Hony. Secretary,]Urologist Society of India](USI)
Dr.M.K. Sharma	]Deptt. of Surgery, SMS Medical]College, Jaipur.
Dr. V.K. Puri	]Prof.& Head, Deptt. of Cardiology,]K.G.Medical College,Lucknow.
Dr. P.K. Sur	]Professor of Radio-therapy,]Medical College,]Kolkatta.
Dr. G.B. Gupta	]Prof. of Medicine, Pt.JNM Medical]College, Raipur
Dr. Nitin S. Vora	]Director, Health Services(ESIS),]Govt. of Gujarat.

1. Minutes of the Executive Committee meeting held on 28th March, 2004 – Confirmation of.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council confirmed the minutes of the meeting of the Executive Committee held on 28th March, 2004.

2. Minutes of the last meetings of the Executive Committee – Action taken thereon.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken on the various items included in the minutes of the Executive Committee meeting held on 28th March, 2004.

3. Pending Items arising out of the decisions taken by the Executive Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council reviewed the list of pending items arising out of the decisions of the Executive Committee and directed the Secretary as under:-

As regards **item no.26** of the meeting of the Executive Committee dated 2.6.2003 regarding Continuance of recognition of MBBS degree in respect of students being trained in the Medical Colleges in Uttar Pradesh, the members of the Ad-hoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the periodical inspections of GSVM Medical College, Kanpur; S.N. Medical College, Agra; LLRM Medical College, Meerut and MLN Medical College, Allahabad should be carried out at the earliest.

As regards **item no.26** of the meeting of the Executive Committee dated 3.2.2004 regarding Comprehensive Act on "Tele-Medicine" and "Tele-Health" proposal, the members of the Ad-hoc committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the meeting should be conducted at the earliest after finalizing the date in consultation with Dr. Mahender Bhandari.

4. Establishment of Kesar Sal Medical College & Research Institute, Bhadaj, Ahmedabad by Adarsh Foundation Trust, Ahmedabad.

Read: The compliance verification inspection report (30th & 31st March, 2004) for establishment of Kesar Sal Medical College & Research Intt., Bhadaj, Ahmedabad by Adarsh Foundation Trust, Ahmedabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30th & 31st March, 2004) and noted the following:-

1. The shortage of teaching staff required for issue of LOP is as under:-

(a) Faculty 16.6% (i.e.9 out of 53)

- | | | | |
|------|----------------------|---|--|
| i) | Professor : | 1 | (Gen. Medicine-1) |
| ii) | Associate Professor: | 2 | (Physiology-2) |
| iii) | Assistant Professor: | 1 | (Anatomy-1) |
| iv) | Tutor : | 5 | (Anaotmy-3, Pharmacology-1, Radiology-1) |

(b) Resident 14.0% (i.e. 6 out of 42)

- | | | | |
|----|----------------|---|--|
| i) | Jr. Resident : | 6 | (2-Gen.Medicine,1-Paediatrics,1-Gen.Surgery,1 Ophthalmology and -Obst. & Gynae.) |
|----|----------------|---|--|

- Following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

S.No.	Name	Department	Designation
1.	Dr. G. Radhakrishnaiah	Anatomy	Prof. & HOD
2.	Dr. Ranjan Kumar Das	Anatomy	Associate Professor
3.	Dr. Vijayalaxmi Parija	Anatomy	Assistant Professor
4.	Dr. S. Gopal Krishnan	Biochemistry	Associate Professor

- Available clinical material is in adequate as under:

Clinical Material:

	Daily	Average	Day of Inspection
O.P.D. attendance	300 to 500	400	416
Casualty attendance	2 per day	2	3
Number of Admissions	50 to 60	50	50
Bed occupancy%	50 to 65%	60%	60
Operative work			
Number of major surgical operations	2	2	2
Number of minor surgical operations	3	3	3
Number of normal deliveries	60 per month		
Number of caesarian Sections	7 per month		
<u>Radiological Investigations</u>	OP		
X-ray	70 to 80		85
Ultrasonography	90 to 100		90
Special Investigations	1 to 3		3
C.T. Scan	NA		NA
<u>Laboratory Investigations</u>			
Biochemistry	50 to 60		24
Microbiology	13 to 20		04
Serology	20 to 30		10
Parasitology	Nil		Nil
Haematology	50 to 70		43
Histopathology	4 to 7		03
Cytopathology	2 to 3		Nil
Others			

- Blood Bank is not available. Only space has been earmarked and the construction is yet to begin.
- The availability of para medical staff is inadequate as under :-

Laboratory Technicians	-	10
Laboratory Assistants	-	-
Laboratory Attendants	-	06
Dissection hall Attendants		06
- No Staff quarters of any category is available in the college or hospital premises. The construction of the quarters is yet to begin.
- No separate Nurses and Residents Hostel is available.
- In the department of Anatomy for departmental library cum seminar room – only space is provided without any furniture or other equipment and is not having any seating facility or books. Dissection hall-only space is provided without tables and any necessary equipments. Open tanks are provided in the dissection hall. Rooms for the teaching staff are available with minimal furniture. Museum space is available with only few racks and empty jars. Space for Histology laboratory is provided without furnishing, required equipment like even

microscopes. Space for embalming room and for office is available without any furnishing. Research laboratory space is provided without any equipment.

9. In the department of Physiology, tables for 60 students are laid without water and electricity supply. Departmental library cum seminar room is available without any furniture and books. Research laboratory has few equipments without running water and final electrical connections.
10. In the department of Biochemistry other equipment for the laboratory is still to be procured. Only ante room is available and fuming cupboard is to be arranged. In preparation room sink and water connection are yet to be provided. In departmental library space is provided without any books or furniture. For Research laboratory also only space is provided without furnishing. At the moment biochemistry section in the hospital is being looked after by Pathology department and hence rotation of staff to the clinical sections has not started.
11. Central library is to be constructed on the first floor of the college building; the construction is yet to begin. Adequate furniture for seating of the students and staff is not provided. The library has only 492 books (330 text and 140 references) against 2000 required. Skeleton facilities of furniture, almirahs and separate seating spaces for students, residents and staff members are available. The central library facilities needs to be shifted to its proper site, needs to be augmented by adding more books, proper seating arrangements are required to be made to make it fully functional.
12. The central workshop is provided with only one lath machine and is non-functional.
13. One hostel building behind the college is available with ground floor having 35 rooms. These 35 rooms are being shared by three categories of staff - residents, nurses & single teaching faculty.
 - a) Residents and single teaching faculty (27)
 - b) Nurses (60)
 This is a common residential facility for these three categories.
14. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for establishment of Kesar Sal Medical College & Research Institute, Bhadaj, Ahmedabad by Adarsh Foundation Trust, Ahmedabad u/s 10A of the I.M.C. Act, 1956.

5. **Establishment of Shadan Instt. of Medical Sciences Teaching Hospital & Research Centre, Hyderabad by Shadan Educational Society, Hyderabad.**

Read : The compliance verification inspection report (12th & 13th April, 2004) for establishment of Shadan Instt. of Medical Sciences Teaching Hospital & Research Centre, Hyderabad by Shadan Educational Society, Hyderabad.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (12th & 13th April, 2004) of Shadan Instt. of Medical Sciences Teaching Hospital & Research Center, Hyderabad and noted the following:-

1. Available clinical material in terms of laboratory and x-ray investigations is inadequate and not commensurate with the number of patients claimed to have attended OPD as under:

Clinical Material:

	Daily Average		Day of Inspection	
	O.P.	I.P.	O.P.	I.P.
<u>Radiological Investigations</u>				
X-ray	25	19	26	29
Ultrasonography	18	6	17	08

Special Investigations	1	0	0	
C.T. Scan		-	-	
<u>Laboratory Investigations</u>				
Biochemistry	63	65	56	
Microbiology	0	0	10413	
Serology	29	18		
Parasitology	0	0	4	3
Haematology	86	49	74	31
Histopathology	0	0	0	0
Cytopathology	0	0	0	0
Others	0	0	0	0

2. The shortage of Residents is more than 5% as under:
(a)Sr. Resident : 5(Medicine-3, Surgery-2)
(b)Jr. Resident : Surgery - 1
3. Following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

S.No.	Name	Department	Designation
1.	Dr. Patvardhan Savita	Anatomy	Professor
2.	Dr. P. Lingam	Biochemistry	Professor
3.	Dr. K. Krishna Murthy	Physiology	Prof. & HOD
4.	Dr. R. Prabhakar Rao	Medicine	Assistant Professor
5.	Dr. R.V. Subhakar	Anatomy	Professor
6.	Dr. G.E. Reddy	Pathology	Prof. & HOD
7	Dr. Usha Kale	Anatomy	Professor
8	Dr. Srividya Narayanan	Surgery	Associate Professor

4. No separate ICCU is available.
5. The animal house is under construction and civil works are nearing completion. No animals are available.
6. In OPD, audiometry room is not yet sound proof nor air-conditioned.
7. Protective measures as per BARC specification are yet to be provided.
8. The number of books in the departmental libraries of Anatomy, Physiology & Biochemistry is inadequate as compared with norms.
9. Construction of 20 quarters in one Five-Storied block has started and the work is in progress. Construction of one block of 20 quarters for non-teaching staff has started.
10. Boys and Girls Hostels are under construction and civil works are nearing completion.
11. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for establishment of Shadan Instt. of Medical Sciences Teaching Hospital & Research Centre, Hyderabad by Shadan Educational Society, Hyderabad u/s 10A of the I.M.C. Act,1956.

6. **Establishment of Medical College at Arogyavaram by CSI Arogyavaram Medical Centre, Chittor, Andhra Pradesh – consideration of compliance report.**

Read : The compliance verification inspection report (12th & 13th April, 2004) for establishment of Medical College at Arogyavaram by CSI Arogyavaram Medical Centre, Chittor, Andhra Pradesh.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (12th & 13th April, 2004) and noted the following:-

1. Shortage of teaching faculties is 12.7% (9 out of 71) as under:
 Professor : 1 (Medicine-1)
 Associate Professor : 6 (Anatomy-2, Physiology-1, Microbiology-1, Paediatrics-1, Ortho-1)
 Assistant Professor : 2 (Bio-Physics-1, PSM-1)

2. Following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

S.No.	Name	Department	Designation
1.	Dr. V. Ramana Reddy	Pathology	Associate Professor
2.	Dr. R. Chandra Sekhar Reddy	Orthopaedics	Assistant Professor
3.	Dr. A. Penchaliaah	Paediatrics	Lecturer
4.	Dr. Anki Reddy	Paediatrics	Associate Professor

3. There are 3 operation theatres having total 3 tables against 4 required at inception. It is amalgamated with Casualty. There is one Major OT shared by surgical, Orthopaedic and ENT sections.
4. No separate ICCU is available.
5. In the Animal House, there is no place for experimental work; no veterinary surgeon is available. It is not well maintained.
6. Blood bank is under the control of Microbiology Deptt.
7. In the Central Sterilization deptt., there is no ETO/Flash Autoclave.
8. In the deptt. of Anatomy, there are no cadavers.
9. There is no food trolley available and no dietician.
10. Paramedical staff is inadequate as under: -
 Laboratory Technicians – 9
 Laboratory Assistants – 9
 Laboratory Attendants – 12
11. Nursing Staff is inadequate as under: -
 Nursing Superintendent – 1
 Deputy Nursing Suptd. – 1
 Nursing Sisters – 5
 Staff Nurses – 70
12. Boys Hostel has got a dining hall but no mess facility.
13. Girls hostel dining hall is under construction and are expected to have food from the adjacent nurses hostel which is provided with a mess and dining hall.
14. Indoor registration counter is in OPD counter and not computerized.
15. The available clinical material in terms of surgical operations, deliveries, laboratory investigations is inadequate and not commensurate with the number of patients claimed to have been attending outdoor and being admitted in the wards as under:

	Daily Average
Operative work	
Number of major surgical operations	1-3
Number of minor surgical operations	2-5
Number of normal deliveries	1-2
Number of caesarian sections	0-1
Laboratory Investigations	
Biochemical	120-140
Haematological	105-130
Histopathology	1-2
Cytopathology	0-1
Microbiology	10-14

16. The number of journals subscribed are less than required as per norms. Number of seats available for students and residents for the reading rooms is inadequate.

17. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decisions communicated to the Central Government on 22/09/2003 & 04/02/2004 recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of medical college at Arogyavaram by CSI Arogyavaram Medical Centre, Chittor, Andhra Pradesh.

7. **Establishment of Sri Aurobindo Instt. of Medical Sciences, Indore u/s 10A of the IMC Act, 1956.**

Read : The Council Inspectors report (7th & 8th April, 2004) for establishment of Sri Aurobindo Instt. of Medical Sciences, Indore.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (7th & 8th April, 2004) of Sri Aurobindo Instt. of Medical Sciences, Indore and noted the following:-

1. Teaching hospital has only 242 teaching beds. However, there is shortage of 74 functional teaching beds as under:-
 - i) Medicine – 34 beds
 - ii) Surgery – 17 beds
 - iii) Orthopaedics – 13 beds
 - iv) Obst. & Gynae. – 6 beds
2. There is no mention of the academic year for which Devi Ahilya Vishva Vidhyalaya is affiliated and also not mentioned the period of the validity.
3. The medical college is under various stages of construction. Infrastructure and facilities in the departments of Anatomy, Physiology & Biochemistry are not functional.
4. Hostels for boys and girls are under construction.
5. The shortage of teaching staff required for Letter of Permission is as under: -
 - a) Faculty 16.2% (i.e. 12 out of 74)
 - i) Professor – 2 (Biochemistry –1, Medicine-1)
 - ii) Assoc.Prof. – 6 (Anatomy-1, Physiology –2, Biochemistry-1, Paediatric-1, Radio-diagnosis – 1)
 - iii) Assistant Professor – 3 (Anatomy-2, Dentistry –1)
 - iv) Tutor – 1 (Physiology – 1)

b) Residents - 50% (12 out of 24) (Medicine-5, Surgery-7)

6. Space for teaching area is not available in the OPDs of major departments like Medicine, Surgery, Paediatrics, Obst. & Gynaecology and Orthopaedics. There is no classroom available. In Paediatric OPD, X-ray view box are to be provided. There is a teaching area available and is yet to be equipped. No running water facility available. In the Orthopaedic OPD, plaster room does not have water facility. In Ophthalmology OPD, Dark room is not adequately darkened. In ENT OPD, audiometry room is not adequately made sound proof.
7. In wards, there is no teaching area.
8. There is no toilet available for these 30 beds in casualty.
9. No septic labour room is available.
10. Animal House is not yet ready.
11. Central photography cum audiovisual units not yet ready.
12. In Clinical laboratories, Biochemistry lab. has got an Auto Analyser which is taken on lease from Bhandari Hospital & Research Centre, Indore for a period of 6 months.
13. Intercom facilities not established.
14. Laundry is fully manual and working in a make shift area.
15. Blood Bank is available but not functional. Space and equipment are adequate for the present stage. License is yet to be obtained.
16. The CSSD is located inside the OT complex with on horizontal and one vertical autoclave, 20 drums are being autoclaved daily. There is no separate washing area available inside the CSSD for washing instruments.
17. There is no hospital kitchen. Food is being prepared at the canteen which is badly maintained. Food is being prepared for free distribution to the patients.
18. Canteen is functioning from a temporary area and there is no separate area available for the medical staff inside the canteen.
19. Paramedical staff is inadequate as under :-
 - Laboratory technicians – 14
 - Laboratory Assistants – 13
 - Laboratory Attendants – 10
20. Lecture Theatre is not yet ready.
21. Hostel for nurses is not available. One flat for 9 nurses is available adjacent to the proposed college. Accommodation for 36 nurses is available at Indore (8 kms.) away.
22. Library is temporary located in the hospital. It has got 1405 books against 2000 required. There is no seating accommodation available in the library.
23. Other remarks /deficiencies are in the main report.

In view of above, whereby it has been found that the applicant has failed to fulfil the mandatory and statutory precondition of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the

Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act,1956 for establishment of Sri Aurobindo Instt. of Medical Sciences, Indore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Madhya Pradesh requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material.

8. **Establishment of new medical college at Bangalore (Raja Rajeshwari Medical College & Hospital) by Moogambigai Charitable & Educational Trust, Bangalore.**

Read : The compliance verification inspection report (5th & 6th April, 2004) for Establishment of new medical college at Bangalore (Raja Rajeshwari Medical College & Hospital) by Moogambigai Charitable & Educational Trust, Bangalore.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th April, 2004) of Raja Rajeshwari Medical College & Hospital, Bangalore and noted the following:-

1. (a) The shortage of teaching staff required for LOP is more than 50% as under :-
 - 1) Professor/Associate Professor -10 (Pathology-1, Microbiology-1, Pharmacology-1, Forensic Medicine-1, Community Medicine-1, Paediatrics-1, Orthopaedics-1, Ophthal.-1, Obst. & Gynae.-1, Radiology-1).
 - 2) Associate Professor - 5 (Anatomy-2, Physiology-2, Biochemistry-1)
 - 3) Assistant Professor -14 (Anatomy-3, Physiology-2, Lecturer in Biophysics-1, Surgery-3, Radiology-1, Anaesthesia-1, Medicine-2, Dentistry-1)
 - 4) Tutor - 13 (Anatomy-2, Physiology-2, Biochemistry-1, Pathology-1, Pharmacology-1, Forensic Medicine-1, Community Medicine-1, Radiology-2, Anaesthesia-2)
- (b) The shortage of Residents is more than 50 % as under:-
 - 1) Sr. Resident -9 (Surgery-4, Medicine-4, Ophthalmology-1)
 - 2) Jr. Resident - 23 (Paediatrics-2, Surgery-8, Ortho-2, ENT-1, Ophthalmology-1, Obst. & Gynae-1, Medicine-8)
2. Clinical Material is inadequate as under

	Daily Avg.	Day of Inspection
OPD Attendance	335	219
Casualty Attendance	4	1
Number of Admissions	28	18
Bed Occupancy %	22.6	32

No Record of the operative work is available. Separate Operation Theatres are not functioning. Deliveries are not conducted. Many of the patients were admitted a few days back but the treatment given to them is not adequately written in the case sheet.

3. Radiology Investigation records are not available.
4. Laboratory Investigations - No Investigation, routine or specialized, are being carried out.

5. Unitwise distribution and numbering of the beds is not done. Only some wards are furnished while civil work is still going on in some of the wards. The wards are not specified for any particular department or faculty. The first floor work is still under civil construction and no power supply has been made. Facilities like dressing room, injection room, examination facilities, linen storage and teaching areas are not available in wards. Nursing stations are yet to be reorganized. Doctors and nurses duty room require more facilities to be provided. There is a shortage of 7 beds in the department of Pediatrics.
6. The civil construction of the college building is in progress. Electrification, flooring, water connection, drainage facilities are yet to be provided. Furniture is yet to be provided. Fixtures and equipments are also not available in the deptt. Infrastructure and facilities in none of the departments of Anatomy, Physiology & Biochemistry are functional.
7. Civil construction of one lecture theatre of 270 seats and two lecture theatres of 120 seats each is in progress. Furniture is not provided.
8. The library is yet to be provided. Civil work is under progress.
9. Space has been provided for the Workshop.
10. Common room for boys and girls has been specified and is yet to be furnished.
11. Construction of Resident Hostel is not yet started.
12. Construction of Nurses hostel is not yet started.
13. Construction of seven flats for faculty members is in progress.
14. There is only Registration counter for OPD and IPD cases, which is not computerized and is manned by 2 staff members. OPD rooms are in the make shift arrangement with the chairs available for the patients in the waiting area. Stools, x-ray view box, examination tray etc. are not provided in any of the rooms. Facilities like screening for the privacy of the patient is yet to be provided. Audiometry room (sound proof and air-conditioned) are not present. Immunization room, family welfare clinic, dark room refraction room, minor OT etc are not present. No investigation, routine or specialized are carried out.
15. Registration and Medical record section is not available.
16. Facilities like Central Oxygen, Central Suction, defibrillator, pulse oximeter, ambubag and disaster trolley etc are not available.
17. Kitchen is functioning. There is no dietician. The amount of food said to be prepared per day is not correlated to the available utensils for the preparation.
18. The following deficiencies pointed out in the last inspection report have not been rectified :-
 - a) Medical Educational Unit is not established.
 - b) Statistical Unit is not established.
 - c) College Council is not established.
 - d) Sports and recreation facilities are not available.
 - e) Central Sterilisation Deptt. is not available
 - f) Intercom facility is not available
 - g) Central Laundry is not available
 - h) Incinerator is not available
19. Other remarks /deficiencies are in the main report.

In view of above, whereby it has been found that the applicant has failed to fulfil the mandatory and statutory precondition of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the

Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of Raja Rajeshwari Medical College & Hospital, Bangalore by Moogambigai Charitable & Educational Trust, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Karnataka requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material.

9. **P.E.S Medical College, Kuppam – renewal of permission for admission of 3rd batch of students for the academic year 2004-2005.**

Read : The Council Inspectors report (31st March & 1st April, 2004) for renewal of permission for admission of 3rd batch of students for the academic year 2004-2005.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (31st March & 1st April, 2004) of P.E.S. Medical College, Kuppam and noted the following:-

1. Following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

<u>Name of Teacher</u>	<u>Deptt.</u>	<u>Designation</u>
1. Dr. J.Sathish Kr.	Phsyiology	Asst. Professor
2. Dr. G.Javalagi	Anatomy	Professor & HOD
3.Dr. D. Jagannath Rao	Comm.Med.	Assoc. Professor
4.Dr. Susheel S.Wakchouri	Comm.Med.	Asst. Professor
5.Dr. ST Balamurali	Pharmacology	Asst. Professor
6. Dr. D.Rama Manohana Reddy	For.Med.	Asst. Professor
7. Dr. Ranjan Kr. Das	Anatomy	Asst. Professor
8. Dr. A. Shankar Rao	Forensic Medicine	Assoc. Professor

2. There is no Lecture theatre in the hospital.
3. There is no separate statistical unit. The statistical work is carried out through medical record department which is not as per norms.
4. Veterinary Officer is only part time.
5. RHTCs is under the control of the Government and the college is only allowed to use its teaching facilities. Hostel and messing facilities are not available. Lecturer cum seminar room is not available. Audio visual aids are not provided.
6. No beds have been provided at the UHCs. Delivery services are not available at the UHCs.
7. No quarters are available for non-teaching staff. Only 28 quarters are available for the teaching staff which is less than required as per norms.
8. Bowl sterlizer, instrument, washing machine and glove inspection machine are not available in CSSD.
9. Number of books in the departmental libraries of TB & Chest, Skin & VD, Psychiatry, ENT, Radio-Diagnosis and Anaesthesia are less than required as per norms.

10. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of students at P.E.S. Medical College, Kuppam for the academic year 2004-2005.

10. **Toothukudi Medical College, Toothukudi – renewal of permission for admission of 5th batch of students for the academic year 2004-2005.**

Read : The Council Inspectors report (2nd & 3rd April, 2004) for renewal of permission for admission of 5th batch of students at Toothukudi Medical College, Toothukudi for the academic year 2004-2005.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (2nd & 3rd April, 2004) and noted the following:-

1. The shortage of teaching staff required at present is as under:

a) Shortage of teaching faculty is more than 5% (i.e. 7 out of 112)

- i) Professor : 2 (Anaotmy-1, Physiology-1)
- ii) Associate Professor : 2 (Anatomy-1, Physiology-1)
- iii) Asst. Professor : 1 (TB & Chest-1)
- iv) Tutor : 2 (Community Medicine-2)

b) Resident 69.6 % (i.e. 39 out of 56)

- i) Jr. Resident :39 (Medicine-6, Paediatrics-3, TB&Chest - 1, Skin & VD-3, Psychiatry-3, Surgery-9, Orthopaedics-4, Ophthalmology-2, ENT-2, Obst. & Gynaec.-4, Anaesthesia -2)

2. The following teachers shown working at this college at the time of inspection have also been found working at other medical institutions at the time of inspection carried out for the academic year 2004-05:-

S.No.	Name	Department	Designation
1.	Dr. K. Balakrishanan	Pathology	Assistant Professor
2.	Dr. K. Nagappa	Orthopaedics	Reader
3.	Dr. R. Baskaran	Dermatology	Professor
4.	Dr. N. Murali	Radio Diagnosis	Assistant Professor
5.	Dr. K. Sarayu	Physiology	Reader
6.	Dr. RMA Arunchalam	Anatomy	Assistant Professor
7	Dr. TL Anbumani	Anatomy	Assistant Professor
8	Dr. P. Sivaprakasam	Community Medicine	Professor
9	Dr. P. Srinivasan	Community Medicine	Assistant Professor
10	Dr. A. Rasheeda	Physiology	Assistant Professor
11	Dr. P. Arunalatha	Pathology	Assistant Professor
12	Dr. Kokila Selavaraj	Community Medicine	Assistant Professor
13	Dr. S. Ravi	Pathology	Assistant Professor

3. Nursing Staff is grossly inadequate as under: -

Nursing Suptd.	– 1
Dy. Nursing Suptd.	–1
Matron	-1
Asst. Nursing Suptd.	–7,
Staff Nurses	-125
ANM	-14

4. Paramedical Staff is grossly inadequate as under: -

Laboratory technician-7
Lab. Asst-14

5. No Residential quarters are available in the college campus. 28 staff quarters are available in the hospital campus for paramedical & administrative staff.
6. No Lecturer cum Medical Officer having MD (PSM) degree is available at RHTC. Messing facilities are not available at RHTC. The UHCs is under the control of Municipality and not under the control of the Dean.
7. The accommodation available in the hostel for the students is only 216 which is less than 500 required as per norms.
8. No hostel is available for interns and residents.
9. Registration in OPD is not computerized. Indoor registration counter in the casualty is also not computerized and is not cross-linked with out door registration patients.
10. Central oxygen and central suction are not available in the casualty. Disaster trolley is not available.
11. No operation theatre is provided with central oxygen and central suction.
12. All the wards, OTs, OPD, Offices and departments are not connected with EPABX lines.
13. In the department of Anatomy, band saw is not available.
14. In the department of PSM (Medicine), number of specimen and models are inadequate.
15. Number of books in the departmental libraries of ENT, Ophthalmology, Radio-Diagnosis, Anaesthesia, TB & Chest, Skin & VD and Psychiatry are less than required as per norms.

16. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of students at Toothkudi Medical College, Toothkudi for the academic session 2004-2005.

11. **C.U. Shah Medical College, Surendranagar – renewal of permission for admission of 5th batch of students for the academic year 2004-2005.**

Read : The Council Inspectors report (30th & 31st March, 2004) for renewal of permission for admission of 5th batch of students at C.U. Shah Medical College, Surendranagar for the academic year 2004-2005.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (2nd & 3rd April, 2004) and noted the following:-

1. Saurashtra University has affiliated the college for 100 admissions for the academic years 2003-04. Affiliation for the academic year 2004-05 is yet to be obtained.
2. Clinical Material in terms of laboratory and X-Ray investigations is inadequate and not commensurate with the patients attending the hospital as under :

	Daily Average	Day of Inspection
OPD Attendance	640 to 800	1301
Bed Occupancy	75% to 85%	75.2%
Operative Work		
No. of major surgical operations	2 to 4	3
No. of minor Surgical operations	3 to 5	2
No. of Normal deliveries	1 to 2	-
No. of Caesarian Section	0 to 1	-
Radiological Investigations		
X-Ray		
Ultrasonography	150 to 180	440
Special Investigations	27 to 44	82
CT Scan	6 to 8	10
	1 to 3	3
Laboratory Investigations		
Biochemistry		
Microbiology	235 to 250	526
Serology	7 to 19	14
Parasitology	50 to 72	60
Haematology	13 to 20	8
Histopathology	190 to 200	519
Cytopathology	1 to 2	
Others	0 to 1	
	-	

3. In the Medicine OPD, no x-ray view box is available; there is no treatment room. No class room is available for both the departments. No clinical psychologist is available and no separate room is provided. In Surgery OPD, there is no minor OT available. Orthopaedics OPD has got 2 cubicles with a common plaster cutting and application room. There is no classroom available. Ophthalmology, ENT, Skin & VD, Psychiatry and Dental OPD function in a crowded area with very narrow space available in between 2 rows of benches. There is no procedure room and no dark room available.
4. Protective measures as per BARC specification are not provided. BARC approval has not been obtained yet.
5. There is no dietician available.
6. Paramedical staff is inadequate as under :-

Laboratory Technicians – 26
Laboratory Attendants – 30
7. Nursing Staff is inadequate as under :-

Nursing Suptd. –1
Deputy Nursing Suptd.-2
Matron-1
Asstt. Nursing Suptd. – 3
Nursing Sisters-16
Staff Nurses-117

8. Environmental surrounding of the boys hostel is not maintained properly. There is no game facility in the hostel. There is no TV Room available in the hostel.
9. Playground is available for outdoor games but not developed.
10. 139 Faculty have not submitted proof of their Residence.
11. Wards: Nursing stations are located outside the wards and no classroom is available. Skin ward and Psychiatry ward are located alongwith the medical wards and do not have separate teaching areas. Orthopaedics Ward has been shifted to a new location and there is no class room available. Ophthalmology ward and ENT ward also do not have classroom for teaching purpose.
12. The number of admissions admitted was disproportionately higher on the day preceding the day of inspection i.e. on 29/03/04 as under:-

<u>Date</u>	<u>Patients Admitted</u>
22/03/2004	- 68
23/03/2004	- 51
24/03/2004	- 45
25/03/2004	- 76
26/03/2004	- 73
27/03/2004	- 52
28/03/2004	- 26
29/03/2004	- 262

13. There is no room available for the CMO or Resident in Central Casualty Services.
14. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of 100 students at C.U. Shah Medical College, Surendranagar for the academic session 2004-2005.

12. **Amrita Instt. of Medical Sciences, Kochi – renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.**

Read : The compliance verification inspection report (12th & 13th April, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (12th & 13th April, 2004) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students at Amrita Instt. of Medical Sciences, Kochi for the academic session 2004-2005.

13. **Bharati Vidyapeeth Medical College, Pune – Increase of seats in 1st MBBS course from 120 to 150.**

Read : The compliance verification inspection report (31st March & 1st April, 2004) for increase of seats in Ist MBBS course from 120 to 150 at Bharati Vidyapeeth Medical College, Pune.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (31st March & 1st April, 2004) and noted the following:-

1. (a) The shortage of teaching staff is more than 5% as under :-
 - i) Assoc. Prof. 3 (Physiology-1, Forensic Medicine-1, TB & Chest-1)
 - ii) Asstt.Prof.: 13 (Physiology-1, Forensic Medicine-2, Comm. Medicine-1, Lecturer cum Epidioimologist-1, Paediatrics-2, Medicine-1, Anaesthesia-1, Orthopaedic-3, Radiology-1)

(b) The shortage of Residents is more than 5% :

 - i) Sr. Resident 2 (Surgery-2)
 - ii) Jr. Resident 23(TB & Chest-3, Psychiatry-2, Surgery-10, Orthopaedic-5, ENT-3)

(c) The ratio of non-medical teaching staff is more than 50%.

(d) The following units are not having 3 senior teaching faculty, as required:

 - (i) Medicine Unit - VI
 - (ii) Paediatrics Unit - II & III
 - (iii) Orthopaedics Unit - II & III
2. The following deficiencies pointed out in the previous inspection report have been rectified partially :-
 - a) Medical Record Section – Computerization of medical record is in progress. ICD-X classification is introduced but not completed for all the medical record.
 - b) Though the equipments are available in the Laundry, the mechanical laundry is not fully commissioned and not made functional. At present laundry is outsourced.
3. Available Nursing Staff is inadequate as under :

Matron-1, Asst. Matron-1, Nursing Suptd.-5, Sister Incharge-10, Staff Nurse-57, ANM-105.

Nursing staff should be appointed as per norms.
4. Other deficiencies are in the inspection report.

In view of above, the members of the Adhoc-Committee appointed by the Hon'ble Supreme Court and of the Executive Committee decided to recommend to the Central Govt. not to issue Letter of Permission for increase of seats in First MBBS course from 120 to 150 at Bharati Vidyapeeth Medical College, Pune u/s 10A of the IMC Act, 1956.

14. **Smt. NHL Municipal Medical College, Ahmedabad – renewal of permission for admission of 5th batch of students against the increased intake i.e. 100 to 150 for the academic year 2004-2005.**

Read : The Council Inspectors report (7th & 8th April, 2004) for renewal of permission for admission of 5th batch of students against the increased intake i.e. 100 to 150 at Smt.NHL Municipal Medical College, Ahmedabad for the academic year 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (7th & 8th April,2004) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 at Smt. NHL Municipal Medical College, Ahmedabad for the academic session 2004-2005.

15. **Goa Medical College, Goa – renewal of permission for admission of 4th batch of students against the increased intake i.e. 70 to 100 for the academic year 2004-2005.**

Read : The Council Inspectors report (2nd & 3rd April, 2004) for renewal of permission for admission of 4th batch of students against the increased intake i.e. 70 to 100 at Goa Medical College, Goa for the academic year 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (2nd & 3rd April, 2004) 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. from 70 to 100 at Goa Medical College, Goa for the academic session 2004-2005.

16. **Tirunelveli Medical College, Tirunelveli – renewal of permission for admission of 2nd batch of students against the increased intake i.e. 100 to 150.**

Read : The Council Inspectors report (5th & 6th April, 2004) for renewal of permission for admission of 2nd batch of students against the increased intake i.e. 100 to 150 at Tirunelveli Medical College, Tirunelveli for the academic year 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th April, 2004) of Tirunelveli Medical College, Tirunelveli and noted the following:-

1. The Shortage of teaching staff is as under :-

a) Faculty 8.60% (i.e. 12 out of 138)

Assoc. Prof.	2 (Anatomy-2)
Asstt. Prof.	8 (Biochemistry-1, Community Medicine-4, TB & Chest-1, OBG-1 & Dentistry-1)
Tutor	2 (Biochemistry-2)

b) Shortage of Residents 34.78% (i.e. 32 out of 92)

Jr. Resident	32
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2. The following teachers shown working at this college at the time of inspection have also been found working at other medical institutions at the time of inspection carried out for the academic year 2004-05:-

S.No.	Name	Department	Designation
1.	Dr. R. Jayshree	Pharmacology	Reader
2.	Dr. V. Thangam	Physiology	Assistant Professor
3.	Dr. G. Leela	Pathology	Additional Professor
4.	Dr. R. Baskar	Forensic Medicine	Reader
5.	Dr. R. Geetha	Pathology	Reader
6.	Dr. B. Kalaiselvi	Pharmacology	Assistant Professor
7.	Dr. R. Vidayalakshmi	Physiology	Assistant Professor

3. Rural Health Center is under the administrative control of Director of Public Health and not under the control of the Dean. No audio-visual aids have been provided in the RHTCs.

4. There is no regular Medical Superintendent posted at the hospital.

5. The nursing staff is inadequate for number of teaching beds in the hospital as under:-

Nursing Superintendent (Grade-I)	1
Deputy Nursing Superintendent (Gr.II)	2
Matron (Gr.III)	14

Nursing sisters
Staff Nurses

84
210

In view of above, the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of second batch of students against the increased intake i.e. from 100 to 150 at Tirunelveli Medical College, Tirunelveli for the academic session 2004-05.

17. **Rangaraya Medical College, Kakinada – renewal of permission for admission of students against the increased intake i.e. 100-150.**

Read : The Council Inspectors report (15th & 16th April, 2004) for renewal of permission for admission of students against the increased intake i.e. 100 to 150 for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th April, 2004) of Rangaraya Medical College, Kakinada and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

(a) The shortage of teaching faculty is more than 10% as under:(31 out of 242)

- i) Associate Professor-5 (Anatomy-1, Physiology-1, Pharmacology-1, Forensic Medicine –1, Radio Diagnosis-1)
- ii) Assistant Professor-16 (Pharmacology-1, Biophysics-1, Pharma.Chemist-1, Forensic Medicine-1, Community Medicine-2, Epidemiologist-1, Medicine-3, Paeditrics-2, Orthopaedics-1, Radio Diagnosis-3)
- iii) Tutor- 10 (Pharma-1, Pathology-2, Microbiology-2, Forensic Medicine-1, Anaesthesia-2, Radio-Diagnosis-2)

(b) The shortage of Residents is more than 25% (29 out of 109)as under :-

- i) Sr. Resident - 14(Medicine-2, Paeditrics-2, TB-1, Psychiatry-1, Surgery-5, Orthopaedics-2, Obst&Gynae-1)
- ii) Jr. Resident-15(Medicine –6, TB-3, Psychiatry-2, Surgery-2, Orthopaedics-2)

(c) List of teachers who have transferred from various medical colleges to Rangaraya Medical College, Kakinada:-

S. No	Name	DOJ	Department	Designation	Remarks
1.	Dr.M.Venkataramanappa	6.4.2004	Radiodiagnosis	Professor & Head	T/f from S.V.Medical College, Tirupati.
2.	Dr.Giridhar Gopal	23.12.2003	-do-	Professor	T/f Andhra Medical College, Visakhapatnam.
3.	Dr.P.Bujji Babu	28.2.2004	-do-	Asst. Prof.	T/f Aandhra Medical College, Visakhapatnam
4.	Dr.Bujang Rao	24.12.2003	Physiology	Professor	T/f Gandhi Medical College, Hyderabad

5.	Dr.M.Anthony David Swaroop Kumar	18.3.2004	-do-	-do-	T/f Gandhi Medical College, Hyderabad
6.	Dr.Ch.N.Raj Kumar	27.12.2003	-do-	Asso.Prof.	T/f Gandhi Medical College, Hyderabad
7.	Dr.B.Shantanarayana	23.12.2003	-do-	Asstt. Prof.	T/f Gandhi Medical College, Hyderabad
8.	Dr.B.N.A.M.Naidu	24.12.2004	-do-	Asstt. Prof.	T/f Andhra Medical College, Viskhapatnam
9.	Dr.Padma Geetanjali	22.12.2003	-do-	-do-	T/f Andhra Medical College, Viskhapatnam
10.	Dr.B.Devi Madhvi	27.12.2003	Comm. Med.	Asso. Prof.	T/f Andhra Medical College, Viskhapatnam
11.	Dr.T.Bhaskar Rao	24.12.2003	-do-	-do-	T/f Siddhartha Medical College, Vijayawada
12.	Dr.A.Krishna Veni	20.12.2003	-do-	Asstt. Prof.	T/f Andhra Medical College, Viskhapatnam
13.	Dr.S.Apalla Naidu	24.12.2003	-do-	-do-	T/f Andhra Medical College, Viskhapatnam
14.	Dr.Mohd. T.Khan	22.12.2003	Forensic Med.	Asso. Prof.	T/f Gandhi Medical College, Hyderabad.
15.	Dr.V.Raju	28.3.2004	Forensic Med.	-do-	T/f Andhra Medical College, Viskhapatnam
16.	Dr.B.Jagan Mohan	22.12.2003	-do-	Asstt. Prof.	T/f Osmania Medical College, Hyderabad.
17.	Dr.B.Rama Mohan Rao	28.11.2003	Pathology	Prof. & Head	T/f Siddhartha Medical College, Vijayawada
18.	Dr.A.BhagyaLaxmi	27.12.2003	-do-	Asstt. Prof.	T/f Andhra Medical College, Visakhapatnam
19.	Dr.S.V.N.Rajender Gopal	15.12.2003	-do-	Asso. Prof.	T/f Andhra Medical College, Visakhapatnam
20.	Dr.S.Sree Latha	28.12.2003	Anatomy	Professor	Osmania Medical College, Hyderabad.
21.	Dr.K.R.S.Prasad Rao	26.12.2003	-do-	Asstt. Prof.	T/f Andhra Medical College, Visakhapatnam
22.	Dr. K. T. N. Lakshmi	20.12.2002	-do-	-do	T/f Gandhi Medical College, Hyderabad.
23.	Dr. P. Rammana Murthy	01.03.2004	Dermatology	Assoc. Prof.	T/f Gandhi Medical College, Hyderabad.
24.	Dr. M. Veera Kumar	22.11.2003	ENT	Asst. Prof.	T/f from Siddhartha Med. College, Vijayawada

SUMMARY OF TRANSFERRED TEACHERS
COLLEGE FROM WHERE TRANSFERRED

Cadre	S.V. Medical College, Tirupati	Andhra Medical College, Vishakhapatnam	Siddartha, Vijayawada	Osmania Medical College, Hyderabad	Gandhi Med.Colleg Secunderabad
Prof.	1	1	1	1	2
Assoc Prof.		3	1		3
Asstt. Prof.		6	1	1	3
Tutor	1	10	3	2	8

TOTAL: 24

2. Blood Bank is available and functional. It is licensed upto 31.12.2000. Application for renewal submitted on 31.12.2002. Renewal is awaited
3. Incinerator is not available. The institution made arrangements with the local municipal authorities for final disposal of Biomedical waste by deep burial.
4. The strength of nursing staff is 272 which is 20% less than 336 nurses required as per norms.
5. Hostel for boys, girls, residents, and nurses are deficient as under:

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	2 Blocks	72 + 72	288	YES	YES
Girls	2 Blocks	80+40=120	240	YES	YES
Interns	1	66	132	YES	YES
Residents P.G	1 2 nd floor of hospital building.	72	144	YES	YES
Nurses	Not Available *				

* 2, B Type quarters are earmarked for single staff nurses.

6. (a) Accommodation is available only for 528 students against 750 required as per norms.
(b) Boys' hostel is outside the campus.

(c) Only 144 residents' accommodation is available against 300 required as per norms.

(d) No accommodation is available for nurses.

7. Staff quarters for 20 medical staff and 2 staff quarters have been allotted to single staff nurses are available.

8. The following deficiencies are observed in the infrastructure of para-clinical departments:-

(a) In the department of Pathology proper seating and lighting arrangements have to provided in the haematology laboratory. The No.of student workplaces is 50 which needs to be increased.

(b) In the department of Forensic Medicine, the laboratory needs to be furnished and improved by creating work places for students.

9. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report 15th & 16th April,2004 for the compliance verification inspection for the academic year 2003-2004 and noted the following:-

Deficiencies Pointed Out	Remarks During inspection on 15 th & 16 th April, 2004	Remarks
1. The shortage of teaching faculty is 11% is as under i) Professor : Nil ii) Associate Professor :3 (Physiology-3, Pathology-3, FM-1, Paediatrics-1) iii) Assistant Professors-7 (Lecturer in Biophysics-1, FM-1, Epidemiologist cum Lecturer-1, Anaesthesia-1, Radio-Diagnosis-1, Dental-1) iv) Tutors :8 (Pharmacology-2, Pathology-3, Microbiology-1, FM-1, Anaesthesia-1, Radio Diagnosis-1) v) Jr. Residents-13 (Obst. & Gynaec. -2, Surgery-5, Paediatrics-4, Psychiatry-2) A total of 33 teachers were transferred to Rangaraya Medical college, Kakinada during the last one month before this inspection, 19 of these teachers were transferred from only one medical college, AMC VSP and remaining 14 from various other Govt. Medical Colleges in the state. Out of these 33 teachers about 25	Shortage of teaching faculty is contained in the main report. During the last three months 10 faculty member joined and 4 left the institution.	Shortage of teaching faculty is more than 10% as under: (i)Associate Professor-5 (Anatomy-1, Physiology-1, Pharmacology-1, Forensic Medicine -1, Radio Diagnosis-1) ii) Assistant Professor-16 (Pharmacology-1, Biophysics-1, Pharma.Chemist-1, Forensic Medicine-1, Community Medicine-2, Epidemiologist-1, Medicine-3, Paeditrics-2, Orthopaedics-1, Radio Diagnosis-3) iii) Tutor- 10 (Pharma-1, Pathology-2, Microbiology-2, Forensic Medicine-1, Anaesthesia-2, Radio-Diagnosis-2) Deficiency remains as it is.

joined the colleges just a week before the date of inspection.		
O.P.D. Card is thin tear off slip from the computer which has to be improved	Quality of the OPD card has improved, though it is a tear off slip from the computer. Deficiency rectified partially	Deficiency is partially rectified.
Patient waiting area is inadequate and not provided with chairs. The number of cubicles in the O.P.D's of Medicine Paediatrics, TB & Chest, Surgery, Orthopaedics and ENT is less	Waiting area for patients has improved. Long concrete benches have been constructed in all the waiting areas. There are now 8 cubicles in medicine, 3 in paediatrics, 2 in TB & Chest, 8 in Surgery, 4 in Orthopaedics and in ENT. Deficiency rectified.	-
Some teaching rooms like Medicine, Orthopaedics, Ophthalmology etc. are not furnished and chairs are not available in adequate number. Teaching areas are not available in the OBG OPD, X-ray view boxes are not provided in all the OPDs	More chairs have been provided and furnishing has mostly been done. Teaching areas has been provided in Obst. & Gynaec. OPD. X-ray view boxes have been provided in most of the OPD. Deficiency rectified.	-
Audiometry room is not functional as audiologist/speech therapist is not available.	Audiometry room is now sound proof and air conditioned. Speech Therapist is available. Deficiency Rectified.	-
Treatment room or child guidance clinic are not available in Paediatric OPD. Separate OPD is not available for TB & Chest Department	Treatment room and child guidance clinic are available in Paediatric OPD. Separate OPD for TB & Chest department is now available at a new location next to the medicine OPD. It has a teaching area. Deficiency rectified.	-
Dressing room for males and females is combined in one room	Separate dressing room for male and females have been provided. Deficiency Rectified.	-
Nursing stations are not available in the wards of TB & Chest, Skin & VD etc., Side lab is not available in surgery wards.	Nursing stations in the wards of TB & Chest and Skin & VD are now available. Side laboratory is available in Surgery wards. Deficiency rectified.	-
Casualty ward has only 11 beds against 25 beds as per norms. Resuscitation equipment is not available in adequate number. It does not have central oxygen supply.	There are 25 beds in casualty. Adequate resuscitation is available. Central oxygen supply is not available. Liquid oxygen supply is provided in the casualty.	Central oxygen supply is not available. Deficiency is partially rectified.
Blood bank license has expired in 2000. It has been renewed since then.	Blood bank license expired on 31.12.2002. Application for renewal was submitted on 31.12.2002. Renewal is awaited. However, Blood Bank facilities are available as	Deficiency remains as it is.

	per norms. Deficiency Remains.	
CCTV or viewing galleries for students are not available in Ots	CCTV in the O.T. complex has been provided and operated with the help of LCD projector in the seminar hall of Surgery. Deficiency Rectified.	
Medical Records section. Old records of patients are not maintained properly. They are stored as per register number serially. Bin cards are not maintained	Medical record section has completed the ICX coding of old records of patients for the years 2001 and upto August, 2003. Tracer cards are available. Deficiency partially rectified.	Deficiency is partially rectified.
Pharmacy services are not available for 24 hrs.	Pharmacy services are available for 24 hours. There are separate Pharmacies for OPD and indoor cases. Deficiency rectified.	
Nursing staff is grossly inadequate as only 189 nurses are available against the required 306 nurses	Strength of Nursing staff available is 272. Deficiency rectified partially.	Shortage of nursing staff is more than 20%. Deficiency remains as it is.
Incinerator is not available. Proper disposal of bio-waste is not followed.	Incinerator is not available. The institution has made arrangements with the municipal authorities for disposal of hospital waste by deep burial according to directions contained in extraordinary gazetted notification Part II Section 3 Sub Section (ii) No. 460 Dated 27 th July, 1998. Quoted as deep burial shall be option available only in towns with population less than five lakhs and in rural areas. Deficiency partially rectified.	Deficiency is partially rectified.
Central library is located in para clinical block opposite teaching hospital. There is no library facility in the college building which is 3 km away and it has only 1 reading room of the capacity of 100. The number of foreign journals received in the central library is grossly inadequate as only 12 foreign journals are available against 30 required. The seating capacity of library is inadequate as only 120 seats are available for UG students and 60 for PG students.	There are 5 reading rooms in the central library (3 in the old and 1 in the new building) having a total capacity of 250. There is one reading room in college campus with a capacity 100 called as sub library. There are 18 Foreign journals and 17 Indian Journals. There are 75 seats available for PG students in first floor of the new building. Deficiency partially rectified.	Number of journals are grossly inadequate. Only 35 journals are available against requirement of 100. No library is available in the college building. Deficiency remains as it is.

In the infrastructure of pre-clinical and para clinical departments the following deficiencies are observed. - the capacity of the Mammalian and Amphibian laboratories in the department of Physiology is less than required. - In the department of Pharmacology, Experimental Pharmacy laboratory is too small as only it has a capacity of only 15. Research lab is not available in demonstration rooms or in the departmental library	Capacity for these laboratories has been increased to 75 workplaces, by shifting the mammalian laboratory to adjacent area available. Deficiency Rectified. Experimental Pharmacy laboratory has been relocated in the new building and has 60 seats. Research laboratory has been relocated in the new building. Demonstration rooms have also been located in the first floor of the new building having been furnished. Deficiency rectified.	
- In the department of Pathology, students histopathology lab is not available. - In the department of FM students lab is not available. Catalogue is not available in the museum. Viewing gallery for students is not provided in the mortuary.	There are two student laboratories in the department of Pathology. Haematology laboratory with 50 work places is located in the old building of Pathology Department. Proper seating and lighting arrangement needs to be provided. Histopathology laboratory with 70 work places is located in the new building. It has adequate number of Microbiology and lighting arrangement. However, Haematology needs improvement. Deficiency partially rectified. Space for laboratory is available in the Forensic Medicine department. X-ray view boxes are provided. Dissection microscopes are available. The laboratory needs to be furnished and improved. Catalogues are now available in the museum. Wooden viewing gallery has been provided in the mortuary.	Deficiency is partially rectified. Students' laboratory is non-functional. Deficiency remains as it is.
- Museum of Community Medicine department has old outdated charts which needs to be replaced. It is located in crowded manner.	Museum of Community Medicine department has been relocated in the new building. Models have been painted. Charts have been replaced. It not crowded. There is a practical laboratory in the old building. Deficiency Rectified.	

Veterinary Surgeon is available only part time and that too once a week. Facilities are inadequate as operating room or table is not available. Maintenance of animal house needs improvement.	Part time veterinary surgeon is available. He visits once a week or when required. Operating room facilities have been created in the Pharmacology department which is adjoining. Maintenance of animal house has improved.	Veterinary Officer is visiting only once a week. Deficiency remains as it is.
Boys hostel is available in a separate campus. It is old and needs renovation and improvement	There are 2 blocks having 72 rooms with a total capacity of 288. 30 rooms in the block are under renovation.	Accommodation is available only for 528 students against 750. Deficiency remains as it is.
No accommodation is available for unmarried staff nurses as all the rooms in the nurses hostel are occupied by student nurses	B type staff quarters have been allotted for unmarried single staff nurses. There is a nurses hostel of 32 rooms in the nursing college. There is no other nurses hostel.	Nurses hostel is not available. Deficiency remains as it is.
Participation of the staff of Community Medicine department in the activities of RHTC needs to be improved.	Participation of the staff of Community Medicine department has improved.	

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to

serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon’ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon’ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 16.8.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

18. **Sree Balaji Medical College & Hospital, Chrompet Non fulfillment of norms of Medical Council of India – reg.**

Read : The letter of the Secretary, Govt. of Tamilnadu, Chennai received through the Central Govt. with regard to non-fulfillment of norms of Medical Council of India by Sree Balaji Medical College & Hospital, Chrompet, Chennai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 15th March, 2004 of the Central Government and 23rd February, 2004 of the Govt. of Tamil Nadu, Chennai. It was further noted that as per the information received from the Government of Tamil Nadu, the inspection of this college by the team from the Govt. of Tamil Nadu was conducted on 21st January, 2004. It was further noted that the inspection by the MCI for the renewal of permission was carried out by the Council Inspectors on 28th and 29th January, 2004 and the inspection report was considered by the members of the Ad-hoc Committee and of the Executive Committee of the Council in its meeting held on 3rd February, 2004 on the basis of the inspection report on 28th and 29th January, 2004 and it was decided to recommend to the Central Government to renew the permission of the 2nd batch of students. It was observed that the inspection carried out by the team of MCI Inspectors was subsequent to the inspection carried out by the team of Tamil Nadu and the institute had the scope for improvement on the deficiencies observed during the earlier inspection.

The Committee therefore decided to reiterate its earlier decision taken at its meeting held on 3rd February, 2004 and directed the Secretary to communicate the same to the Central Government accordingly.

19. **Introduction of Hindi as a medium of instruction in medical education regarding.**

Read : The letter dated 22nd March, 2004 from the Govt. of India, Ministry of Health & F.W., for introduction of Hindi as a medium of instruction in medical education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 22nd March, 2004 from the Govt. of India, Ministry of Health & F.W. for introduction of Hindi as a medium of instruction in medical education and decided to obtain the medical books translated in Hindi and further authorize the President (Acting) to form a Sub-Committee to go into the details and make its recommendations/report for further consideration in the matter.

20. **To consider the letter received from the Principal, Kempegowda Instt. of Medical Sciences, Bangalore requesting continuance of recognition of admission to the P.G. Courses and renewal of recognition to MBBS course.**

Read : The letter received from the Principal, Kempegowda Instt. of Medical Sciences, Bangalore requesting continuance of recognition of admission to the P.G. Courses and renewal of recognition to MBBS course.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter from the Principal, Kempegowda Instt. of Medical Sciences, Bangalore and decided to verify the compliance by way of an inspection.

21. **W.P.M.P. No.45417/2003 in W.P. No.37410/2003 – P.Illamparithi – Vs. – The Union of India & Ors. in the High Court of Judicature at Madras.**

Read : The W.P.M.P. No.45417/2003 in W.P. No.37410/2003 – P.Illamparithi – Vs. – The Union of India & Ors. in the High Court of Judicature at Madras pertaining to increase in intake by one seat in the Ist year MBBS course – 2002-2003 in PSG Instt. of Medical Sciences, Coimbatore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the W.P.M.P. No. 45417/2003 in W.P. No. 3741/2003 - P.Illamparithi – Vs. – The Union of India & Ors. in the High Court of Judicature at Madras pertaining to increase in intake by one seat in the Ist year MBBS course – 2002-2003 in PSG Instt. of Medical Sciences, Coimbatore and noted that as per provisions of Section 10A of the I.M.C. Act, 1956 a candidate is not eligible to forward the application directly to the Medical Council of India. The application should come through the Central Govt., Ministry of Health & F.W. It was further decided to obtain the legal opinion in the matter and reply be sent to the concerned candidate as per the legal opinion.

22. **Deplorable condition of Government Medical Colleges in Tamilnadu.**

Read : The letter received from Dr. S. Selvaraj addressed to Dr. Kesvan Kutty Nayar, President (Acting), MCI complaining against the deplorable condition of Government Medical Colleges in the State of Tamilnadu.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 12.2.2004 received from Dr. S. Selvaraj, Madurai and decided that a copy of letter of Dr. Selvaraj be sent to the Secretary (Medical Education), Govt. of Tamil Nadu for sending their comments in the matter.

23. **Teacher's Eligibility Qualifications – Counting of teaching experience of specialties graded doctors of AMC.**

Read : The matter with regard to counting of teaching experience of specialties graded doctors of AMC.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the matter to the Teachers' Eligibility Qualifications Sub-Committee of the Council.

24. **Applicability of UGC pay scales to faculty members of all the university departments – reg.**

Read : The report of the Sub-Committee dated 17/10/2003 with regard to applicability of UGC pay scales to faculty members of all the university departments.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the report of the Sub-Committee dated

17.10.2003 and 9.04.2004 and decided to accept the reports of the Sub-Committee which reads as under:-

“The present Committee came to be constituted in terms of the decision by the Executive Committee of the Council taken in its meeting dated 28.7.2003 wherein a letter dated 12.6.2003 from the Under Secretary, University Grants Commission, New Delhi along with a copy of the judgement delivered by the Hon’ble Supreme Court of India in Civil Appeal No. 2056 of 1999 i.e. Bharathidasan University & Ans. Vs. All India Council for Technical Education & Others was considered and President (Acting) was authorised to constitute a 3 members sub-committee to go into the details of the matter and the judgement.

Accordingly, the Committee was constituted by the President (Acting), Medical Council of India met in the office of the Council at New Delhi on 17.10.2003 and on 09.04.2004. Upon perusal of the relevant judgement, the Committee noted that the salient features of the same are as under:-

The judgement is with reference to an appeal preferred by the Bharathidasan University against the judgement delivered by the Divisional Bench wherein it has been ruled that a technical course falling within the ambit and jurisdiction of All India Council for Technical Education (AICTE) cannot be started without its prior approval by any technical institution including a university.

It is pertinent to note that the single judge and the Division Bench while adjudicating in the matter have held that the ratio arising out of the decision of a full bench of Andhra Pradesh High Court reported in M.Sambasiva Rao alias Sambaiah & Ors. Vs. Osmania University, Hyderabad rep. by its Registrar & Ors. [1997 (1) Andhra Law Times 629] is binding.

The material question that has been brought out in the appeal before the Hon’ble Supreme Court was that the university per se created under the statutory Act cannot be said to be covered within the scope and meaning of the word “Technical Institution” defined in the AICTE Act. The word Technical Institution which has been defined u/s 2(h) of the AICTE Act states that the Technical Educational Institution shall be one other than the University”.

As per the observations of the Hon’ble Supreme Court, the word technical institution included in the definition excludes the University. In case the University is outside the ambit with reference to a term included through definition under the Act, the subordinate legislation in the form of regulation cannot mean anything otherwise than what is primarily included in the Act.

The Hon’ble Supreme Court has observed that the AICTE cannot, in our view, make any regulation in exercise of its power u/s 23 of the Act, notwithstanding sub-section (1), which though no doubt enables such regulations being made generally to carry out the purposes of the Act, when such power is circumscribed by the specific limitation engrafted therein to ensure them to be “not inconsistent with the provisions of the Act and the rules...” Therefore, the regulations in so far as it compels the universities to seek for and obtain prior approval for starting any new department or course or programme in technical education (Regulation 4) and empower itself to withdraw such approval, in a given case of contravention of the regulations (Regulation 12) are directly opposed to and inconsistent with the provisions of Section 10(1)(k) of the Act and are consequently void and unenforceable.

Similarly, the said pronouncement made by the Hon’ble Supreme Court says that a reading of Section 10 of AICTE Act will make it clear that whenever the Act omits to cover a “University”, the same has been specifically provided in the provisions of the Act. For example, vide clause (k) of Section 10 only ‘technical institutions’ are referred to, clause (o) of Section 10 provides for guidelines for admission of students to ‘technical institutions’ and ‘universities’ imparting technical education. The definition of technical institution u/s 2(h) of the Act, it has been made abundantly clear that it does not include the university. The clear intention of the legislature therefore is not that all institutions whether University or otherwise ought to be treated as ‘technical institutions’ covered by the Act. If that was the intention, there was no difficulty for the legislating authorities to have merely provided the definition of ‘technical institution’ by not excluding ‘university from the definition thereof and thereby avoided the necessity to use alongside both the words ‘technical institutions’ and university in several provisions in the Act. When by definition a ‘university’ is excluded from the ambit of technical institution to interpret that such a clause or such an expression whenever the expression ‘technical institution’ occurs will include the ‘university’ will be reading into the Act what is not provided therein. Thus, in terms of the appeal preferred by the Bharathidasan University have not been allowed by the Hon’ble Supreme Court through the aforesaid pronouncement 24.9.2001, the interpretation which emanates out of it is in respect of the university per se being outside the ambit of the word ‘technical education’ and they are therefore exempted from seeking prior approval from AICTE for stating a technical course.

All throughout this judgement, the question/issue of applicability of UGC pay scales to faculty members of all the University departments does not find a place. As such the Committee is at bay, and unable to decipher as to how the said judgement has been referred to for the purposes of seeking a decision in respect of applicability of UGC pay scales to faculty members of all the University departments."

25. **Draft amendment to the Drugs and cosmetics rules regarding amendment of Schedule Y., i.e. requirements and guidelines for permission to conduct clinical trials, import and/or manufacture of new drugs for marketing in India – consideration of the report of the Sub-Committee.**

Read : The report of the Sub-Committee constituted as per the decision taken by the Executive Committee in its meeting held on 3rd Feb., 2004 with regard to Draft amendment to the Drugs and cosmetics rules regarding amendment of Schedule Y., i.e. requirements and guidelines for permission to conduct clinical trials, import and/or manufacture of new drugs for marketing in India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered and approved the report of the Sub-Committee dated 28.03.2004 with regard to Draft amendment to the Drugs and cosmetics rules regarding amendment of Schedule Y., i.e. requirements and guidelines for permission to conduct clinical trials, import and/or manufacture of new drugs for marketing in India which reads as under. It was further decided to place the same before the General Body of the Council:-

“As per the decision of the Executive Committee in its meeting held on 3rd Feb., 2004, a Sub Committee has been constituted consisting of the following members, which met on 28-3-04 in the Council office :

1. Dr. G.B. Gupta, Raipur
2. Dr. P.K. Sur, Kolkata

Draft amendment to the Drugs and Cosmetic rules regarding amendment of schedule Y, i.e. requirements and guidelines for permission to conduct clinical trials, impart or manufacture new drugs for marketing in India has been studied and discussed in this meeting.

The document has been well produced and the Committee suggest the following changes:

At page 60 appendix VIII, Fixed Dose Combinations (FDCs) have been written. We suggest following change :-

Existing draft :

- a) The first group of FDCs includes those in which one or more of the active ingredients is a new drug. For such FDCs to be approved for marketing data to be submitted will be similar to data required for any new drug (including clinical trials).
- b) The second group FDCs includes those in which active ingredients already approved/marketed individually are combined for the first time, for a particular claim and where the ingredients are likely to have significant interaction of a pharmacodynamic or pharmacokinetic nature (see rule 122 E, item (c)). If clinical trials have been carried out with the FDC in other countries, reports of such trials should be submitted. If the FDC is marketed abroad, the regulatory status in other countries should be stated. (see appendix I, item 9).

For marketing permission, appropriate chemical and pharmaceutical data will be submitted. In case such combination is not marketed anywhere in the world but these drugs are already in use concomitantly (not as an FDC but individually) for the said claim, marketing permission may be granted based on chemical and

pharmaceutical data. Data showing the stability of the proposed dosage form will also have to be submitted.

For any other such FDCs, clinical trials may be required. For obtaining permission to carry out clinical trials with such FDCs a summary of available pharmacological, toxicological and clinical data on the individual ingredients should be submitted, along with the rationale for combining them in the proposed ratio. In addition, acute toxicity data (LD50) and pharmacological data should be submitted on the individual ingredients as well as their combination in the proposed ratio.

- (c) The third group of FDCs includes those which are already marketed, but in which it is proposed either to change the ratio of active ingredients or to make a new therapeutic claim.

For such FDCs, the appropriate rationale including published reports (if any) should be submitted to obtain marketing permission. Permission will be granted depending upon the nature of the claim and data submitted.

- (d) The fourth group of FDC includes those whose individual active ingredients (or drugs from the same class) have been widely used in a particular indication(s) for years, their concomitant use is often necessary and no claim is proposed to be made other than convenience. It will have to be demonstrated that the proposed dosage form is stable and the ingredients are unlikely to have significant interaction of a pharmacodynamic or pharmacokinetic nature.

No additional animal or human data are generally required for these FDCs and marketing permission may be granted if the FDC has an acceptable rationale.

The following changes are proposed :-

1. In item (b) para 3 should be as follows –

For any other such FDCs, clinical trials may be required. For obtaining permission to carry out clinical trials with such FDCs a summary of available pharmacological, toxicological and clinical data on the individual ingredients should be submitted, along with the rationale for combining them in the proposed ratio. In addition acute toxicity data (**LD10**) and pharmacological data should be submitted on the individual ingredients as well as their combination in the proposed ratio.

The opinion of this Committee is that LD10 is less harmful dose than LD 50 in respect of Human subjects.

2. In item (c) add after last sentence -

“If any change in ratio of active ingredients in a FDCs or a new therapeutic claim is made marketing permission should be given only after carrying out a limited phase III clinical trial.”

The opinion of the Committee is that this limited phase III clinical trial is required to ensure patients’ safety when FDCs are used in different indications.

So, this Committee after going through the draft amendment and amendment submitted by the Ethics Committee fully agrees with the opinion of Ethics Committee.”

26. **Request for extension of service of Assistant Secretary appointed on deputation.**

Read : The request of Shri S.S. Sharma appointed as Assistant Secretary on deputation basis for extension of services for a period of one year w.e.f. 25/4/2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the request of Shri S.S. Sharma dated 14.4.2004 appointed as Assistant Secretary on deputation in the Council office and decided to grant him extension of services for a period of one year upto 25.4.2005.

27. **Govt. Medical College, Anantapur – renewal of permission for admission of students for the academic session 2004-2005.**

Read: The Council Inspectors report (15th & 16th April, 2004) of Govt. Medical College, Anantapur for renewal of permission for admission of students for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th April, 2004) of Govt. Medical College, Anantapur and noted the following:-

1. (i) The shortage of teaching staff is as under:-
 - (a) Faculty more than 15% (i.e.25 out of 151) as under:-
 - a) Associate Professor-5 (Anatomy-2, Physiology-1,Forensic Medicine-1, Radio-Diagnosis-1)
 - b) Assistant Professo:7 (Community Medicine-2, General Medicine-2, Paediatric-1, General Surgery-1, Radio-Diagnosis-1,
 - c) Tutor :10 (Microbiology-1, Pharmacology-2, Comm. Medicine-3, Dermatology, Venerology,Leprosy-1, General Surgery-2, Anaesthesia-1)
 - (b) Residents more than 80% (i.e. 47 out 57)
 - (c) 6 Professors, 12 Associate Professors and 11 Lecturers have jointed this college on or after 25/3/2004 and no residential proof is available from all of them.
 - (d) Dean is not qualified as he is holding the post of Professor for only 1½ year.
 - (e) List of teachers who have transferred from various medical colleges to Govt. Medical College,Anantapur:-

S. No.	Name	DOJ	Department	Designation	Remarks
1.	Dr. Bais Deepraj Singh	25.3.2004	Anaesthesia	Asso.Prof.	T/f from Gandhi Medical College, Hyderabad.
2.	Dr.A.Rupa Kumari	25.3.2004	Anaesthesia	Astt. Prof.	T/f from Gandhi Medical College, Hyderabad
3.	Dr.N.Venugopal	25.3.2004	Anatomy	Asstt. Prof.	T/f from Siddhartha Medical College, Vijayawada
4.	Dr.S.Raja Goptal	26.3.2004	Anatomy	Asstt. Prof.	T/f from Osmania Medical College, Hyderabad
5.	Dr.D.Ravi Babu	25.3.2004	Comm. Med.	Professor	T/f from Gandhi Medical College, Hyderabad

6.	Dr.K.Ananda Rao	25.3.2004	Dermatology	Asso. Prof.	T/f from Andhra Medical College, Viskhapatnam
7.	Dr.V.Vijay Sreedhar	25.3.2004	Pathology	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad
8.	Dr.S.Chandersekhar	25.3.2004	Pathology	Asstt. Prof.	T/f from Gandhi Medical College, Hyderabad
9.	Dr.V.S.Nithyanandan	25.3.2004	Pathology	Asstt. Prof.	T/f from Gandhi Medical College, Hyderabad
10.	Dr.Syed Vikaruddin Masoor	25.3.2004	Gen. Surgery	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad
11.	Dr.B.N.Uma Maheswara Rao	25.3.2004	Gen. Surgery	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad
12	Dr.M.Govadhani	29.3.2004	OBG	Professor	T/f from Gandhi Medical College, Hyderabad
13	Dr.G.Vijayalaxmi	25.3.2004	Pharmacology	Professor	T/f from Gandhi Medical College, Hyderabad
14	Dr.Lakshmi Kameshwari	25.3.2004	Pharmacology	Asstt. Prof.	T/f Osmania Medical College, Hyderabad
15	Dr.V.Venkata Ramanna	25.3.2004	Pharmacology	Asstt. Prof.	T/f from Gandhi Medical College, Hyderabad
16	Dr.C.Suresh Kumar	26.3.2004	Paediatrics	Asso. Prof.	T/f from Guntur Medical College, Guntur.
17	Dr.S.Ramesh Kumar	30.1.2004	ENT	Assoc. Prof.	T/f from Gandhi Medical College, Hyderabad
18	Dr.Irshad Hussain Askari	25.3.2004	Physiology	Asstt. Prof.	T/f from Osmania Medical College, Hyderabad
19	Dr.Y.E.Subhash	25.3.2004	Physiology	Asstt. Prof.	T/f from Siddhartha Medical College, Vijayawada
20	Dr.Rajender Kumar	25.3.2004	For. Medicine	Asstt. Prof.	T/f from Gandhi Medical College, Hyderabad
21	Dr.Dutta Tamloorker	31.1.2004	Ortho.	Professor	T/f from Osmania Medical College, Hyderabad.
22	Dr.V.S.Ravindera Nath	25.3.2004	Ortho.	Asso. Prof.	T/f from Osmania Medical College, Hyderabad
23	Dr.S.Ashok Kumar	25.3.2004	Medicine	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad

24	Dr.P.Vijaya Kumar	26.3.2004	Medicine	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad
25	Dr.K.Ashok Reddy	25.3.2004	Psychiatry	Asso. Prof.	T/f from Gandhi Medical College, Hyderabad
26	Dr.G.V.V.Subba Rao	25.3.2004	Psychiatry	Asstt. Prof.	T/f form Andhra Medical College, Visakhapatnam

SUMMARY OF TRANSFERRED TEACHERS
COLLEGE FROM WHERE TRANSFERRED

Cadre	Andhra Medical College, Vishakhapatnam	Siddartha, Vijayawada	Osmania Medical College, Hyderabad	Gandhi Med.Colleg Secunderabad	Guntur Med.College, Guntur
Prof.			1	3	
Assoc Prof.	1		1	8	1
Asstt. Prof.	1	2	3	5	

TOTAL: 26

2. The college has not yet received letter for affiliation from NTRUHS. Vijayawada for the academic year 2004-05.
3. Statistical unit is not established.
4. Furnished Examination Hall is partly of Gallery type with capacity of 150 seats.
5. Animals are not available in the animal house. There is no Veterinary Officer.
6. In the Central Library total number of books are 4562, Total number of journals subscribed are 22 Indian and 7 Foreign but only one New foreign journal is available. Internet and medlar facilities are not available. The number of journals with back number is Nil. The total number of staff working in the library are five only.
7. Central Photography unit/Photographic camera is not available.
8. Health Centres :

PHC : Lecturer cum medical officer having MD(PSM) is not available; the senior faculty from the department is posted in rotation. Lecture hall cum seminar room is not available. No audiovisual aids have been provided.

UHC : No lecturer cum medical officer having MD(PSM) is posted at the centre. The post of Tutor, Statistician cum lecturer, Epidemiologist are vacant. There is no van and no van driver.
9. The central workshop is not available.
10. Residential Quarters: Total 05 quarters are available within the campus. The number of quarters available for non-teaching staff is 03
11. Play ground is available for outdoor games only one tennis court ground is not properly surfaced. Facilities are available for indoor games. Gymnasium facilities are not available.
12. Teaching and Other Facilities:
 - i) Registration is done manually. There is an admission counter near by - it is also not computerized.

- ii) TB & Chest diseases has got one cubicle and runs on alternative days. There are no X-ray view box and no examination Couch. Skin & VD OP has got one cubicle for each- there is no class room available. Psychiatry OP has got no class room. There is no clinical psychologist available.
 - iii) Surgery OP has got three cubicles with dressing area for male and female separately, these rooms are very small. There is no X-ray view box available. Audiometry room is not airconditioned and no speech therapist is available. There is no X-ray view box.
 - iv) Medical wards are located in the first and second floor with inadequate nursing stations. No X-ray view box is available. Psychiatry ward also has less number of patients.
 - v) Only one common nursing station is available in between two/three different wards. There is no classroom available in the wards. Classroom is not furnished. ENT ward is located in a separate building and there is no connecting corridor with the OT complex.
 - vi) Classroom is available for Gynae. ward but not yet furnished.
13. Clinical Material is grossly inadequate in terms of x-ray and laboratory investigations as under:

	Daily Average	Day of Inspection
<u>Radiological Investigations</u>		
X-ray	59 to 70	31
Ultrasonography	12 to 20	7
Special Investigations	0 to 02	--
<u>Laboratory Investigations</u>		
Microbiology }	1 to 5	2
Serology }	11 to 30	52
Parasitology }	0	--
Histopathology	0 to 4	6
Cytopathology	2 to 4	2
Others	--	--

14. Registration and Medical Record Section : Registration is done manual. There is an admission counter which is not computerized. Medical Record section is managed one M.R.O.who does not have any training in medical record keeping. No ICD index coding is being followed. The case sheets are stored as per the date of discharge only which makes retrieval of the case sheets difficult.
15. Central Casualty Service: Total 6 beds are available in casualty area. Central oxygen supply, central suction, defibrillator, pulse oximeter, ambu bag, disaster trolley are not available in casualty ward.
16. Clinical Laboratories : Microbiology lab does only serological investigations. Culture and sensitivity are done in the college. No stool examination is being done. There is no room or couch is available for doing FNAC. Histopathology work is started since 10 days and being done in the college.
17. Blood Bank : The blood bank license is yet to be renewed (expired on 2002)
18. Operation theatre unit : There are five major Operation theatres having total 10 tables in the O.T. There is no CCTV facility available.
19. Intensive Care :
- Surgical unit is not available.
 - Burns unit is not available.
 - Paediatrics unit is not available.

20. Radiological facilities: One Ultrasound B&W and one B&W (Gynec) is available. Protective measures as per BARC specification are yet to be provided.
21. Central Sterilization Department : CSSD is established in the Orthopaedic block functioning during day time only. There is no ETO/Flash autoclave available.
22. Steps are being taken to install intercom in the college and departments.
23. No canteen is available in the hospital. Food trolley is also not available.
24. Three generators of total capacity of 135 KVA are available but two of them were found to be non functional as there was a power failure at the time of inspection.
25. Nursing staff is inadequate as under :

Nursing Superintendent	: 02
Deputy Nursing Superintendent	: Nil
Matron	: Nil
Asstt. Nursing Superintendent	: Nil
Nursing Sisters	: 14
Staff nurses	: 100
26. No fresh body is available in the Anatomy department
27. No catalogues are available in the department of Community Medicine. Research laboratory is not equipped.
28. No Teaching facilities are available in the departments of TB&Chest, Skin & VD, Psychiatry.
29. Teaching area in the wards are not furnished.
30. Departmental libraries have books as follows:

General Surgery	: Nil	TB & Chest	Nil
Orthopaedics	: Nil	Skin & VD	Nil
Oto-Rhino-Laryngology	: Nil	Psychiatry	Nil
Ophthalmology	: Nil		
Radio-Diagnosis	: 40		
Anaesthesia	: 60		
31. Demonstration rooms in the wards are not furnished in the department of Obstetrics & Gynaecology
32. Lecture hall in the hospital is not as per Council norms.
33. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 15th & 16th April, 2004 for the compliance verification for the academic year 2003-04 and noted the following:-

Deficiencies pointed out	Observations made by the Inspectors on 15 th and 16 th April 2004	Remarks
Individual functioning units are to be made clearly demarcated in the inpatient wards and beds are to be numbered.	Verified and found to be done.	--
There is no autoanalyser available in the biochemistry services. Separate couch for taking FNAC should be made available.	There is a semi auto analyzer available in the Biochemistry service lab. There is no room or couch available in the Pathology service lab in the OPD.	Deficiency remains as it is.
Adequate teaching areas are to be made available in the OP and the ward teaching areas are to be provided with chairs, black boards, x-ray view boxes.	All the teaching areas in the OPD are properly arranged and provided with teaching aids; however ward teaching areas are yet to be equipped with furniture, blackboards etc.	Deficiency is partially rectified.
Separate treatment room and injection areas are to be provided for Medical, Paediatric and surgical OP. Reusing the disposal syringes should be stopped.	Separate areas are provided for injection and glass syringes with disposable needles are being used.	--
OPD registration counter is only manual and should be computerized.	Separate treatment room and injection areas have been provided for Medical, Paediatric and Surgical OP. Reusing the disposal syringes is discouraged and supply of disposal syringes for use in augmented.	
Casualty ward should have minimum 10 beds and equipped with life saving equipments and no disaster trolley is available.	Casualty ward has got 6 beds and no emergency/life saving equipments are available.	Deficiency remains as it is.
Radiology Deptt. should be approved by the BARC and adequate protection from the nearby wards is to be provided.	Radiology deptt. is functioning in the same place and one letter is written to the authorities for BARC approval and no follow-up action.	Deficiency remains as it is.

Separate CSSD has to be started	Separate CSSD is started recently with two horizontal autoclaves; washing areas are provided- the workload seems to be minimal as only 15 drums are being sterilised daily.	Deficiency is partially rectified.
Intercom connection should be made available for the wards.	All the wards in the Hospital are provided with Intercom facility; cables are just being drawn to the college depts.	Deficiency is partially rectified.
Kitchen should be made clean and hygienic.	Kitchen is improved, but only one common room is available for both cutting vegetables and cooking; no food trolleys are available.	Deficiency is partially rectified.
There should be a canteen made available.	There is no canteen available in the Hospital.	Deficiency remains as it is.
There is no incinerator facility.	No incinerator is available disposal of all bio-medical waste are being done by the directions issued by the Medical Suptd. Through a local order.	
Mortuary is in very bad shape and a new mortuary with adequate teaching facilities for students should be made available.	Mortuary is shifted to a new building which has two tables, viewing gallery and cold storage for 8 bodies.	--
There is no regular full time Principal/Dean in the college	No compliance submitted by the college hence, verification could not be done.	Deficiency remains as it is.
There is severe shortage of teaching faculty i.e. more than 50% as under :- Professor : 12 (Physiology-1, Pathology-1, Microbiology-1, PSM-1, Medicine-1, Paediatrics-1, TB & Chest-1, Skin-1, Psychiatry-1, Ortho-1, Obstt.& Gyneac-1, Anaesthesia-1) 60% of deficiency Associate Professor : 14 (Anatomy-1, Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, F.M.-1, PSM-1, Medicine-1, Paediatrics-1, Surgery-1, Gyneac.-1,	No compliance submitted by the college hence, verification could not be done.	Deficiency remains as it is.

Anaesthesia-1, Radiodiagnosis-1, Dental-1) 70% of deficiency. Lecturers :10 (Anatomy -2, Lecturer in Biophysics-1, Statistician-1, Epidemiologist-1, Pharma-1, Paediatrics-2, Psychiatry-1, Opthal-1) 36% of deficiency. Tutors :7 (Pharma-1, TB & Chest-2, Surgery-2, Gynaec.-2) 20% deficiency. Residents : 48 (Medicine-9, Paediatrics-6, Skin-3, Psychiatry-3, Surgery-9, Ortho-6, Ophthalmology-3, ENT-3, Obstt. & Gyneac.-6) 80% of deficiency.		
Adequate furniture like chairs, blackboard, X-ray view boxes, etc., are not yet provided in all the teaching areas.	No compliance submitted by the college.	Deficiency remains as it is.
Separate treatment room and injection areas are not provided for medical and surgical OPD. The audiometry room should be made functional. Audiometrist is not available. There is no accommodation available for nurses.	No compliance submitted by the college.	Deficiency remains as it is.
Disposable syringes are being sterilized and reused which is an unethical practice and it must be stopped immediately.	No compliance submitted by the college.	Deficiency remains as it is.
Casualty ward has only three beds which is much less than the number of the beds required as per the norms.	No compliance submitted by the college.	Deficiency remains as it is.
Essential life saving equipments like defibrillator, pulse oxymeter, cardia monitor, ventilator are not available.	No compliance submitted by the college.	Deficiency remains as it is.
Microbiological services are very rudimentary and only 10 investigations are done daily.	No compliance submitted by the college.	Deficiency remains as it is.
The number of clinical pathology investigations are very little.	No compliance submitted by the college.	Deficiency remains as it is.
There is no separate chamber of FNAC	No compliance submitted by the college.	Deficiency remains as it is.
Histopathology services are not provided because of lack of	No compliance submitted by the college.	Deficiency remains as it is.

equipments and staining process		
There is a common ICU and ICCU in which the essential life saving equipment is not provided for each bed. The equipment available is less in comparison with the number of beds available.	No compliance submitted by the college.	Deficiency remains as it is.
Separate ICCU is not provided.	No compliance submitted by the college.	Deficiency remains as it is.
Separate surgical ICU is not provided. However, only 5 beds combined with post operative ward are available without any other infrastructural support. Emergency equipment is shared with common ICU.	No compliance submitted by the college.	Deficiency remains as it is.
In the pediatric ICU only eight beds are provided with no other infrastructure facilities.	No compliance submitted by the college.	Deficiency remains as it is.
BARC regulations are not followed in the radiology dept. of the present work. The dept. is not approved by BARC. Adequate protection from the near by wards is to be provided.	No compliance submitted by the college.	Deficiency remains as it is.
C-arm is not available in the college.	No compliance submitted by the college.	Deficiency remains as it is.
The number of investigations are also less (35-40 routine x-rays, 12-14 ultrasound and 5 CT- Scan daily). Number of special investigations 6-7 per month.	No compliance submitted by the college.	Deficiency remains as it is.
In the O.Ts there are only two major and two minor O.Ts which are functional. There is no viewing gallery and no CCTV arrangement for the students to which is available.	No compliance submitted by the college.	Deficiency remains as it is.
No proper preoperative anesthetic area is available.	No compliance submitted by the college.	Deficiency remains as it is.
Separate post operative beds are not available in the O.T. complex.	No compliance submitted by the college.	Deficiency remains as it is.
The postoperative recovery beds are shared with ICU	No compliance submitted by the college.	Deficiency remains as it is.
There is no CSSD available. Only two sterilizers are placed in a room which is grossly inadequate for covering to the requirement of the hospital.	No compliance submitted by the college.	Deficiency remains as it is.
Dietician is not available in the central kitchen	No compliance submitted by the college.	Deficiency remains as it is.
No canteen is available.	No compliance submitted by the college.	Deficiency remains as it is.

The drier in the laundry is not functioning. No staff nurses posted in the laundry.	No compliance submitted by the college.	Deficiency remains as it is.
Supporting paramedical staff is inadequate in several departments like Medicine, Radiology and Pharmacology.	No compliance submitted by the college.	Deficiency remains as it is.
The number of staff nurses available are only 80 on regular basis and 30 contractual workers. Thus the shortage of nursing staff for teaching hospital of 400 beds is more than 25%.	No compliance submitted by the college.	Deficiency remains as it is.
There is no functional medical education unit.	No compliance submitted by the college.	Deficiency remains as it is.
Statistical unit is not functional.	No compliance submitted by the college.	Deficiency remains as it is.
There is no artist cum photographic unit in the dept. of Anatomy.	No compliance submitted by the college.	Deficiency remains as it is.
UHC and RHC are yet to be made functional. They are not yet attached to the medical college.	No compliance submitted by the college.	Deficiency remains as it is.
The required number of staff is not posted at these two centers.	No compliance submitted by the college.	Deficiency remains as it is.
The number of rooms provided for resident doctors is inadequate.	No compliance submitted by the college.	Deficiency remains as it is.
In the hostels for boys and girls rooms are not properly furnished. More number of chairs and tables are to be provided.	No compliance submitted by the college.	Deficiency remains as it is.
In the infrastructure of various departments, the following deficiencies are observed:- a) Research laboratory in the department of Physiology is not properly equipped. b) The number of specimens available in the museum of Physiology department is much less and no catalogue is available. c) The special laboratory services in the Microbiology department are not yet functional. d) Research laboratory in the Microbiology dept, is not yet functional. e) In the museum of Microbiology dept, the specimens, are not displayed properly. f) Books in the departmental library is also not adequate.	No compliance submitted by the college.	Deficiency remains as it is.

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon'ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon'ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 16.8.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

28. **Kakatiya Medical College, Warangal – renewal of permission for admission of students against the increased intake i.e. 100-150.**

Read: The Council Inspectors report (22nd & 23rd April, 2004) of Kakatiya Medical College, Warangal for renewal of permission for admission of students against the increased intake i.e. 100-150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd April, 2004) of Kakatiya Medical College, Warangal and noted the following:-

1. (a) Shortage of teaching staff is more than 5% as under (19 out of 261)
 - (i) Associate Professors-8 (Anatomy-1, Physiology-1, Pathology-1, Pharmacology-1, TB & Chest-1, ENT-1, Radio-Diagnosis-1, Dentistry-1)
 - (ii) Assistant Professors-5 (Biophysics-1, Community Medicine-1, Epidemiologist-1, Medicine-2).
 - (iii) Tutors –6 (Physiology-2, Pathology-1, Community Medicine-1, Radio-Diagnosis-2).
- (b) One Professor (Radio-Diagnosis), 7 Associate Professors (Anatomy-2, Physiology, Pharmacology, Pathology, PSM and Radio-Diagnosis-1 each) and 11 Assistant Professor (Anatomy-2, Physiology, Pharmacology, PSM-3, Radio-Diagnosis-3 and Dentistry-1 each)=Total of 19 teachers have joined this institution on or after 28.3.2004.
- (c) List of teachers who have transferred from various medical colleges to Kakatiya Medical College, Warangal:-

S. No.	Name	DOJ	Department	Designation	Remarks
1.	Dr.R.S.Ashok Kumar	28.3.2004	Pathology	Professor	T/f from Siddhartha Medical College, Vijayawada
2.	Dr.N.Venkata Rajaih	1.3.2004	Medicine	Professor	T/f from Siddhartha Medical College, Vijayawada
3.	Dr. I. Bhaskar Raju	20/01/2004	Surgery	Asst. Prof.	T/F From Govt. Medical College Anant Pur
4.	Dr. B. Lakshmana Rao	28/03/2004	Dental	Asst. Prof.	T/f from Govt. Dental College Hyderabad
5.	Dr. P.Vijaya Chander Reddy	29/02/2004	Ortho.	Asst. Prof	T/f From Siddhartha Medical college Vijayawada.
6.	Dr. N.L.N Murthy	01/04/2004	Radiodiagnosis	Professor	T/f from Osmania Medical College Hyderabad
7	Dr. P. Surekha	31/03/2004	-do-	Assco. Prof.	T/f from Gandhi Medical College Hyderabad
8	Dr. M.Vijaya Kumari	28/03/2004	-do-	Asst. Prof.	T/f from Osmania Medical College Hyderabad
9	Dr. S. Narsing Rao	01/04/2004	-do-	Asst. Prof.	T/f Gandhi Medical College3 Hyderabad
10	Dr. M. Lakshmi Surya Prabha	28/03/2004	C. Med.	Asst. Prof.	T/f from Osmania Medical College

					Hyderabad
11	Dr. B. Shdhaker Babu	28/03/2004	C. Med.	Asst. Prof.	T/f from Osmania Medical College Hyderabad
12	Dr. H. Swaroop Rana	22/04/2004	C. Med.	Asst. Prof.	T/f From Gandhi Medical College Hyderabad
13	Dr. S.C. K. Reddy	27/03/2004	C. Med	Asst. Prof.	T/f From Gandhi Medical College Hyderabad
14	Dr. Vedula Prasanna	28/03/2004	Pharm.	Assoc. Prof.	T/f From Gandhi Medical college Hyderabad
15	Dr. Y. Subba Ratnam	28/03/2004	Pham.	Asst. Prof.	T/f From Gandhi Medical College Hyderabad
16	Dr. B. Ram Reddy	29/03/2004	Physiology	Professor	T/f from Osmania Medical College Hyderabad
17	Dr. B Narsing Rao	29/03/2004	Physiology	Asst. Prof.	T/f from Osmania Medical College Hyderabad
18	Dr. B. Bhagya Laxmi	28/03/2004	Anatomy	Assco. Prof.	T/f From Gandhi Medical College Hyderabad
19.	Dr. M. Ashok Kumar	26/03/2004	Anatomy	Asst. Prof.	T/f From Gandhi Medical College Hyderabad.
20.	Dr. V. Anantha Kumari	28/03/2004	Anatomy	Asst. Prof.	T/f from Osmania Medical College Hyderabad
21.	Dr. G. Aruna Kumari	28/03/2004	Anatomy	Asst. Prof.	T/f from Osmania Medical College Hyderabad
22.	Dr. N.Jaya Parkash	28/03/2004	Anatomy	Asst. Prof.	T/f from Osmania Medical College Hyderabad

SUMMARY OF TRANSFERRED TEACHERS
COLLEGE FROM WHERE TRANSFERRED

Cadre	Med.College, Anantapur	Siddartha, Vijayawada	Osmania Medical College, Hyderabad	Gandhi Med.Colleg Secunderabad
Prof.		2	2	
Assoc Prof.				4
Asstt. Prof.	1	1	7	4
Tutor				

TOTAL: 21

- There is one Part Time veterinary officer present in the Animal House
- Central Library : Total number of journals subscribed are 53 Indian and 14 Foreign against the requirement of 70 and 30 respectively.
- Health Centres: Staff as prescribed under norms needs to be appointed.

5. Hostel accommodation for students and residents is inadequate. There is no hostel for interns. Hostel and mess facilities are common for boys and girls in resident hostel.
6. There is no Nurses hostel available.
7. Teaching & Other facilities:
 - a) There is common registration counter for male and female patient.
 - b) TB & Chest O.P. has one common hall and no class room is available. The clinical psychologist visits from Hyderabad once a month.
 - c) The units are not well demarcated and beds are not numbered. Ward side labs are not available. No audio visual aids are available. There is a class room available but not well equipped. Psychiatry ward has 20 beds and no class room.
 - d) Sufficient number of lockers are not available.
 - e) CKM Hospital is over crowded with inadequate space between the cots-units.
8. Central Casualty Service: Total 12 beds are available in casualty area. Central oxygen supply, central suction, defibrillator, ventilator and nebuliser are not available; disaster trolley and crash cots etc. are not available.
9. Clinical Laboratories : There is no common sample collection area. There is no virology/immunology services. No parasitology work is being done. Only technicians are available in these labs.
10. Blood Bank : There is one blood bank available in the hospital which is under the control of an Assistant Surgeon with two months of blood bank training.
11. ICCU: Paediatric and Obstetric ICU are not available. IMC is partly air-conditioned except ICCU and Burns' ward, all the intensive care units are not air-conditioned.
12. There is no exclusive CSSD available.
13. Nursing staff is inadequate as under:

Nursing Superintendent	: 01
Deputy Nursing Superintendent	: 01
Matron	: Nil
Asstt. Nursing Superintendent	: Nil
Nursing Sisters	: 35
Staff nurses	: 139
14. There is no cooling cabinet available in the department of Anatomy.
15. In Microbiology Department no Immunology work is carried out. The departmental library is in the Professors room. No catalogues are available in the Museum. Number of investigations done are much less.
16. In the department of Forensic Medicine there is no laboratory available. Mortuary has got two tables with no viewing gallery. Mortuary is unclean and not well maintained. Departmental library is inside Asst. Professor room.
17. In the department of Community Medicine, no research laboratory is available. Practical laboratory is also not available and is being shared with Pathology Department.
18. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 22/23rd April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Objection raised by MCI	Observations made by the Inspectors on 22 nd and 23 rd April 2004	Remarks
a) The shortage of teaching faculty considering UG & PG courses in 25% i.e. 29 out of 238 as under i) Professor-2 (Physiology-1, Dentistry-1) ii) Assoc. Prof. 21 (Anatomy-2, Physiology-2, Pharmacology-3, Pathology-4, Microbiology-1, SPM-2, Medicine-1, TB & Chest-1, Orthopaedics-1, Anaesthesia-1, Radiodiagnosis-2, Dentistry-1) iii) Asst. Professor 14 (Anatomy-1, Physiology-1, Lecturer in Biophysics-1, Pharmacology-1, Pharmaceutical Chemist-1, Pathology-1, SPM-3, Epidemiologist cum Lecturer-1, Radiodiagnosis-3) a) Tutor/Sr. Residents-22, (Anatomy-2, Physiology-1, Biochemistry-2, Pathology-6, Microbiology-1, Forensic Medicine-2, SPM-2, TB & Chest-1, Anaesthesia-2, Radiodiagnosis-2, Dentistry-1) b) The shortage of Jr. Resident is 53% i.e. 41 out of 77- as under Jr. Resident : 41, (Medicine-9, TB & Chest-2, Skin & VD-3, Psychiatry-3, Paediatrics-9, Surgery-9, Ophthalmology-3, ENT-3)	Shortage of teaching faculty is contained in the main report. One Professor (Radiodiagnosis) 7 Assoc. Prof. (Anatomy-2, Physiology-1, Pharmacology-1, Pathology-1, PSM-1, Radiodiagnosis-1) and 11 Asst. Professors (Anatomy-2, Physiology-1, Pharmacology-1, PSM-3, Radiodiagnosis-3 and Dentistry-1) = Total of 19 teachers have joined this institution on or after 28.03.2004	Deficiency of teaching staff is more than 5%.

c) On scrutiny of the declaration forms, it has been found that 21 teachers have joined the institution within a period of one month from the date of inspection, this includes 14 Professors, 3 Assoc. Professors and 14 Asst. Professors out of 21 teachers, 20 are being drawn from Hyderabad and 1 from Kurnool.		
Letter from university regarding continuing of affiliation for academic year 2003-2004 is not available letter of current of affiliation is not available.	Letter from NTR University of Health Sciences, Vijayawada, AP is not furnished towards affiliation.	Deficiency remains as it is.
There are 5 teaching hospitals attached to the college. Hospital building is old and dilapidated and scattered. College building is also in the poor shape. There are no lights in corridors. A. Teaching areas in OPD are not available. B. Insufficient diagnosis registers are not maintained in the OPDs.	Repair work and renewal of some of the old wards is being taken up. Teaching area in the OPD is provided for all the departments however teaching area in the wards are under renovation/repair. Register in the OPD are being maintained.	Deficiency remains as it is. Deficiency remains as it is.
Beds in the hospital are laid closely the distance between two beds is inadequate.	Beds in the CKM Hospital are overcrowded; rest of the areas are adequately laid out.	Deficiency is partially rectified.
Nursing Staff is grossly inadequate. Only 177 Nurses are available against requirement of 351 Nurses i.e. there is shortage of 50%.	Total number of staff nurses continue to remain less in number; however student nurses from diploma school of Nursing are used.	Deficiency remains as it is.
In Medical Record Section ICD- X classification is not used records are not maintained properly.	ICD-X coding index is being followed.	--
All seven services of Microbiology Deptt. are combined in one big hall and separate laboratories are not available.	Microbiology lab services continue to remain inadequate and less in number.	Deficiency remains as it is.
Two emergency OTs are poorly equipped.	Total number of OTs available as on date are more than 10 taking into account the 4 OTs	

	available at CKM and GMH Hospital.	
CSSD Facilities are inadequate and deficiency still persists. In CSD only one steriliser is functional which caters to beds side dressing sets only. OTs maintained their sterilization.	CSSD is still functioning in three different locations, new CSSD facility is under construction and is expected to be over in another two months.	Deficiency remains as it is.
Mechanized Laundry is installed but still manual washing is carried out.	One washing machine and hydroextractor are available, there is no dryer.	Deficiency is partially rectified
In Central library, not a single foreign journal is available. Total journals available are only 26 against 100 required.	2003 foreign journals have been received.	Deficiency is partially rectified
Examination hall is not adequately furnished.	There are two examination hall with the capacity of 100 each, third hall with 100 seating capacity is yet to be furnished.	Deficiency is partially rectified
Veterinary surgeon is only on visiting basis. He is not full time employee of the college.	Veterinary surgeon is part time and visit the animal house once a week.	Deficiency remains as it is.
In the infrastructure of Pre and para clinical departments the following deficiencies are observed. A : Clinical Physiology Laboratory is not available in the Deptt. of Physiology.	Clinical Physiology lab is established and has got 5 couches and necessary equipment.	-- --
Water shortage still persists. Although authorities denied any water shortage in all departments hostels, and wards, water was stored in buckets and drums.	There are 8 number of bore wells with an yield of 1000-1500 gallon per hour. There are 3 open wells. In addition, the local Municipality supplies 10,000 lts. of water per day.	--
There is shortage of residential quarters for all categories of staff. This deficiency continues.	14 independent bungalows for senior level faculty, 24 double bedded flats and 30 single bedded flats are available for teaching and non-teaching staff members.	Deficiency is partially rectified

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon'ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon'ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 16.08.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

29. **Kurnool Medical College, Kurnool – renewal of permission for admission of students against the increased intake i.e. 130-150.**

Read: The Council Inspectors report (19th & 20th April, 2004) of Kurnool Medical College, Kurnool for renewal of permission for admission of students against the increased intake i.e. 130-150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Inspectors report (19th & 20th April, 2004) of Kurnool Medical College, Kurnool and noted the following:-

1.(a) The shortage of teaching staff is - Faculty 15% (33 out of 217)

(i) Assistant Professors-18 (Anatomy-1, Pathology-2, Pharmacology-1, Community Medicine-2, Medicine-2, Surgery-4, Orthopaedics-2, Radio-Diagn.-2, Anaesthesia-2)

(ii) Associate Professors-7 (Anatomy-1, Physiology-1, Pharmacology-1, Community Medicine-1, TB & Chest-1, Radio-Diagnosis-2)

(iii) Tutors-8 (Anatomy-1, Microbiology-1, Pharmacology-2, Community Medicine-1, Radio-Diagnosis-1, Anaesthesia-2)

(b) Resident 17% (i.e. 14 out of 76)

Jr.Residents-13(Psychiatry-2,General Surgery-8, Orthopaedics-3)

Sr. Resident-1 (General Surgery-1)

(c) 4 Professors, 4 Associate Professors and 15 Lecturers of various departments have been transferred from different medical colleges and joined this college on or after 28.3.2004.

(d) List of teachers who have transferred from various medical colleges to Kurnool Medical College, Kurnool:-

S. No.	Name	DOJ	Department	Designation	Remarks
1.	Dr. G. Mallikarjua Rao	13.03.2004	Gen. Surgery	Assoc. Prof.	T/f from Govt. Medical College, Anantapur
2.	Dr. G. Sudhakar	10.02.2004	Paediatrics	Prof.	T/f from SV Medical College, Tirupathi on 09.02.2004
3.	Dr. B. Rama Krishna	Nov. 2003	-do-	Assoc. Prof.	T/F from Andhra Medical College, Vishakhapatnam
4.	Dr. T. S. S. Manidhar	28.03.2004	Comm. Medicine	Prof.	T/F from Siddhartha medical College, Vijayawada.
5.	Dr. J. Ravi Kumar	28.03.2004	-do-	Ass. Prof.	Shifted from Usmania Medical College, Hyderabad.
6.	Dr. M/ Maruti Vara Prasada Sarma	28.03.2004	-do-	-do-	Shifted from Gandhi Medical College, Hyderabad
7.	Dr. R. Pushpanjali	28.03.2004	-do-	-do-	Shifted from Osmania Medical College, Hyderabad.
8.	Dr. P. Siva Reddy	09.03.2004	Physiology	Prof. & Head	T/F from Guntur Medical College, Guntur
9.	Dr. B. P. Subba Reddy	28.03.2004	-do-	Assoc. Prof.	T/f from Kakatiya Medical College, Warangal
10.	Dr. P. Kasturi Bai	28.03.2004	-do-	-do-	T/f from Siddhartha Medical College, Vijayawada
11.	Dr. Vashupalli Ravi	28.03.2004	Anaesthesia	Ass. Prof.	T/f from Andhra Medical College, Vishakhapatnam
12.	Dr. J. Ramana Prasad	31.03.2004	-do-	-do	T/f from Andhra Medical College, Vishakhapatnam
13.	Dr. T. Venkataramana Chary	28.03.2004	Anatomy	Prof.	Shifted from Osmania Medical College, Hyderabad.

14.	Dr. B. Suseelamma	28.03.2004	-do-	Prof.	T/f from Gandhi Medical College, Secunderabad
15.	Dr. N. Diwakar Reddy	28.03.2004	Biochemistry	Assoc. Prof.	Shifted from Osmania Medical College, Hyderabad.
16.	Dr. K. Prakash	23.11.2003	Microbiology	Ass. Prof.	T/F from Govt. Medical College, Anantapur
17.	Dr. A. Krishnaiah	28.03.2004	-do-	Ass. Prof.	T/f from Gandhi Medical College, Secunderabad
18.	Dr. Tamil Arasi	27.03.2004	-do-	Assoc. Prof.	T/f from Osmania Medical College, Hyderabad.
19.	Dr. Durdana Begum	27.03.2004	Forensic Medicine	-do-	T/f from Osmania Medical College, Hyderabad.
20.	Dr. K. Vijayal	28.03.2004	Pharmacology	Asst.Prof.	T/f from Osmania Medical College, Hyderabad.
21.	M. Vijaya Bhaskar	01.03.2004	TB & Chest	Prof.	T/f from Gandhi Medical College, Hyderabad
22.	Dr. K. Sreelatha	07.01.2004	-do-	-do-	T/f from Govt. Medical College, Anantapur

SUMMARY OF TRANSFERRED TEACHERS
COLLEGE FROM WHERE TRANSFERRED

Cadre	Med.College, Anantapur	S.V. Medical College, Tirupati	Andhra Medical College, Vishakhapatnam	Siddhartha, Vijayawada	Osmania Medical College, Hyderabad	Gandhi Med.Colleg Secunderabad	Guntur Med.Coll ege, Guntur	Kakatiya Med.Coll ege, Warangal
Prof.	1	1	-	1	1	2	1	-
Assoc Prof.	1	-	1	1	3	-	-	1
Asstt. Prof.	1	-	2	-	3	2	1	-
Tutor	3	1	3	2	7	4		

TOTAL: 22

2. There is a part time Veterinary Officer in the Animal House.
3. Central Library : Total number of books are 4350 against the requirement of 10000. Total number of journals subscribed are 12 Indian against the requirement of 70. No Journal for 2003 has been received yet. The staff is not adequate.
4. Central photography cum audio-visual units are not available. Photographer post is vacant.
5. Health Centres :

PHC : The senior faculty from the department is posted in rotation. No accommodation facilities are available for interns in the RHTC. The audiovisual aids have been brought by the PSM department for teaching facilities at the time of the visit. No beds are available for admission.

UHC: Delivery services are not available.

6. Hostels: Accommodation is inadequate as it is available only for 332 students against 750 required as under:

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	01	83	126	Yes	Available
Girls	01	103	206	Yes	Available
Nurses	Staying along with student. Nurses accommodation is available for 66 Nurses.				

- Rooms available for boys are less in number.
 - Kitchen for the boy's hostel is located in the ground floor and the mess is in the 1st floor.
7. No residential quarters are available for any of the category of the staff.
8. There is one Physical education Director, available on contractual basis.
9. Teaching & Other facilities:
- a) In OPD, the waiting area does not have shade or chairs. There is no computer available and the registration is done manually.
 - b) There is no ECG room and no teaching area is available. There is one class room available with no x-ray view box. Departmental library is in the Professor's room. TB & Chest O.P. runs 2 days in a week. There is no clinical Psychologist.
 - c) In Surgical OPD, the rooms are too small and congested. There is one demonstration room available with no x-ray view box. Orthopedics OP has got 02 cubicles and a demonstration room with no x-ray view box. In Obst. & Gynae, there is no view box in the demonstration room.
 - d) Pediatric ward is over crowded, one ward located in the ground floor and has got 70 cots with only two toilets which are badly maintained. Orthopedics ward is overcrowded and there are floor beds. Surgery wards consist of inadequate bedside lockers. Space between two beds is less.
 - e) Obst. & Gynae. Ward is over crowded.
10. There is a separate Registration counter for OPD cases, which is not computerized. One computer is available but not used for the purpose of record keeping. ICD coding index is not being followed and the case sheets are stored as per the date of discharge and IP numbers.
11. Disaster trolley and crash cots etc. are not available in the Central Casualty Service. There is no hand washing facility available in the OT. Only 18 beds are available against the requirement of 25.
12. Clinical Laboratories are located in different places with sample collection being done at respective areas. FNAC and HPE are done in the college where no adequate facilities are made available for performing FNAC. No Microbiology service lab is available in the hospital. All hospital work (OP & IP) is done in the college which is poorly equipped. There is no Elisa Reader available in the Microbiology department. Number of laboratory investigations done are much less as compared to the OP & IP statistics.
13. Blood Bank : There is one blood bank available in the hospital which is under the control of an Assistant Surgeon with one months blood bank training only. The license of blood bank expired three years back and to be renewed and the matter is under correspondence.
14. There are 07 major Operation theatre units against the requirement of 10 as per norms.
15. There is no exclusive CSSD available.

16. In the Anatomy department, there does not have adequate exhaust, light, water supply and drainage facilities. There is no cooling cabinet. The shortage tank is located in a old dilapidated building which is very badly maintained. There is no modellar available. No students locker is available.
17. In the Physiology Department, departmental library cum seminar room is inside the reader's room. There is no well equipped research laboratory is available. Clinical physiology lab is inadequately furnished.
18. In the Pathology department, there is no facility for running water for doing staining process and experiments. There is no separate room/couch is available for doing FNAC. Haematology and histopathology labs are in the same hall. There are no chairs in the demonstration room.
19. In the Microbiology Department, Demonstration room has only 30 seats. No service lab is in the hospital. There is no virology/Immunology section. No catalogues are available in the Museum. Number of investigations done are much less.
20. There is no students' lab. Departmental library is inside the Professor room in the department of Forensic Medicine and Community Medicine. There is no catalogue available in the department of Forensic Medicine.
21. Departmental libraries have inadequate number of books as follows: TB & Chest:60, Skin & VD: 60, Psychiatry: 40, Oto-Rhino-Laryngology : 60 & Anaesthesia : 70. The departmental libraries are located inside the Professors chamber or in the O.P. rooms.
22. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 19th & 20th April 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiency pointed out during inspection on 26 th & 27 th September, 2003.	Remarks during inspection on 19 th & 20 th April 2004	Observations
1. (a) The shortage of teaching faculty after considering the requirements for U.G. and P.G. courses is 26 % –i.e. 61 out of 237- as under: (i) Professor: 1 (Pharmacology:1) (ii) Associate Professor; 13 (Anatomy:1; Physiology:2; Pathology:2; Microbiology:1; Forensic Medicine:1; P.S.M.:2; TB & Chest:1; Surgery:1; Anaesthesia:1; Radiodiagnosis:1) (iii) Assistant Professor: 18 (Anatomy:3; Pharmacology:2; Pharmaceutical Chemist:1; Pathology:1; Forensic Medicine:1; P.S.M.:2, Epidemiologist cum Lecturer:1; Statistician cum Lecturer:1; Anaesthesia:3; Radiodiagnosis:3) (iv) Tutor / Sr. Resident: 29 (Anatomy:2; Physiology:1; Biochemistry:3; Pharmacology:3; Pathology:2; Microbiology:4; Forensic Medicine:2; Surgery:3;	The Shortage of teaching faculty is detailed in the main report.	Deficiency of teaching staff is 15%. Deficiency remains as it is.

Anaesthesia:5; Radiodiagnosis:4) (b) The shortage of Jr. Resident is 15 % -i.e. 12 out of 79- as under: (i) Jr. Resident: 12 (Surgery:9; Orthopaedics:3) On scrutiny of the declaration forms submitted during the inspection, it was found that 24 teachers joined the institution within a month and as a matter of fact 23 of them within the last 10 days of the date of inspection. All these teachers were drawn from different Government Medical Colleges of the State of Andhra Pradesh. Out of these 24 teachers, 7 are Professors, 10 Associate Professors and 7 Assistant Professors.		
2. Teaching beds are deficient to the extent of 15 % - i.e. 111 out of 750 beds- as under: (i) Medicine: 48 beds (ii) Paediatrics: 26 beds (iii) Orthopaedics: 37 beds	The deficiency of beds still remains as under: 1(a) Psychiatry-5 beds. 2. The distribution of units in the department of OG is not as per Council norms.	Deficiency partially rectified.
3. Hospital is old, dilapidated building and is poorly maintained, overcrowded and stinking. It does not have ambience of teaching hospital. It does not have adequate facilities for toilets and drinking water and overall cleanliness is very poor. Space between two beds is not sufficient.	(a)The waiting area does not have shade or chairs. There is no computer available and the registration is done manually. (b)There is no ECG room and no teaching area is available. There is one class room available with no x-ray view box. Departmental library is in the Professor's room. TB & Chest O.P. runs 2 days in a week. There is no clinical Psychologist. (c)The rooms are too small and congested. There is one demonstration room available with no x-ray view box. Orthopedics OP has got 02 cubiles and a demonstration room with no x-ray view box. (d)Pediatric ward is over crowded, one ward located in the ground floor and has got 70 cots with only two toilets which are badly maintained. Orthopedics ward is overcrowded and there are floor beds. (e)Obst. & Gyna. Ward is over crowded.	Deficiency remains as it is.

4. There is shortage of 1 O.T. as only only 9 O.T.s are available against 10 required. Two airconditioners are not functioning. C arm is also not in working order and requires immediate repairs. Shadowless ceiling lamps and ventilators are not provided.	There are 7 major and 3 minor OTs having 15 tables. Each OT is having central oxygen and notrous oxide supply and central suction. The facilities for pre-anaesthetic and post anaesthetic care are available.	The number of major OTs available are only 7 against 10 required. Deficiency remains as it is.
5. Proper teaching areas are not available in all O.P.D.s. ECT room in Psychiatry O.P.D. does not have facilities for Anaesthesia and the services of Anaesthetist are not available.	(a)The waiting area does not have shade or chairs. There is no computer available and the registration is done manually. (b)There is no ECG room and no teaching area is available. There is one class room available with no x-ray view box. Departmental library is in the Professor's room. TB & Chest O.P. runs 2 days in a week. There is no clinical Psychologist. (c)The rooms are too small and congested. There is one demonstration room available with no x-ray view box. Orthopedics OP has got 02 cubiles and a demonstration room with no x-ray view box.	Deficiency remains as it is.
6. Casualty ward has only 10 beds against 25 required. Resuscitation equipment like defibrillator, ventilator, pulse oxymeter, suction, etc. are not available.	Only 18 beds are available against 25 required. Disaster trolleys and crash cots are not available. There is no hand washing facilities available attached to the OT.	Deficiency remains as it is.
7. Blood bank license expired in 1997. It has not been renewed since then.	The license of blood bank has expired 3 years back and is to be renewed. The matter is under correspondence.	Deficiency remains as it is.
8. Patients' kitchen needs improvement.	It is gas and fire wood type.	-
9. Mechanized laundry is available but nonfunctional.	It is functional	-
10. There is no segregation of hospital waste at production site. Incinerator is not in working order. Segregation of waste in properly coded colour bags is not done.	There is no incinerator available. The hospital has entered into a MoU with the private agency on 29.11.2003 for disposal of bio-medical waste.	Deficiency partially rectified.
11. In the infrastructure of preclinical and paraclinical departments, the following deficiencies are observed: (a) All these departments have poorly maintained laboratories and departmental libraries.	The departments have poorly maintained dissection hall and laboratories are also inadequately furnished.	Deficiency remains as it is.
(b) Cold storage is not available in Anatomy. Dissection hall is old and ill furnished with improper ventilation and lighting. Section cutting machine	There is no cooling cabinet available in Anatomy. The storage tank is located in an old dilapidated building which is very badly maintained. Sufficient	Deficiency remains as it is.

is not available. Museum specimens are ill kept in broken jars and need replacement. Laboratory furniture is inadequate and needs to be replaced or repaired.	students lockers are not available. Museum is located temporarily alongwith dissection hall. The dissection hall does not have adequate exhaust, light, water supply and drainage facilities.	
(c) Clinical Physiology laboratory is not available in the department of Physiology. In other laboratories in the department, the equipment are old and not in working order. It appears that the equipment have not been used for a long time.	Clinical Physiology laboratory is inadequately furnished. There is no research lab. in Physiology. Departmental library is in the room of Assoc.Professor.	Deficiency remains as it is.
(d) Furniture in the departments of Biochemistry and Pharmacology is old. Washbasins and water supply in the laboratory of Biochemistry department are not satisfactory. Research laboratory of Biochemistry department has old non-working equipment.	The specimens available in the museum of Pharmacology are inadequate. Space for experimental pharmacology is inadequate as per the norms.	Deficiency remains as it is.
(e) Clinical haematology laboratory is not available in the department of Pathology. Furniture in other laboratories need replacement. Special stains like immuno-histochemistry, etc. are not available.	In the deptt. of Pathology, there is no facility for running water for doing staining process. There is no separate room/couch is available for doing FNAC. Haematology and histopathology lab are in the same room. There are no chairs in the demonstration room. Departmental library is in the reporting room.	Deficiency remains as it is.
(f) Virology and immunology laboratories are not available. Laminar flow is out of order.	There is no service lab. of Microbiology in the hospital. No Immunology work is carried out. The number of specimens in the museum are inadequate. The capacity of the demonstration room is only 30 which is inadequate. There is no Virology/Immunology section available.	Deficiency remains as it is.
(g) Laboratory of Forensic Medicine is nonfunctional. Museum is grossly inadequate. Demonstration room is not properly furnished.	There is no students laboratory in the deptt. of Forensic Medicine. The departmental library is inside the Professors room. No catalogues are available in the museum. The capacity of demonstration room is 40 which is inadequate as per norms.	Deficiency remains as it is.
12. The number of books and journals in the central library is grossly inadequate. Only 4,350 books are available against 8,000 required at this stage. The number of	Number of books and journals in the central library is grossly inadequate. Total number of books is only 4350 against 8000 required. Total number of journals	Deficiency remains as it is.

journals available are only 58 –11 foreign & 47 Indian- against requirement of 100 journals. The number of foreign journals is too low for a medical college library. The staff is inadequate and the post of librarian is vacant.	subscribed are 12 Indian, 45 foreign i.e. total 57 against the requirement of 100 journals. The number of foreign journals is too low. No journals for 2003 has been received yet. Staff is inadequate.	
13. Medical and paramedical staff at R.H.T.C. is not adequately provided. Accommodation for interns is also not available. Vehicle and transport facilities are not adequate.	No accommodation facility for the interns are available in the RHTCs. No beds are available for admission. The labour rooms and beds are not available. Delivery service are not available at UHCs.	Deficiency remains as it is.
14. Accommodation for residents is inadequate, illfurnished, unhygienic and insufficient. Messing facilities are not satisfactory.	No compliance is observed.	Deficiency remains as it is.
15. Examination hall is yet to be furnished.	No compliance is observed.	Deficiency remains as it is.
16. Other deficiencies / remarks in the report.	-	-

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon’ble Supreme Court.

- i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon’ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are

granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon’ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon’ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 16.8.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

30. **S.V. Medical College, Tirupati – renewal of permission for admission of students against the increased intake i.e. 100-150.**

Read: The Council Inspectors report (15th & 16th April, 2004) of S.V. Medical College, Tirupati for renewal of permission for admission of students against the increased intake i.e. 100-150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Inspectors report (15th & 16th April, 2004) of S.V. Medical College, Tirupati and noted the following:-

- 1(a) Shortage of teaching faculty is more than 10% as under:-
 - (i) Assoc.Professor-14 (Anatomy-1, Physiology-2, Biochemistry-1, Pathology-1, Pharmacology-1, Forensic Medicine-1, Community Medicine-1, TB & Chest-1, ENT-1, Radio-Diagnosis-2, Anaesthesia-1, Dentistry-1)
 - (ii) Assistant Professor-17(Anatomy-3, Lecturer in Bio-physics-1, Microbiology-1, Pharmacology-1, Forensic Medicine-1, General Medicine-5, Psychiatry-1, Radio-Diagnosis-3, Anaesthesia-1)
 - (iii) Tutor-3 (Community Medicine-1, Radio-Diagnosis-1, Anaesthesia-1)
- (b) Shortage of resident is more than 5% as under:-
 - (i) Sr. Resident:8 (TB & Chest-1, Surgery-4, Orthopaedics-2, Obst. & Gynae-1)
 - (ii) Jr. Resident:2 (Surgery-1, Orthopaedics-1)
- (c) List of teachers transferred from various medical colleges to S.V. Medical College, Tirupati:-

S. No.	Name	DOJ	Department	Designation	Remarks
1.	Dr.B.Karunakar	1.4.2004	Forensic Med.	Asst. Prof.	T/f Gandhi Medical College, Hyderabad.
2.	Dr.V.Seshayamma	1.4.2004	Pharmacology	Professor	T/f Osmania Medical College, Hyderabad
3.	Dr.G.V.Simpson	1.4.2004	-do-`	Asst. Prof.	T/f Osmania Medical College, Hyderabad
4.	Dr.K.Ashok Kr. Reddy	1.4.2004	Comm. Med.	Asst. Prof.	T/f Osmania Medical College, Hyderabad

5.	Dr.Seema Madan	1.4.2004	Anatomy	Professor	T/f Gandhi Medical College, Hyderabad.
6.	Dr.T.Maruthi Chander Rao	1.4.2004	Physiology	Professor	T/f Andhra Medical College, Vishakhapatnam
7.	Dr.M.Himangini	1.4.2004	-do-	Asst. Prof.	T/f Gandhi Medical College, Hyderabad.
8.	Dr.K.Indira	1.4.2004	-do-	-do-	T/f Osmania Medical College, Hyderabad
9.	Dr.M.Sarojini Reddy	1.4.2004	-do-	-do-	T/f Osmania Medical College, Hyderabad
10.	Dr.N.Surender Kumar	13.1.2004	-do-	-do-	T/f Kakatiya Medical College, Wrangal
11.	Dr.N.Subbarao	1.4.2004	Pathology	Asso. Prof.	T/f Siddhartha Medical College, Vijayawada. - Showing his duty as Asso. Prof. at Siddhartha Medical College from 22.2.99 to 2.4.2004
12.	Dr.T.Jayamastan Rao	1.4.2004	-do-	Asst. Prof.	T/f Osmania Medical College, Hyderabad
13.	Dr.Y.Rama Rajli	1.4.2004	-do-	-do-	T/f Osmania Medical College, Hyderabad
14.	Dr.M.V.Bhineshwar	2.4.2004	Anaesthesia	Asst. Prof.	T/f Osmania Medical College, Hyderabad
15.	Dr.D.Rangarao	2.4.2004	-do-	-do-	T/f Osmania Medical College, Hyderabad
16.	Dr.Sreeniwas Sambhaktula	26.3.2004	Medicine`	Asst. Prof.	T/f Andhra Medical College, Visakhapatnam
17.	Dr.A.P.Gnanshwar	14.2.2004	Paediatrics	Professor	T/f Kurnool Medical College, Kurnool

SUMMARY OF TRANSFERRED TEACHERS
COLLEGE FROM WHERE TRANSFERRED

Cadre	S.V. Medical College, Tirupati	Andhra Medical College, Vishakhapatnam	Siddhartha, Vijayawada	Osmania Medical College, Hyderabad	Gandhi Med.Colleg Secunderabad	Kakatiya Med.College, Warangal
Prof.	1	1		1	1	
Assoc Prof.			1			
Asstt.		1		8	2	1

Prof.						
Tutor		2	1	9	3	

TOTAL: 32

2. Non-teaching staff should be appointed in the various department as per the Council recommendations.
3. Both the Principal of the college and the Superintendent of the hospital are holding additional charge.
4. The college is affiliated to NTR University of Health Sciences, Vijayawada. The college has not obtained the yearwise affiliation from the university after increase of seats since 2000-2001.
5. Clinical material in terms of OPD attendance, operative work, x-ray investigations and laboratory investigations is inadequate as under:

	Daily Average		Day of inspection	
OPD attendance	560.20		520	
Number of major surgical operations	9.4		8	
	OP	IP	OP	IP
X-ray	67.5	109	50	20
Ultrasonography	11.2	24	5	6
Special Investigations	2.2	4.4	2	3
Lab. Investigations				
Biochemistry	194	163.4	180	150
Microbiology	-	16.2	1.5	-
Serology	96	94	9	9
Parasitology	-	-	-	-
Hematology	176.4	224.8	160	210
Histopathology	146.8	201.2	150	160
Cytopathology	7.8	-	5	-
Others (HIV)	11.4	-	9	-

6. The composition of Unit I,II,III,IV,V & VI of Medicine and I,II, III of Orthopaedics is not as per Council norms as this departments are running postgraduate courses. Each unit should have three senior teaching and two senior teachers are available in these units.
7. In the OPD, waiting area which are available near to this counters are inadequate for the number of patients poring in daily (500-600). The examination rooms are in many places are in smaller size and are inadequate for the movement of patients and staff. In some examination rooms are not having x-ray view box, wash basins etc. The demonstration rooms in many OPDs are smaller in size which can accommodate about 10 students only. The seminar rooms in many of the departments do not have OHP, TV, x-ray view box etc.
8. In the demonstration room of Orthopaedics OPD, there is no wash basin and it is inadequately furnished.
9. There is no separate injection room for male and female and facilities are inadequate. In ENT OPD, the audiometry room which is supposed to be sound proof for the patient is to be reorganized and should be airconditioned.
10. In the hospital wards, cots are not numbered and the unitwise distribution of beds is not specified in each ward. There is no nursing station in any ward. There is no bedside locker in many of the wards. No pillows for the patients in any ward. No wash basin in many of the wards. In the demonstration room, no wash basin, no black board, no stools, no side lab. No pantry room for the patients in all the wards.

11. There are only 9 OTs against requirement of 10. They do not have central oxygen and nitrous oxide supply and central suction. The facilities for pre anaesthetic and post anaesthetic care are inadequate. Three OTs are not fly proof but the operations are going on. In the sidewalls of the theatres rainwater seepage is present. Many of the OT tables are equipments are very old and have to be condemned.
12. In the Radio-Diagnosis department, protective measures as per BARC specifications are not provided. Facilities are not adequate. There is no 800 mA machine as required as per norms.
13. In the Blood Bank, the facilities are not adequate. The blood bank license has expired in 1998. No evidence for the renewal of license has been provided.
14. Registration counter for indoor and outdoor patients is not computerized. WHO classification is not followed.
15. In the casualty, there is no central oxygen supply.
16. There is a combined ICU for Medicine, Surgery and Burns against the separate ICU is required for each of these departments.
17. Incinerator is not available.
18. The availability of para medical staff of different categories is not adequate.
19. The Nursing Staff available - 3 Nursing Superintendents, 29 head nurses, 169 Staff Nurses is grossly inadequate for a teaching hospital of this size. It should be appointed as per Council Norms.
20. Auditorium has a capacity of only 400 against the requirement of 750. There is no fixed furniture. Only 100 plastic chairs were placed.
21. In the examination hall, the available accommodation is 200 against the requirement of 375.
22. There is no separate common room for boys and girls. There is only one room having six benches on which 20 students can sit. No other facilities including toilets are provided.
23. In the Animal House, facilities for animal experiment is not available. Only Veterinary officer is available who is full time.
24. (i) For the students hostel, accommodation is available for 432 as against the requirement of 750.
(ii) For Resident, accommodation is available only for male residents for 74 as against required of 150.
(iii) There is no hostel for female residents.
(iv) There is no hostel for male interns. They are accommodated in the resident hostel if accommodation is available.
(v) There is no hostel for nurses.
25. In the residential quarters, only 14 staff quarters are available. No quarters are available for Class III & IV employees.
26. The following deficiencies are observed in the infrastructure of pre clinical departments:
 - (i) Anatomy Deptt. : Histology Practical laboratory should have 90 work places.
 - (ii) Physiology Deptt: One demonstration room needs 75 seats instead of 60. The amphibian laboratory should have 90 work places.
 - (iii) Biochemistry Deptt: Practical laboratory should have 90 work places.
27. The following deficiencies are observed in the infrastructure of para clinical departments:

- (i) Pharmacology Deptt: Experimental Pharmacology laboratory should have 75 work places. Clinical pharmacology/Pharmacy laboratory should have 75 work places.
- (ii) Pathology Deptt: Histopathology practical laboratory should have 90 work places. Haematology practical laboratory should have 90 work places.
- (iii) Microbiology Deptt: Practical Laboratory should have 90 work places.
- (iv) Forensic Medicine Deptt: Department practical laboratory should have 30 microscopes.
- (v) Community Medicine Deptt: Practical laboratory should have 90 work places.
- (vi) Laboratory staff available is also grossly inadequate.
- (vii) The number of books in the department of libraries of Skin & VD, Psychiatry, ENT and Radio-Diagnosis are less than as required as per norms.

28. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report 15th & 16th April, 2004 for the compliance verification inspection for the academic year 2003-2004 and noted the following:-

Deficiencies pointed out in inspection report Dated 23 rd & 24 th Sep, 03	Observations/comments by Council Inspectors dated 15 th & 16 th April, 2004.	Remarks
a) The shortage of Teaching Faculty after considering UG & PG Courses as under	The previous inspection was carried out on 23 rd & 24 th Sept., 2003. The present inspection is carried out on 15 th & 16 th April, 2004. During this period the institution has appointed the following staff members to rectify the deficiencies. In spite of appointing the new teachers the deficiency is existing. The details of the appointments made are as under	Shortage of teaching faculty is more than 5%. Professor : Nil Associate Professor : 14 (Anatomy-1, Physiology-2, Biochemistry-1, Pathology-1, Pharmacology-1, Forensic Medicine -1, Community Medicine-1, TB & Chest-1, ENT -1, Radio -Diagnosis-2, Anaesthesia-1, Dentistry -1) Assistant Professor :17 (Anatomy-3, Lecturer in Biophysics-1, Microbiology-1, Pharmacology-1, Forensic Medicine-1, General Medicine-5, Psychiatry-1, Radio-diagnosis-3, Anaesthesia-1) Tutor-3(Community Medicine-1, Radio-diagnosis-1, Anaesthesia-1) <u>Shortage of resident is more than 5%</u> Sr. Resident:8 (TB & Chest -1, Surgery-4,

				Orthopaedics-2, Obstetrics & Gynaec. - 1) Jr. Resident :2 (Surgery- 1, Orthopaedics-1)
Professor : NIL				
II Reader : 21 (Anatomy - 2, Pathology -3, Microbiology-2, Physiology-2, Pharmacology-2, PSM-2, ENT-1, Anaesthesia - 4, Radiodiagnosis -2, Dental-1)	Departme nt	Cadre	Date of Rectification (Appointment)	
	Anatomy	Reader -2	1. Dr. Seema Madan, 01.04.2004	
	Pathology	Reader -3	1. Dr. P. Nalini Kumari 18.09.2003(as Prof.). As she was on leave during the previous inspection she was not considered. 2. Dr. S. Subba Rao, 01.04.2004	
	Microbiol ogy	Reader -2	1. Dr. Sasi Kala, 01.10.2003	
	Physiolog y	Reader-2	1. Dr. Maruti Chander Rao, 01.04.2004	
	Pharmacol ogy	Reader -2	1. Dr. Seshayamma, 01.04.2004 (as Prof.)	
	SPM	Reader -2	1. Dr. Madhusudhan , 17.10.2003.	
	Radio- Diagnosis	Reader - 2	1. Dr. G.V. Prasad, 01.04.2004 2. Dr. Vijay Kumar, 01.04.2004	
	Dental Surgery	Reader -2	1. Dr. B. Bhavani, 04.04.2004	

III. Lecturer : 25 (Anatomy - 2, Physiology-1, Pharmacology-1, Pharmaceutical Chemist - 1, Pathology-4, Microbiology-1, SPM-3, Medicine-6, Anaesthesia- 2, Radio-Diagnosis-3, Dental -1)	Physiology	Lecturer -1	1. Dr. Sarojini Reddy, 01.04.2004 2. Dr. Hemangini, 01.04.2004	
	Pharmacology	Lecturer -1	1. Dr. G.B. Simpson, 01.04.2004	
	Pathology	Lecturer -4	1. Dr. J. Mastan Rao, 01.04.2004 2. Dr. Y. Ramraju, 01.04.2004 3. Dr. K. Brahmaramba, 01.04.2004.	
	Microbiology	Lecturer -1	1. Dr. M. Anuradha, 13.03.2004	
	SPM	Lecturer-1	1. Dr. G. Srinivasa Rao, 01.10.2003. 2. Dr. K. Ashok Kumar Reddy, 01.04.2004	
	Anaesthesia	Lecturer-2	1. Dr. M.V. Bhimeswar, 02.04.2004. 2. Dr. D. Ranga Rao, 02.04.2004	
	Dental Surgery	Lecturer -1	1. Dr. Gowri Sankar, 22.03.2004 2. Dr. Parvathi, 01.04.2004 3.	
IV Tutors 16 (Pharmacology -1, Microbiology-2, PSM -1, Medicine-4, TB & Chest- 1, Orthopaedics -1, Anaesthesia-5, Radiodiagnosis -1)	SPM	Tutor -1	1. Dr. B. Manjulatha Reddy, 01.10.2003. 2. Dr. Y. Lalitha Kumari, 01.10.2003/ 3. Dr. Suresh Kumar, 18.03.2004.	

	Medicine	Tutor -4	1. Dr. P.A. Chandra Sekhar, 01.10.2003. 2. Dr. Srinivasulu Reddy, 22.10.2003 3. Dr. Neethi Chandra, 01.12.2003 4. Dr. Subbaramaiah, 05.01.2004	
	Orthopaedics	Tutor-1	1. Dr. T. Tarachand Naidu, 01.04.2004	
	Anaesthesia	Tutor -5	1. Dr. Rani Prameela, 03.03.2004	
	Radio-Diagnosis	Tutor -1	1. Dr. Raghupathi, 02.01.2004 2. Dr. Kondal Rao, 02.01.2004	
V. Residents 13 (Medicine-6, Surgery-3, Paediatrics -2, Psychiatry -2)	Except Surgery-2, and Orthopaedic-1 all the Jr. Residents were present.			
b) A total of 21 teachers were transferred to S.V. Medical College, Tirupati during the last one month before this inspection. 14 of these teachers were transferred in the months of September and the remaining 7 after 22 nd of August, 2003 from various other Government Medical Colleges in the State. They include 10 Professors, 1 Associate Professor, 8 Assistant Professor and 2 Tutors. There is no mention about the resultant vacancies of those medical colleges from where these teachers are drawn.	In spite of appointment of teaching staff after last inspection following deficiencies are still existing. Shortage of teaching faculty is more than 5% Professor : Nil Associate Professor : 14 (Anatomy-1, Physiology-2, Biochemistry-1, Pathology-1, Pharmacology-1, Forensic Medicine -1, Community Medicine-1, TB & Chest-1, ENT -1, Radio -Diagnosis-2, Anaesthesia-1, Dentistry -1) Assistant Professor :17 (Anatomy-3, Lecturer in Biophysics-1, Microbiology-1, Pharmacology-1, Forensic Medicine-1, General Medicine-5, Psychiatry-1, Radio-diagnosis-3, Anaesthesia-1) Tutor-3(Community Medicine-1, Radio-diagnosis-1, Anaesthesia-1) <u>Shortage of resident is more than 5%</u> Sr. Resident:8 (TB & Chest -1, Surgery-4, Orthopaedics-2, Obstetrics & Gynaec. -1) Jr. Resident :2 (Surgery-1, Orthopaedics-1)			

Examination Hall can accommodate only 175 students, which is smaller than norms	Examination hall having 375 capacity is required as against available of 200 capacity.	Deficiency persists as it is.
Photographer post is vacant Equipment in the Dark Room is inadequate	Mr. Madhu Sudhan has been appointed as Photographer on 01.12.2003. All the necessary equipments like Developer, Enlarger, Printing Units are provided in the dark room.	--
The post of Librarian and deputy librarian is vacant. No journals are received since 2 years. No documentalist post is available	V. Jayalakshmi is appointed as librarian on 01.05.2000. Post of Dy. Librarian is vacant. Documentalist post is vacant. The institution has subscribed 63 Indian and 26 Foreign Journals.	Deficiency is partially rectified.
Hostels for boys and girls is inadequate	Present accommodation available in the hostel for Boys and Girls is 432 as against the requirement of 750. There is a shortage of accommodation for 318 students.	Deficiency persists as it is.
Residents accommodation is not available	Accommodation is available for 74 male residents in the resident doctor hostel as against the requirement of 300. There is no hostel for lady resident doctors.	Deficiency persists as it is.
Hostel accommodation is not provided for unmarried staff nurses.	No hostel accommodation for nursing staff.	Deficiency persists as it is.
Intern Hostel	There is no hostel for male intern. There is a separate hostel for female intern having accommodation for 20. Total accommodation available for interns is 20 as available requirement of 150.	Deficiency persists as it is.
There is no common room available for boys and girls in the college	There is no separate common room for boys and girls. There is only one room having six benches on which 20 students can sit. No other facilities including toilets are provided.	Deficiency persists as it is.
No auditorium available	One Auditorium with seating capacity of 400 is available No fixed furnitures, however 100 plastic chairs are provided.	Deficiency persists as it is.
UHC is owned by Municipal Council. Staff is inadequate. The OT in RHC is not functioning	1. The college is established its own Urban Health Centre in Tiruchanoor. It is 7 Kms. away from the college. It is owned by the college. Staff is appointed by the college. The facilities provided are daily OPD, Labour room, laboratory for routine investigations. Two indoor beds are available National health programmes are implemented. 2. One operation theatre at Chandragiri is available. It is having only one operation table, one light source and other small instruments like scissors, artery forceps etc. This OT is not suitable for surgical procedures.	Deficiency is partially rectified.

Medical OPD, Paediatric OPD, Dermatology OPD and Surgical OPD have to be provided with more cubicles for examination of patients and to be adequately equipped with X-ray view boxes in each cubicle.	Three small cubicles are provided for examination of patients in medical OPD, Paediatric OPD, Dermatology OPD and Surgical OPD. These cubicles are smaller in size for movement of the patients, doctors and students. More space to be provided in each cubicle. These cubicles are not provided with x-ray view boxes.	Deficiency persists as it is.
Wards are inadequate. Nursing stations are inadequate. Side labs and teaching rooms are inadequate furnished. Nurses on duty are very few in numbers	Status quo as observed by the earlier inspection.	Deficiency persists as it is.
Intensive care units are to be provided with central Oxygen supply, Suction, emergency equipments and other resuscitative equipments and measures. The Medical ICU is ill equipped. No emergency equipment or resustative measures are provided.	Intensive care units are not provided with central oxygen supply and central suction. ICCU is having 10 beds, 1 cardiac monitor, 1 ventilator, 1 defibrillator, 1 Ambubag. ICU medical/surgical is having 10 beds, 1 cardiac monitor, 1 ventilator, 1 suction apparatus, 1 pulse oximeter, 1 nebulizer, 1 defibrillator, 1 ambubag Paediatrics ICU is having 20 beds, 1 ventilator, 2 warmer, 1 ECG Machine, 1 Nebulizer, 1 suction apparatus. Obstetrics ICU is having 12 beds, 1 suction apparatus, 1 pulse oximeter, 1 glucometer, 1 boyles apparatus, 1 foetal doppler Facilities available in ICUs are grossly inadequate.	Deficiency persists as it is.
OPD registration is still manual, MRO is not available. Central registration is followed	OPD registration is still manual. MRO is available. Medical Record Section is computerized for the past six months. ICD X classification of diseases is not followed.	Deficiency persists as it is.
Casualty ward does not have proper equipment. There is no disaster trolley available. There is no minor TO. Cardiac monitor, pulseoximeter and defibrillator are not available.	There is no central oxygen supply. Other equipments are not adequate.	Deficiency persists as it is.
In central Laboratory, there is no central collection centre for blood samples, Microbiology lab continues to function from the college only between 9 to 4 p.m.	Central laboratory is having central collection centre for blood samples. Biochemistry, Hematology, and microbiology sections of central lab is functioning round the clock.	--
Pharmacy functions between 9-12 only.	Pharmacy works round the clock.	--

Radiology department has got only one functioning 500 MA unit. More X-ray machines are needed	800 mA X-ray machine is not available. Radiology department is having two 500mA and one 60mA X-ray machines.	Deficiency persists as it is.
There is no C.T. Scan	C.T. Scan not available.	Deficiency persists as it is.
No. of TO available is only 7 against requirement of 9. They have inadequate preoperative and postoperative hold areas.	Operation theatre unit : There are nine operation theatres having total nine tables. They are air-conditioned window type. Each O.T. is not having central oxygen & nitrous oxide supply and central suction. The facilities for the anaesthetic and post anaesthetic care are inadequate. Three O.T.'s are not fly proof but the operations are going on. In the sidewalls of the theatres there are rainwater seepage is present. Many of the O.T. tables and equipments are very old and have to be condemned. The following equipments are available in O.T. block. Pulse Oximeter -6 Defibrillators -1 Ventilator -1 Boyles' apparatus -12 Post-operative recovery room with three beds is available within O.T. and another post-operative ward with 40 beds is available outside the O.T. complex.	Deficiency remains as it is.
Intercom facility is not provided for all wards.	EPABX of 5 incoming and 60 extension lines is provided. All the wards, O.T., O.P.D., offices and departments are connected.	--
Fuel for kitchen is obtained only from the fire wood.	Verified and found correct.	--
There is no canteen in college or hospital premises.	Canteen is provided in hospital. Verified and found correct.	--
Laundry is partly manual as the drier is not functional	It is having one bulk washing machine, One hydro extractor and one Drier. Drier is functional.	--
There is no incinerator available; no proper method for disposal of biomedical waste is being followed	Incinerator is no available. Hospital waste is dispose of by Municipal Corporation as stated by the Hospital Superintenedent.	--
Lab tech./Lab assts, Jr. Assts, Steno typists, clerks, peons are in inadequate number	At present many posts are lying vacant. All the posts of the non-teaching staff should be filled up as per Council guidelines.	Deficiency persists as it is.

Nursing staff is grossly inadequate. 51% shortage	Available nursing staff is as under : <table> <tr> <td>Designation</td> <td>SVRRGG</td> </tr> <tr> <td>Maternity</td> <td>Hospital</td> </tr> <tr> <td>Hospital</td> <td></td> </tr> <tr> <td>Nursing Superintendents</td> <td>2</td> </tr> <tr> <td>1</td> <td></td> </tr> <tr> <td>Head Nurses</td> <td>25</td> </tr> <tr> <td>4</td> <td></td> </tr> <tr> <td>Staff Nurses</td> <td>141</td> </tr> <tr> <td>28</td> <td></td> </tr> </table> Available nursing staff is grossly inadequate. Nursing staff should be filled up as per Council guidelines.	Designation	SVRRGG	Maternity	Hospital	Hospital		Nursing Superintendents	2	1		Head Nurses	25	4		Staff Nurses	141	28		Deficiency persists as it is.
Designation	SVRRGG																			
Maternity	Hospital																			
Hospital																				
Nursing Superintendents	2																			
1																				
Head Nurses	25																			
4																				
Staff Nurses	141																			
28																				
i. Research Lab of Dept. of Anatomy, Physiology, Pharmacology and FM are not available.	Pharmacology and Forensic Medicine are now available and functional.	--																		
ii Equipment in mammalian physiology lab is old and worn out	Status quo.	Deficiency persists as it is.																		
iii No specimens are available in the museum in the department of Microbiology	Microbiology museum has 10 specimens, 16 models, 60 photographs and 60 charts. Catalogues are not available.	Deficiency is partially rectified.																		
Iv Students viewing gallery in mortuary block is not available.	The construction of new mortuary complex is in the advanced stage of completion. The principal informed that it will be completed within 2 months.	Deficiency persists as it is.																		

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- (i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- (ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- (iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- (iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students

any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon’ble Judges to take note of the same.....”

After consideration of the inspection reports and the decisions of the Hon’ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 16.8.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

31. **Sikkim Manipal Instt. of Medical Sciences, Gangtok – renewal of permission for admission of students for the academic session 2004-2005.**

Read: The Council Inspectors report (22nd & 23rd April, 2004) of Sikkim Manipal Instt. of Medical Sciences, Gangtok for renewal of permission for admission of students for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd April, 2004) of Sikkim Manipal Instt. of Medical Sciences, Gangtok and noted the following:-

1. (a) The shortage of teaching Faculty is more than 15 % (i.e.22 out of 114) as under:-

a) Professor	: 1 (Pediatrics)
b) Associate Professor	: 5(2-Anatomy, 1-General Medicine, TB & Chest-1, Skin & VD-1)
c) Assistant Professor :	6 (2-Pathology, 1-General Medicine , 2-Gen. Surgery, 1-Orthopaedics)
d) Tutor	:10 (1 Phy., Pharma-3, Pathology-2, FMT-3, Community Medicine - 3)
- (b) Residents: more than 40% as under:
 - i) Sr. Resident : 19(Gen.Medicine-4, Paediatric-2, TB & Respiratory Diseases-1, Dermatology,Venerology & Leprosy-1, Psychiatry-1, General Surgery-2, Orthopaedics-2, Ophthalmology-1, Anaesthesia-2, Radio-Diagnosis-3)
 - ii) Jr. Resident ; 26 (Gen.Medicine-7, Paediatric-2, TB & Respiratory Diseases-2, Dermatology,Venerology & Leprosy-1, Psychiatry-1, General Surgery-6, Orthopaedics-3, Ophthalmology-2, Obst. & Gynae.-2)
- (c) The ratio of non-medical staff is 50% in the department of Anatomy and it is 60% in the department of Biochemistry.

- (d) The following teachers have been transferred from Kasturba Medical College, Manipal/Mangalore in the month of April, 2004 only:-

S.No.	Name	Designation
	S. No.	
1.	Dr. S. S. Karanth	Professor
2.	Dr. B. Shiv Raj	Professor
3.	Dr. Annappa Kudva	Professor
4.	Dr. Umla Khadilkar	Professor
5.	Dr. Radha Rai	Professor
6.	Dr. Bala Krishna R.	Professor
7.	Dr.K.N.Satyanarayan Rao	Assoc. Prof.
8.	Dr. Lakshmi N. Naik	Assoc. Prof.
9.	Dr. Leslie Edward Lewis	Assoc. Prof.
10.	Dr.Subh Laxmi	Asstt.Prof.
11.	Dr.Ankur Barua	Asstt. Prof.

- (e) A number of Medical Officers of District Hospital have been shown as part of teaching faculty as part time and honorary teachers with some tie-up arrangement between the government of Sikkim, Health Department and the Sikkim Manipal University.

A list of 14 consultants and 17 Residents has been given by the SMIMS. These consultants and Residents are full time employees of the STNM Dist. Hospital, Gangtok which is under the control of the Directorate of Health Services, Sikkim. This hospital has been affiliated to the SMIMS. The above doctors have been given an honorary position on part time basis for clinical teaching. These members were verified as having been present in the Dist. Hospital at the time of verification. All these doctors belong to a non-teaching category. At the current stage of verification and the faculty their names have not been counted in the total till such time their status is confirmed. It is also pointed out that these doctors are solely looking after the entire medicare of the patients and their management in the Dist. Hospital. The doctors from the SMIMS do not undertake any patient care management decision regarding these patients who are admitted in the STNM Distt. Hospital. The students of the medical college when posted to the hospital are taught by these designated honorary teachers.

2. Clinical Material in the hospital of the college is inadequate as under :

	Daily Average		Day of Inspection	
	STNM	CR	STNM	CR
Bed occupancy%	90	20	82.12	24
<u>Operative work</u>				
Number of major surgical operations	6	2	4	1
Number of normal deliveries	6	0.5	10	2
Number of caesarian Sections	2	0.3	4	Nil
<u>Radiological Investigations</u>				
<u>X-ray</u>	50	15	40	8
Ultrasonography	25	15	25	10
Special Investigations	8	5	6	1
C.T. Scan	5	3	2	Nil
<u>Laboratory Investigations</u>				
<u>Biochemistry</u>	130	50	140	50
Microbiology }		5		2
Serology }	15	7	10	5
Parasitology}				
Haematology	70	80	20	20
Histopathology	2	2	0.6	1
Cytopathology	5	1.2	8	–

3. Veterinary Officer was on leave on the day of inspection, though one full time veterinary officer has been employed.

4. Health Centers :

PHC: None of the Health Centres is under the control of the college. No lecturer cum medical officer having MD (PSM) is available. Investigation facilities for basic investigation, X-ray & ECG are not available.

UHC: The college utilizes District Hospital of Singtam, which is located at a distance of 21Km from the college. It is not under financial and administrative control of the college. One lecturer cum medical officer having MD(PSM) is posted.

5. The residents and nurses hostel are under construction. They are currently occupying the 9th level of the hospital campus. There are 17 rooms, which are available, and 4 big rooms are available. At present 10 residents are staying.
6. The teaching hospital owned by the college i.e. C.R. Hospital has only 239 teaching beds against the requirement of 400 beds.
7. The linkages between the college and the District hospital are not clear and well defined in terms of the beds, units, participation of medical college faculty in patient care system, and also lack of effective participation of the District hospital Medical Officer in teaching and training of the students. These anomalies needs to be urgently corrected for its smooth and effective under graduate clinical training.
(a) Even the clinical material available in the district hospital is inadequate as shown above.
8. In STNM Hospital owned by the Government, OPD runs 4 days a week for Obst. and Gynecology and on every alternative day for Surgery. No teaching area is provided. There is no separate injection room for male and female patients. No audiometry room is available.
9. The wards are small and without much circulation space. Wards do not have doctors duty room. There is no teaching area and side laboratory in the wards. There is no seminar hall in the departments.
10. Registration and Medical Record Section is not computerized in the STNM Hosptial.
11. Central Casualty Service : Total 8 beds are available in casualty area against requirement of 20 beds. No Central oxygen supply, or central suction, is available.
12. In the Clinical Laboratories, no cell counter is available.
13. In the CRH hospital, there are 6 major theatres and 2 minor theatres. There is no central oxygen supply is available in the theatre. Out of the 6 operation theatres one is used as Endoscopy theatre.
14. There is no ICCU or PICU in CRF Hospital owned by the college.
15. There is no provision to supply special diet as recommended by Physician. Services of dietician are not available.
16. Paramedical staff is inadequate as under :

Laboratory Technicians (including Jr. Tech. & Tech. Asstt.)	:31
Laboratory Assistants	:Nil
Laboratory Attendants	:26
Others	:40

17. Nursing staff is inadequate as under :

Nursing Superintendent	: 01
Deputy Nursing Superintendent	: 01
Matron	: Nil
Asstt. Nursing Superintendent	: 01
Nursing Sisters	:10
Staff nurses	:72

18. Departmental libraries have books as follows: Medicine:39, TB & Chest::3, Skin & VD:6, Psychiatry : 8 and Pediatric :38, General Surgery: 72, Orthopaedics-38, Oto-Rhino-Laryngology-17, Ophthalmology-18, Radio-Diagnosis-13, Anaesthesia-16 and Obstetrics and Gynaecology-51. They are inadequate as per norms.

19. Other deficiencies/observations in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 22nd and 23rd April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiencies pointed out in the inspection report	Compliance observation recorded on 22 nd & 23 rd April 2004	Remarks
Shortage of staff is as follows a) Faculty : 35 out of 79 i.e. 44% Professors – 4 (Biochemistry-1, Pathology-1, Paediatrics-1, Orthopaedics-1) Assoc. Professors-17 (Anatomy-2, Physiology-1, Pathology-2, Micro-1, Forensic Medicine-1, Medicine-3, Paediatrics-1, Sugery-1, Ortho-1, OBG-1 Anaes-2, Radio-1) Asst. Professors – 14, (Anatomy-1, Pathology-1, Comm. Medicine-2, Paed-1, TB & Chest-1, Skin & VD-1, Surgery-2, Anaes-2, Radio-2, Dental-1)	Shortage of staff is as follows :- a) Faculty : More than 15% (i.e. 22 out of 114) Professor : 1 (Paediatrics) Assoc. Professor 5 (2 Anatomy, 1 General Medicine, 1 TB & Chest, 1 Skin & VD) Asst. Professor : 6 (2 Pathology, 1 General Medicine, 2 Gen. Surgery, 1 Ortho) Tutor-10 (1 Physiology, Pharmacology, 3 Pathology, 2 FMT, 3 Comm. Medicine)	Deficiency of teaching staff is more than 5%.
b) Jr. Faculty: 63 out of 75 i.e. 89%. Tutor/Sr. Residents : 26 Jr. Residents : 37	b) Residents 40% (i.e. 44 out of 85) Sr. Resident : 18 Jr. Resident : 26	Deficiency remains as it is.
c) About 33 teaching staff members have left the instt. in last 3 months and about 40 teaching staff members were on the leave on the day of inspection as certified by the Dean without submitting original leave report. The institute has also shown about 54 medical officers from STNM Medical Hospital who	In respect of the staff of STNM the institution has now shown 14 consultant and 17 residents from the STNM Dist. Hospital who are employees of the Govt. of Sikkim. They have been shown to be working as part time Honorary faculty members and residents respectively. The situation existing in the past regarding the status of these doctors remains same. The	Deficiency remains as it is.

are actually the staff of Govt. of Sikkim. d) There is a severe shortage of teaching staff compared to the deficiency of last time. Even in this teaching staff doctors from STNM hospitals are included which was not a teaching hospital. These designated teachers of STNM are govt. employees are not under control of Dean. None of them can head the unit which is constructed at STNM hospital Senior unit head from CRH cannot come at STNM and head the unit. Looking to this disparity, there is likely to be more deficiency then what is shown above.	college has attached a letter from the Sikkim Govt. permitting these doctors to be appointment on a part time honorary basis to the college.	
The position of deficiencies of non-teaching staff continues as it is in the department of Anatomy, Microbiology, Pharmacology and Comm. Medicine.	The total strength of paramedical staff is laboratory tech – 31 including Tech. Asst., Jr. Tech. Lab Asst.-26 and other category of staff is 40.	Deficiency remains as it is.
In the central library appointment of required staff continous as it is in the deptt. of Anatomy, Microbiology, Pharmacology and Comm. Medicine.	Total number of staff working in library now is 7. (Librarian-1, Asst. Librarian-1, Documentalist-1, Cataloguer-1, Library Asst.-1, Dufthari-1 and Peon-1)	Deficiency is partially rectified.
The positions of the deficiency for the hostel of resident doctors remains the same what is pointed out in the last inspection report.	A provision of 17+4 large rooms has been made for residents accommodation on the 8 th Floor of the hospital building. Accommodation of 50 residents is now available.	Deficiency is partially rectified
Residential Quarters : the situation remains the same. No new residential quarters are constructed.	34 quarters are available within the campus, 20 are under construction, 8 quarters have been hired next to the hospital building for teaching faculty. There are 28 existing flats in the hospital for non teaching staff.	Deficiency is partially rectified
Ward side laboratories : Still individual ward is not provided with such laboratories.	Most wards have been provided with side laboratories in CRH hosp.	
Still one person is only working as audiometry technician and speech therapist. They should have been appointed separately. Deficiency still continued.	No compliance	Deficiency remains as it is.
Workload in Radiology Deptt. is still inadequate.	No change.	Deficiency remains as it is.
Clinical material is still grossly inadequate as under	Day of inspection the clinical material was as follows :	Deficiency remains as it is.

Daily avg.	CRH	STN M	Daily avg.	CRH	STNM	
OPD Attdn.	95	205	OPD Attdn.	145	600	
Bed Occup.	27.5%	100 %	Bed Occup.	24%	82.12%	
Casualty Attdn.	7.0	50	Casualty Attdn.	8	26	
Major Surgeries	1	4-5	Major Surgeries	1	4	
Minor Surgeries	12		Minor Surgeries	2	10	
Normal Deliveries	1 wk	4	Normal Deliveries	3 wk	10	
Caesarian Section	3 wk	2	Caesarian Section	3.5 wk	10	
Biochemical invest.	76	NA	Biochemical invest.	50	140	
Pathology Invest.	104	NA	Pathology Invest.	104	NA	
Histopathology	1	NA	Histopathology	0.6	1	
Cytopathology	0-1	NA	Cytopathology	NA	8	
Microbiology	12	NA	Microbiology	5	10	
Parasitology Invest.	4	NA	Parasitology Invest.	4	NA	
Routine x- Rays	10	NA	Routine x- Rays	8	40	
USG	10	14-15	USG	10	25	
CT Scan	1-2	3-4	CT Scan	NA	2	
Precise arrangements & modus operandi to utilize facilities at STNM hospital are not yet complete. The staff of the medical college is not yet functional in the hospital. The students are not posted there.			The students are posted there. The staff situation vis a vis the college and the STNM have already been mentioned in the report.			The linkages between the college and the District hospital are not clear and well defined in terms of the beds, units, participation of medical college faculty in patient care system, and also lack of effective participation of the District hospital Medical Officer in teaching and training of the students. These anomalies needs to be urgently corrected for its smooth and effective under graduate clinical training. Deficiency remains as it is.
The number of deliveries are grossly inadequate. The deficiency continues.			Normal deliveries in CRH is 3 per day.			Deficiency remains as it is.
The position regarding PHCs in Urban & Rural areas remains the same. They are not under the control of the Dean and no posting of the students is done. No staff is earmarked.			The deficiency partially persists. Though students have started visiting both centers in batches of 25.			Deficiency is partially rectified.

The overall strength of the nursing staff is still grossly inadequate, as only total 80 nurses are available against 159 required.	The deficiency persist.	Deficiency remains as it is.
The construction of various buildings in a time frame manner is not being done and is running behind the schedule as per the council requirements.	The buildings are still under construction and are expected to be commissioned by Sept. 2004.	Deficiency remains as it is.

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- (i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- (ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- (iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- (iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon'ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon'ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 5.9.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

32. **R.D. Gardi Medical College, Ujjain – renewal of permission for admission of students for the academic session 2004-2005.**

Read: The Council Inspectors report (19th & 20th Aril, 2004) of R.D. Gardi Medical College, Ujjain for renewal of permission for admission of students for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (19th & 20th Aril, 2004) of R.D. Gardi Medical College, Ujjain and noted the following:-

1. (a) The deficiency of teaching staff is more than 10% as under:
Professor: 2 (Microbiology-1, Forensic Medicine-1)
Assoc. Professors-8 (Anaesthesia-1, Biophysics-3, Pathology-1, TB & Chest-1, Microbiology-1, Radio-Diagnosis-1)
Tutors 4 (Pathology-4)
- (b) Some of the teaching staff is deficient in terms of teaching experience as shown below:

Name	Designation	Reg. No & Date	DOB	Council	DOJ	Remarks
DR. KRISHNENDRA VARMA	Asso. Prof	4995 30-09-74	2/17/51	M.Pradesh	1-Mar-04	Private Practice. No details of teaching experience.
DR. T K BHATACHARYA	Asst. Prof	4602	10/7/45	Andhra	1-Mar-04	GBP Hospital, Agartala as HOD. Details of teaching experience not provided.
DR. SANTOSH KUMAR TANDON	Asso. Prof	13297	7/20/55	M.Pradesh	1-Feb-04	NIL. Details of teaching experience not provided.
DR. S K CHATURVEDI	Asst. Prof	5668	6/15/52	M.Pradesh	10-Feb-04	Details of teaching experience not provided.
DR. P K GUPTA	Professor	722	11/14/41	M.Pradesh	15-Feb-04	Details of teaching experience not provided.

(c) The following staff members who have been shown as full time teachers in Ujjain have been found to be practicing full time in Bhopal:

Name	Designation	Department	DOJ
Dr. J.K. Raijada	Professor	Ophthalmology	20.08.2002
Dr. A.N. Chauhan	Assoc. Professor	ENT	19.01.2001

2. Clinical material in both the hospitals i.e. R.D. Gardi Hospital and Ujjain Charitable Trust Hospital is grossly inadequate in terms of OPD attendance, bed occupancy, number of operations, number of deliveries, number of x-rays and laboratory investigations as under:-

	Daily Average in RD Gardi Hospital	Daily Average in Ujjain Charitable Trust Hospital.
OPD attendance	250-350	250-350
Casualty attendance	7-17	25
Bed occupancy%	55%-65%	55%-65%
Operative work		
Number of major surgical operations	2-8	4
Number of minor surgical operations	7-12	2
Number of normal deliveries	1-2	2
Number of caesarian sections	1-2	nil

Radiological Investigations.		
X-ray	62	50
Ultrasonography	15-35	10
Special investigations	0-1	1
CT Scan	3-8	5
Laboratory Investigations		
Biochemistry	80-150	90
Microbiology	10-20	3
Serology	09-30	10
Parasitology	01—03	00
Haematology	105-150	111
Histopathology	04-06/day	02
Cytopathology	02-08	00
Others	----	----

3. There is no CSSD in the R.D. Gardi Hospital.
4. In both the hospitals, separate medical, surgical, burns and Obstetrics ICU are not available as only one combined ICU is available.
5. ICCU and PICU are not available in R.D. Gardi Hospital.
6. In the central clinical laboratory, there is only one semi autoanalyser machine which is functional. Other equipment like blood cell counter, multi parameter auto analyser were available but very old and non functional.
7. The license of blood bank in the Ujjain Charitable Trust has expired on 31st December, 2002 and has not been renewed till the date of inspection. The blood bank at CR Gardi Hospital in the campus is non functional and the blood requirement in the hospital are met with blood supply from UCTH which is located at a distance of 4.5 km. and therefore is not in accordance with Council norms.
8. The Veteriary Officer in the Animal House is on part time basis.
9. The RHTC is under construction and only four rooms are available. Separate blocks for accommodating boys and girls and messing facilities, lecture hall cum seminar room are not available. No audio visual aids are provided in the RHTC. Investigative facilities are not available. Staff as prescribed under the norms to be appointed. In the OPD, there is no registration counter for male and female patients. In UCTH, the teaching rooms are shared by other departments. In CR Gardi Hospital also, there is no separate registration counter for male and female patients. Some of the examination rooms do not have x-ray view box.
10. At UHC, Lecturer cum Medical Officer having MD (PSM) qualification are not available. Delivery services are not available.
11. Wards: Each ward is not provided with doctors duty room in UCTH. In UCTH, separate nursing station is not available. Clinical demonstration areas are not available. In the CR Gardi Hospital, there is no clinical demonstration area available in the wards. There is no lift or ramp to transfer the patients from ground to upper floor. The central courtyard of the building does not have a roof at present. The absence of this roof will not protect the patients in the rainy season while they are going to the upper floors as the stairs are not covered.
12. Only 14 beds are available in the casualty against 20 required in the R.D. Gardi Hospital. Central suction is not available in the casualty. There is no police chowki located in the casualty to handle the medico legal cases.
13. In the Anatomy department, the specimens in the museum are not arranged regionwise.
14. The institution is yet to receive the permission for performing medico legal autopsies. The mortuary block has to be converted into gallery type viewing.
15. The number of books in the central library of TB & Chest, Skin & VD, Psychiatry, Radio-Diagnosis and Anaesthesia are inadequate as per norms.
16. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 19th and 20th April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiencies pointed out in the report	Inspection on 19 th & 20 th April, 2004	Remarks
Shortage of staff: Professors-3 (Microbiology-1, Forensic Medicine-1, Radio-Diagnosis-1) Associate Professors –7 (Anatomy-1, Physiology-2, Biochemistry-1, Medicine-1, Obst. & Gynae-1, Anaesthesia-1) Asst. Professors-5 (Anatomy-2, Physiology-1, Biophysics-1, Community Medicine-1) Junior Residents-7 (General Medicine-1, General Surgery-4, Ophthalmology-1, Obst. & Gynae-1)	On the date of inspection the shortage of staff are as follows:- Professor 2(1, Microbiology, 1, Forensic Medicine) Associate Professor 8 (1 Anatomy, 1 Biochemistry, 3 Pathology, 1 TB & Chest, 1 Microbiology, 1 Radiology) Asst. Professor – Nil This works out to be 14/119 i.e. 11.6% 3 Associate Professor, 1 Assistant Professors and 4 tutors in pathology declared themselves as part time and were thus not considered.	Deficiency of teaching faculty is more than 10%. Deficiency remains as it is.
C.R. Gardi Hospital, Surasa (New) (a) On the day of inspection, no senior faculty was present in the OPD and the work was handled by Junior Residents except in the Surgery OPD which was managed by one Associate Professor. (b) There is only one operation theatre to carry out minor procedures under local anaesthesia. This theatre lacks piped oxygen suction and other necessary equipment and infrastructure to undertake surgery under general anaesthesia. (c) The average work load in the X-ray department is 10 plain x-rays and equal number of ultrasonography. The special procedures like Barium studies and IVP are carried out very infrequently. (d) The wards consist of cubicles housing 6-8 patients each and thus not possible for the nurses at the nursing station to have a proper over view. The side labs in the wards are not equipped and furnished. Bed occupancy	On the day of the inspection, the OPD's were functioning on time. There has been improvement in clinical material since last inspection. Eight operation theatres are operational now. Multiparameter monitor with capnograph (1), Respiratory gas monitor with pulse oximeter (3), Defibrillator (1), Boyles App. (4), Infusion pump (2) are present in the OT 44 plain X-rays 17 USGs were done on the day of the inspection. The side labs are operational. Bed occupancy was 62% on the day of inspection (daily average 55-65%) The configuration of the wards remains as it is.	Clinical material is still grossly inadequate. Deficiency remains as it is. X-ray investigations are still inadequate. Deficiency remains as it is. Deficiency remains as it is.

is hardly 10%. On the day of inspection in the male medical ward there was not a single patient. (e) No Blood Bank, CSSD, laundry and kitchen. (f) No deliveries are conducted. (g) No surgeries are conducted at this hospital. (h) The average OPD attendance is about 320. (i) Records are maintained manually.	No blood bank is available. No central kitchen is available. CSSD and laundry are now available. 1 delivery and 1 LSCS are now being conducted per day. Basic routine surgeries are now been performed in the hospital. 2-6 major and 4-8 minor operations are being done per day as per the anesthesia records. OPD attendance ranges between 250 to 350 patients. On the day of inspection the OPD attendance was 166. The records are maintained by computer now.	Deficiency remains as it is. Number of deliveries is inadequate. Number of surgeries is inadequate. OPD attendance is grossly inadequate. Deficiency remains as it is.
The status of Ujjain Charitable Hospital, Budhwariya is same as reported during inspection of 24 th and 25 th July, 2003.	The status remains the same.	Deficiency remains as it is.
The departmental libraries of Anatomy, Physiology, Pathology, Microbiology, & Forensic Medicine departments do not have adequate numbers of books.	Some departments have inadequate number of books.	Deficiency is partially rectified.
The departmental laboratories for Histopathology, Cytopathology, & Research Laboratory in the department of Pathology is still not functional.		

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- (i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- (ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- (iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- (iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination.

There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon’ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon’ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 26.8.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

33. **Dr. Rajendra Prasad Medical College, Tanda – renewal of permission for admission of students for the academic session 2004-2005.**

Read: The Council Inspectors report (20th & 21st April, 2004) of Dr. Rajendra Prasad Govt. Medical College, Tanda for renewal of permission for admission of students for the academic session 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (20th & 21st April, 2004) of Dr. Rajendra Prasad Govt. Medical College, Tanda and noted the following:-

1. Clinical Material in terms of laboratory & x-ray investigations is grossly inadequate as under:

	Daily Average	Day of Inspection
<u>Radiological Investigations</u>		
<u>X-ray</u>	94	157
<u>Laboratory Investigations</u>		
<u>Biochemistry</u>	249	265
Microbiology	48	51
Serology	53	48
Parasitology	17	15
Haematology	150	180
Histopathology	11	12
Cytopathology	16	12
Others	195	277

2. The Medical Superintendent is having the degree of MBBS only and thus is not eligible.

3. Auditorium is under construction
4. One Examination Hall is available with a capacity of 125 seats.
5. No animals are available in the Animal House.
6. In the Central Library Internet and medlar facilities are not available. The number of computer terminals available in the library are zero.
7. Health Centres: P.H.C.s: No lecturer cum medical officer having M.D.{P.S.M.} is available; the senior faculty from the department is posted in rotation. L.M.O. is not available. No audiovisual aids have been provided.
8. **Hostels:** Accommodation for students is available only for 56 students against the requirement of 250 as under:

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Interns	Boys-2 girls- 2	10+3	20+12	Yes	No
Residents	1	12	24	Yes	No

9. There is no nurses hostel. Nurses are accommodated in the Residential quarters and students nurses hostel.
10. Residential Quarters : 33 residential quarters for teaching staff with one for the Principal are under construction in the college campus. 126 residential quarters, (94 for class III and 32 for class IV employees) are under construction in the college campus.
11. Teaching area in the Medicine OPD is shared with Psychiatry, Skin, Chest & TB OPDs. Teaching area in the Sugery OPD is shared by Eye and ENT. (Audiometry room is soundproof but not Air-conditioned).
12. Registration and Medical Record Section : It is not computerized and not cross linked with outdoor registration numbers.
13. Central Casualty Service: There is no central oxygen or central suction is available. OT is used for minor surgery. There is no other emergency Operation Theatre.
14. Operation theatre unit : No central oxygen & nitrous oxide supply and no central suction is available. The water taps in the Surgeons scrub room needs to be made functional. Only three out of 8 taps are in functioning order.
15. Radiological facilities are inadequate by 2 conventional X-ray units, 2 mobile X-ray units and one II TV.
16. There is no instrumental washing machine in CSSD.
17. There is no mechanized laundry.
18. There is no canteen in the hospital for staff, for students and patients' relative.
19. **Nursing Staff** is inadequate as under:

Nursing Superintendent:	2
Deputy Nursing Superintendent	nil
Matron	3
Asstt. Nursing Superintendent	nil
Nursing Sisters (ward sister)	16
Staff nurses	116

20. There is no separate departmental library cum seminar room in Microbiology department.
21. Departmental libraries have books as follows: Medicine: 70, TB & Chest: 10, Skin & V.D.: 68 Psychiatry: 20, and Paediatrics: 80, Radio-Diagnosis: 50 which is inadequate as per norms.
22. The over crowding still persists in the wards. Average space between two beds remains less than two feet in most of the wards.
23. There are three common ICU beds. NICU and PICU are available with two beds each.
24. Other deficiencies/remarks in the report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 20th and 21st April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiencies pointed out by MCI inspecting team on 15.9.2003.	Verification report during 20 th & 21 April, 2004.	Remarks
Faculty 32 out of 73 (i.e. 44 %) i) Professor –10 ii) Assoc. Prof. –10 iii) Asstt. Prof. –12 iv) Sr. Residents/Tutor – 11+4= 15 v) Jr. Residents – 19	The shortage of teaching faculty is 2.7 % . Deficiency rectified. However the ratio of non-medical faculty in Biochemistry is 66.7%.	--
There is no cooling cabinet in Anatomy Deptt.	Cooling cabinet for six bodies has been installed in Anatomy Deptt. Deficiency rectified.	--
Microbiology Deptt. does not have separate Laboratories.	The construction of adjoining area to the Deptt. was completed in Jan. 2004 and the Deptt. of Microbiology was extended into this area and the laboratories have been separated in different rooms. Deficiency rectified.	--
Laminar Air flow is not available in Microbiology.	Laminar air flow has been installed. Deficiency rectified.	--
The Hospital has deficiencies of 87 beds.	Four Hundred Teaching beds are now available. Distribution is as per MCI norm. Deficiency rectified.	--
The over crowding still persist in the ward.	The over crowding still persists in the wards. Average space between two beds remains less than two feet in most of the wards. Deficiency remains.	Deficiency remains as it is.
The number of Lab. Investigation is grossly inadequate.	The number of laboratory and X-ray investigations have improved but still inadequate.	Deficiency remains as it is.
Surgical ICU, NICU, PICU facility are not available.	There are three common I.C.U. beds. N I.C.U. and PICU are available with two beds each.. Deficiency partly rectified.	Deficiency remains as it is.

TMT is not functioning yet.	TMT is functioning. Deficiency rectified.	--
View box is not available in Medical OPDs & some other OPDs.	View boxes have been provided. Deficiency rectified.	--
The teaching space for students in OPD is inadequate.	3 more teaching rooms have been added in OPD. Deficiency partly rectified.	Deficiency is partially rectified
The rural/Urban health Training centers are not yet under the control of Dean.	The centers have been placed under administrative and financial control vide letter No. HFW-B(C) 15-28/90-III, dt. 7.4.2004. Deficiency rectified.	--

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- (i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- (ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- (iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- (iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon'ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon'ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 3.9.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

34. **Dr.D.Y.Patil Medical College, Pimpri, Pune – Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2004-05.**

Read: The Council Inspectors report (22nd & 23rd April, 2004) of Dr. D.Y. Patil Medical College, Pimpri, Pune for renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2004-05

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd April, 2004) and decided to recommend to the Central Government to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 100 to 150 at Dr. D.Y. Patil Medical College, Pimpri, Pune for the academic session 2004-05.

35. **Increase of MBBS seats from 110 to 150 at Coimbatore Medical College, Coimbatore – Grant of LOP.**

Read: The Council Inspectors report (15th & 16th April, 2004) for grant of LOP for increase of seats in First MBBS course from 110 to 150 at Coimbatore Medical College, Coimbatore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th April, 2004) and decided to recommend to the Central Government to issue Letter of Permission for increase of seats in First MBBS course from 110 to 150 at Coimbatore Medical College, Coimbatore for the academic session 2004-05 under section 10A of the Indian Medical Council Act, 1956.

36. **Establishment of new Medical College at Asaripallam by Govt. of Tamilnadu – Grant of LOP.**

Read: The Council Inspectors report (12th & 13th April, 2004) for grant of Letter of Permission for establishment of medical college at Asaripallam by Govt. of Tamilnadu.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (12th & 13th April, 2004) and noted the following:-

1. The shortage of teaching staff required for Letter of Permission is as under:

- (a) Faculty 13% (i.e. 9 out of 73)

Assoc. Professor –3 (Physiology-1, Community Medicine-1, OBGY-1)
Asstt.Prof. – 3(Anatomy-1, Lecturer` in Bio-Physics-1, General Surgery-1)
Tutor – 3(Anaesthesia-2, Radio-Diagnosis-1)

- (b) Resident shortage is 44% (i.e. 11 out of 24)

2. The following teachers shown working at this college at the time of inspection have also been found working at other medical institutions at the inspection carried out for academic year 2004-05:-

<u>Name of the teacher</u>	<u>Department</u>	<u>Designation</u>
Dr. S. Germin Prabha	Physiology	Asstt. Professor
Dr. R. Ravi	Radiology	Asstt. Professor

3. The hospital is located in the same campus with separate buildings for OPD, Casualty, wards of different faculty namely Medicine, Surgery, Orthopaedics, ENT, Ophthalmology, Obst. & Gynae. and Pediatrics. A new hospital building for 300 bedded hospital is under construction. The new OPD block and casualty block have been built and commissioned and are functional in the same area.
4. Statistical work is carried out through Medical Record Department.
5. Buildings: The Medical College Departments namely Department of Anatomy, Physiology, Biochemistry, Community Medicine, Pathology, Microbiology, Forensic Medicine, Pharmacology and other buildings like library and lecture halls are located in separate blocks in the hospital campus. Similarly hostels for men and women, mess and staff quarters are also located in separate buildings. A new college building is under construction.
6. In wards, Surgical and medical made wards are housed in open wards (without enclosures). No clinical demonstration areas are provided in the wards. None of these wards have been provided with audiovisual aids and other teaching facilities.
7. Animal House: No facilities for experimental work are available. Two small rooms have been used to house the animals without required cooling facility. There is no Veterinary Officer.
8. Central Library: Total number of books available is 1171 and the total number of journals subscribed are 11, which are inadequate.
9. There is no central photography cum audiovisual unit.
10. There is no workshop available.
11. Hostel location

Hostels	No.	Rooms	Capacity	Furnished	Mess
Boys	4 blocks	16 rooms	48	No	Only building available.
Girls	3 blocks	14 rooms	42	No	Only building available.
Residents	-	-	-	-	-
Nurses	16 quarters	16	16	-	-

12. There is no Medical Superintendent in the hospital.
13. In OPD, two teaching areas of capacity 35 each with department of Medicine and Surgery needs to be fully equipped. Audiotometry room is not sound proof nor air-conditioned.
14. Registration & record section: there are separate registration counters for male and female patients in OPD. It is not computerized. There is an indoor registration counter. It is also not computerized.
15. In the clinical laboratories of Histopathology and Cytopathology, work is not yet started.
16. Operation Theatre Unit: there is no defibrillator. No operation theatre is having central oxygen and nitrous oxide supply and central suction.
17. The following areas of ICCU, Medical, Surgical, Burns are not available.
18. There is no septic labour room available.

19. There is no bowl sterilizer, no Glove inspection machine, no EOT and no instrument, washing machine is available in CSSD. The receiving and distribution points are not separate. The space available for CSSD unit is not congenial for easy and safe operation.
20. There is no canteen available for staff, students and patients relatives.
21. Para medical staff is inadequate as under:

Laboratory Technicians]	
Laboratory Assistants]	19
Laboratory Attendants]	
22. The number of books in the departmental library of Anatomy, Physiology & Biochemistry are inadequate as compared with norms.
23. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend the Central Government not to grant Letter of Permission for establishment of new medical college at Asaripallam by Govt. of Tamil Nadu u/s 10A of the IMC Act, 1956.

37. **Reply of Show Cause notice sent by Medical Council of India with regard to admitting 38 students in First Year MBBS course for the academic year 2003-2004 in excess of permissible limit of 50% of the annual intake capacity.**

Read: The reply received from Christian Medical College, Ludhiana in response to the show cause notice issued by the MCI with regard to admitting more than 50% students of the annual intake for the academic year 2003-2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered and decided to take a legal opinion in the matter.

38. **To consider the report of the Sub-Committee regarding UGC Draft regulations for admission & fee structure in Private Aided and Unaided Professional Educational Institutions, 2004.**

Read: The report of the Sub-Committee dated 26th April, 2004 regarding UGC Draft regulations for admission & fee structure in Private Aided and Unaided Professional Educational Institutions, 2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Sub-Committee's report on UGC Draft regulations for admission & fee structure in Private Aided and Unaided Professional Educational Institutions, 2004 and decided to refer the matter to the same Sub-Committee to reconsider the decision in light of the order of the Hon'ble Supreme Court in different cases.

39. **Govt. Medical College, Aurangabad – renewal of permission for admission of students against the increased intake i.e. 100-150.**

Read: The Council Inspectors report (23rd & 24th April, 2004) of Govt. Medical College, Aurangabad for renewal of permission for admission of students against the increased intake i.e. 100-150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (23rd & 24th April, 2004) and noted the following:-

1. The shortage of teaching faculty is more than 5% as under:-

- i. Professor – 1 (TB & Chest-1)
 - ii. Associate Professor – 4 (Forensic Medicine-1, Pediatrics -1, Orthopaedics-1, Radio-Diagnosis-1)
 - iii. Assistant Professor – 7 (Paediatrics-1, Orthopaedics-1, Gynaecology-1, Radio-Diagnosis-2, General Medicine-2)
2. Clinical material is inadequate in terms of OPD attendance.
 3. Accommodation for only 122 nurses is available which is grossly inadequate as it is required to be provided for 100% nurses.
 4. Accommodation for only 207 interns and residents is available against 150 interns and 300 residents i.e. total 450 required as per norms.
 5. Boys' hostel building is old and needs renovation.
 6. Auditorium has capacity for 516 seats against 750 required.
 7. Only 45 quarters are available within the campus for the teaching faculty which is inadequate.
 8. Veterinary Officer is part-time.
 9. Audio-visual aids have not been provided in Health Centers.
 10. Delivery services are not available at Urban Health Centers.
 11. Registration and Medical Record Section – It is not computerized and not cross linked with outdoor registration numbers.
 12. Thyroid function equipment is procured but yet to be commissioned. Facilities of hormonal assay is yet to be provided in Central Clinical laboratories.
 13. 800 mA x-ray machine is not available which is required as per norms.
 14. No lecture theatre is available in the hospital.
 15. Central library area is only 937 sq.mt. against 1200 sq. mt. Required as per norms.
 16. Other deficiencies/observations made in the inspection report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 23rd and 24th April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiencies pointed during inspection on 26 th & 27 th Sept.2003.	Remarks during Inspection on 23 rd & 24 th April, 2004	Remarks
1) Shortage of Teaching Staff Professor : Nil Associate Profesor : 04 (TB & Chest : 01, Ortho.-01, Anaesthesia-01, Radiology-01) Asstt.Professors : Nil Tutor/Residents : Two(Psychiatry-1, Ortho.-1)	1)The shortage of teaching staff is more than 5%. The details are contained in the inspection report.	Deficiency remains as it is.
2) Institution is running postgraduate courses in several departments. a. Department of Medicine is running postgraduate course. There are Units, each Unit having 30 beds and	2) The shortage of teachers in the pre and para-clinical departments have been calculated after including the required PG complement. No Honorary teachers have been included as teaching faculty. In the clinical departments the	

2 senior teachers. As the deptt.is running postgraduate course, each unit should have 3 senior teachers. b. Department of Paediatrics is running postgraduate course. There are 3 units, each unit having 30 beds. Unit-II and III are having 2 senior teachers as against the requirement of 3 as per council norms to run the postgraduate course. c. Department of Surgery is running postgraduate course. There are 6 units, each unit having 30 beds. Unit-I, III and IV are having 2 senior teachers and 1 Hon.Sr.Teacher. Hon.Sr.Teacher is not considered as teaching staff. Hence these unit are having 2 senior teachers as against the requirement of 3. Unit-II, V & VI are having 2 senior teachers as against the requirement of 3. d. Department of Orthopaedics is running PG course. There are 3 Units, each unit having 30 beds. Unit-I & III are having 2 senior teachers as against the council requirement of 3. Unit-II is having one Asstt.Professor. This unit is also looked after by Professor Dr.CR Thorat, who is also heading Unit-I. Hence this unit is having only one senior teacher as against the requirement of 3. e. Department of OBGY is running postgraduate course. There are 4 units, each having 30 beds. Unit.II, III & IV are having 2 senior teachers as against the requirement of 3. 3. No.of Journals	shortage of teaching faculty has been worked-out after considering the PG complement required for the Units admitting PG students.	Deficiency is partially rectified.
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subscribed are 31 Indian and 20 Foreign as against the council requirement of 70 Indian and 30 Foreign. 4. Most of the deficiencies pointed out in the previous inspection report have been rectified except :- a) Thyroid and other hormone assays are not carried out even today. However, an amount of Rs.7.31 lacs for Random Access Multiparameter Immuno-assay system used for estimation for thyroid and other hormones has been sanctioned vide GR No.GHA-003/1212/Pra.Kra.71/03/Prashasan-1, Dt.: 14th July, 2003. The process is on. Tender has been floated (Annexure-6) b) It has been mentioned in the previous report that OPD registration is not computerized and the staff need to be trained in Medical Record Technology. In response to this remark the Dean has submitted a letter dated 20th July, 2003 of Dr.Suresh Chari, Professor & Head, Deptt.of Biochemistry, IGMC, Nagpur, addressed to Dr.W.B.Tayade, Jt.Director, Medical Education & Research, Mumbai regarding his visit to Aurangabad for	3.No.of Journals substribed are 70 Indian and 29 Foreign. 21 Indian and 29 Foreign Journals are subscribed at the State level for the College by the Director of Medical Education & Research, Mumbai. 49 Indian Journals have been subscribed to by the Dean of the College. The required document submitted by the Dean is enclosed. 4. a)Fax intimation has been received on 23rd April, 2004 from Ms.Lilac Medicare Pvt.Ltd., Mumbai confirming the dispatch of the machine – Random Access Multiparameter Immuno-Assay. It is alsostated by the Dean that the machine shall be installed on 28th April, 2004. b) The OPD registration is computerized. Four employees working in the Medical Record Section were imparted training for two days on 19th & 20th April, 2004 at State Institute of Health Intelligence & Vital Statistics, Pune. Dr.RR Wavare, Lect.in Community Medicine also participated in this training. However, this training is not adequate. The same Medical Record Officer with BDS qualification continues & is not trained in Medical Record work. A computer has been installed in M.R.Section and the process of computerization of records has been initiated	Deficiency remains as it is. Deficiency is partially rectified.
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computer installation of OPD and training. On going through the letter we are of the opinion that the training mentioned in the letter does not pertain to medical record technology and is not adequate. The medical record staff should be imparted proper training of adequate duration in the field of medical record technology by a recognized body. c) It has been mentioned in the previous Inspection Report that an audiometry technician was not available. In response a copy of appointment order of Audiometry Technician dated 7th July, 2003 has been provided by the Dean. The order states that the appointment of the Audiometry Technician is for a period of 29 days and on contract basis. Subsequently it has been renewed for 29 days. Instead of giving 29 days appointment, it should be on regular basis (Annexure-7). 5.Govt.of Maharashtra has sanctioned Rs.85 lacs for purchase of new equipments and instruments vide GR No.GHA-2003/1212/Pra.Kra.71/03/Prashasan-1, dated 14th July, 2003. The Institution has purchased some of the equipments and for others purchase procedure is in progress (Annexure-5 & 6).	c) The same Audiometry Technician is continuing on contract basis without break. He has done Bachelor of Science in Audiology & Speech Rehabilitation from University of Bombay. There is no separate Speech Therapist. 5.The Dean has given a certificate to the effect that the purchase of new instruments & equipments vide GR No.GHA-2003/1212/Pra.K71/03/Prashasan-1, dated 14th July, 2003 has been made & the machinery & equipments have been installed.	Deficiency remains as it is. Deficiency is partially rectified.
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The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- v) MCI Vs. State of Karnataka – (1998) 6 SCC 130.
- vi) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- vii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- viii) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon’ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon’ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon’ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 3.9.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

- 40. **Indira Gandhi Medical College, Nagpur – renewal of permission for admission of students against the increased intake i.e. 60-100.**

Read: The Council Inspectors report (26th & 27th April, 2004) of Indira Gandhi Medical College, Nagpur for renewal of permission for admission of students against the increased intake i.e. 60-100.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th & 27th April, 2004) and noted the following:-

1. Statistical work is carried out through Medical Record Department.
2. Auditorium is available having capacity for 400 seats against 500 required.
3. Capacity for examination hall is inadequate which has 125 seats as against 250 required as per Council norms.
4. No small animals are available in the Animal House.
5. Veterinary officer is part-time.
6. Health Centres - Messing facilities are not available. Lecture hall cum seminar room is not available. No audiovisual aids have been provided.
7. U.H.C. – No beds have been provided. Delivery services are not available.

8. Hostels: (a) Accommodation is available for only 309 students as under against 500 required as per norms:

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	2	80	160	Yes	Yes
Girls	1	62	149	Yes	Yes
Interns	-	-	-	-	-
Nurses	-	-	-	-	-

(b) Hostel for interns are not available.

(c) There is no separate nurses hostel for staff nurses.

9. Residential quarters are not available within the campus for teaching faculty. 7 quarters are available outside the campus at a distance of 4 kms.
10. Staff quarters for only 7 medical staff are located within campus which is grossly inadequate against requirement of 50% as per norms.
11. Registration and Medical Record Section –OPD registration counter is not computerised. Indoor registration counter is in casualty. It is not computerised and cross-linked with outdoor registration numbers.
12. No Central oxygen supply, no central suction and no central nitrous oxide are available in Central Casualty Service. Only 15 beds are available in casualty against 20 required as per norms.
13. No O.T. is having central oxygen & nitrous oxide supply and central suction.
14. C.T. Scan is not available.
15. No bowl sterilizer, no glove inspection machine and no instrument washing machine in CSSD.
16. Central library has area of 388 sq. mt. Only against 800 sq.m. required as per norms. The seating capacity is inadequate.
17. There are no cooling cabinets in Anatomy department.

18. Pharmacology department does not have separate research laboratory.
19. Departmental libraries of T.B.& Chest have 20 books, Skin & V.D.-25 books and Psychiatry – 26 books which are inadequate.
20. No lecture theatre is available in the hospital.
21. Other deficiencies/observations made in the inspection report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the Council Inspectors report dated 26th and 27th April, 2004 for compliance verification for the academic year 2003-04 and noted the following:-

Deficiency pointed out during inspection on 26 th & 27 th Sept. 2003	Remarks during inspection on 26 th & 27 th April-2004	Remarks
The shortage of teaching faculty considering U.G. & P.G. requirement is as under : (i) Professor – Nil. (ii) Associate Professor : 2 (Pharmacology 1, Radio-diagnosis 1) (iii) Assistant Professor – 4 (Surgery – 1, Ortho – 1, Radio-diagnosis-2) (iv) Tutor /Sr. Resident – 3 (Medicine –3)	The shortage of teaching faculty considering UG and PG requirement is 4.16% The details are contained in the report. Deficiency rectified.	
The deficiency relating to location of preclinical and Para clinical departments in different old buildings continues to remain as such and is not rectified. The construction for the expansion of all the facilities as per the project report submitted by the institution is yet to begin.	The College authorities provided a sketch map and video recorded CD of the building area for the perusal of the Council during the last inspection in Sept. 2003. It is stated that the deficiency shall be rectified in the development revitalization and modernization (Vertical expansion) scheme of all existing facility. Further progress in this regard is as under.. - An agreement was signed between Government of Maharashtra and Nagpur Improvement Trust Dt. 6th Dec.2003 for renovation reconstruction and modernization of the college. - The possession of Indira Gandhi Medical College and hospital Nagpur property and its area of 42.17 acres has been handed over to the Chairman, Nagpur Improvement Trust for the project of renovation reconstruction and modernization on 26/12/2003. The construction has not started as yet.	Deficiency remains as it is.

	Deficiency remains	
The deficiency of the lecture theaters persists partially. Although two more lecture theaters have been added, they are smaller than required as per norms. The gallery type lecture theater of capacity of 250 is still under construction.	There are 3 lecture theatres of gallery type, 2 of 150 capacity and 1 of 75 capacity. There is 1 level type lecture theatre of 100 capacity; against 3 gallery type lecture theatres of 120 capacity required as per norms. Regarding 1 gallery type lecture theatre of 250 capacity the Dean has submitted a letter from sub-divisional Engineer, PWD Nagpur vide letter no. PW.SubDn./MayoNagpur/252 Dt. 21/4/04, in which progress of the work has been intimated and it is stated that the civil works are nearly at a completion stage and balance work will be completed by 15 th May 2004. The civil works are nearly 2/3 rd complete, dooring, flooring, fixtures etc. are yet to be done. Deficiency partially rectified	Deficiency remains as it is.
The CT scan has not be installed and as such the deficiency continues.	CT scan has not been installed. Deficiency remains.	Deficiency remains as it is.
The examination hall has a capacity of only 100 which is less than required as per norms.	The capacity of examination hall has been increased to 125 by extending into the adjoining area of practical laboratory of community medicine department. The examination hall now measures 230 Sq.m and practical laboratory of 120 Sq.m Deficiency partially rectified.	Deficiency remains as it is.
Total area for central library is 388 sq.m. which is much less than the requirement of 800 sq.m. as per norms. Total sitting capacity for the U.G. & P.G. students is only 80 which is grossly inadequate. The sitting capacity for the staff is only 20 which is also grossly inadequate.	The area of central library and seating capacity remains the same. Deficiency remains.	Deficiency remains as it is.
Total accommodation available in the hostels of boys and girls is only 309 against requirement of 500.	The accommodation available in the hostels of boys and girls remains 309 against requirement of 500. Deficiency remains.	Deficiency remains as it is.
Total accommodation available for residents is only 105 which is less than 125 required as per norms	Accommodation available for residence remains 105. Deficiency remains.	Deficiency remains as it is.

The members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court in the meeting held on 12.05.2004 also noted the following decision of the Hon'ble Supreme Court.

- i) MCI Vs. State of Karnataka – (1998) 6 SCC 130.

- ii) K.S. Bhoir Vs. State of Maharashtra – (2001) 8 SCC 664.
- iii) P.C.Kesavankutty Nayar Vs. Harish Bhalla – 2003(8 SCC 490.
- iv) MCI Vs. Rajiv Gandhi University of Health Sciences order dated 12.04.2004 in SLP © Nos. 21390-21442/2003.

The following observations made by the Hon'ble Supreme Court in its order dated 12.4.2004 were noted:-

“Law is well settled that Section 10-A of the Medical Council Act which provides for terms and conditions have to be fulfilled before starting or establishing a medical college or starting higher courses making it clear that what is postulated thereunder is evaluation of application made by the institution concerned by the Central Govt. in the first instance and then forwarding the same to the Medical Council of India for its further examination. There are various steps envisaged under the Scheme such as (a) issuance of letter of intent by the Central Government on the recommendation of the Council; (b) issuance of letter of permission by the Central Government on the recommendation of the Council for starting admissions; (c) issuance of annual renewal to be granted by the Central Government on the recommendation of the Council; (d) at the stage of 1st batch of students admitted in MBBS course go for final year examination, grant of formal recognition by the Central Government on the recommendation of the Council; (e) if at any stage after the grant of initial permission entitling permission of 1st batch of students any college fails to fulfil the minimum norms in any successive year, as per the statutory regulations, further admissions are liable to be stopped at any stage.

In the normal circumstances, the High Court ought not to issue an interim order when for the earlier year itself permission had not been granted by the Council. Indeed, by grant of such interim orders students who have been admitted in such institutions would be put to serious jeopardy, apart from the fact that whether such institutions could run the medical college without following the law. Therefore, we make it clear that the High Court ought not to grant such interim orders in any of the cases where the Council has not granted permission in terms of Section 10-A of the Medical Council Act. If interim orders are granted to those institutions which have been established without fulfilling the prescribed conditions to admit students, it will lead to serious jeopardy to the students admitted in these institutions.....”

“.....We direct that the observations made by us shall be communicated to all the High Courts to be placed before the concerned Hon'ble Judges to take note of the same.....”

After consideration of the inspection report and the decisions of the Hon'ble Supreme Court, the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court decided to reiterate its recommendation to the Central Govt. to recall the permission letter dated 3.9.2003 issued in favour of this college for the academic year 2003-04. It was further decided to recommend to the Central Government not to grant renewal of initial permission under Section 10A of the Act for any fresh admissions in the 1st year of the MBBS course for the academic year 2004-05.

41. **NRI Medical College at Chinakakani, Guntur – Renewal of permission for admission of 2nd batch of students during the year 2004-05.**

Read: The Council Inspectors report (27th & 28th April, 2004) of NRI Medical College, Chinakakani, Guntur for renewal of permission for admission of 2nd batch of students during the year 2004-2005.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (27th & 28th April, 2004) of NRI Medical College, Chinakakani, Guntur and noted the following:-

1. NTR University of Health Sciences, Vijayawada, AP has affiliated the college for the academic years 2003-04. It is valid for one year only. However, further renewal has been asked for and awaiting for inspection from the University.
2. Veterinary Officer is part-time
3. There is no facility for housing the medical officer at the Rural Health Centre.
4. The Medical Superintendent is not qualified to hold the post as the administrative experience is inadequate as per norms.
5. Central Sterilization Supply Department (CSSD) works from 8.30 a.m. to 5.30 p.m. in one shift.
6. Departmental libraries have inadequate books as under:-

 T.B. Chest – Nil
 Skin & V.D. – Nil
 Psychiatry – Nil
 Paediatric – 60
 Orthopaedics – 60
 E.N.T. – 40
 Ophthalmology – 40
 Radio-Diagnosis – 60
 Anaesthesia – 60
7. 1 Professor of Pharmacology, 1 Professor of Physiology, 1 Professor of Microbiology and 1 Reader in FM do not have relieving order (RO) from their previous stations, 3 of them have issued legal notice to the respective institutions.
8. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr. S.Venkatesawara Prasad	Anaesthesia	Assoc.Prof.
Dr. Y.Satyaprabhakar Rao	ENT	Asstt.Prof.
Dr. R. Raja Sekhara Rao	Anatomy	Professor
Dr. Raya Kota Saradamani	Radiology	Professor
Dr. K. Meenakshi	Physiology	Assoc. Prof.
Dr. B. Karunakar	Forensic Medicine	Asstt.Prof.
Dr. Indira Devi	Anaesthesia	Professor

11. Other deficiencies/observations made in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 2nd batch of students for the academic session 2004-05 at NRI Medical College, Chinakakani, Guntur.

42. **Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinoutpalli, A.P. – renewal of permission for admission of 2nd batch of students for the academic session 2004-05.**

Read: The verification inspection report (29th April, 2004) carried out to verify of additional information submitted by PSI Medical Sciences & Research Foundation, Chinoutpalli subsequent to the inspection carried out on 9th & 10th March, 2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (9-10th March & 29th April, 2004) and noted the following:-

1. NTR University of Health Sciences, Vijayawada, AP has affiliated the college for the academic years 2003-04. It is valid for one year only. However, further renewal has been asked for and awaiting for inspection from the University as per the letter dated 29.04.2004.
2. In the teaching staff the following deficiencies are observed:-
 - (a) Professor of Anatomy does not have relieving order and reported to have attended MCI inspection at Bhuvaneswar very recently.
 - (b) 22 Tutors of various departments are 50 years and above.
 - (c) 17 Junior residents of various departments are 55 years and above.
3. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr. Anki Reddy	Pediatrics	Assoc. Professor
Dr. V. Premswarup	Anaesthesiology	Asstt. Professor
Dr. M. Premila	Microbiology	Professor
Dr. Uttra Panda	Anatomy	Professor
Dr. Kalpana Das	Physiology	Professor
Dr. Kakarla Rajeshwari	OBG	Professor
Dr. Vindu Srivastava	Pathology	Assoc.Professor

4. Other deficiencies/observations made in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 2nd batch of students for the academic session 2004-05 at PSI Medical Sciences & Research Foundation, Chinoutpalli.

43. **K.S. Hegde Medical College, Mangalore – Approval of the college for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.**

Read: The compliance verification inspection report (27th & 28th April, 2004) carried out to verify the compliance submitted by the college authorities on the deficiencies pointed out in the earlier inspection report (24th & 25th March, 2004).

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (27th & 28th April, 2004) and decided to recommend that K.S. Hedge Medical Academy, Managalore be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100(hundred) students annually.

The Committee further decided to recommend to the Central Government to renew the permission for admission of 6th batch of 100 MBBS students at K.S. Hedge Medical Academy, Managalore for the academic session 2004-05.

44. **Recognition of MBBS degree granted by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Nepal u/s 12(2) of the IMC Act, 1956.**

Read: The Council Inspectors report (26th, 27th & 28th April, 2004) carried out to assess the undergraduate teaching & training facilities available at Universal College of Medical Sciences, Nepal along with standard of examination held under Tribhuvan University for recognition of MBBS degree granted by Tribhuvan University u/s 12(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (26th 27th and 28th April, 2004) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-

(a) Faculty 40.8% (i.e. 50 out of 122)

Professor – 12 (Physiology-1, Biochemistry-1, Pathology-1, Community Medicine-1, General Medicine-1, TB & Chest –1, Psychiatry – 1, Skin & VD-1, Ophthalmology-1, Obst. & Gynae. – 1, ENT-1, Radio-1).

Associate Professor – 13 (Anatomy –2, Physiology-2, Pathology-1, General Medicine-2, TB & Chest –1, Surgery – 1, Ortho.-1, Obst. & Gynae.- 1, Anaes.-1, Radio-1)

Assistant Professor – 12 (Anatomy –2, Pharmacology-1, Pathology-1, Forensic Med.-1, Paediatrics – 2, TB & Chest –1, Surgery – 1, Ortho.-1, Anaes.-1, Radio-1)

Tutor – 31 (Anatomy –1, Physiology-2, Pathology-6, Forensic Med.-2, General Medicine-4, Paediatrics – 1, TB & Chest –1, Skin & VD-1, Surgery – 4, Ortho.-1, Anaes.-5, Radio-3)

(b) Residents 88.7% (i.e. 55 out of 62)

i) Junior Residents – 55 (General Medicine-12, Paediatrics – 6, TB & Chest –3, Skin & VD-3, Psychiatry – 3, Surgery – 12, Ortho.- 6, Ophthalmology-1, ENT-3, Obst. & Gynae.-6)

2. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr. O.P. Srivastava	Pathology	Professor
Dr. Mena Srivastava	Forensic Medicine	Assoc. Professor
Dr. R.P. Upadhyay	Anatomy	

3. The teaching beds are inadequate as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
General Medicine	120/4	40/3	80/1
Paediatrics	60/2	20/1	40/1
TB & Chest	20/1	0/0	20/1
Skin & VD	10/1	20/1	00
Psychiatry	10/1	20/1	00
Surgery & Allied Specialities			
General Surgery	120/4	46/2	74/2

Orthopaedics	60/2	40/2	20/0
Ophthalmology	20/1	12/1	8/0
ENT	20/1	12/1	8/0
Obst. & Gynae.			
Obstetrics & ANC	60/2	40/1	20/1

*There is one Govt. hospital called Zonal Hospital of the State Govt. situated at Butwal city which is about 25 kms away from the teaching hospital i.e. Universal College of Medical Sciences, Bhairahawa. Batch of undergraduate students is attending the zonal hospital in major clinical subjects. Neither the OPD nor the ward has any facility of teaching or wards side lab. There is no display of Universal College of Medical Science board. Not a single doctor was available at the time of visit.

4. Clinical material is inadequate as under:-

	Daily Average	Day of inspection
O.P.D. attendance	375	135 (till 2 pm)
Bed occupancy%	35%	42%
<u>Operative work</u>		
Number of major surgical operations	2	1
Number of minor surgical operations	3	2
Number of normal deliveries	12/month	0
Number of caesarian sections	7/month	0

<u>Radiological Investigations</u>		
X-ray	70	35 (radiological protection is not there)
Ultrasonography	12	5
Special investigations	0	0
C.T. Scan	--	--

<u>Laboratory Investigations</u>		
Biochemistry	100 to 150	123
Microbiology	45-55	41
Serology	20	13
Parasitology	20	11
Haematology	150 to 175	160
Histopathology	01	0
Cytopathology	01 to 02	0
Others	--	--

- Statistical work is carried out through Medical Record Department which is manual only.
- The Medical College building is located at a distance of 2 kms. from the hospital in a large university campus also housing buildings (barracks) of agriculture college. The entire college is to be shifted to its new site in hospital.
- One Auditorium cum seminar hall of 250 capacity is presently used as examination hall of capacity of 100.
- Examination hall is not available.
- Animal house is not available. The Principal has stated that it is not allowed by Nepal Govt.

10. Total number of books are 4756 (text books 4200 and reference book 556) against requirement of 8000. The number of computer terminals available in the library is one.
11. Health Centre is housed in a rented building. There is no regular medical officer posted at the center however a tutor working in the department of Community Medicine conducts OPD twice a week from 1 p.m. to 2.30 p.m. at the center. No laboratory facilities are available.
12. Rural Health Center building is owned by NGO (BP gram Kendra) and is funded by Govt. of Japan. There is no permanent doctor posted at center from medical college. From department of Community Medicine one Tutor visits the center twice a week. There is no residential facility either for doctor, paramedical or for medical students to stay in the hospital campus, laboratory facilities for routine investigations also not available. No OT facilities are available. Any record/register of families to medical students are also not available. OPD attendance in 5 to 6 patients per day including old and new cases, labour/delivery services are also not available and are managed by paramedical staff.
13. Residential quarters are not available.
14. Teaching hospital has a total of 250 beds.
15. Waiting area is inadequate at registration counter.
16. X-ray view boxes were not present in OPD like Medicine, Surgery, Ortho. Etc.
17. None of the speciality is provided any kind of teaching area.
18. There is no injection room for male or female, there is no dressing room, one plaster room in a wooden partition is present, plaster cutting room is absent.
19. Immunization room is not present. Family welfare clinic is not running.
20. Dark room refraction room is absent, minor O.T. in casualty is present etc.
21. Each ward is not provided with duty doctor room, nurse duty room, nursing station is present but not adequate.
22. Teaching area is absent and ward side laboratory is absent. There is no clinical demonstration areas. There is no seminar hall in the major departments. None of these areas have been provided with audiovisual aids and other teaching facilities. Teaching facilities are grossly inadequate.
23. Registration and Medical Record Section is not computerized and there is no central counter to know exactly about the daily admission. There are no clerks for issuing indoor admission cases. It is not computerized or cross linked with outdoor registration numbers. It has no qualified staff but manage by one clerk. ICD X Classification of diseases is not followed for indexing. Follow up service is not available. Separate medicolegal cases are not maintained.
24. Total 9 beds are available in casualty area. Central oxygen supply and central suction is not present. Cardiac Defibrillator is not present. No crash cots etc. are available.
25. Clinical laboratories require upgrading and modernization.
26. There are 4 operation theatres. None of the O.T. is having central oxygen and nitrous oxide supply and central suction. Resuscitation equipment is grossly inadequate.
27. Only one common intensive care unit is present having 10 beds with following equipments like One Ventilator, six monitors, one suction three pulse oxymeter one ECG

machine were present. It is not airconditioned, no defibrillator, no infusion pump. No patient was present in ICU on the day of inspection i.e. 26.04.2004.

28. There is only one labour room. No distinction of septic or clean cases is present.
29. Radiological facilities – 2 static units. CT Scan is not available. No ultrasound is available in Obstetrics and Gynaecology department.
30. No glove inspection machine and no instrument washing machine in CSSD. Sterilization facilities are not available in operation block. No ETO is available.
31. Laundry is not mechanized.
32. There is no central kitchen facility available. Services of dietician are not available and patients are not served any food from hospital.
33. Paramedical staff is grossly inadequate as under:-

Laboratory technician	07	09
Laboratory Assistants	04	11
Laboratory Attendants	06	03

34. Nursing Staff is grossly inadequate as under:-

Nursing Superintendent	Nil
Deputy Nursing Superintendent	Nil
Matron	One
Assistant Nursing Superintendent	Nil
Nursing Sisters	Nil
Staff Nurses	80
ANM	60

35. In Anatomy department the following deficiencies are observed:
 - Officers are not available for teaching and non-teaching staff.
 - There are no separate demonstration rooms for demonstration classes, the demonstration classes are conducted in practical class itself.
 - No student lockers available.
36. In Physiology Department the following deficiencies are observed:
 - There are no separate demonstration rooms.
 - The experimental Physiology laboratory is shared with mammalian lab and Amphibian lab with 25 seats and required equipment.
 - There is no separate area for seminar room and the department has 20 books.
37. In Biochemistry department the following deficiencies are observed:
 - There is no separate demonstration hall.
 - The practical laboratory has 25 seats.
 - No separate seminar room is available and the department has 15 books.
 - The college lab has no auto analyzer.
38. In Pharmacology department the following deficiencies are observed:
 - There are no separate demonstration rooms available.
 - The laboratory has 25 seats both experimental pharmacology and pharmacology laboratory exists in one common lab.

- No separate seminar room is available and there are 50 books.
39. In Pathology department the following deficiencies are observed:
- There is no separate demonstration rooms, the demonstration classes are conducted in practical laboratory.
 - There is one practical class for histopathology hematology with 25 seats and 32 monocular microscopes.
 - There is no separate seminar room and there are 20 books in the departmental library.
 - Histopathology work load is minimal.
40. In Microbiology department the following deficiencies are observed:
- There is no separate demonstration rooms.
 - The practical laboratory has 25 seats.
 - Virology laboratory is not available
 - The department has 10 books.
 - There is no separate museum for microbiology department.
41. In Forensic Medicine department the following deficiencies are observed:
- There are 30 books in the department.
 - The mortuary is not provided with gallery type viewing facility. This facility is non functional as the department has not been granted permission for conducting medico legal autopsies.
42. In Community Medicine department the following deficiencies are observed:
- There is no separate demonstration room in the department.
 - The practical class has 35 seats.
 - There are 100 books with WHO publications.
43. The Departmental libraries books are inadequate as follows:
- | | |
|--------------------------|------------------------------------|
| Medicine | – 50 |
| TB & Chest | – 15 |
| Skin & VD | – 25 |
| Psychiatry | – 20 |
| Paediatrics | – 50 |
| General Surgery | – 50 |
| Orthopaedics | – 30 |
| Oto-Rhino-Laryngology | – 30 |
| Ophthalmology | – 35 |
| Radio-Diagnosis | – 30 |
| Anaesthesia | – 45 |
| Obstetrics & Gynaecology | - 50. Dummy and Pelvis are absent. |
44. Other deficiencies/observations made in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recognise MBBS degree awarded by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal under section 12(2) of the Indian Medical Council Act, 1956.

45. **Complaint against Dr. Quamruzzaman as alleged by Security Inspector, City Zone, West Champaran.**

Read: The complaint against Dr. Quamruzzaman as alleged by Security Inspector, City Zone, West Champaran along with the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following decision of the Ethics Committee taken at its meeting held on 19th and 20th April, 2004-

“The Ethics Committee considered the complaint of Security Inspector, City Zone, West Champaran vide his letter dt. 24.3.2003 as well as deposition submitted by Dr. Quamruzzaman on 24.2.2004.

After due deliberations, the Ethics Committee found that the registration of Dr. Quamruzzaman bearing registration number MCI-13137, dated 12.1.1995 is genuine. It was also noted by the Committee that Dr. Quamruzzaman has got the MD (Physician) degree as well as a certificate of MS (USSR) and also worked in ESI Hospital, Delhi for a period of about 3 years. In view of his exposure to surgical procedure for a suitable period, the Ethics Committee was of the opinion that though his postgraduate degree in Surgery is not registered with Medical Council of India but he has acquired adequate training and exposure from teaching institute which was recognised earlier by MCI and also in the considerable period of exposure in the ESI Hospital to enable him to carry out minor surgical procedures.

However, Dr. Quamruzzaman has himself agreed that by writing MBBS, MS (USSR) in his prescription pad instead of MD (Physician) he has done an unethical act. At the same time he further stated that he is not utilizing the letter-heads any further and also he has closed his minor O.T.

In view of above, the Ethics Committee felt that Dr. Quamruzzaman should be issued a warning to be very particular and careful in future regarding use of letter-heads, registration number, degrees etc. and he should confirm strictly to the guidelines laid down in the IMC (Professional Conduct, Etiquette and Ethics) Regulations, 2002 and this warning may be recorded in the Indian Medical Register.

This may be placed before the Executive Committee/General Body of the Council for their approval and if approved, necessary action may be taken by the office and a copy of the same may be communicated to the complainant”.

46. **Complaint against Doctors of Millennium Hospital, New Delhi as alleged by Mr. Arvind Deep, Deputy Commissioner of Police, Delhi.**

Read: The Complaint against Doctors of Millennium Hospital, New Delhi as alleged by Mr. Arvind Deep, Deputy Commissioner of Police, Delhi.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted and approved the following decision of the Ethics Committee taken at its meeting held on 19th and 20th April, 2004-

“The Ethics Committee considered the matter and noted that this case was dealt by Delhi Medical Council and in their order dated 31/03/2004, they have found that Dr. J.S. Gambhir bearing registration no. 747 of DMC has violated clause 1.9 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 and clause 6.1 of Code of Medical Ethics of DMC wherein a duty is cast upon a medical practitioner to observe the laws of the country pertaining to the practice of medicine.

In view of the above Delhi Medical Council has issued a warning to Dr. J.S. Gambhir. Censure to be recorded in the State Medical Register of Delhi Medical Council.

The Ethics Committee further noted that Dr. J.S. Gambhir is also registered with MCI bearing registration no. 3206 and recommended that “Censure to be recorded in the Register of Medical Council of India”.

47. **Clarification as requested by Dr. Punita Goyal.**

Read: The queries raised by Dr. Punita Goyal with regard to clarification of “qualification and duties of a doctor” along with the recommendations of the Sub-Committee constituted as per decision of the Executive Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the following decision of the Ethics Committee taken at its meeting held on 19th and 20th April, 2004 -

“The Ethics Committee considered the matter and noted that Clause 7.20 of Professional Conduct, Etiquette and Ethics Regulations, 2002 states that:-

“A physician shall not claim to be specialist unless he has special qualification in that branch.”

The General Body of the Council in its meeting held on 20th & 21st November, 2002 elaborated this clause as follows:-

“A physician shall not claim to be specialist unless he has special qualification in that branch.” The special qualification means degree/diploma in the concerned specialty. However, this provision does not debar a doctor having proper and adequate training/exposure, competency and experience to work in any particular discipline/branch where he has got special interest.”

The members of the Ad-hoc Committee and of the Executive Committee of the Council in its meeting held on 03/02/2004 decided to authorize the President (Acting) to form a Sub-Committee comprising of the Chairman of the Ethics Committee to look into the matter.

A Sub-Committee was constituted and met on 08/03/2004 wherein, they have suggested the reply of question numbers 1 and 2.

*“A physician shall not claim to be specialist unless he has special qualification in that branch.” The special qualification means degree/diploma in the concerned specialty. However, this provision does not debar a doctor having proper, **documented/certified**, adequate training/exposure, competency and experience to work in any particular discipline/branch where he has got special interest.”*

The Ethics Committee after detailed deliberation approved the clarification as suggested by the Sub-Committee with following amendments:-

Q.No.1. *A person having qualification of MBBS can perform.*

- (i) *Ceasarian section/operation*
- (ii) *Hysterectomy/operation*
- (iii) *Other general surgical procedure.*

Clarification:

*“A physician shall not claim to be specialist unless he has special qualification in that branch.” The special qualification means degree/diploma in the concerned specialty. However, this provision does not debar a doctor having proper, **documented/certified**, adequate training/exposure **in an institution recognized by MCI thereby gaining/** competency and experience to work in any particular discipline/branch where he has got special interest.”*

Q.No. 2. *A person qualified as MBBS, MS (General Surgery) can perform*

- (i) *Ceasarian section operation*
- (ii) *Hysterotomy/Hysterectomy*
- (iii) *Tubectomy*

Clarification:

*“A physician shall not claim to be specialist unless he has special qualification in that branch.” The special qualification means degree/diploma in the concerned specialty. However, this provision does not debar a doctor having proper, **documented/certified**, adequate training/exposure **in an institution recognized by MCI thereby gaining/** competency and experience to work in any particular discipline/branch where he has got special interest.”*

Q.No. 3. *As under MTP Act, for a MTP over 12 weeks of pregnancy, consent of two physicians is required. What is that minimal qualification for those two doctors giving consent for MTP? As it is not mentioned in the Act.*

No amendments, the answer suggested by Sub-Committee is approved by the Ethics Committee.”

48. **Approval of Govt. Medical College, Jammu for the award of MBBS degree against the increased intake i.e. from 100 to 120.**

Read: The Council Inspector report (4th & 5th May, 2004) carried out to asses the undergraduate teaching and training facilities available at Govt. Medical College, Jammu along with the standard of examination for the first batch of students admitted against the increased intake.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector report (4th & 5th May, 2004) and noted the following:-

1. The shortage of teaching faculty is approximately 10% as under:-
 - (c) Faculty : 10.2% (i.e. 29 out of 283)
 - (i) Professor : 3 (Biochemistry-1, PSM-1, Paediatrics-1)
 - (ii) Associate Professor: 14 (Anatomy-2, Pathology-2, Forensic Medicine-1, Paediatrics-1, Psychiatry-1, ENT-1, OBG-1, Anaesthesia-3, Radiodiagnosis-2)
 - (iii) Assistant Professor: 7 (Biochemistry-1, Microbiology-1, PSM-2, Paediatrics-2, Skin & VD-1)
 - (iv) Tutor : 5 (FM-1, PSM-2, TB & Chest-1, Skin & VD-1)
 - (d) Resident 5.5% (i.e. 6 out of 108)
 - i) Jr. Resident: (6 out of 108) (TB Chest-3, Psychiatry-3)
2. The distribution of units in the Deptt. of Medicine, Peadiatrics, Psychiatry, Surgery & Obst. & Gynae. are not as per the Council norms.
3. The number of students admitted in MD(Medicine), MD(Pharmacology), MD(Radio-diagnosis), DMRD, DCP, D.A, D.Ortho., DGO & DCH are disproportionate to the number of units/teachers available as under :-

Course	Number permitted	Number admitted (last year)	No. of Units/ teachers
M.D.Medicine	Not known	13	6
M.D.Pharma.	Not known	6	3
M.D.Radio.diag	Not known	26	2

Diploma courses

Course	Number permitted	Number admitted (last year)	No. of Units/ Teachers
D.M.R.D.	Not known	3	2
D.C.P.	Not known	3	3
D.A.	Not known	5	2
D.Ortho	Not known	6	3
DGO	Not known	6	3
DCH	Not known	5	2

4. Medical Education Unit is not functional.

5. Statistical Unit is not available.
6. Common Room for boys & girls are not available.
7. The Veterinary Officer is working only part time and attend only once a week.
8. No Audio-visual aids are provided in the RHTC. No Lecturer/Medical Officer in MD(PSM) are posted at UHC.
9. No hostel are available for interns, residents & PGs. They are accommodated in the hostel for Boys & girls. The canteen and mess in one of boys hostel is not clean and neat.
10. There is no accommodation available for Nurses.
11. Residential quarters are available outside the campus.
12. There is a poor demarcation of units and beds in the antenatal ward and overcrowded with two patients in single cot. Cots are placed outside the wards on the verandah.
13. OPD registration is done manually and there is no computerisation. Treatment room and teaching room are not available in the Medicine OPD and Psychiatry OPD. In the Surgery OPD X-ray, view box and black board is not provided.
14. Male & female patients are lying adjacent beds in several wards.
15. No separate teaching area are provided for Peadiatric, Dermatology, Psychiatry and are located in SMGS hospital. There is no teaching area provided in Psychiatry ward and located at the Psychiatric Hospital.
16. The Medical Record Section is not computerized. ICD index coding are not followed.
17. Protective measures as per BARC specification are not followed.
18. Adequate resuscitation equipment is not available in the casualty.
19. In the Central laboratory the Microbiology lab. does very few investigations and poorly maintained.
20. Number of books in the departmental libraries of the departments of Microbiology, Forensic Medicine, TB & Chest, Skin & VD, Psychiatry, Paediatrics, Orthopaedics, ENT, Ophthalmology, Radiodiagnosis, Anaesthesia and OBG are inadequate.
21. In the infrastructural of pre-clinical departments, the following deficiencies are observed:-

Deptt. of Anatomy

1. Dissection hall can accommodate only 80 students.
2. Number of student lockers is only 48.
3. Only one body storage tank is available.
4. Cold storage facility is not functional.
5. Museum specimens are only few in number and no catalogue available.

Deptt. of Physiology

1. Demonstration hall can accommodate 30 students.

22. In the infrastructural of para-clinical departments, the following deficiencies are observed:-

Deptt. of Pharmacology

1. Number of specimens in the museum are less.
2. Renovation work in Pharmacy lab. and pharmacology lab. are to be completed.

Deptt. of Pathology

1. Only 1 student lab. is available.
2. There is no departmental library.
3. Museum does not have catalogue.
4. Blood Bank is not under Pathology Department.

Deptt. of Microbiology Department

1. Museum is very small and does not have catalogue.
2. There is no virology lab. available.

Deptt. of Forensic Medicine

1. Museum does not contain catalogues.
 2. Departmental library has only 30 books.
 3. There is no cold storage available in the mortuary.
23. In the Deptt. of Community Medicine there is no students lab. available.
24. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to approve Govt. Medical College, Jammu for the award of MBBS degree against the increased intake i.e. from 100 to 120.

49. **Medicity Instt. of Medical Sciences, Ghanpur – renewal of permission for admission of 2nd batch of students for the academic year 2004-2005.**

Read: The Council Inspector report (4th & 5th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic year 2004-2005 at Medicity Instt. of Medical Sciences, Ghanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector report (4th & 5th May, 2004) and noted the following –

1. The clinical material is inadequate as under:-
 - (a) Average bed occupancy is 72% which is less than required and not commensurate with patients claimed to have attended.
 - (b) Laboratory and x-ray investigations are inadequate.
2. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr. Sanjay Bagade	Biochemistry	Asstt.Professor

3. The affiliation certificate for 2004-2005 has not been received from the University.
4. Examination hall which is furnished is having only 120 seats which is inadequate. Another hall having 250 capacity is not furnished.
5. Veterinary Officer is on visiting staff.
6. RHTC Ravalcol is in a rented building.
7. UHC is also in a rented building.
8. Total accommodation available for boys and girls in hostels is 150 (66 boys and 84 girls) which is inadequate as against requirement of 200.
9. The Resident's hostel having 33 double seated rooms is unfurnished and vacant.
10. In the teaching hospital department of Medicine is having 2 units each of 43 beds and Surgery is having 2 units each of 45 beds.
11. In the OPD no laboratory is available for Skin & V.D. OPD.
12. There are no patients in Psychiatry ward.
13. Patients of Dermatology and Psychiatry are housed in a balcony which opens into medical ward. No separate ward is provided for these patients.
14. ICCU is not available. Surgical ICU is also not available.
15. Hospital does not provide food for the patients.
16. Paramedical staff is inadequate as under:-

Laboratory Technicians	18
Laboratory Assistants	18
Laboratory Attendants	10

17. Nursing Staff is inadequate as under:-

Nursing Superintendent	1
Deputy Nursing Superintendent	1
Matron	2
Assistant Nursing Superintendent	10
Nursing Sisters	
Staff Nurses	79

18. Permission to start postmortem work is not yet available. No arrangements have been made by the college for teaching postmortem to the students.
20. In the TB&Chest, Skin & V.D., Psychiatry, Paediatric, Surgery, Orthopaedics, ENT, Ophthalmology, Radio-Diagnosis, Anaesthesia and Obst. & Gynae. the number of books available in the library are inadequate and less than required as per norms.
21. Other deficiencies/observations made in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 2nd batch of students for the academic session 2004-05 at Medicity Instt. of Medical Sciences, Ghanpur.

50. **Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar – renewal of permission for admission of 2nd batch of students for the academic year 2004-2005.**

Read: The Council Inspector report (6th & 7th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic year 2004-2005 at Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (6th & 7th May, 2004) and decided to recommend to the Central Government to renew the permission for admission of 2nd batch of 150 MBBS at Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar for the academic session 2004-05.

51. **Establishment of new medical college at Azamgarh by All India Children Care and Educational Development Society, Azamgarh.**

Read: The application for establishment of medical college at Azamgarh along with legal opinion obtained from the Retainer Advocate on the land documents possessed by the Trust for the proposed medical college.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered and noted the opinion of the Retainer Advocate which is as under:-

“a) The applicant-society has neither produced nor submitted either on 28/4/2004 or with its letter dated 29/4/2004 any original document with respect to the total of 28.956 acres of land that it claims to own/possess.

b) The document that has now been submitted as proof of ownership/possession purportedly pertains to plots no.686, 528, 679 and 706. The area now shown is 18.332 acres.

Earlier this document had been submitted as proof of ownership/possession of 22.492 acres of land i.e. now the area has been reduced from more than 22 acres to 18 acres plus. The English translation submitted by the applicant-society itself indicates that the said document pertains only to plot nos. 686, 528, 679 and 706.

Therefore the initial claim of the applicant on the basis of the aforesaid document that it possessed/owned 22.492 acres of land is obviously misleading and erroneous.

c) The documents which the applicant has submitted along with its letter, claiming that they are copies of the original lease deed, are at variance with each other. A bare perusal of the said documents indicate that they are different from each other.

The claim of the applicant that it cannot produce the originals of either the registered sale deed or registered lease deed for 99 years for a total contiguous land admesuring 25 acres as per the mandatory regulation of the council, is not sustainable. The Registration Act, 1908 in section 57 clearly provides for issuance of authenticated/certified copies of the ownership/registered lease hold rights, by the competent authority under the Act, namely, the concerned Sub-Registrar. Submission of a copy of an FIR or an affidavit does not at all fulfill the requirement of furnishing cogent and lawful evidence of ownership of 25 acres of land.

It is also a matter of record that this applicant has earlier failed in its endeavour to establish a medical college causing serious prejudice to the students who had been admitted in this college. It is thus clear on record that this applicant has failed to furnish the necessary proof towards this statutory and mandatory precondition laid down in the Regulations of the Council requiring the applicant to be the owner of 25 acres of land and when the ownership, in accordance with law, can only be established either by furnishing registered sale deed or registered lease deed for 99 years, in favour of the applicant.

That without prejudice to the above, it is further to be seen that the applicant has still not submitted any proof of ownership of (I) plot nos.699, 687, 700, 191A-13mi (approximately 4

acres) by way of original documents (ii) plot nos.7, 8 & 9 (approximately 4 acres) by way of any document whatsoever.

In view of the aforesaid position, he is of the view that the Society has not fulfilled the requirements pertaining to land for establishment of a medical college under the Regulations of the Medical Council of India. This statutory precondition for ownership of 25 acres of contiguous land by the applicant under section 10A of the Act has not been fulfilled deserving return/rejection of the scheme submitted by the applicant.”

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to return back the file pertaining to establishment of medical college at Azamgarh by All India Children Care & Educational Development Society recommending disapproval of the Scheme received u/s 10A of the I.M.C. Act,1956 as the applicant has failed to fulfil the mandatory and statutory pre condition as per Qualifying Criteria No. 2(2) laid down in the Establishment of Medical College Regulations, 1999 which reads as under:-

“that a suitable plot of land measuring not less than 25 acres is owned and possessed by the person or is possessed by the applicant by way of 99 years lease for the construction of the college.”

52. **Establishment of Medical College at Bareilly by Shri Ram Murti Smarak Trust, Bareilly.**

Read: The application for establishment of medical college at Bareilly along with legal opinion obtained from the Retainer Advocate on the land documents possessed by the Trust for the proposed medical college.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the opinion from the Retainer Advocate which reads as under:

“a) With respect to the following plots of land it has been stated by the trust that the original documents are in the possession of the State Bank of India. A certificate issued by the State Bank of India has also been submitted. The total area covered by the said plots is 15.35698 acres.

1.	54
2.	55
3.	56
4.	57
5.	58
6.	74
7.	62
8.	73
9.	45
10.	47
11.	46
12.	48
13.	49
14.	50
15.	52
16.	53
17.	68
18.	79
19.	82
20.	83
21.	923
22.	926

(b) With respect to the following plots of land the trust had submitted the original documents which, it appears from the file, had been verified by the Council on the hearing held on 23.4.04. The total area covered by the said plots is = 10.82354 acres

<i>S.No.</i>	<i>Plot No.</i>
1.	43
2.	85
3.	88
4.	84
5.	69
6.	70
7.	71
8.	72
9.	75
10.	941
11.	943, 944

c) *With respect to the documents submitted by the trust pertaining to plot nos. 943 & 944 (i.e. 1.77 hectares) the trust has now submitted a sale deed which indicates that .784 hectares out of the said plots has been sold to the trust.*

d) *The sum total area of land i.e. now stated to be in possession of the trust on the basis of the above said documents is 25.20981 acres.*

e) *However, in respect of the plots of land which have been mortgaged with the SBI no original documents whatsoever has been submitted to the Medical Council of India.*

f) *Moreover the sale deed submitted by the trust in respect of 0.784 hectares of land acquired from plot nos. 943 & 944 clearly shows that the same is not in accordance with the requirement of ownership/possession of one contiguous piece of land of 25 acres is postulated under the Regulations.*

In view of the above, my advise is as under:-

i) *The Council may consider sending the copy of the certificate issued by State Bank of India towards possessing the original registered sale deed, for its authenticity, confirmation and verification.*

ii) *The applicant be asked to clarify the contiguity of the land holding inasmuch as the parts of plots No.943 and 944, now purchased by the applicant are stated to be bounded on two sides by the land belonging to an individual and not to the applicant trust. These two plots are having roads on the other two sides. If these plots are not contiguous, this would not fulfill the requirement of owning 25 acres of contiguous land."*

In view of above, the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the clarification as advised by the Retainer Advocate may be asked from the applicant-trust and further authorized the President (Acting) to take appropriate decision on receipt of the clarification from the applicant-trust in accordance with the legal opinion.

53. **Deviation of Graduate Medical Education Regulations of the Council by Maharashtra University of Health Sciences, Nashik.**

Read: The matter with regard to deviation of Graduate Medical Education Regulations of the Council by Maharashtra University of Health Sciences, Nashik pertaining to award of grace marks to MBBS students

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to deviation of Graduate Medical Education Regulations of the Council by Maharashtra University of Health Sciences, Nashik pertaining to award of grace marks to MBBS students and decided to issue show cause notice to the authorities.

54. **Minutes of the Finance Committee meeting held on 7th May, 2004 – Approval of.**

Read: Minutes of the Finance Committee meeting held on 7th May, 2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Finance Committee meeting held on 7th May, 2004 with the following modifications:-

Following may be added to Item No.5: Grievances of the employees of the Council in Service matters-consideration of

It was noted by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that penal action for the employees for coming late to the office has already been taken in accordance with the prevailing rules.

55. **Minutes of the Building Committee meeting held on 8th May, 2004.**

Read: Minutes of the Building Committee meeting held on 8th May, 2004.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Building Committee meeting held on 8th May, 2004.

56. **Recovery of cost of Laptop provided to Dr.M.C.R.Vyas, Whole Time Inspector.**

Read: The matter with regard to recovery of Laptop Provided to Dr.M.C.R.Vyas, Whole Time Inspector which has been lost while he was traveling for an inspection.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to recovery of Laptop Provided to Dr.M.C.R.Vyas, Whole Time Inspector which has been lost while he was traveling for an inspection and agreed in principle on the request of Dr. MCR Vyas to replace the Laptop with the exact specification or the amount may be recovered from his salary in ten installments.

57. **Additional name of Hospital recognised by the Council for purposes of compulsory rotating internship training – Information thereon.**

Read: The additional name of Civil Hospital Bhiwani as General Hospital, Bhiwani recognised by the Council for compulsory rotating internship training.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that Civil Hospital Bhiwani which is recognised by the Medical Council of India for purposes of compulsory rotating internship training is also known by General Hospital, Bhiwani as informed by the Principal, Medical Officer & Faculty Program Director, General Hospital, Bhiwani, Haryana vide letter dt. 23.4.2004.

58. **Removal of name of Dr.N.Balakrishna from Indian Medical Register.**

Read: The letter received from the Registrar, Rajiv Gandhi University of Health Sciences, Bangalore enclosing therewith an order dated 8/11/2002 issued by Karnataka Lokayukta and order dated 20/1/2004 issued by the President, Karnataka Medical Council with regard to removal of name of Dr.N. Balakrishna bearing Karnataka Medical Council NO.25404 from the Medical Register for indulging in Examination corruption and malpractices.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the order of the Karnataka Medical Council dated 29.1.2004 and also noted the whole matter regarding removal of name of Dr. N. Balakrishna (Registration No. 25404) for having indulged in examination corruption and malpractice. The Committee decided to remove the name of above mentioned doctor from the Indian Medical Register and also to give intimation in this regard to all the State Medical Councils in the country.

59. **Removal of name of Dr. Shree Prakash Parasar from the Indian Medical Register.**

Read: The letter received from the Registrar, Rajasthan Medical Council intimating that Dr.Shree Prakash Parasar has expired on 7/9/1991 and his name has been removed from the Register of Registered Medical Practitioners.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 23.4.2004 received from the Registrar, Rajasthan Medical Council intimating that Dr. Shree Prakash Parsasar (Regn. No.13297) has expired on 7.9.1991 and his name has been erased from the register of Registered Medical Practitioners. The Committee decided to remove the name of above mentioned doctor from the Indian Medical Register and also to give intimation in this regard to all the State Medical Councils in the country.

60. **Establishment of M.E.S. Medical College at Malappuram, Malappuram Distt., Kerala by Muslim Education Society, Calicut – Grant of Letter of Permission.**

Read: The Council Inspectors report (5th & 6th May, 2004) for Grant of Letter of Permission for establishment of M.E.S.Medical College at Malappuram, Malapuram Distt. by Muslim Education Society, Calicut.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th May, 2004) and noted the following:

1. The available clinical material is inadequate in terms of OPD Attendance, Operative Work and Radiodiagnostic investigations.
2. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr.Mahesh Shivaji Taru	Anatomy	Asstt. Professor
Dr. Getsie M. Amirtharaja	Physiology	Professor
Dr. M.P. Sreedharan	Biochemistry	Prof. & HOD
Dr. N. Ramesh	Physiology	Prof. & HOD

3. The accommodation available for Residents is only 48, which is inadequate.
4. The accommodation available for 75 Nurses is only in Dormitories, which is inadequate.
5. Regular staff quarters for non-teaching staff are not available. Only 2 dormitories having a capacity of 10 each are available.
6. There is a combined ICCU cum Medical ICU. Separate Medical ICU is not available. A combined Surgical and Burns ICU is available. These ICUS are not air conditioned.
7. Glove Inspection Machine and automatic washing machine are not available in CSSD.
8. In the Deptt. of Anatomy, Cadavers are not available.
9. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to grant letter of permission for establishment of M.E.S.Medical College at Malappuram, Malapuram Distt. by Muslim Education Society, Calicut.

61. **Amala Instt. of Medical Sciences, Thrissur – Renewal of permission for admission of 2nd batch of students for academic session 2004-05.**

Read: The Council Inspector report (7th & 8th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic year 2004-2005 at Amala Instt. of Medical Sciences, Thrissur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector report (7th & 8th May, 2004) and noted the following:-

1. The shortage of teaching faculty is as under :-

a) Teaching Faculty More than 5% (8 out of 100)

Associate Professor	4 (Physiology-1, Orthopaedics-1, Gynaecology-1, Radiology-1)
Asst. Professor	1 (Anatomy)
Tutor	3 (Physiology-1, Pharmacology-1, Pathology-1)

b) Residents More than 5% (4 out of 50)

Sr. Residents	1 (Medicine)
Jr. Residents	3 (Surgery-2, Paediatrics-1)

c) The Gap analysis for the faculty during the previous & present inspection is :-

Professor	1-100 days
Associate Professor - Physiology	1-7 months
Asst. Professor Physiology	1-6 months
	1-6 months
Anatomy	1-5 months 15 days
	1-6 months 7 days

d) Number of faculty members who have not submitted the Proof of Residence is as follows :-

Professor	13
Associate Professor	04
Asst. Professor	15

2. The following teachers shown working at this college at the time of inspection have been employed in one or more colleges simultaneously as under:-

Name of the teacher	Department	Designation
Dr. B.Shanta Kumari Amma	Comm.Medicine	Professor
Dr. S.Lakshmi	For. Medicine	Assoc.Professor
Dr. G.R. Shantha	Physiology	Assoc.Profesor
Dr. K. Meenakshi	Physiology	Assoc.Professor
Dr. V.R. Rajendran	Radiology	Assoc.Professor
Dr. N.Sachinandan	Physiology	Asstt.Professor

3. Calicut University has affiliated the medical college for the academic session 2003-04. The affiliation for the year 2004-05 has not shown to the inspection team.

4. The clinical material in terms of OPD attendance, Operative work and Radio-diagnostic investigations is grossly inadequate as under :-

	Daily Average	Day of Inspection
OPD Attendance	377	364
<u>Operative Work</u>		
Number of major surgical operations	4	6
Number of minor surgical operations	2	4
Number of normal deliveries	3	4
Number of caesarian Sections	1	1
<u>Radiological Investigations</u>		
X-Ray	58	72
Ultrasonography	12	9
Special Investigations	3	Nil
CT Scan	10	13

5. The accommodation for Residents is available only for 60 Residents which is inadequate.
6. No independent statistical unit is available.
7. At the RHTC and other clinical deptts. like Medicine, Paediatrics & OBG do not participate the outreach training programmes. No Lecturer cum Medical Officer having MD (PSM) is available. Audiovisual aids have not been provided. There is no labour room in RHTC. Medical social workers, Health inspectors and Health Educators are not available.
8. At UHC, no Lecturer cum Medical Officer having MD (PSM) is posted. Delivery services are not available
9. In the Casualty, emergency theatre is not provided.
10. Bowl Sterilizer, glove inspection machine and instrument washing machine are not available in CSSD
11. No ultrasound is given to OBG Deptt.
12. The number of books in the departmental library of Physiology, Orthopaedics, Paediatrics are inadequate.
13. No independent departmental libraries are available for TB & Chest, Skin & VD, Psychiatry, ENT and Ophthalmology.
14. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 2nd batch of students for the academic session 2004-05 at Amala Instt. of Medical Sciences, Thrissur.

62. **Pt. B.D.Sharma PGIMS Rohtak – Renewal of permission for admission of 5th batch of students against the increased seats i.e. from 115 to 150 for academic session 2004-05.**

Read: The Council Inspector report (7th & 8th May, 2004) for renewal of permission for admission of 5th batch of students against the increased intake i.e. from 115 to 150 for the academic year 2004-2005 at Pt. B.D.Sharma PGIMS Rohtak.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector report (7th & 8th May, 2004) and noted the following:-

1. The shortage of teaching faculty is as under :-

a) Faculty : more than 20% (i.e. 48 out of 214)

i) Professor : 1 (Anaesthesia-1)

ii) Assoc. Professor 11 (Anatomy-1, Pharmacology-1, Paediatrics-2, TB & Chest-2, Skin & VD-1, Orthopaedics-2, OBG-1, Radiodiagnosis-1)

iii) Assistant Professor : 31 (Anatomy-3, Pharmacology-1, Paediatrics-6, TB & Chest-3, Skin & VD-2, Orthopaedics-3, Ophthalmology-4, OBG-6, Anaesthesia-1, Radiodiagnosis-1)

iv) Tutor 5 (Paediatrics-3, TB & Chest-1, Psychiatry-1)

2. In the OPDs, there is no separate areas available for male and female patients with small areas reserved for examination of patients. OPDs are very much overcrowded with narrow space in the corridors. There is no black board or x-ray box in the Medicine OPD. In Surgery OPD, the examination room for male and female patients is common and is smaller. In the Demonstration room, no black board or x-ray box is provided.
3. The ICCU is overcrowded with 8 beds in the space, which can accommodate only 6 beds.
4. Separate Operation Theatres for ENT and for Ophthalmology Deptts. are not available. In the OTs, CCTV facility is not available.
5. In the Radiodiagnosis Deptt., protective measures as per BARC Specifications are not provided. The Radiographers are not provided with Dossimeters.
6. In the Central Pharmacy, there is only one Pharmacy available in the OPD where only 20 drugs are issued free to the patients. Although the number of patients attending OPD is more than 2000 and only 100-120 patients are dispensed daily.
7. No separate hostel is available for interns. The maintenance of boys hostel is not proper. Electric wires are hanging loose, which is a potential danger. Dental students are also accommodated in the hostel of boys and girls respectively.
8. The distribution of beds in units in the Deptt. of Paediatrics, TB & Chest, Skin & VD, Psychiatry, Orthopaedics, Ophthalmology, ENT and OBG is not as per the Council Norms.
9. The number of students admitted in MS (Ophthalmology) is not as per the PG Regulations as five students are admitted and there are only 2 units.
10. The number of students admitted in Diploma in TB & Chest, Diploma in Orthopaedics, Diploma in OBG, Diploma in Child Health, Diploma in Ophthalmic Medicine and Surgery and Diploma in Venereal Diseases is higher than permitted under PG Regulations as per the number of units available in these Depts.
11. Statistical Unit is not available
12. The available Auditorium is only having 400 seats, which is inadequate and smaller as compared with the requirement of Auditorium with 750 seats.
13. The available examination hall is having only 200 seats which is inadequate and smaller than as compared with the requirement of 375 seats.
14. The Veterinary Officer is only part time and attends only once a week.
15. At the RHTC, no audiovisual aids have been provided. At UHC, delivery services are not provided.
16. In the OPD, Registration is done manually and not computerised.
17. There is no Central Clinical Laboratory. There is only a common sample blood collection centre in the OPD from where the collected blood samples are sent to the respective laboratories. There is one private diagnostic laboratory functioning in the OPD for doing some advanced diagnostic tests.
18. In the Dept. of Anatomy, cooling cabinet is not available.
19. The Deptt. of Biochemistry functions from an adjacent building which also accommodates nursing college.
20. Blood Bank is not in the control of Pathology Deptt.
21. There is no museum provided for the Deptt. of Microbiology. Virology Laboratory is not provided.
22. Cold Storage facilities are not available in the Deptt. of Forensic Medicine. The students laboratory of Forensic Medicine deptt. is too small and can accommodate only 20 students.

23. The number of books in the Departmental libraries of TB & Chest, Skin & VD, Psychiatry, Orthopaedics, ENT, Radio-diagnosis, Anaesthesia are inadequate and not as per the Council Norms.
24. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 5th batch of students against the increased intake i.e. from 115 to 150 for the academic year 2004-2005 at Pt. B.D. Sharma PGIMS Rohtak.

63. **Consideration of order dated 28/4/2004 passed in W.P. No. © No.604/2002 – Dr. Sanjeev Gupta & Ors. Vs. UOI & Anr. – relating to modalities of Screening Test.**

Read: The order dated 28/4/2004 passed in W.P. No. © No.604/2002 – Dr. Sanjeev Gupta & Ors. Vs. UOI & Anr. – relating to modalities of Screening Test.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter and decided to authorise the President (Acting) to constitute a Sub-Committee to take all necessary steps/decisions in accordance with the orders of the Hon'ble Supreme Court.

64. **Appointment of Whole Time Inspectors and Zonal Inspectors in the office of the Medical Council of India.**

Read: The recommendations of the Selection Committee for appointment of Whole Time Inspectors and Zonal Inspectors in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee approved the recommendations of the Selection Committee for appointment of following Whole Time Inspectors and Zonal Inspectors in the Council office in view of the pending workload of the inspections and also necessity of completing the inspections in a time bound manner:-

Whole Time Inspectors

1. Dr. Malti Mehra
2. Dr. Vandana Ajay Khanolkar

Zonal Inspector (West)

1. Dr. S.B. Agarwal

Zonal Inspector (South)

1. Dr. A. Shahnawaz Khan

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee also observed that the inspection workload and consequential travelling has increased tremendously requiring the absence of the Zonal Inspectors for considerable a long period at a stretch. As more inspections have to be carried out in time bound manner, all the inspection reports also have to be prepared and submit to the Council in a short time which results in greater exertion to the Inspectors, the Committee further decided that the consolidated remuneration payable to the Zonal Inspectors may be increased from current Rs. 20,000/- to Rs. 26,000/- per month.

The Committee directed the Secretary of the Council to issue appointment orders for the above Whole Time Inspectors and Zonal Inspectors.

65. **Admissions of MBBS students in Medical Colleges for the academic session 2003-04 after the cut off dated 30.9.2003 – situation arising out of the order passed by the Hon'ble Supreme Court in SLP filed by the MCI in the case of Orissa Private Engineering Colleges and in the case of Gitika Shankar Mishra.**

Read: the matter with regard to admissions of MBBS students in Medical Colleges for the academic session 2003-04 after the cut off dated 30.9.2003 – situation arising out of the order passed by the Hon'ble Supreme Court in SLP filed by the MCI in the case of Orissa Private Engineering Colleges and in the case of Gitika Shankar Mishra.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee noted that in Special Leave Appeal No. 22573-22574/2003 filed by the Medical Council of India in MCI vs. State of West Bengal and Ors., the Hon'ble Supreme Court of India has passed the following order:-

“In view of this, leaving the questions raised by the Medical Council of India open, we dispose of the special leave petitions by directing that the successful candidates who had taken the examination for the year 2003-04 may be treated as having completed successfully for the examination held for the academic year 2004-05. It is however made clear that the admissions may be made subject to any permission that may otherwise be required by the Institute and in accordance with law. The special leave petitions are disposed of...”.

Similarly, in Civil Appeal No. 2731 of 2004 filed by the Medical Council of India in MCI vs Swati Sethi and Ors. in which the order passed by the Hon'ble High Court of Punjab & Haryana on 6.11.2003 granting admission – i.e. after the prescribed last date of 30.9.2004- the Hon'ble Supreme Court of India passed the following order:-

“In the event the High Court comes to the conclusion that no exception can be carved out of Madhu Singh's case or that there as in fact no such exceptional circumstance as claimed by the writ petitioners then the writ petitioners will be deemed to have been admitted for admission for the academic session 2004-05 within the admissible intake. The appeal stands disposed of accordingly”.

In view of above, the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided as under:-

1. So far as SCB Medical College, Cuttack is concerned, they already have admitted 150 students as per the letter of permission issued by the Govt. of India on 30.9.2003 out of whom 107 candidates were admitted in regular course before 30.9.2003 and 43 students were admitted after 30.9.2003 pursuant to the orders of the Hon'ble High Court of Orissa.

Applying the ratio laid down by the Hon'ble Supreme Court in the order of SLP No.22573-22574 (MCI vs State of West Bengal) and SLP No. 2731 of 2004, it would ultimately result in these 43 students as having been admitted for the year 2004-05 after the permission is granted for increase of seats for the year 2004-05.

2. In the case of Gitika Shankar Mishra, the State of Chattisgarh itself has stated that the course of Ist MBBS would commence from February, 2004 for the academic year 2003-04. In view of the decision laid down in Madhu Singh's case, the course for MBBS study has to commence from Ist August, 2003. Such a delay of 7 months cannot be permitted and therefore the entire batch of students admitted should presume to have been admitted for the academic year 2004-05 following the ratio laid down in the order of the Hon'ble Supreme Court in the case of MCI vs State of West Bengal and MCI vs Gitika Shankar Mishra.

66. **Alleged misconduct of Dr. K.K. Arora, Deputy Secretary of the Council**

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the alleged misconduct of Dr. K.K. Arora, Deputy Secretary and authorized the President (Acting) to form a Sub-Committee of two members for taking appropriate action in accordance with the service rules.

67. **Establishment of Padamshri Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar u/s 10A of the IMC Act,1956.**

Read: The Council Inspector Report (7th & 8th May, 2004) for grant of letter of permission for establishment of Padamshri Dr. Vithalrao Vikhe Patil Foundation's Medical College & Hospital, Ahmednagar u/s 10A of the IMC Act,1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (7th & 8th May, 2004) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of Padmashree Dr. Vithalrao Vikhe Patil Foundation's Medical College at Ahmednagar by Padmashree Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar with an annual intake of 100 MBBS students for the academic session 2004-2005 u/s 10A of the IMC Act, 1956.

68. **Katuri Medical College, Guntur-renewal of permission for admission of 3rd batch of students for the academic session 2004-05.**

Read: The Council Inspector Report (10th and 11th May, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-05 at Katuri Medical College, Guntur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (10th & 11th May, 2004) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students at Katuri Medical College, Guntur for the academic session 2004-2005.

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

**New Delhi, dated
the 12th May, 2004**

A P P R O V E D

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