

No.MCI-5(3)/2003-Med./
MEDICAL COUNCIL OF INDIA
EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on Sunday, the 13th June, 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.

** ** *

Present:

Dr.P.C. Kesavankutty Nayar	]President (Acting)]Former Dean,]Govt. Medical College,]Trivandrum
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. 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. 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.
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	- Secretary

Apologies for absence were received from Prof. N. Rangabashyam & Dr. S. Kantha, Members, Adhoc Committee and Dr. Mukesh Kumar Sharma, Member, Executive Committee.

At the outset, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated on the issues arising out of the inspection reports and recommended as under:-

1. The declaration forms should also contain a column on the research activities being currently undertaken by the teacher and the research papers published in the indexed journal during the year.
2. A State-wise list of colleges for whom the permission has not been renewed for the current academic year should be published separately on the website.
3. A Sub-Committee should be formed to look into the long-term consequences of eraser of name of a medical teacher from the Indian Medical Register for a short-term period.

It was also recommended that a status note on the state of medical education in the country should be prepared incorporating the various types of deficiencies observed during the inspections of the colleges and the President (Acting) was requested to convene a National Conference on “Crisis in Medical Education” in October/November, 2004 incorporating all the issues affecting the state of medical education in the country.

1. **Minutes of the Executive Committee meeting held on 12th May, 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 12th May, 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 12th May, 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 noted the list of pending items arising out of the decisions of the Executive Committee.

4. **Establishment of Midnapore Medical College & Hospital at Midnapore by Govt. of West Bengal – Grant of Letter of Permission.**

Read: The Council Inspectors report (24th & 25th May, 2004) for grant of letter of permission for establishment of Midnapore Medical College & Hospital at Midnapore by Govt. of West Bengal.

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 (24th and 25th May, 2004) and noted the following:-

1. There is a road between the hospital and the college campus which is a thoroughfare. Land use conversion to N.A. is not provided. The college, hospital and hostel are on 3 separate plots divided by public roads. Although, the gates have been put on two ends of a road between college and hospital, public transport is still moving.
2. No Medlar facility in the library.
3. Accommodation for nurses is inadequate. There is only one nurses hostel with 11 rooms on the top floor of the Hospital having capacity for 22 with no mess facility.

4. Boys' hostel is outside the campus. Messing facility is not available in all the hostels.
5. The Medical Superintendent of the hospital Dr. L.K. Ghosh has only one month of administrative experience. He is not qualified to hold the post.
6. The waiting area in the registration counter is very much inadequate. In Surgical OPD, there is only one room (10'x10' for both male and female patients. There is no separate teaching room in any of the specialities. Many rooms in OPD are very small and it is difficult to accommodate even 5 persons at a time and the waiting area are equally very small. Teaching facilities like patient couch, stools, x-ray, view box, examination tray, etc. are not provided in many of the OPDs. Audiometry room in the ENT OPD is without any equipments and speech therapist. Very small dark room, refraction room are located in the Ophthalmology OPD. The equipment like Boyles apparatus is only equipment available in OT.
7. The beds are not numbered in many of the wards and unit wise distribution is not made as per Council recommendations. In many of the wards more than 2 specialities patients are accommodated. The wards are over crowded and very minimal space is found in between beds and bedside lockers are not provided in many of the wards. There are 2 patients in single bed as well few patients are on the floor. Each ward having no duty doctor room, very small nurse duty room, nursing station, no pantry, no examination / procedure room, and no side laboratory. There is no designated clinical demonstration areas in most of the wards. All these areas have not been provided with audiovisual aids and other teaching facilities.
8. Distribution of units in Medicine, Paediatrics, Surgery, Orthopaedics and Obst. & Gynae. is not as per Council norms.
9. The number of investigations done is relatively low and not commensurate with the OPD attendance and bed occupancy.
10. The registration counter for OPD cases in OPD is not computerized. The indoor registration counter in OPD is also not computerized and cross linked with outdoor registration numbers. The medical record department is also not computerized. ICD X Classification of diseases is not followed for indexing. Follow up service is not available. Staff is not adequate and non of them is trained in medical record technology.
11. There are 16 beds in total in Central Casualty Service. They are congested where only 10 beds may be accommodated. There is no central oxygen supply. There is one suction apparatus and two oxygen cylinders are only available. No other equipments are available. Minor OT is attached with very minimum facilities.
12. Each OT is not having central oxygen and nitrous oxide supply and central suction. Resuscitation equipment is inadequate.
13. The space for each section in the central clinical laboratory still remains inadequate.
14. There is no ICCU.
15. There is only one 12 bedded air-conditioned room available for all medical, surgical, emergency care and post operative cases.
16. No bowl sterilizer, no glove inspection machine, no racks, no trays, no instrument washing machine and no mixers are available in the Central Sterilization department.

17. There is no mechanized laundry.
18. Incinerator is not available.
19. There is no Band Saw in Anatomy Department. The side wall of the dissection hall is not covered by tiles or mosaic surface. The dissection table do not have arrangement of collection of fluid oozing from the dead bodies at the time of dissection.
20. In the Physiology department, the library cum seminar room has 5 seats and 50 books.
21. In the Biochemistry department, there are no burners in the laboratory instead 27 spirit lamps are provided. Arrangement for de-ionized water need to be done in the laboratory.
22. Other deficiencies / remarks in the 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 new medical college at Midnapore.

5. Establishment of new medical college at Institute of Postgraduate Medical Education & Research, Kolkatta – Grant of Letter of Permission.

Read: The Council Inspectors report (21st & 22nd May, 2004) for grant of letter of permission for establishment of Medical College at Institute of Postgraduate Medical Education & Research, Kolkatta

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 (21st and 22nd May, 2004) and noted the following:-

1. The shortage of teaching faculty is 14.1% as under :-

Associate Professor	-6	(Anatomy-1, Physiology-1, Pharmacology-1, Microbiology-1, Medicine-1, ENT-1)
Assistant Professor	-7	(Anatomy-1, Medicine-2, Obst. & Gynae.-2, Anaesthesia-3)
Tutor	-2	(Anaesthesia-2)
2. The shortage of Residents is more than 10% (i.e. 10 out of 91) as under :-

Sr. Resident	-	(2 out of 20) ENT-1; Obst. & Gynae.-1
Jr. Resident	-	(8 out of 71) Anaes.-8
3. Unit distribution in the departments of TB & Chest, Medicine, Surgery & ENT is not as per Council norms. Unit wise distribution of beds is not implemented.
4. Common room for boys and girls is available but without attached toilets.
5. Hostel for Boys is outside the campus at a distance of 0.5 kms. Accommodation is available for 97 students only. Mess is not available.
6. Dr. Santanu Kr. Tripathi is the Medical Superintendent of the teaching hospital and he has only 10 months of administrative experience. He is not qualified to hold the post.

7. In OPD, there is a common registration counter for male and female patients for the departments of Medicine, Surgery and its allied specialities and it is not computerized.
8. Teaching facilities in many of the departments requires more space for teaching and the facilities like patient couch, stools, x-ray view box, examination tray, etc. are provided in very few departments.
9. The audiometry room in ENT OPD is under repair and it is not air-conditioned and not sound proof.
10. In wards, side laboratory is available only in medicine male and female wards. The teaching areas are inadequate for accommodation for the students. The materials like x-ray view box, black board, stools are lacking in many of the wards. The wards are congested and the number of toilets are grossly inadequate for the occupancy of the wards.
11. The number of Haematological investigations is low and not commensurate with the OPD attendance and bed occupancy.
12. The central oxygen, central suction, are not available in the casualty OPD and emergency wards. No disaster trolley is available in the emergency ward. The equipment for resuscitation is inadequate.
13. Each OT is not having central oxygen & nitrous oxide supply and central suction. Facilities for pre and post anaesthetic care are grossly inadequate. Resuscitation equipment is inadequate. There is no postoperative ward.
14. The Central Sterilization department has no bowl sterilizer, no Glove inspection machine and no instrument washing machine in CSSD. No mixers are available.
15. There is no mechanized laundry.
16. Incinerator is not available.
17. Nursing staff is grossly inadequate as under :-

Nursing Superintendent	-1
Deputy Nursing Superintendent	-4
Matron	-nil
Asstt. Nursing Superintendent	-nil
Nursing sisters	-10
Staff Nurses	-190
18. There is only 1 lecture theatre of the capacity of 100 against 2 of 120 capacity required as per norms.
19. Other deficiencies / remarks in the 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 new medical college at Institute of Postgraduate Medical Education & Research, Kolkatta.

6. Christian Medical College, Dichpally – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (13th & 14th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at Christian Medical College, Dichpally.

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 (13th and 14th May, 2004) and noted the following:-

1. Affiliation for 2004-2005 from NTR University is not available.
2. The college authorities has not supplied details of A and B forms. The Principal has given in writing that due to non availability of the staff these forms could not be prepared.
3. There is no furniture and other facilities like Typewriter, Xerox machine etc. for office use.
4. Staff in the administration office is inadequate.
5. Medical Education Unit is established but only space is available. It is non functional.
6. Space is available for Statistical Unit but unit is not functional.
7. Details of the College Council is not available.
8. College authorities has not supplied floor area of the College and Hospital building.
9. There are only two lecture theatres in the college.
10. Examination hall is not available.
11. Animal House is not available.
12. Total measurement of the Central Library is not available. Total number of books available are 1456. Journals with back numbers are not available. The Institution has not subscribed for any journals for the year 2004-05. Only one Library Assistant is available. Facilities like Medlar, Internet, Photo copier, computers etc. are not available.
13. Space is available for Central Photography cum audiovisual units. But no equipments, no staff. Only dark room is available.
14. Hostel accommodation is available only for 102 students against requirement of 200.
15. Resident hostel is not available.
16. There is no separate nursing hostel.
17. Residential quarters are grossly inadequate.
18. There is no Medical Superintendent for the teaching hospital since 2 years.
19. Teaching beds are deficient by 50 as under :-

Speciality	Required Beds/Units	Present Beds / Units	Deficiency if any
Medicine & Allied Specialities			
General Medicine			
Paediatrics	85	80	5
TB & Chest	38	30	8
Skin & VD	10	-	10
Psychiatry	5	-	5
Total	5	-	5
	143	110	
Surgery & Allied Specialities			
General Surgery	90	90	-
Orthopaedics	38	30	8
Ophthalmology	13	10	3
ENT	13	10	3
Total	154	140	
Obstetrics & Gynaecology			
Obstetrics & ANC	32	30	2
Gynaecology	21	20	1
Total	53	50	
Grand Total	350	300	50

20. Speciality wise distribution of beds only on paper. In the wards patients are put as per convenience. There is no unit distribution of patients with respect to specialities. The bed numbers are not properly marked.
21. In Medical OPD, one room for demonstration is without any facilities.
22. No ENT surgeon is available. One audiometry room sound proof without audiometer and Speech therapist is available.
23. In Gynaecology OPD, there is one chamber for clinic demonstration purpose, which has got no facilities.
24. In Surgery, there is no color-coding bucket available for surgical waste disposables.
25. In Paediatric OPD, there is no facility in any of the rooms like Immunization room, Child Welfare Clinic, etc.
26. Most of the teaching areas are not provided with adequate chairs and other facilities.
27. Clinical material is grossly inadequate as under :-

	Daily	Average	Day of Inspection 13-05-2004	
O.P.D. attendance	152		186	
Casualty attendance	15		6	
Number of admissions / discharge	9-7		10-4	
Bed occupancy %	32%		33%	
Operative work				
No. of Major surgical operation	4		01	
No. of Minor surgical operation	2		03	
No. of normal deliveries	0-1		nil	
Number of caesarian sections	0-1		nil	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray				
Ultrasonography	9	10	5	3
Special Investigations	3	1	4	1
C.T. Scan	-	-	-	-
	-	-	-	-
Laboratory Investigations				
Biochemistry	33	33	32	
Microbiology	10	2	10	
Serology	-	-	-	
Parasitology	-	-	-	
Haematology	-	-	-	
Histopathology	2	0-1	2	
Cytopathology	0-1	-	-	
Others (Pathology)	50	-	40	

28. The registration counter is not computerized. There are two staffnurses but no clerks.
29. Indoor registration counter is not computerized.
30. Medical Record department is not computerized.
31. ICD classification of diseases is not followed for indexing.
32. There is no separate casualty. Casualty work is done in the Acute Medical Care ward.
33. One Surgery OT is functional and 3 OTs are non functional. OT is not having central oxygen and nitrous oxide supply and central suction. The facilities for pre anaesthetic and post anaesthetic care are inadequate.
34. Post operative recovery room is not available.
35. There is combined ICCU and ICUs. Separate ICU not available.
36. Labour room beds are non functional.
37. Protective measures as per BARC specification are not followed.

38. No qualified Pharmacist is available.
39. Central Sterilization department has got two big vertical autoclaves and 3 small autoclaves. No other equipments are available. Two staff nurse and one ward boy is running the CSSD.
40. There is no intercom facility and there is no phone connection to many departments and wards.
41. There is no machinery available for laundry purpose.
42. Kitchen is not available.
43. Nursing staff is grossly inadequate as under :-

Nursing Superintendent	-2
Deputy Nursing Superintendent	-5
Matron	-
Asstt. Nursing Superintendent	-
Nursing sisters	-
Staff Nurses	44

44. There is no Band Saw and no research laboratory in the Anatomy Deptt. No catalogues are available.
45. There is no research laboratory in Physiology and Biochemistry departments.
46. Para clinical departments are non functional. Only one big room with partition is provided on the first floor of the college building is available for the departments of Pharmacology, Pathology, Microbiology, and Forensic Medicine. No other infrastructural facilities are available.
47. As the teaching staff is not available in Community Medicine department, activities are not yet started in the department.
48. In the Clinical Departments, space is not provided for all the staff members to sit and work.
49. Teaching staff available is as under :-

Principal	-1
Asstt. Prof. of Surgery	-2
Asstt. Prof. of Pathology	-1
Tutor in Obst. & Gynae.	-1
Asstt. Prof. of Ophthalmology	-1
Asstt. Prof. of Radiology	-1
Asstt. Prof. of Dentistry	-1

50. Teaching staff is grossly inadequate in the various departments.
51. Non teaching staff is grossly inadequate in various departments.
52. Other deficiencies/remarks in the 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 2nd batch of students during 2004-2005 at Christian Medical College, Dichpally.

7. **Swami Vivekanand Instt. of Medical Sciences and Research, Valia, Gujarat – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005.**

Read: The Council Inspectors report (14th & 15th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at Swami Vivekanand Instt. of Medical Sciences and Research, Valia, Gujarat

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 (14th and 15th May, 2004) and noted the following:-

1. a) Shortage of teaching faculty is more than 5% (i.e. 6 out of 98) is as under:-

- i) Professor -1 (Paediatrics)
- ii) Assoc. Prof. -3(1 Biochemistry, 1 Microbiology, 1 Anaes.)
- iii) Asstt. Prof. -2 (1 Forensic Med., 1 General Med.)

b) The following teachers have been found to be employed or presented for inspection at more than one college during the academic year 2004-05:-

Sr. No.	Name	Department
1.	Dr. Ashok Soni	Paeditrics
2.	Dr. Suraj Tripathi	Pharmacology
3.	Dr. K.K. Agarawal	ENT
4.	Dr. Sushil Kumar	Pharmacology
5.	Dr. Shail Bala	Physiology

- c) As many 114 teachers have not submitted TDS and 149 teachers have not submitted proof of residence.
- d) In case of 101 teachers, signatures and other details differ in different declaration forms and documents.

- 2. Accommodation is available for only 56 nurses in 7 flats which is inadequate.
- 3. Only 14 quarters are available within the campus for teaching faculty which is inadequate. No quarters are available within the campus for non teaching faculty.
- 4. Examination hall is of 150 capacity which is inadequate.
- 5. In the Animal house, facilities for experimental work are not available. Facilities for carrying out minor surgical procedures are also not available. There is only one Part-time Veterinary Officer
- 6. U.H.C. is not available.
- 7. Clinical material is inadequate as under :-

	Daily Average	Day of Inspection
O.P.D. attendance	400-450	430
Casualty attendance	15	18
Number of admissions / discharge	30-35	28
Bed occupancy %	60-65%	65%
Operative work		
No. of Major surgical operation(including Ob.Gy.)	3-4	01
No. of Minor surgical operation		-
No. of normal deliveries	5-6	
Number of caesarian sections	2-4	2
	0-2	1
Radiological Investigations		
X-ray		
Ultrasonography	35-40	40
Special Investigations	15-20	25
C.T. Scan	0-2/wk	-
	Not available	-
Laboratory Investigations		
Biochemistry	400	390
Microbiology	15-20	20
Serology	15-20	20
Parasitology	5-6	5
Haematology	280-320	300
Histopathology	1-3	2
Cytopathology	2-3	2
Others (Pathology)	2-5	3

Clinical material in terms of histopathology and cytopathology needs to be augmented.

8. In Central Casualty Service Duty details were not displayed on the board.
9. The ICCU & ICU were not separate and had 8 beds. Surgical and Paediatric ICU not available.
10. Resuscitation equipment in OT is inadequate. There are no TV with camera attachments.
11. X-ray machines are located in the area having aluminum partitions without adequate protection to the staff and attendants of the patients.
12. Nursing staff is grossly inadequate as under :-

Nursing Superintendent	-1
Deputy Nursing Superintendent	-1
Matron	-2
Asstt. Nursing Superintendent	-2
Nursing sisters	-
Staff Nurses	124

13. Dietician is not available.
14. In CSSD, receiving and distribution points are not separate.
15. In the Biochemistry Department, the gas cylinders need to be kept away in a separate enclosure with metal tubing.
16. In Pharmacology department museum, catalogues are not available.
17. In Forensic Medicine department museum, catalogues are not available. There is space provided for laboratory which is yet to be furnished and equipped.
18. The institution has not been permitted for performing medico legal autopsies, hence this facility remains non functional.
19. Departmental library books are inadequate in TB & Chest, Skin & VD, Psychiatry departments.
20. Other deficiencies / remarks in the 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 2nd batch of students during 2004-2005 at Swami Vivekanand Institute of Medical Sciences & Research, Valia, Gujarat.

8. A.J. Instt. of Medical Sciences, Mangalore – Renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (24th & 25th May, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at A.J. Instt. of Medical Sciences, Mangalore.

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 (24th and 25th May, 2004) and noted the following:-

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

Associate Professor -7 (2 Anatomy, 1 Biochemistry, 1 Community Medicine, 1 Paediatrics)

Assistant Professor -4 (3 Anatomy, 1 Physiology)

Tutor -1 (Pathology)

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

Sr. Resident -8 (1 Psychiatry, 1 Paediatric, 4 Surgery, 1 Orthopaedics, 1 ENT)

Jr. Resident -nil

- (c) The following teachers have been found to be employed or presented for inspection at more than one college during the academic year 2004-05:-

Sr. No.	Name	Department
1.	Dr. Abhaya Kumar Patra	Forensic Medicine
2.	Dr. Shreekanta Singh	Ophthalmology
3.	Dr. Santosh T Soans	Paediatrics

2. Few of the teaching faculty in the pre and para clinical departments take classes for dental students. The infrastructure of some pre and para clinical departments, mainly the student practical laboratory, are also used by dental students.
3. No information about budget is available.
4. Examination hall is available with capacity of 117 seats which is inadequate as per norms.
5. Total number of books in the central library is 3353 and number of journals subscribed is 20 Indian and 10 foreign.
6. Institution should adopt two more PHC as only one RHTC is available.
7. Total accommodation available for medical students is 252 as against the requirement of 350.
8. There is no separate hostel for resident doctors.
9. No quarters are available within the campus for non-teaching staff.
10. The Medical Superintendent is not qualified to hold the post as he has only 2½ years of administrative experience.
11. In OPD teaching areas are not provided in OPD for Surgery, Medicine and Orthopaedic specialities. Teaching facilities like patient couch, stools, x-ray, view box, examination tray, etc. are not provided in all the areas. Audiometry room is not available.
12. In wards, some wards are having overcrowding of the beds. Bed numbers and unit numbers are not displayed for all the beds. All the beds are not provided with bedside lockers. Most of the wards are planned in the form of small rooms having 5-10 beds. As a result of this, nursing station is quite away from the patients. Some of the side room laboratories are not equipped. Teaching areas are not provided in any of the wards. Ward teaching is carried out near the patients' bed in the ward. Some of the wards are not having procedure/ examination room. In Medicine Male ward, patients of General Medicine, TB and Dermatology are found. In IV – D ward, Male Orthopaedic, Male Surgery and Female Surgery patients are found. In Obstetrics ward TB patients are found.
13. Clinical material is inadequate as under :-

	Daily	Average	Day of Inspection 13-05-2004
O.P.D. attendance		509	728
Casualty attendance		31	29
Number of admissions / discharge		27/25	27/12
Bed occupancy %		78%	88%
Operative work			
No. of Major surgical operation		7	8
No. of Minor surgical operation		12	13
No. of normal deliveries		1	-
Number of caesarian sections		-	-
Radiological Investigations			
X-ray			
MRI		70	77
Ultrasonography		5	2
C.T. Scan		38	38
Special Investigations		10	8
		6	-

Laboratory Investigations		
Biochemistry	76	131
Microbiology	30	59
Serology	-	136
Parasitology	-	-
Haematology	55	-
Histopathology & Cytopathology	3	2
Clinical Pathology	10	23

Statistics given by the Institution shows that average OPD attendance is 509 and Bed occupancy is 78%. However, when it is compared with other clinical material, it is observed that there is no proportionate increase in other clinical materials as expected normally.

On the second day of inspection, i.e. 25th May, 2004 bed occupancy was 62%.

14. Total 10 beds are available; in casualty area.
15. Para medical staff is inadequate as under :-
 - Laboratory Technicians -16
 - Laboratory Assistants -10
 - Laboratory Attendants -10
16. In the department of Anatomy, non-medical teachers are more than 30%.
17. In Physiology department, each laboratory has 40 workplaces which is inadequate.
18. In Biochemistry department non medical teachers are more than 50%.
19. There is no museum in Microbiology department. Non medical teachers are more than 30%.
20. The college is waiting for permission from Government to perform the post-mortems.
21. The departmental libraries have no books in the departments of TB & Chest, Skin & VD, Psychiatry, Paediatrics, Orthopaedics, Oto-Rhino-Laryngology, Ophthalmology, Radio-diagnosis, Anaesthesia and Obst. & Gynaecology.
22. 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 during 2004-2005 at A.J. Institute of Medical Sciences, Mangalore.

9. K.V.G. Medical College, Sullia – Renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (21st & 22nd May, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at K.V.G. Medical College, Sullia.

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 (21st & 22nd May, 2004) and noted the following:-

1. (a) The following teaching faculty are not available.
 - i) Associate Professor - 1 (Radio-diagnosis -1)
 - ii) Assistant Professor - 2 (Forensic Medicine -1, Epidemiologist -cum- Lecturer -1)
- (b) The following teachers have been found to be employed or presented for inspection at more than one college during the academic year 2004-05:-

Sr. No.	Name	Department
1.	Dr. Suresh Prabhu	Community Medicine
2.	Dr. M.S. Saradamma	Pathology
3.	Dr. P.V. Aswath	Community Medicine

- (c) In view of above, the deficiency of teaching faculty is more than 5%.
- All the 100 admissions were given by the management for the academic year 2003-04.
 - Facilities for experimental work are not available.
 - Dark room is not available. Enlarging and developing work is done outside. There is no artist in the Central Photography cum audio-visual units.
 - R. H. T. C. is under the control of the Government.
 - Lecturer hall cum Seminar room is not available.
 - Delivery Services are not available.
 - Total accommodation available for undergraduate students is 264 as against the requirements of 350.
 - There is no hostel for Resident Doctors.
 - Hostel accommodation for Nurses is grossly inadequate.
 - Air Conditioning was not working and Audiometer was not available.
 - Area provided for O.P.D. complex is inadequate as compared to the number of patients attending the O.P.Ds.
 - Clinical material is inadequate in terms of X-Ray and laboratory investigations and not commensurate with the number of patients claimed to attend OPD/IP :-

	Daily average		Day of inspection	
	OP	IP	OP	IP
<u>Radiological Investigations</u>				
X-ray	75	15	62	17
Ultrasonography	42	4	48	6
Special investigations	3	3	4	-
CT Scan				
<u>Laboratory Investigations</u>				
Biochemistry	166	82	161	92
Microbiology	86	41	79	41
Serology	43	19	47	25
Parasitology	14	7	13	11
Haematology	207	90	191	83
Histopathology	0	0-1	2	0
Cytopathology	0	0-1	0	1
Others	59	28	57	32

- There is a medical record department, which is partially computerised. Follow up service is available but retrieval of data is manual.
- At the time of inspection, patients were not seen in the casualty wards. There is no central oxygen and central suction. Casualty Medical Officer were not knowing the names of the equipments present in the casualty.
- ICCU and PICU are not available.
- Register is not maintained. Proper inventory control is not maintained.
- There is a Mammalian experimental laboratory with 30 seats and a Clinical Physiology laboratory with 30 seats.
- The departmental library cum seminar room has 40 books, which are inadequate.
- In Mortuary, the Autopsy work has not been started. It is not flyproof. The research laboratory of Forensic Medicine is not having any equipment.

21. There is a deficiency in number of books in the following departmental libraries :-

TB & Chest	:	27
Skin & VD	:	20
Psychiatry	:	18
Orthopaedics	:	15
ENT	:	33
Ophthalmology	:	20
Radiodiagnosis	:	22

22. 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 renew the permission for admission of 3rd batch of students during 2004-2005 at KVG Medical College, Sullia.

10. Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla – Renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (25th & 26th May, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla.

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 (25th & 26th May, 2004) and decided to recommend to the Central Government to renew the permission for admission of 3rd batch of 100 MBBS students at Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla for the academic session 2004-05.

11. Surat Municipal Instt. of Medical Education & Research, Surat – Renewal of permission for admission of 5th batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (17th & 18th May, 2004) for renewal of permission for admission of 5th batch of students for the academic session 2004-2005 at Surat Municipal Instt. of Medical Education & Research, Surat.

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 (17th & 18th May, 2004) and noted the following :

1. (a) Out of 91 faculty members, 59 faculty have not submitted their Form 16.
(b) Out of 91 faculty members, 63 have not submitted their proof of residence.
2. Statistical work is carried out through Medical Record Department.
3. Rural Training Health Centre is under the control of Gujarat Govt. and the college is allowed to use its facilities for teaching purposes. RHTC have no lecturer cum medical officer having MD(PSM) is available. Lecture hall cum seminar room is not available. No audiovisual aids are provided.
4. Urban Health Centre has no lecturer cum medical officer having MD(PSM) is posted. Delivery services are not available.
5. Hostels – No resident and PG accommodation is available so far.
-Girls hostel is outside the campus at a distance of ½ kms.
-One Boys hostel is outside the campus at a distance of one km.
Accommodation is available for 183 students against requirement of 500.
6. Operation Theatre unit – There are 5 operation theatres against requirement of 8.
-Central Oxygen & suction not available.

7. Radiological facilities – 800 MA unit is not available. C.T. scan is not available.
8. Central Sterilization department – Facilities for bowl sterilizer, Glove inspection machine, instrument washing machine in CSSD are not available.
9. Paramedical staff is grossly inadequate as under:-
Laboratory Technicians – 10
Laboratory Assistants – 10
10. Biochemistry Deptt. – Gas cylinders need to be kept away in a separate enclosure.
11. Blood Bank is not available. It is functioning at another hospital approximately 3 kms. away. Equipment is non-functional.
12. Microbiology Deptt. – Service laboratory for virology is non-functional.
13. Forensic Medicine Deptt. – catalogues are not available.
14. Mortuary – The permission of medico legal autopsy is yet to be received. At present mortuary is non-functional.
15. Books in the departmental libraries are inadequate as under :-
TB & Chest – 10
Skin & VD – 11
Psychiatry – 10
Orthopaedics – 10
Oto-Rhino-Laryngology – 33
Ophthalmology – 38
Radio-Diagnosis – 15
16. Nurses' hostel accommodation is inadequate.
17. Other deficiencies/remarks in the main report.

In view of above 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 MBBS students for the Academic Session 2004-05 at Surat Municipal Institute of Medical Education & Research, Surat.

12. Maharajah's Institute of Medical Sciences, Vizianagaram, Distt. Andhra Pradesh – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (28th & 29th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at Maharajah's Instt. of Medical Sciences, Vizianagaram, Distt. A.P.

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 (28th & 29th May, 2004) and noted the following:

1. The deficiency of staff is more than 5% as under :-
 - a) The following teachers are not available :
Professor – 1 (Microbiology)
Assistant Professor – 1 (Anaesthesiology)

- b) The following teachers are found to be employed elsewhere during the academic year 2004-05:-

Name	Department	Name of the college where employed
Dr. Nalini Nayak	Biochemistry	Maharaja Instt. Of Medical Sciences, Vijayanagaram. Hightech Medical College, Bhubaneswar. Narayana Medical College, Nellore
Dr. Hemanta Kumar Sahoo	Forensic Medicine	Maharaja Instt. Of Medical Sciences, Vijayanagaram Narayana Medical College, Nellore
Dr. Lilabati Sahu	Pathology	Maharaja Instt. Of Medical Sciences, Vijayanagaram Narayana Medical College, Nellore
Dr. Aruna Thangavelu	Pharmacology	Maharaja Instt. Of Medical Sciences, Vijayanagaram Coimbatore Medical College, Coimbatore.
Dr. S. Ashalatha	Anatomy	Maharaja Instt. Of Medical Sciences, Vijayanagaram Shree Balaji Medical College, Chennai.

- c) In view of the above, the shortage of teaching faculty is more than 5%.
- Animal House – Veterinary officer is working as part time.
 - Library – Total number of books are 3708.
 - Health Centre – Gurla RHTC is under the control of DM & HO. The college is allowed to use its facilities for teaching purposes.
- Lecturer-cum-seminar room is not available. No audiovisual aids are provided.
 - The books in the departmental libraries are inadequate as under :-
TB& Chest – 5
Skin & VD – 5
Psychiatry – 2
Paediatric – 80
 - The numbers of lecture theatres is only one against three required.
 - Residential quarters are only 12 within the campus which is inadequate.
 - TB & Chest and Psychiatry patients should be kept in separate ward and not mingled with other speciality patients.
 - Incinerator is non functional.
 - In the department of Anatomy, there are only 2 cadavers. There is no separate embalming room.
 - The following deficiencies are observed in the infrastructure of para clinical departments :-
At present the para clinical departments are well accommodated in the Hospital Building and the separate construction is in progress for their accommodation in the college building.
 - Other deficiencies/remarks in the main report.

In view of above members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to the recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the Acadmic Section 2004-05 at Maharajah's Institute of Medcial Sciences, Vizianagaram, Distt. Andhra Pradesh.

13. Jubilee Mission Medical College & Research Institute, Thrissur – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (28th & 29th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at Jubilee Mission Medical College & Research Instt. 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 (28th & 29th May, 2004) and decided to recommend to the Central Government to renew the permission for admission of 2nd batch of 100 MBBS students at Jubilee Mission Medical College & Research Instt., Thrissur for the academic session 2004-05.

14. M.V.J. Medical College & Research Hospital, Bangalore - Renewal of permission for admission of fresh batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (25th & 26th May, 2004) for renewal of permission for admission of fresh batch of students for the academic session 2004-2005 at M.V.J. Medical College & Research Hospital, Bangalore.

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 (25th & 26th May, 2004) and noted the following :

1. The institution is affiliated to Rajiv Gandhi University of Health Sciences, Bangalore for the year 2001-02 only. The University has not given the affiliation for the year 2002-03 or 2003-04. In the year 2004-05, University LIC has pointed out several deficiencies with remarks that affiliation will be given only after the fulfillment of deficiency and the permission is granted by MCI & GOI. Thus, there is no affiliation by the university even for the present academic year 2004-05.
2. The college is situated in the engineering college campus in Whitefield, Bangalore. The college is situated on 20 acre of land. The Engineering college, Polytechnic & Nursing which is about more than 20 years old is occupying 15 acres of land. In remaining 5 acres, the pre-clinical & para-clinical departments are located. No separate demarcation is available. College does not have its own functional hospital since the year 2000 i.e. since its inception.
3. Separate college and hospital buildings are under construction. This land is not a single piece of land. These are 3 pieces of land out of which the first piece of land. National Highway No.4 is passing through this piece of land and another approach is passing between this land, this will divide the land into three pieces. Hospital is on around 8 acres of land. College is on approximately 12 acres land and there is an empty land measuring approximately 6.5 across NH-4.
4. At present college does not have its own hospital. They are using HAL & ITI (Central Govt.) hospital. College owned hospital is under construction. At present makeshift extremely primitive OPD is functioning at new hospital site (15 kms from the college). Both the hospitals (HAL & ITI) are running their own OPD. These hospitals are under financial and administrative control of Govt. of India. The agreement with the ITI hospital as shown to inspectors does not bear any signatures. In any case each applicant u/s 10A is required to own and to be in the management of its own hospital. This mandatory condition is not fulfilled.
5. (a) Further the shortage of teaching faculty is 12%
 - (i) Professors-2 (Radiology-1, Pathology-1)
 - (ii) Associate Professors-5 (Biochemistry-1, Forensic Medicine-1, Radiology-1, Medicine-2)
 - (iii) Assistant Professors-3 (Anatomy-1, Pharmacology-1, Medicine-1)
 - (iv) Tutors-2 (Radiology-1, Biochemistry-1)
- b) Further, the following teachers have been found to be employed or presented for inspection at these medical colleges for the academic year 2004-05:-

Sr. No.	Name	Department
1.	Dr. G. Chandra Shekhar	Forensic Medicine
2.	Dr. Prameel Vadlani	Physiology
3.	Dr. H.V. Prasad	Medicine
4.	Dr. Ashok J	Community Medicine

5..	Dr. Parshanth C	Surgery
6.	Dr. Prashant Kumar M	Physiology
7.	Dr. Veena Pai	Anatomy
8.	Dr. H.G. Vijaya Kuamr	Community Medicine

- c) 1. Relieving orders only for 3 faculty (out of 25) are enclosed.
2. None of the faculty members have enclosed their Form 16.
3. Only 66 faculty members (out of 95) have enclosed their residential proof as mentioned in the Declaration Form.
6. As college has no functional hospital, there is no Medical Record Section.
7. Clinical departments are not available.
8. The capacity of examination hall is only 70, which is inadequate against the requirement of the capacity of 250.
9. In the Central Library, only 20 Indian and 1 Foreign Journals are available against the requirement of 42 Indian and 18 Foreign Journals respectively. The area of library is 393 sq. m. only which is inadequate.
10. RHTC is under administrative and financial control of Govt. of Karnataka. No staff from the college is posted at the RHTC. There are no teaching activities undertaken by the college.
11. At UHC, there is no lecturer cum medical officer having MD (PSM) is posted. Delivery services are not available. Only one staff nurse and student nurses were present at the cite at the time of inspection.
12. There are two Lecture Theatres of level type which are inadequate as per norms.
13. There is a one building of which ground floor is used as Girls hostel. First & second floor is used as Boys hostel. Boys hostel has got 39 rooms with capacity of 116. Girls hostel has got 17 rooms with total capacity of 51. There is no intern, resident and nurses hostel in the campus. Accommodation is available only for 167 students which is grossly inadequate against the requirement of 350. It is inadequately furnished.
14. Residential Quarters:- In the Engineering premises, there is a common mess for all. Above this mess on the First floor, there are 13 rooms having attached toilet. These rooms have 2-3 bunk beds. There are no mattresses on these beds. There is gross deficiency of staff quarters in the campus.
15. Accommodation is available only for 50 residents against requirement of 100. It is in rented premises outside the campus at a distance of 7 kms.
16. Accommodation is available only for 8 nurses which is grossly inadequate. It is in leased premises outside the campus.
17. College does not have its own functional hospital. Makeshift OPD has been created at new hospital site. On 26.5.2004, Inspectors visited the new site and found that 256 patients attended the OPD. It was found that 48 patients were directed to medical OPD and while going through medical OPD data only 31 attended the OPD. In Surgery this figure were 34 and 23 respectively. Laboratory was not available and only one portable x-ray machine was available. No x-rays are taken and no functional wards are available.
18. OPD at new site does not have its casualty services.
19. Clinical laboratories are not available.
20. Operation Theatres are not available.
21. No Intensive Care unit available.
22. No labour room available.
23. Radiological facilities are not available.
24. Small pharmacy for makeshift OPD is provided.
25. No Central Sterilisation department available.
26. No intercom facilities available.
27. No Central laundry is available.
28. Para-medical staff is grossly inadequate as under:-

Laboratory Assistants –	Nil
Laboratory Attendants –	25
Pharmacy –	02
Health Educated –	03

29. Nursing Staff is grossly inadequate as under:-
Nursing Superintendent – 1
Deputy Nursing Superintendent – Nil
Matron –1
Asstt. Nursing Superintendent – Nil
Nursing Sisters – Nil
Staff nurses – 42
30. Incinerator is not available.
31. No service department is available as hospital is non functional in campus.
32. Pathology museum is over crowded and needs to be expanded
33. Mortuary is not present in the college. Post mortem is not done by Forensic Medicine Department.
34. In Community Medicine Dept., no catalogues are available in the museum. No. of books in the departmental library are inadequate.
35. In the Department of Paediatrics, teaching facilities are not available.
36. The Principal has not given an undertaking in spite of repeated requests that the college will admit the students only after getting the renewal of permission and all clearances from the Govt. of India.
37. Other deficiencies/remarks are in the main report.

In view of above members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to the recommend to the Central Govt. not to renew the permission for admission of fresh batch of MBBS students for the Academic Section 2004-05 at M.V.J. Medical College & Research Hospital, Bangalore.

15. M.M. Institute of Medical Sciences & Research, Mullana (Ambala) – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (25th & 26th May, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at M.M.Institute of Medical Sciences & Research, Mullana (Ambala).

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 (25th & 26th May, 2004) and noted the following:

1. (a) The Shortage of teaching staff required at present is as under :-

Faculty	18.9% (i.e. 17 out of 131)
Assoc. Professor	10 (Anatomy-1, Physiology-1, Pathology-2, Pharmacology-2, FMT-2, Gen. Medicine-1, Anaesthesia-2)
Asst. Professor	6 (Pharmacology-1, Gen. Surgery-1, PSM-2, Radiodiagnosis-1, Anaesthesia-1)
Tutor	1 (Forensic Medicine-1)
- (b) Total 69 faculty members have joined and 11 faculty members have left the institution in last 3 months.
- (c) Dr. B.C. Sharma who has been shown as a teacher in the department of Physiology has also presented himself for inspection at University College of Medical Sciences, Nepal during the current year.
2. Distribution of teaching beds is deficient as under :-

Specialty	Required Beds/Units	Present Beds/Units	Deficiency
Medicine & Allied Specialties			
General Medicine	100	80/2	20
Paediatrics	45	30/1	15
TB & Chest	15		15

Skin & VD	8		08
Psychiatry	7		07
Total	175	110	65
Surgery & Allied Specialties			
General Surgery	105	62/2	43
Orthopaedics	40	58/2	-
Ophthalmology	15	15/1	-
ENT	15	15/1	-
Total	175	150	43
Obstetrics & Gynaecology			
Obstetrics & ANC	40	25	15
Gynaecology	25	25 1	-
Total	65	50	
G. Total	415	310	123

There are no specific beds for these specialties the patients requiring admission under these specialties are accommodated in the medical wards.

3. The filing of the records is manual.
4. The Examination hall is under construction.
5. The number of animals in Animal house is deficient as Rats, Mice and large animals are not available. No facility for experimental work is available in the animal house. There is one part time Veterinary officer in the Animal House.
6. Medlar facility is not available in the Central Library.
7. R. H. T. C., Maullana is actually the Community Health Centre of Haryana Govt. and has not been developed as R. H. T. C. Lecturer hall cum seminar room is not available. No audio-visual aids have been provided.
8. U. H. C. is under the financial and administrative control of Haryana Govt. Outsourcing teaching and training activities have not started.
9. In OPD, the computerization is yet to become fully operational. Plaster room and plaster cutting room are located in the same room.
10. Clinical material is inadequate as under :-

	Daily Average	Day of Inspection
<u>OPD Attendance</u>	780-850	820
Bed occupancy %	82.3%	65%
Operative work		
No. of major surgical operations	6	5
No. of minor surgical operations	8	9
No. of normal deliveries	2-3 /day	1
No. of caesarian sections	0.5/ day	-

Radiological Investigations		
X-Ray	80-100	80
Ultrasonography	30-35	25
Special Investigations	3-6	3
CT Scan	NA	Nil
Laboratory Investigations		
Biochemistry	300-380	330
Microbiology	15-25	20
Serology	25-35	30
Parasitology	3-6	4
Haematology	500-570	510
Histopathology	2-5/day	4
Cytopathology	2-5/day	4
Others – Immunology	20-25	2

11. The Registration counter is rather small and crowded. It is not yet operationally computerized.
12. Total 10 beds are available in casualty area against 25 required. There is no designated Emergency Operation Theatre and emergency surgical operations are carried out in the main OT Block.
13. There is a combined ICU. Separate medical, surgical, Burns & Paediatric ICU are not available.
14. There is only one labour room which is inadequate. Separate septic labour room and Eclampsia rooms are not available.
15. Resuscitation equipment is inadequate in the OTs. No CCTV or viewing galleries are available.
16. No Glove inspection machine and no instrument washing machine are available in CSSD area

17. Nursing Staff is inadequate as under :-

Nursing Suptd.	:	1
Deputy Nursing Suptd.	:	2
Matron	:	12
Asst. Nursing Suptd.	:	2
Nursing Sisters	:	25
Staff Nurses	:	125

18. In Pharmacology, Departmental library has 50 books, which are inadequate.
19. In Microbiology, Departmental Library has 60 books, which are inadequate.
20. In forensic Medicine, Departmental Library has 20 seats and 51 books, which are inadequate.
21. The books in the Departmental libraries are inadequate as TB & Chest-25, Skin & VD-35, Psychiatry-15, Paediatric-22, General Surgery-55, Orthopaedics-25, to Rhino-Laryngology-28, Ophthalmology-20, Radiodiagnosis-35 and Anaesthesia-40.
22. Autopsy room is not available. Permission for medico legal postmortem is not available.
23. Other deficiencies/remarks are in the main report.

In view of above members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to the recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the Academic Session 2004-05 at M.M. Institute of Medical Sciences & Research, Mullana (Ambala).

16. Era's Lucknow Medical College, Lucknow – Renewal of permission for admission of 5th batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (31st May & 1st June, 2004) for renewal of permission for admission of 5th batch of students for the academic session 2004-2005 at Era's Lucknow Medical College, Lucknow.

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 (31st May & 1st June, 2004) and decided to recommend to the Central Government to renew the permission for admission of 5th batch of 100 MBBS students at Era's Lucknow Medical College, Lucknow for the academic session 2004-05.

17. Alluri sitarama Raju Academy of Medical Sciences, Eluru – Renewal of permission for admission of 5th Batch of students for the academic session 2004-2005.

Read: The Council Inspector report (1st & 2nd June 2004) for renewal of permission for admission of 5th Batch of students for the academic session 2004-2005 at Alluri sitaram Raju Academy of Medical Sciences, Eluru.

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 (1st & 2nd June, 2004) and decided to recommend to the Central Government to renew the permission for admission of 5th batch of 100 MBBS students at Alluri Sitram Raju Academy of Medical Sciences, Eluru for the academic session 2004-05.

18. Navodya Medical College, Raichur – Renewal of permission of admission of 2nd Batch of students for the academic session 2004-2005.

Read: The compliance verification inspection report (31st May & 1st June 2004) for renewal of permission of admission of 2nd Batch of students for the academic session 2004-2005 at Navodya Medical College, Raichur.

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 (31st May & 1st June, 2004) alongwith the previous inspection report (March, 2004) and noted that the following deficiencies are still persisting:-

1. (a) Staff shortage as shown in the inspection report is 2.9% as under:-
Assistant Professor -3 (Anatomy-2, Microbiology-1)
- (b) The following teachers are found to be employed elsewhere during the academic year 2004-05:-

Name	Department
Dr. Ambekar M.N.	Anatomy
Dr. Mani Munuswami	Pharmacology
Dr.P. Periasamy	Physiology
Dr. P.Subba Rao	Radiology
Dr. Pravin, G.U.	Radiology
Dr. D. Maskeri	Physiology
Dr. Subhash Reddy K.	Obst. & Gynae.
Dr. S. Mahantappa	Obst. & Gynae.
Dr. S. Ramabhimaiah	Pharmacology

- (c) In view of above, the deficiency of teaching faculty is more than 5%.

Total 22 quarters are available outside the campus at a distance of 1 Kms. for the teaching faculty. No. of quarters for non teaching staff is NIL.

2. (a) Clinical Material is inadequate in terms of X-Ray Investigations as under :-

Radiological Investigations	Daily Average		Day of Inspection	
	O.P.	I.P.	O.P.	I.P.
X-Ray	32	33	35	36
Special Investigations	2	4	3	5

- (b) Number of x-rays is not commensurate with the number of patients claimed to have attended OPD / wards.
- ICCU is not available.
 - In the department of Biochemistry, the gas cylinders need to be kept away in a separate enclosure.
 - Dr. G.A. Manjunath does not qualify for the post of Medical Superintendent as he has only one year of administrative experience.
 - Resuscitative equipments in the operation theatre is not available.
 - Other deficiencies/remarks are in the main report.

In view of above members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to the recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the Academic Section 2004-05 at Navodya Medical College, Raichur.

19. Establishment of Bhaskar Medical College by Joginpally B.R. Educational Society at Yenkapally, Hyderabad.

Read: The compliance verification inspection report (28th & 29th May, 2004) for establishment of Bhaskar Medical College by Joginpally B.R. Educational society at Yenkapally, Hyderabad.

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 reports (28th & 29th May, 2004) alongwith the previous inspection report (Dec., 2003) and noted that the following deficiencies are still persisting:-

- The construction of the college building where pre & para clinical departments are located is in progress. The construction of the 3rd floor is incomplete and civil work in the entire building still remains to be completed.
- The lecture theatres still need to be finished completely as far as the final touches of the construction work are concerned. One of the two lecture theatres is still unfurnished. The window panes of the hall are missing. The flooring of this lecture theatre is yet to be finished as the tiles have not been laid. Acoustics are not taken care of at present.
- Common space for room is provided for boys and girls where doors and windows are to be fitted. Common rooms are still unfinished as far as civil works is concerned.
- (a) Shortage of teaching faculty is 10% (i.e. 7 out of 70) as under:
 - Associate Professors-3(Anatomy-2, Physiology-1)
 - Tutors-4(Pharmacology-1, Anaesthesia-2, Radio-Diagnosis-1)

(b) The shortage of residents is more than 15% (i.e. 7 out of 38) as under:-

1. Sr. Residents-7(Medicine-3, Surgery-4)

(c) Further, the following teachers have been found to be employed or presented for inspection at these medical colleges for the academic year 2004-05:-

Sr. No.	Name	Department
1.	Dr. M. Venkatacharyulu	Anaesthesiology
2.	Dr. Girija Kumari	Physiology
3.	Dr. S. Manikandan	Physiology

5. Clinical material is grossly inadequate in terms of (i) deliveries as only 20 deliveries are conducted every month and (ii) x-ray investigations as only 60-70 investigations are done daily.
6. There is a deficiency of clinical material as bed occupancy is around 63%.
7. There is only part time Veterinary Surgeon.
8. Space for central library has been provided in the 3rd Floor of the proposed Medical College. Construction of the 3rd Floor of the college building is incomplete. Only a part of the library is pucca floored. The rest of the flooring is yet to be laid and the doors and windows are yet to be fitted. A total of 2110 books have been shown to have been procured. The books are still to be unpacked and entered in the accession register.
9. The hostels are in various stages of construction. They are not functional currently.

Hostels	No.	Rooms	Capacity	Furnished Yes / No	Mess Yes / No
Boys	1	20	60	No	No
Girls	1	30	90	Partly	Yes
Residents	1	11	35	No	No
Nurses	1	15	45	Yes	Yes

The Ladies Hostel has the mess, Canteen, Recreation room in the basement of a Ground+2 storyed structure. The ground floor is Nurses hostel. The 1st and 2nd floors are earmarked for the girls students. There are 8 Toilets and bath rooms on each floor. The Civil work of flooring in the toilets of the one floor is to be completed.

The boys hostel is currently not functional. It is located at a distance of 200 mts., from the campus in the adjoining compound of the Engineering college which is also owned by the same society. There is a MOU regarding the utilization of the building till such time the final structure as per the master plan gets completed. The hostel still needs to be finished as far as civil work is concerned. The doors and windows need to be fitted. The furniture provided is 1 cot, 1 study table and chair. Only one cupboard per room has been provided. The toilets on the 1st and 2nd floor are yet to be finished.

10. Electricity and water supply is yet to be provided. Construction of the college building is in progress.
11. Residential quarters are not ready yet. One block having ground + one floor is under construction at an advance stage.
12. In the Department of Anatomy, the departmental library has only forty books. Dissection hall has no exhaust. There is embalming room with no equipment. Student lockers are not yet provided. No provision for artificial light is available. Preparation room space is available. There is space for a research laboratory.

Museum is not divided in parts. MRI, CT and X-rays are not displayed. Civil work is in progress. Windows are broken. Flooring is unfinished & at places it is kutchra or uneven. Work places for each laboratory are yet to be identified.

13. In the department of Physiology, the laboratories are not ready. The internal civil works need to be completed.
14. In the department of Biochemistry, only space is provided for the practical laboratory but the equipment is not in place. The floor of the Laboratory is kutchra. There is no provision for gas. The Departmental library cum seminar room is 51sq.mts. and has 30 seats and no books. There is space earmarked for research laboratory.
15. Blood Bank is not functional.
16. Incinerator is not available.
17. More than 98% of Tutors – Jr./Sr. have joined only on 01-05-2004.
18. Other deficiencies/remarks are in the main report.

In view of above 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 Bhaskar Medical College by Joginpally B.R. Educational Society at Yenkapally, Hyderabad.

20. B.S. Medical College, Bankura – Renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005.

Read: The Council Inspectors report (18th & 19th May, 2004) for renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005 at B.S. Medical College, Bankura

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 (18th & 19th May 2004) and decided to recommend to the Central Government to renew the permission for admission of 4th batch of MBBS students against the increased intake i.e. 50 to 100 at B.S. Medical College, Bankura for the academic session 2004-05.

21. North Bengal Medical College, Darjeeling – Renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005.

Read: The Council Inspectors report (18th & 19th May, 2004) for renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005 at North Bengal Medical College, Darjeeling.

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 (18th & 19th May, 2004) and noted the following :-

1. The shortage of teaching staff required at present is as under:
 - (a) The shortage of teaching faculty is more than 12% (18 out of 144)
 - (i) Professor-1 (Radio-Diagnosis-1)
 - (ii) Assoc.Prof.-3 (Forensic Medicine-1, Anatomy-1, Physiology-1)
 - (iii) Asstt. Prof.-6 (Anatomy-1, Physiology-1, Pathology-2, Community Medicine-1, Anaesthesia-1)
 - (iv) Tutor-5 (Community Medicine-2, Anatomy-1, Physiology-1, Pathology-1)

(b) Shortage of Residents is more than 10% as under:

Jr. Resident-8 (Paediatric-1, Skin & VD-1, General Surgery-5, ENT-1)

2. Clinical material is inadequate in terms of x-ray & laboratory investigations and not commensurate with the number of patients attending OPD and wards.

	Daily Average	Day of Inspection
Radiological Investigations		
X-ray	64.6	60
Ultrasonography	22	22
Special Investigations	7	6
CT Scan	6	5
Laboratory Investigations		
Biochemistry	63.6	52
Microbiology	19	16
Serology	16	14
Parasitology	-	-
Haematology	49.8	49
Histopathology	5.6	4
Cytopathology	5	6
Others	-	-

3. Statistical Unit: Statistical work is carried out through Medical Record Department.
4. In the Examination Hall, accommodation is inadequate as it has only 125 seats against 250 required.
5. In the Central Library, total number of journals subscribed are 12 Indian and 16 Foreign which is inadequate. There is no Medlar facility.
6. There is no technical staff in the Photography Unit and in Central workshop.
7. The colour coding system for biomedical waste disposal in hospital is not strictly followed.
8. Health Center is under the control of the Govt. of West Bengal and the college is allowed to use its facilities for teaching purposes. There is no audio-visual aids in the center. Urban Health Center is under the financial and administrative control of Govt. of West Bengal.
9. Hostels: Hostel for interns and residents is combined in one hostel where only 135 seats are available against requirement of 100 interns and 115 residents – i.e. total 215.
10. OPD: In Medicine OPD, demonstration room has got no chairs or stools and very small in size provided with minimal facilities. In many OPDs, the demonstration rooms are inadequate in size with minimal facilities. There is lack of x-ray view box, stools, wash basin, patient couch etc. The ECG room is located at the Radiology department. The ENT OPD, the audiometry room (sound & air-conditioned) is being run without a Speech Therapist or technician.
11. Wards: The teaching areas are inadequate in size. In many places wash basin, x-ray view box and seats are not available. Ward side laboratories are located in the wards nearby the Nursing station without any enclosure.
12. Registration & Medical Record Section: Separate registration counter is not computerized. Indoor registration counter is partially computerized. ICD X classification of diseases is not followed for indexing.
13. In the Central Casualty service, no crash cots is available.
14. Operation theatre unit: Observation gallery is not used due to repair work. TV cameras are not available.
15. Separate medical & surgical ICU are not available.
16. 800 MA x-ray machine is not available.
17. There is no mechanized laundry.
18. Incinerator is not available. Colour coding system for biomedical waste disposal is not followed strictly.

19. In the Clinical Departments, departmental libraries have following books: Medicine-60, TB & Chest-15, Skin & VD –10, Psychiatry-20, Orthopaedics-50, Oto-Rhino-Laryngology-65, Radio-Diagnosis-52 and Anaesthesia-50.
20. There is no lecture theatre in the hospital.
21. There is a Dental College with annual intake of 20 stated to be running for the last 12 years on the ground and first floor of para clinical departments in the medical college building.
22. Other deficiencies/remarks 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 Govt. not to renew the permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005 at North Bengal Medical College, Darjeeling.

22. Burdwan Medical College, Burdwan – Renewal of permission for admission of 5th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005.

Read: The Council Inspectors report (21st & 22nd May, 2004) for renewal of permission for admission of 5th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-2005 at Burdwan Medical College, Burdwan

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 (21st & 22nd May, 2004) and decided to recommend to the Central Government to renew the permission for admission of 5th batch of MBBS students against the increased intake i.e. 50 to 100 at Burdwan Medical College, Burdwan for the academic session 2004-05.

23. Govt. Kilpauk Medical College, Chennai – Increase of seats in 1st MBBS course form 100 to 150.

Read: The compliance verification inspection report (28th & 29th May, 2004) for increase of seats in 1st MBBS course from 100 to 150 at Govt. Kilpauk Medical College, Chennai.

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 (28th & 29th May, 2004) and noted the following :-

1. The following teachers have been transferred to this medical college from other medical colleges in the state within a period of last 3 months:-

S. No.	Name	Date of Joining	Department	Designation	Remarks
1	Dr. S.Chitra	Jan, 04	Anatomy	Reader	Transferred from Stanley Medical College, Chennai
2.	Dr. T.L. Anbumani	04/03/2004	Anatomy	Reader	Transferred from Chengalpattu Medical College,
3.	Dr. R.N.A. Arunachalam	1/4/2004	Anatomy	Assistant Professor	Transferred from Madras Medical College, Madras
4.	Dr. M.S. Themojhi	9/4/2004	Anatomy	Assistant Professor	Transferred from Madras Medical College, Madras
5	Dr. V. Vasanthi	27/2/2004	Community Medicine	Reader	Transferred from Directorate of Public Health
6.	Dr. A.S. Arul	1/4/2004	General Medicine	Asst. Prof.	Doing DM in Cardiology

7.	Dr. H. Kalavathy Victor	1/5/2004	Microbiology	Asso. Prof.	Transferred from Madras Medical College, Madras
8.	Dr. K. Raju	3/4/2004	Orthopaedics	Asst. Prof.	Transferred from Stanley Medical College, Madras
9.	Dr. S. Veerakumar	6/4/2004	Orthopaedics	Asst. Prof.	Transferred from Stanley Medical College, Madras
10	Dr. C.D. Natarajan	3/3/2004	Paediatrics	Professor	Transferred from Madras Medical College, Madras
11	Dr. S. Thangavelu	1/2/2004	Paediatrics	Asst. Prof.	Transferred from Madras Medical College, Madras
12	Dr. Nallir Sumitra Devi	1/3/2004	Pathology	Asst. Prof.	Transferred from Madras Medical College, Madras
13	Dr. J. Mohana Sundram	9/2/2004	Pharmacology	Professor	Transferred from Chingalpattu Medical College, Chingalpattu
14	Dr. B. Kalaiselvi	1/4/2004	Pharmacology	Asst. Prof.	Transferred from Tirunelveli Medical College, Tirunelveli
15	Dr. P. Sathya	14/5/2004	Physiology	Asst. Prof.	Transferred from Chingalpattu Medical College, Chingalpattu

2. There are 158 nurses available against the required 304 in Kilpauk Medical College Hospital. There are 171 nurses available against the required 287 in Govt. Royapettah Hospital.
3. Obst. & Gynecology OPD registration is computerized. Registration of the rest of the OPD's has not yet been computerized.
4. CSSD is not yet to be started. Each OT complex has its own set of Autoclaves for sterilization of material. CSSD is proposed near laundry.
5. There are 2 nurses hostels, one is for 40 and the other is for 60 nurses. Hence accommodation is inadequate.
6. The examination hall has 200 chairs with writing arms. There are no desks.
7. Girls Hostel: The rooms are partly furnished. The doors needs to be fitted to the built in cupboards. More chairs and tables need to be provided. Deficiency remains as it is.
8. Men Residents Hostel has not yet been constructed. More quarters for nurses have to be constructed.
9. Health Centers: The actual administrative control has not been taken over by the Dean.
10. Auditorium is under construction.
11. Incinerator is not available.
12. Casualty wards has 11 beds against the requirement of 20.
13. Blood Bank license has not been renewed.
14. In the department of Community Medicine, museum is still crowded.
15. Other deficiencies/remarks 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 Govt. not to permit increase of seats in 1st MBBS course from 100 to 150 at Govt. Kilpauk Medical College, Chennai.

24. Minutes of the registration & Equivalence Committee Meeting held on 19.4.2004 – reg. approval of.

Read: The minutes of the Registration & Equivalence Committee meeting held on 19.4.2004.

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 Registration & Equivalence Committee meeting held on 19.4.2004 with the following modifications:-

“Item No. 11. Request for grant of Permanent Registration Certificate – matter of completion of internship during the validity period of certificate – regarding.

The Committee considered the matter of conduct of internship outside the validity period of provisional registration certificate. The Committee observed that :-

- i) many a times the students start internship in the institution immediately upon passing final year MBBS and then apply (sometimes in bloc) to State Medical Councils for issue of provisional registration certificate i.e. the students carry out initial internship training before issuance of provisional registration certificate.
- ii) there are occasions when students have been able to start the internship, for whatever reasons, much after the issue of provisional registration certificate and they continue the internship for a period which necessarily extends beyond the validity of provisional registration certificate. During such an eventuality the candidates either apply with fee for extension of validity period to enable them to complete internship during validity period of certificate, or the Council, as per practice, has been charging a fee of Rs.500/- for grant of permanent registration certificate to such candidates who have completed their internship beyond the validity period of provisional registration certificate and where validity has not been extended till then.
- iii) the provisional registration certificate issued by certain State Medical Councils seem to have taken cognizance of such eventuality and are accordingly worded.

The Committee, in view of above, decided that any Internship Training undertaken by a candidate, within a period of 6 months immediately after the validity period of the provisional registration certificate, may be considered favourably by the Council for grant of permanent registration to such the candidates. Any internship beyond the six months period under reference would require to be repeated after the validity of Provisional Registration is extended accordingly”.

25. Grant of permanent registration u/s 13(3) of IMC Act 1956 to Dr. Jaspreet Singh.

Read: The matter with regard to Grant of permanent registration u/s 13(3) of IMC Act, 1956 to Dr. Jaspreet Singh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted and decided to approve to grant of permanent registration u/s 13(3) of IMC Act, 1956 to Dr. Jaspreet Singh.

26. Registration in Indian Medical Register requirement for State Medical Council – regarding.

Read: The matter with regard to registration in Indian Medical Register requirement for State Medical Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the State Medical Councils are required to furnish the following details of the persons being registered with their Council alongwith documentary evidence so as to enable MCI to maintain IMR for monitoring activities as well:-

- (i) Copy of proof of date of birth.
- (ii) Copy of the Graduate/Postgraduate Medical Degree certificate (s).
- (iii) Copy of the registration certificate of the registration issued by the State Medical Council.
- (iv) Two photographs with authentication of registration number by the Registrar of State Medical Council.
- (v) In order to meet the expenses, the State Medical Councils may also be advised to collect a demand draft of Rs.500/- per candidate in favour of the MCI payable at New Delhi to be remitted alongwith the list.

The Committee further decided to place the above recommendations before the next General Body of the Council.

27. Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha – Increase of seats in 1st MBBS course from 65 to 100.

Read: The Council Inspectors report (4th & 5th June, 2004) for grant of Letter of Permission for increase of seats in Ist MBBS course from 65 to 100 for the academic session 2004-2005 at Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha

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 (4th & 5th June, 2004) and noted the following :-

1. (i) The shortage of teaching staff required for letter of permission is as under:-
 - (a) Faculty 8.44% (i.e. 13 out of 154) as under:-
 - a) Professor : Nil
 - b) Associate Professor : 4 (General Surgery-1, Orthopaedics-1, Radiodiagnosis-1, Dentistry-1)
 - c) Assistant Professor : 9 (Anatomy-2, Physiology-1, General Medicine-1, TB & Chest-1, Anaesthesia-1, Radiodiagnosis-2, Dentistry-1)
 - (b) Resident 26.31% (i.e. 20 out of 76)
 - i) Sr. Resident: 1 (Psychiatry-1)
 - ii) Jr. Resident: 19 (General Medicine -4, TB & Chest-3, Skin & VD-3, Psychiatry-2, General Surgery-7)
2. Animal House - Veterinary Officer is part time.
3. Central Library - Total area available is 259 sq.mt. which is inadequate.
4. O.P.D. - Registration counter is not computerized.
5. Radiological facilities - 800 mA X-ray machine is not available. CT Scan is closed.
6. Central Sterilization Department - There is no bowl sterilizer, no glove inspection machine and no instrument washing machine in CSSD.
7. In the Pathology Department the museum has 1000 mounted and 50 unmounted specimens without catalogue in the museum.
8. TV with camera attachment is not available except in Eye O.T.. Resuscitation and monitoring equipment is shared by different OTs.
9. Other deficiencies/remarks in the 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 Govt. not to issue Letter of Permission for increase of seats in 1st MBBS course from 65 to 100 at Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha.

28. Dr. Somervel Memorial CSI Hospital & Medical College, Karakonam – renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report(3rd & 4th June, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at Dr. Somervel Memorial CSI Hospital & Medical College, Karakonam.

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 (3rd & 4th June, 2004) and decided to recommend to the Central Government to renew the permission for admission of 3rd batch of 100 MBBS students at Dr. Somervel Memorial CSI Hospital & Medical College, Karakonam for the academic session 2004-05.

29. Establishment of a new Medical College 'Christian Medical College' at Dhamatari by Mennonite Medical Board, Dhamtari, Chhatisgarh – Grant of Letter of Permission.

Read: The Council Inspectors report (1st & 2nd June, 2004) for grant of Letter of Permission for establishment of Christian Medical College at Dhamatari by Mennonite Medical Board, Dhamtari, Chhatisgarh.

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 (1st & 2nd June, 2004) and noted the following :-

1. (a) Shortage of teaching faculty is more than 5 % as under:-
 - i) Prof. – 1 (Physiology – 1)
 - ii) Associate Prof. – 3 (Physiology –2, Radio diagnosis – 1)
- (b) Shortage of Residents is more than 5% as under:-
 - i) Jr. Resident 2 out 24
- (c) The following teachers have been found to be employed or presented at inspection at more than one college during the academic year 2004-05

Sr. No.	Name	Department
1.	Dr. Dharm Veer Singh	Anatomy
2.	Dr. Preeti Shrivastav	Anatomy

2. The OPDs are small, have little waiting space and are crowded. No speciality is provided with teaching areas in the OPDs. In Paediatric OPD, there is only one room without X-Ray view box. In Medicine OPD, only one chamber has X-Ray view box.
3. Audiometry room is not sound proofed & not air conditioned.
4. Audiologist is not available.
5. No teaching area or functional side laboratory are present in the wards. Wards are congested and crowded with some of the wards having very little movement space.
6. There is no seminar hall in the major departments
7. Only one clinical demonstration area with a capacity of 10 persons has been provided in one of the wards.

8. The clinical material is inadequate in terms of OPD attendance (i.e. 344 per day) and bed occupancy is 74 %.
9. There is no central oxygen and nitrous oxide supply or central suction in OT. Resuscitation equipment is inadequate.
10. Registration counter for OPD cases is not computerized. Indoor registration counter is not computerized nor cross linked with outdoor registration numbers. Medical record department is not computerized yet.
11. There is no Central Oxygen supply, no central suction available in the casualty. There is no emergency O.T.
12. There is no specialized equipment in ICU. In ICCU no Central Oxygen or suction or central command station is available. Surgical ICCU is not available.
13. Kitchen – The hospital does not run its own kitchen.
14. The lecturer theatres have capacity of 100 only against 120 required.
15. In Central library, only 24 Indian and no Foreign Journals are available against the requirement of 28 Indian and 12 foreign journals. Internet and medlar facilities are not available.
16. Other deficiencies/remarks 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 Govt. not to issue Letter of Permission for establishment of a new medical college 'Christian Medical College, at Dhamtari by Mennonite Medical Board, Dhamtari, Chhatisgarh.

30. Malankara Orthodox Syrian Church Medical College, Kolencherry – Renewal of permission for 3rd batch of students for the academic session 2004-05.

Read: The Council Inspectors report (31st May & 1st June, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at Malankara Orthodox Syrian Church Medical College, Kolencherry

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 (31st May & 1st June, 2004) and decided to recommend to the Central Government to renew the permission for admission of 3rd batch of 100 MBBS students at Malankara Orthodox Syrian Church Medical College, Kolencherry for the academic session 2004-05.

31. Meenakashi Medical College & Research Institute, Enathur – Renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 – Compliance Verification Inspection.

Read: The compliance verification inspection report (3rd & 4th June, 2004) alongwith the previous inspection report for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at Meenakashi Medical College & Research Institute, Enathur.

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 (3rd & 4th June, 2004) alongwith previous inspection report Jan., 2004 and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100 MBBS students at Meenakashi Medical College & Research Institute, Enathur, for the academic session 2004-2005.

32. Maharaja Agrasen Medical College, Agroha – Renewal of permission for admission of 3rd batch of students for the academic session 2004-2005.

Read: The Council Inspectors report (28th & 29th May, 2004) for renewal of permission for admission of 3rd batch of students for the academic session 2004-2005 at Malankara Orthodox Syrian Church Medical College, Kolencherry.

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 (28th & 29th May, 2004) and decided to recommend to the Central Government to renew the permission for admission of 3rd batch of 50 MBBS students at Maharaja Agrasen Medical College, Agroha for the academic session 2004-05.

33. Kempegowda Instt. of Medical Sciences, Bangalore – Consideration of the Compliance Verification Inspection report carried out on 12th & 13th May, 2004 to assess the teaching and training facilities available at the college.

Read: The compliance verification inspection report(12th & 13th May, 2004) of Kempegowda Institute of Medical Sciences, Bangalore carried out to assess the undergraduate teaching and training facilities available at the college.

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 May, 2004) and noted the following:-

1. (a) The shortage of teaching Faculty is 19% (i.e.45 out of 231)

Professors:	2 (TB & Chest-1, Psychiatry -1)
Associate Professors:	7 Anatomy-1, Microbiology-1, FM-1, PSM-1, General Medicine-1, Anaesthesia-1, Paediatrics-1)
Assistant Professors :	3 Biophysics-1, PSM-3, Pathology-1, Microbiology-1, Anatomy-1, TB & Chest-1, Anaesthesia-2, Pharmacology-1, Pharmaceutical Chemist-1, Radio-diagnosis-1)
Tutors: 23 out of 82	(Physiology-3, Pharmacology -3, GM-5, Paediatrics-2, B & Chest-1, Psychiatry-1, Obst. & Gyane-1, Anaesthesia-2, Radio-diagnosis-3, Microbiology-1, Community Medicine-1)
(b) Resident	14% (i.e. 9 out of 64) (General Medicine-2, TB & Chest-3, Psychiatry-1, General Surgery-3)

2. Clinical Material is grossly inadequate as under:

	Daily Average	Day of Inspection
OPD attendance	477 to 510	556
Casualty attendance	17 to 30	17
Number of admissions/discharge	64/50	51/43
Bed occupancy%	58 to 62%	45.2%
Operative work		
Number of major surgical operations	18 to 23	13
Number of minor surgical operations	9 to 11	6
Number of normal deliveries	2 to 5	2
Number of caesarian Sections	1 to 3	--
<u>Radiological Investigations</u>		
X-ray	59 to 71	60
Ultrasonography	27 to 46	36
Special Investigations	2 to 4	2
C.T. Scan	7 to 10	11

<u>Laboratory Investigations</u>		
Biochemistry	250 to 280	341
Microbiology }	8 to 18	16
Serology }	55 to 88	34
Parasitology}	5 to 11	11
Haematology	98 to 115	305
Histopathology	9 to 11	15
Cytopathology	4 to 6	12

3. Affiliation for 2004-05 from Rajiv Gandhi University of Health Sciences is not available.
4. Buildings - The medical college is located in two different places separated by a distance of 4.5 kms; the Pre-clinical departments of Anatomy, Physiology and Biochemistry are located separately in a built-up area of 4200 sq.mtrs in a land of 6 acres which also houses the Pharmacy college run the same management. Hostel for Boys and Girls is located right across this block in an area of 7094 sq. mtrs. Para-clinical departments of Pharmacology, Pathology, Microbiology, Forensic Medicine and Community Medicine are located near the Hospital in a land of 16 ares at an area of 8430 sq. mtrs. Hospital is spread over an area of 20488 sq. mtrs. This land is further occupied by College of Dental Science, College of Nursing, College of Physiotherapy, Bangalore Institute of Technology an Engineering College, College of Science, College of Arts and Commerce, College of Law, Evening College of Law, Arts and Science and Pre-university college running to a total student strength of 6650 at any given time.
5. All the lecture halls are of "Flat" type which is not as per Council norms.
6. Central Library : Library is located at three different places. One is at the basement of the Para-clinical building which functions as the main Library; second one is located at the hospital building which is named as PG Library and has text books and journals of clinical subjects only under the caption of individual clinical departments; third library is located at the Pre clinical block located 4.5 kms. away and consists of all Pre clinical subjects.
7. The subscription has been made for journals and new journals are yet to be received. Last journals received are for 2002 only.
8. Health Centres :
PHCs- It is under the control of the Karnataka State Govt. and the college is allowed to use its facilities for teaching purposes. Accommodation for interns is available in a rented building and the rental agreement is valid till 2006. No messing facilities are available. Lecture hall cum seminar room is not available. No audiovisual aids have been provided. Deliveries are not conducted.
UHC - The college utilizes Banasankari Maternity Home run by the Municipal Corporation as UHTC located at a distance of 3 kms from the college. It is under financial and administrative control of Municipal Corporation.
- 9 In hostels, total accommodation is available for 400 students only, which is inadequate as per norms. Hostels are located 4.5 kms away from the Hospital cum Paraclinical buildings; opposite to the Pre-clinical block. No indoor games/Gymnasium are available.
- 10 No hostel facility is available for interns and Residents.
- 11 Nurses are accommodated in working women's hostel run by the management and located 5 kms away from the Hospital.
- 12 There are no residential quarters available for the staff.

- 13 Sports and recreation facilities : Ground is available but not leveled and being used.
- 14 There is an overall deficiency of 163 teaching beds and the distribution of beds is not as per the Council norms as under

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities			
General Medicine			
Paediatrics	150/5	96/5	Less by 54
TB & Chest	75/2	70/3	Less by 5
Skin & VD	25/1	0/0	Less by 25
Psychiatry	12/1	15/1	-----
Total	30/1	18/1	Less by 12
	292	199	96 beds
Surgery & Allied Specialities			
General Surgery	150/5	128/5	Less by 22
Orthopaedics	75/2	70/3	Less by 5
Ophthalmology	30/1	05/1	Less by 25
ENT	30/1	15/1	Less by 15
Total	285	218	67 beds
Obstetrics & Gynaecology			
Obstetrics & ANC	40/2		
Gynaecology	35/1	78/3	No deficiency
Total	75		
Grand Total	652	495	

- 15 The following deficiencies are observed in OPDs:
- The OPD block functions on the ground floor of the Dental College.
 - There is no class room available for OP teaching. One demonstration is available with no black board and X-ray view box. TB & Chest Diseases OP has got one cubicles and no class room. Skin & STD department OPD has got 3 cubicles and no class room. There is no class room is available in Surgery OP. In the Orthopaedics OP, class room is available but no black board. There is no dark room is available in the Ophthalmology OPD. Audiometry room is located in the 2nd floor and not in use as there is no technician available.
- 16
- Medicine ward units are not clearly demarcated and the beds are not numbered. There are no ward labs available. Occupants were only 56(58%).
 - Paediatrics ward doesn't have separate class room and utilizes the seminar rooms located in the 2nd floor. Bed occupancy was only 25%.
 - TB and Chest does not have any ward and is managed by a specialist who is over aged.
 - Skin & VD has 15 beds and no separate class room.
 - Surgical wards have 128 beds and the units are not clearly demarcated and the beds are not numbered. Nursing stations are inadequately provided and no separate class room is available. There is no separate class room available.
- 17 OTs are less than required as per Council norms as under:
- Surgery less by 2 OTs
 - Other surgical less by 1 OT specialities.
 - In OTs no ventilator or monitor is available. No CCTV is available.
- 18 ICCU is not functional. There is no Separate Surgical and Burns ICU. PICU does not have any specialized equipment.

- 19 There is no Central Sterilization department is available.
- 20 There is no hospital kitchen is available. Hospital food is not supplied to the patients.
- 21 Incinerator is available but non functional.
- 22 In the Physiology Department, each laboratory has only 30 workplaces, which is inadequate. There is no separate mammalian lab and no research lab is available.
- 23 Lecture theatres are not provided with adequate AV Aids in Biochemistry Department. Gas cylinders should be placed outside.
- 24 No Pharmaceutical chemist is available in Pharmacology Department. No separate clinical Pharmacology is available. There is no museum. The departmental library is located inside professor's room.
- 25 In the Pathology Department there are 2 demonstration rooms with capacity 2x30 each seats, which are inadequate. No separate clinical Pathology/Heamatology laboratory is available.
- 26 In the Microbiology Department there is one demonstration room with capacity of 40 seats each. Which is inadequate.
- 27 In the Forensic Medicine Department, no catalogues are available. There is a laboratory with a capacity of 40 seats having no microscopes. There are two tables and temporary arrangements are made for viewing gallery.
- 28 In the Community Medicine Department, no catalogues are available. There is no research laboratory available in the department.
- 29 Other deficiencies/remarks are in the 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 reiterate its earlier decision taken at its meeting held on 28th March, 2004 recommending stoppage of admissions for the academic year 2004-2005 in the Ist MBBS course at Kempegodwa Instt. of Medical Sciences, Bangalore. Copy of the letter be marked to the Registrar, Rajiv Gandhi University of Health Sciences, Bangalore; Officer-in-Charge, CET Cell, Bangalore; DME, Govt. of Karnataka and Principal of the college.

34. Establishment of S.D.M.Medical College at Sattur Dharward by Shri Dharmasthala Manjunatheswara Society, Ujire, Dharwad.

Read: The compliance verification inspection report(8th & 9th June, 2004) for establishment of S.D.M.Medical College at Sattur Dharward by Shri Dharmasthala Manjunatheswara Society, Ujire, Dharwad.

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 (8th & 9th June, 2004) alongwith previous inspection report March, 2004 and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of S.D.M. Medcial College, Sattur, Dharwad by Manjunatheswara Society, Ujire, Dharwad u/s 10A of the IMC Act, 1956 with an annual intake of 100 students for the academic session 2004-2005.”

35. Establishment of new medical college Bareilly by Shri Ram Murti Smarak Trust, Bareilly.

Read: The Council Inspectors report (8th & 9th June, 2004) for establishment of new medical college Bareilly by Shri Ram Murti Smarak Trust, Bareilly.

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 (8th & 9th 2004) and noted the following :-

- 1. Land use conversion to non-agricultural use is partly verified and partly under process in the Court of S.D.M. Bareilly. Sale deeds for plots at sr. no. 6-9 are registered in the name of SRMS Trust but are not mutated as this is N.A. land and the trust holds only part of the share of each plot. Sale deeds in respect of these plots are registered in the name of SRMS Trust. Papers have been submitted to S.D.M. for mutation of land only on 29.05.2004 and the needful would be done in 35 days as stated by Patwari and Chairman.
- 2. Shortage of residents is 39.9%. Some Sr. Residents did not have requisite experience in the subject for which they have appointed.
- 3. Currently there are no hostel facilities available in the college campus. A transit hostel for residents and staff is available adjoining the hospital. It has the capacity of 50 seats.
There are no residential quarters currently available in the campus.
- 4. Affiliated hospital has 370 beds out of which 25% are free beds & 75% are paying beds.
- 5. Nurses are provided accommodation in dormitories which is not adequate. There are no residential quarters currently available in the campus.
- 6. There are at present 71 beds in General Medicine, 81 beds in Surgery which are inadequate as per Council norms.
- 7. Clinical material is grossly inadequate as under:-

	Daily	Day of Inspection
O.P.D. Attendance	512	1132
Bed occupancy	42%	46%
Operative work		
Number of major surgical operations	3-4 (of all the specialties)	4
Number of minor surgical operations		
Number of normal deliveries	deliveries/month	
Number of caesarian Sections	3/month	

Though the OPD attendance is approximately 500 case, the indoor admissions surgeries performed, deliveries conducted band caesarean section s done are very few. The deficiency of clinical material is also reflected in low bed occupancy.

- 8. ICD X classification of diseases is not followed for indexing.
- 9. ICCU is not available.
- 10. Blood bank is available but non-functional.
- 11. In Anatomy department, there are no cadavers. Museum is not divided in parts. It has 5 mounted specimens, 60 models and 6 articulated skeletons and 25 bone sets. Catalogues are not available.
- 12. In Physiology department, Mammalian experimental and Clinical Physiology laboratory have 25 seats, which is inadequate.
- 13. In Biochemistry Department, there is no gas connection/burners. The demonstration hall has capacity of only 40. Laboratory has only 40 workplaces, which is inadequate.

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 Govt. not to issue Letter of Permission for establishment of a new medical college Bareilly by Shri Ram Murti Smarak Trust, Bareilly.

36. Basaveshwara Medical College & Hospital, Chitradurga – Renewal of permission for admission of fresh batch of students for the academic session 2004-05.

Read: The Council Inspectors report (8th & 9th June, 2004) for renewal of permission for admission of fresh batch of students for the academic session 2004-2005 at Basaveshwara Medical College & Hospital, Chitradurga.

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 (8th & 9th June, 2004) and noted the following :-

1. The shortage of teaching staff required as present stage is as unde:-
 - a) The shortage of teaching faculty is 37% i.e. 34/91
 - i) Prof. – 4 (Pharmacology –1, Ophthalmology – 1, Radiodiagnosis – 1, Dentistry –1)
 - ii) Assoc. Prof. – 13 (Anatomy –1, Physiology – 1, Biochemistry – 1, Pathology –2, Microbiology –1, PSM –1, Medicine –1, TB &Chest –1, Dermatology-1, Psychiatry –1, Anaesthesiology –1)
 - iii) Asstt. Prof. –13 (Anatomy –1, Physiology –1, Pharmacology – 1, Forensic Medicine –1, PSM –2, Gen. Medi.-2, Paediatric –1, Gen. Surg. –2, Radiodiagnosis –1, Anaesthesiology –1)
 - iv) Tutor – 4 (Pharmacology –1, PSM –1, Anaesth.-2)
 - b) The shortage of Residents is 24% 18/76 as under:-
 - i) Sr. Resident – 4 (Ophtholmology –1, Ortho.-2, TB & Chest –1)
 - ii) Jr. Resident – 14 (Dermatology –2, Psychiatry –2, Paediatrics-1, Gen. Surgery –3, Orthopaedics –2, ENT –1, OBG –3)
 - c) The following teachers have been found employed elsewhere during the academic year 2004-05:-

Name	Department
Dr. S.T. Rajkumar	Medicine
Dr. Purushotham	Pathology

2. Clinical Material is grossly inadequate as under.

	Daily	Average	Day of Inspection	
O.P. D. Attendance	380-450		440	
Casualty attendance	7-12		10	
Numbr of Admissions/discharge	25-35		38	
Bed Occupancy %	80-85		83	
Operative work				
Number of major surgical operations	02		01	
Number of minor surgical operations	02		00	
Number of normal deliveries	1-2		00	
Number of caesarian sections	1		00	
Radiological investigations	O.P.	I.P.	O.P.	I.P
X-ray	20-25	5-10	24	07
Ultrasonography	10-15	2-5	15	06

Special investigations	--	--	--	--
C.T. Scan	0-2	0-1	02	00
Laboratory Investigations				
Biochemistry	25-35	10-15	45	15
Microbiology	0-5	0-5	03	01
Serology	6-10	0-5	10	02
Parasitology	--	--	-	-
Haematology	15-20	5-10	22	08
Histopathology	0-5	0-5	02	02
Cytopathology	-	-	-	-
Others	-	-	-	-

There is no Cytopathology work carried out.

3. Lecturer theatres are inadequate as there are only 2 lecture theatres available.
4. No facilities for experimental work are available. All facilities are carrying out minor surgical procedures are also not available. Veterinary officer – Nil, Animal Attendants – 5, Technicians – Nil, Sweepers – Nil
5. Central Library – Total number of books are 3849. total number of journals subscribed are 42 Indian and no foreign.
6. Blood Bank – There is no stock of blood. The monthly turnover as per records is 25-30 packs per months. Which is inadequate.
7. RHTC is under the control of the preventive and Social Medicine and the State Govt. There is a separate OT but no facilities available. There is no separate pharmacy and staff nurse. Lecturer hall with A.V. aids needs to be provided.
8. U.H.C. - No Lecturer cum medical office having M.D.(PSM) is posted. Delivery services are not available.
9. Accommodation is inadequate, as it is available only for 149 students against 350 required. Residents' hostel capacity of 16 only against 100 required. No hostel is available for nurses.
10. No residential quarters available inside the campus. The number of quarters available for non-teaching staff is Nil.
11. No facilities are available for indoor games. No gymnasium facilities are available.
12. It has a total of 290 beds only. The unit wise distribution of beds and numbering of beds is not there.
13. OPD conducted by the college staff only . the wards are unit wise distribution is present but the beds are not numbered. The wards do not have other facilities like demonstration room, faculty room, X-ray, view box, and side laboratory. The operation theatre is utilized by the hospital staff on every Friday.
14. Teaching facilities like patient couch, stools, x-ray view box examination tray, etc. are provided in few rooms. On demon Room is available in Surgery & ENT OPD where black board and other facilities are not available. In Audiometry rooms is not available. In Peaditrics OPD no separate room for immunization and family welfare clinic.

Each ward is not organized as per the MCI regulations. The unit wise distribution of beds and numbering of the beds is not present. There is no separae duty doctor room and no separate rooms like examination/procedure room, teaching area and side laboratory. There are only two demonstrations rooms are available with out

- wash basin, x-ray view box, black board etc. It is not organized. There is no seminar hall in any of the clinical departments. All these areas have not been provided with audiovisual aids and other teaching facilities. Teaching facilities are inadequate.
15. There is no separate registration counter for O.P.D. cases in O.P.D.. It is not computerized. It is not computerized. Medical record department is not computerized. ICD X classification of diseases is not followed for indexing.
 16. Central casualty Service – Total 7 beds are available in casualty area against 20 required. No disaster trolley and no crash cots are available.
 17. Clinical Lab.- each section is having few required equipments.
 18. Operation theatre unit – There are 6 operation theatres only against 8 required.
 19. Radiological facilities and workload are not satisfactory.
 20. Central Sterilization Deptt. – No bowl sterilizer, no Glove inspection machine and no instrument washing machine in CSSD. No racks, no trays and no mixers are available.
 21. There is no kitchen available in the hospital. There is no provision to supply special diet as recommended by Physician. Per capita expenditure per day is Rs.Nil. Services of dietician is not available.
 22. Nursing staff is grossly inadequate as under:-
Nursing Suptd. – 1, Deputy Nursing Suptd. – 1, Matron – Nil, Asstt. Nursing Suptd. – Nil, Nursing Sisters – Nil, Staff Nurses – 71
 23. MRI, CT and X-rays are not displayed. No catalogues are available.
 24. Physiology Deptt. – Each laboratory has 36 workplaces.
 25. Pathology Deptt. – No catalogues are available. Considering the number of specimens, the museum is need to be expanded.
 27. Departmental library has 60 books.
 27. In mortuary, no cold storage plant, no equipments, authorities have not applied for permission to conduct autopsy.
 28. The museum has 14 specimens, 4 models and 8 charts. No catalogues are available. The departmental library has 70 books.
 29. Paediatrics - departmental libraries have books as follows:- Medicine – 10, TB & Chest – 10, Skin & VD – 11, Psychiatry – Nil and Paediatrics – 14.
 30. Dentistry – Departmental libraries have books as follows: - General Surgery – 50, Orthopaedics – 50, Oto-Rhino-Laryngology – Nil, Ophthalmology – 40, Radio-Diagnosis – Nil and Anaesthesia – Nil.
 31. Obst. & Gynae. – Departmental library has 50 books.
 32. 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 Govt. not to renew the permission for the admission of fresh batch of students for the academic session 2004-05 at Basaveswara Medical College & Hospital, Chitradurga.

37. Khaja Banda Nawaz Medical College, Gulbarga – Renewal of permission for admission of fresh batch of students for the academic session 2004-05.

Read: The Council Inspectors report (8th & 9th June, 2004) for renewal of permission for admission of fresh batch of students for the academic session 2004-2005 at Khaja Banda Nawaz Medical College, Gulbarga.

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 (8th & 9th June, 2004) and decided to recommend to the Central Government to renew the permission for admission of fresh batch of 100 MBBS students at Khaja Banda Nawaz Medical College, Gulbarga for the academic session 2004-05. The admissions of the earlier batch of students admitted for 2002-03 shall be subject to the final outcome of the legal proceedings pertaining to writ petition no.39772/2002(Edn)-Khaja Education Society & Anr. Vs. Union of India & Ors. pending before the Hon'ble Karnataka High Court.

38. S.C.B.Medical College, Cuttack – Renewal of permission for admission of 2nd batch of students for the academic session 2004-05 against the increased intake i.e. 107 to 150

Read: The Council Inspectors report (8th & 9th June, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-05 against the increased intake i.e. 107 to 150 at SCB Medical College, Cutack.

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 (8th and 9th June 2004) and noted the following :-

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

a) The Shortage of teaching faculty is 22.65% i.e. 58 out of 256.

Professor	:	(4 out of 20) (Skin & VD-1, Eye-1, ENT-1, Anaesthesia-1)
Associate Professor	:	(19 out of 62) (Anatomy-1, Physiology-2, Pharmacology-1, Pathology-1, Microbiology-2, FMT-1, General Medicine-1, Paediatrics-1, Psychiatry-1, General Surgery-4, Obst. & Gynae.-3, Radiology-1)
Asst. Professor	:	(5 out of 114) (Anatomy-1, Microbiology-1, Obst. & Gynae.-3)
Tutor	:	(27 out of 57) (Anatomy-2, Physiology-4, Biochemistry-3, Pharmacology-3, Microbiology-4, FMT-2, PSM-5, Radiodiagnosis-4.)

b) The shortage Residents is 9.93% as under :- 16 out of 161

i) Sr. Resident: 16 out of 41 (Gen. Medicine-2, Paediatrics-2, Gen. Surgery-3, Obst. & Gynae-8)

ii) Jr. Resident: Nil

2. In Medical education Unit, no Training courses were held during this year in which no teaching faculty have been trained in Educational Methodology in Medical Education Unit.

3. There is no Central Animal House. The animal house is located in the department of Microbiology and Pharmacology. There is no Veterinary Officer is not available.
4. Total number of Journals subscribed in the Central Library are 40 Indian and 30 Foreign.
5. R.H.T.C. :- Clinical departments like Medicine, Paediatrics, Obstetrics and Gynaecology do not participate in the outreach teaching programmes. The students do not visit these centers because these are located at a greater distance.
6. Interns are not posted in UHC. Delivery services are not available.
7. Accommodation for Residents and Nurses are inadequate as under:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess yes/No.
Residents	1	22	44	Yes	Yes
Nurses	2	40 + 40	40 + 60	Yes	No

8. The distribution of units is not as per council norms and is not properly implemented in the department of Medicine, Paediatrics, Psychiatry, Orthopaedics and Ophthalmology.
9. There is no common registration counter in the OPD. The waiting areas are available near these counters but these areas are inadequate. Benches are required in the waiting areas but these areas need to be enlarged. Most of the OPDs do not have adequate number of examination rooms. The teaching areas in most of the OPDs are not available or are inadequate. OPDs are over crowded.
10. The audiometry room is airconditioned but is not adequately sound proof.
11. The nursing stations need to be improved so that they can have adequate view of the wards. There is overcrowding in the wards.
12. Registration section in the OPDs are not computerized. Indoor registration counter is not computerized and not cross linked with outdoor registration numbers. Medical record room is also not computerized.
13. Staff in the Medical record room is inadequate. They are not trained in Medical record technology.
14. ICD X classification of diseases is not followed for indexing. Follow up services are not available.
15. There is no Central Oxygen supply, no central suction, no defibrillator, no pulse oximeter, no disaster trolley and no crash cots etc.
16. Casualty needs to be equipped with more resuscitation equipment.
17. There is no Microbiology Section in the Central Laboratory.
18. No bowl sterilizer, no Glove inspection machine and no instrument washing machine in CSSD. The receiving and distribution points are not separate.
19. In Central laundry, one rolley steam press and one drying chamber are out of order. There is no pressing machine.
20. There is no Central Kitchen.

21. Nursing staff is inadequate for total 1150 beds as under :-

Nursing Suptd.	:	0
Deputy Nursing Suptd.	:	0
Matron	:	2
Asst. Nursing Suptd./Asst. Matron	:	2
Nursing Sisters	:	40
Staff Nurses	:	267
22. Students have not been provided the locker facility.
23. No catalogues are available in the museum.
24. There is no research laboratory.
25. The gas cylinders need to be kept away in a separate enclosure in the department of Biochemistry. There is no separate seminar room cum library.
26. The demonstration room does not have adequate number of seats i.e. 75 to 100. Practical laboratory does not have required 90 workplaces (only 40 available).
27. There is no separate histopathology students laboratory.
28. In Pathology, Forensic Medicine and Community Medicine Departments, no catalogues are available in the museum.
29. There are no separate demonstration rooms. Practical laboratory is shared with Pathology. There is no separate library.
30. The museum is shared with the Pathology department.
31. 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 Govt. not to renew the permission for the admission of 2nd batch of students for the academic session 2004-05 at SCB Medical College, Cuttack.

39. Establishment of medical college at Warangal by Medicare Educational Trust – Warangal.

Read: The compliance verification inspection report (8th & 9th June, 2004) for establishment of medical college at Warangal by Medicare Educational Trust – Warangal.

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 (8th and 9th June, 2004) and noted the following:-

1. a) The following teaching faculty are not available:-
 - i) Professor -1 (Anatomy-1)
 - ii) Assoc. Prof. -1 (Radio-diagnosis-1)
- b) The following teachers have been found employed elsewhere during the academic year 2004-05:-

Name	Department
Dr. Nuthakki Pushpa Raju	Medicine
Dr. Pulli Nanda Kishore	Pathology
Dr. Esther Mary	Physiology
Dr. Aruna Thangavelu	Pharmacology

- c) In view of the above, the shortage of teaching faculty is more than 5%.
- d) The Shortage of Residents is 6.97% (3/43)
 - i) Sr. Resident – 01 (Surgery)
 - ii) Jr. Resident – 02 (Medicine & ENT)
- 2. OPD attendance on the date of inspection is not in accordance with the day-to-day OPD attendance. On the next day i.e. on 9/6/04, the OPD attendance was in the region of about of 350.
- 3. There are 6 of staff quarters in the campus. There are 4 quarters for non-teaching staff.
- 4. Medico legal cases are not done in the hospital yet.
- 5. There is no C-Arm, ENT OT does not have an operating microscope.
- 6. There is one chemist shop in the OPD waiting area, which supplies medicine on MRP. 40-60 patients are given medicines at this counter. The pharmacy staff consists of two people who are diploma in pharmacy.
- 7. The Inpatient records are manually maintained.
- 8. The patient load in Surgical specialties like Orthopaedics, ENT, Ophthalmology and Surgery is not in accordance with the OT load as seen in the OT records.
- 9. Clinical material is inadequate in terms of laboratory and x-ray investigations as under :-
In respect of Lab. and X-ray investigations are as under:-
 - a) The number of x-rays taken in the full month of May is only 60 i.e. an average of 2 per day.
 - b) The number of Cytology, Histopathology and Clinical Pathology investigations carried out in the last month are 38, 10 and 10 respectively, thus giving an average of only 1.3, 0.33 and 0.33 per day.
- 10. 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 new medical college at Warangal by Medicare Educational Trust .

40. Establishment of Uttranchal Forest Hospital Trust Medical College at Haldwani by Utttaranchal Forest Hospital Trust, Haldwani.

Read: The Council Inspectors report(4th & 5th June, 2004) for Establishment of Uttranchal Forest Hospital Trust Medical College at Haldwani by Utttaranchal Forest Hospital Trust, Haldwani and letter dated 23.4.2004 from the Secretary, Uttranchal Council of Entrance Examination, Dehradun.

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 (4th & 5th June, 2004) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of Uttranchal Forest Hospital Trust Medical College at Haldwani by Utttaranchal Forest Hospital Trust, Haldwani u/s 10A of the IMC Act, 1956 with an annual intake of 100 students for the academic session 2004-2005.

The Committee further decided to ascertain the status of the applicant and whether the applicant has to provide bank guarantee or not in view of the letter dated 23.4.2004 by the Secretary, Uttaranchal Council of Entrance Examination, Dehradun stating that this college has been given the status of private medical college by the Govt. of Uttaranchal vide its order No.951 dated 19.4.2004.

41. Admission in MBBS course in the Medical colleges in the academic year 2004-05 – extension of date of declaration of the result of the entrance test, without any change regarding the date fixed for final admission.

Read: The letter received from Justice K.T. Thomas, Chairman Committee for Unaided Professional Colleges, Kottayam with regard to extension of date of declaration of the result of the entrance test without any change regarding the date fixed for final admission in MBBS course in the medical colleges of the State.

The members of the Adhoc. Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter received from Justice K.T. Thomas, Chairman Committee for Unaided Professional Colleges, Kottayam and decided to take legal opinion in the matter.

42. Consideration of Affidavit 20/02/2004 filed by the Union of India in WP No. © No.604/2002- Dr. Sanjeev Gupta & Ors. Vs. UOI & Anr. – relating to shifting of screening test to 15/03/2004, conducted by National Board of Examination, New Delhi.

Read: The order passed by the Hon'ble Supreme Court on 29.4.2004, letters suggestions for govt. and representations of Doctors from erstwhile Russia with regard to conduct of screening test.

The members of the Adhoc. Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to constitute a Sub-Committee of the following members and President (Acting) was authorized to take decision in the matter upon the receipt of the report of the Sub-Committee.

1. Dr. S.S. Yadav, Chairman, Registration & Equivalence Committee
2. Dr. Ved Prakash Mishra, Chairman, Postgraduate Committee
3. Dr. Indrajit Ray, Chairman, Ethics Committee

43. Removal of the name of the deceased person from the Medical Register

Read: The letter received from the Registrar, Rajasthan Medical Council intimating that Dr. Yogendra Nath Thulal (Regn. No.2250) has expired on 1969 and his name has removed from the Register of Registered Medical Practitioner.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter received from the Registrar, Rajasthan Medical Council intimating that Dr. Yogendra Nath Thulal (Regn. No.2250) has expired on 1969 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.

44. N.K.P. Salve Instt. of Medical Sciences, & Lata Mangeshkar Hospital, Nagpur – Renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-05- Compliance verification inspection.

Read: The compliance verification inspection report(11th & 12th June, 2004) for renewal of permission for admission of 4th batch of students against the increased intake i.e. from 50 to 100 for the academic session 2004-05 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur.

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 (11th & 12th June, 2004) alongwith previous inspection report March, 2004 and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of MBBS students against the increased intake from 50 to 100 at N.K.P. Salve Instt. of Medical Sciences, Nagpur for the academic session 2004-2005.

45. NRI Academy of Sciences, Chinnakakani – Renewal of permission for admission of 2nd batch of students for the academic session 2004-05 – Compliance verification inspection.

Read: The compliance verification inspection report(11th & 12th June, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-2005 at NRI Academy of Sciences, Chinnakakani.

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 (11th & 12th June, 2004) alongwith previous inspection report April, 2004 and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students with an annual intake of 150 students at NRI Academy of Sciences, Chinnakakani for the academic session 2004-2005

46. Medicity Instt. of Medical Sciences, Ghanpur – Renewal of permission for admission of 2nd batch of students for the academic session 2004-05 – Compliance verification Inspection

Read: The compliance verification inspection report(11th & 12th June, 2004) for renewal of permission for admission of 2nd batch of students for the academic session 2004-05 at Medicity Institute 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 Inspectors report (11th and 12th June, 2004) and noted the following:-

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

a) Faculty :-

- i) Associate Professor - 3 (1 each in Physiology, Pharmacology & T.B.)
- ii) Assistant Professor - 1 (Physiology)
- iii) Tutor - 1 (Pathology)

b) The following teachers have been found employed elsewhere during the academic year 2004-05:-

Name	Department
Dr. N. Mukundan	Anaesthesiology
Dr. D.V. Singh	Anatomy

c) In view of the above, the shortage of teaching faculty is more than 5%.

d) The shortage of Residents is 9.09% as under:-

- i) Sr. Resident – 1 (Radio.)
- ii) Jr. Resident – 5 (General Surgery, Ortho.)

2. Available clinical material is inadequate in terms of x-ray and laboratory investigations as under and is not commensurate with the number of patients claimed to have been attending OPD or admitted in wards.

<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	62	14	40	13
Ultrasonography	14	5	20	2
Special Investigations	2	1	2	-
C.T. Scan				
<u>Laboratory Investigations</u>				
Biochemistry	145	47	116	64
Microbiology	92	37	62	18
Serology	-	-	-	-
Parasitology	-	-	-	-
Haematology	198	72	189	62
Histopathology	8	6	7	4
Cytopathology	6	2	4	2
Others	-	-	-	-

On the day of inspection, the patients actually seen in hospital were around 300. The place is quite remote and difficult to reach without vehicle. Frequency of Public transport facilities is less.

3. Affiliation for the year 2004-05 is not available.
4. The design of all the wards, distribution of beds is not as per the norms. The staff at nursing station therefore is unable to monitor all the patients in the wards. In some wards attempt has been made to accommodate 4 to 5 patients in special rooms.
5. RHTC, Ravalkol is in leased premises not issued by the management. The lease is for 35 years only.
6. UHC is also in rented premises not owned by the management.
7. Mess is not available in boys' hostel.
8. There are no patients in Psychiatry Ward.
9. The layout of ICU is not as per the norms.
10. Hospital provides food for the patients @Rs.10/- per meals. On an average 50 meals are supplied per day. The patients attendants/relatives collect the food from the Canteen. There are no Trolleys to supply the food in the wards.
11. BARC Certificate could not be seen.
12. Blood Bank utilization is only one to two units per day. Which is grossly inadequate.
13. CSSD is not commensurate with the hospital requirements.
14. Medical Record Section work is carried out manually.
15. In Ophthalmology OPD, the Teaching Area, Departmental Library Minor Operation Theatre/Procedure room are housed in one Big Hall. A scan Bio meter is not available for IOL power measurement.
16. 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 renew the permission for admission of 2nd batch of students during 2004-2005 at Medicity Instt. of Medical Sciences, Ghanpur.

47. Establishment of new medical college at Mala by Iman Razi Educational Charitable Trust, Palakkad – Regarding.

Read: The matter with regard to for establishment of new medical college at Mala by Iman Razi Educational Charitable Trust, Palakkad.

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 01.03.2004 and the legal opinion dated 05.06.2004 obtained by the Council decided that the following deficiencies in not fulfilling the pre-conditions of the qualifying criteria by the applicant Trust in the present case, be brought to the notice of the Central Govt. while returning the proposal u/s 10A of the Act for consideration of the Central Government for disapproval:

- (i) a duly executed registered lease deed has not been submitted by the college authorities and unless and until the same is submitted, the Applicant Trust cannot take the benefit of its claimed possession of 6 acres of land on the other side of the canal and where the hostel has been stated to be constructed. In the absence of a duly executed registered lease deed, the Applicant Trust has not fulfilled the mandatory condition of establishment of the entire infrastructure at a unitary single piece of land as the hostel construction would not be falling within the campus and would be outside the campus of 25 acres.
- (ii) The Applicant Trust authorities have not fulfilled the requirement of submitting a duly executed registered lease deed for a period of not less than 99 years for the land under-neath the canal water and pursuant to the certificate dated 06.02.2003 submitted by Mala Grama Panchayat. In other words, the above-mentioned certificate dated 06.02.2003, without and in the absence of duly executed registered lease deed for a period of not less than 99 years, would be inconsequential.
- (iii) It once again needs to be highlighted that the other statutory pre-condition laid down in the qualifying criteria of the mandatory Regulations of 1999 of the Council, i.e. a 300 beds hospital with the further scope for expansion as required, has to be under the clear ownership and management of the applicant submitting an application u/s 10A of the Act. The provision of registered lease deed for a period of not less than 99 years which is applicable for fulfilling the condition of ownership of single piece of land of 25 acres is not applicable for the ownership of the hospital. The hospital has to be under the clear ownership of the Applicant Trust. In the present case, the admitted position on record continues to be that the Applicant Trust is placing reliance on a lease deed dated 20.09.2001 stating to be executed between Mala Medical Centre and Imam Razi Muslim Educational Charitable Trust. The doubts have already been expressed on the execution of this document and further the office of the Council had received complaints and the intimations regarding litigation on the management of Mala Medical Centre and the possession of that hospital not with the Applicant Trust.

In view of the statutory pre-conditions of the qualifying criteria, the 300 beds hospital with the scope for future expansions as required, has to be under the clear and absolute ownership of the Applicant Trust and this statutory requirement cannot be fulfilled by furnishing/executing a registered lease deed for a period of more than 99 years. The suggestion of the applicant Trust that they are making the Mala Medical Centre to agree for deletion of clause 5 of the said lease deed to the effect that the Mala Medical Centre, in the event of non-payment of lease amount, would not allow the Applicant Trust to remain in possession of the hospital, would not serve the purpose as the same is not going to fulfil the statutory requirements. For that purpose it is obligatory on the part of the Applicant Trust who has submitted the application u/s 10A to also furnish the proof of ownership and management of the hospital through duly registered sale deed in its favour.

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 further decided that the application of the Trust u/s 10A of the Act be returned to the Central Govt. recommending disapproval of the scheme pointing out the above mentioned deficiencies and requesting the Central Govt. to take further appropriate action in accordance with Section 10A of the Act.

48. Reconstitution of the Sub-Committees of the Council.

Read: The matter with regard to reconstitution of the various Sub-Committees of the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to authorize the President (Acting) to reconstitute the various Sub-Committees of the Council.

49. S.V.S. Medical College, Mahaboobnagar – Renewal of permission for admission of 6th batch of students for the academic session 2004-05 – Compliance verification Inspection.

Read: The compliance verification inspection report (11th 12th June, 2004) for renewal of permission for admission of 6th batch of students for the academic session 2004-05 at S.V.S. Medical College, Mahaboobnagar.

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 (11th & 12th June, 2004) and decided to recommend to the Central Government to renew the permission for admission of 6th batch of 100 MBBS students at S.V.S. Medical College, Mahaboobnagar for the academic session 2004-05.

50. Stoppage of admissions in the medical colleges.

Read: Letter dated 31.5.2004 received from Mrs. Bhawani Thyagarajan, Joint Secretary, Govt. of India, Ministry of Health & F.W., New Delhi

The members of the Ad-hoc Committee appointed by the Hon'ble supreme Court and of the Executive Committee of the Council considered the letter of the Govt.of India dated 31.05.2004 seeking to express a doubt on the power and authority of the Council requiring those colleges - who are grossly inadequate and deficient in providing the minimum infrastructural, teaching and other facilities for the sanctioned annual intake capacity fixed by the Council for the respective medical courses for those colleges - not to make admissions for the academic year 2004-05 in the PG and MBBS courses. The following was also considered:-

- i) In the year 1994, on finding that a large number of medical colleges/institutions in the State of Karnataka were making admissions in the medicine course beyond the annual intake capacity for such courses fixed by the MCI, orders were issued by the Council requiring all the medical colleges/institutions to strictly abide by the fixation of annual intake capacity fixed by the MCI with regard to the various medicine courses. This issue became a subject matter of a long drawn legal battle which, however, resulted in the Hon'ble Supreme Court finally laying down the clear legal position in this regard. It is relevant to mention here that all these medical colleges were recognised before the amendment in the Indian Medical Council Act, 1956 in the year 1993 w.e.f. 01.06.1992.
- ii) When the matter had come up for decision before the Id. Single Judge before the Hon'ble Karnataka High Court in Writ Petition No. 22316/96 – A citizen of India Vs. State of Karnataka & Ors. one of the main issue which was raised by a large number of medical and dental colleges (approximately 65 in number) was that - Medical Council of India is not at all empowered to fix the annual intake capacity of medical colleges/institutions with reference to each medicine course conducted by it, either before or after 1.6.1992 i.e. when the Parliament passed the Indian Medical Council (Amendment) Act, 1993. It was their basic submission before the Id. Single Judge of the Hon'ble Karnataka High Court that it was the State Govt. and the University authorities who were empowered under the state enactment to fix the annual intake capacity in various courses conducted by medical colleges/institutions in the State of Karnataka. Ministry of Health, Govt. of India, was respondent no.2 in this writ petition.
- iii) Through a detailed reasoned judgement dated 20.9.1996 the Id. Single Judge of the Hon'ble Karnataka High Court rejected the above-mentioned plea raised on behalf of the State/ University authorities and private dental and medical colleges. It was clearly held by the Id. Single Judge of the Hon'ble Karnataka High Court under the

provisions of the Indian Medical Council Act and the regulations made thereunder and keeping in mind the statutory scheme framed by the Parliament, it is the MCI which is the authority empowered to fix the annual intake capacity of the medical colleges/institutions with reference to the medical courses conducted by them. The relevant observations in this judgement dated 20.9.1996 are set out as under:-

THE CENTRAL AND STATE LEGISLATIONS

50. Having answered the questions pertaining to legislative competence of the Parliament to enact and incorporate Sections 10A, 10B and 10C in the Central Act, now I proceed to examine whether, keeping in view the provisions of the Central Act as amended in 1993, the State Universities Act and the Capitation Fee Act, the power to fix the intake/admission capacities of the medical colleges still lies in the exclusively statutory domain of the State Government under the provisions of the State Acts and neither the Central Government nor the Council have any say in the matter under the provisions of the Central Act.

51. The Central Act was enacted “to provide for Constitution of Medical Council of India and maintenance of medical register of India for the matters connected therewith”. The scope of this Act was enlarged by Act 24 of 1964 with a view to remove lacunae in the Act in order to enable the Council to more effectively discharge its functions. Pursuant to this amendment, Sec. 9A was incorporated in the Act providing for prescribing the minimum standards of medical education required for granting recognised medical qualifications (other than post-graduate medical qualifications) by universities or medical institutions in India. Sec. 15 of the Act was also amended to disqualify the holder of unrecognised medical qualification to practise medicine in any State or to hold any office as Physician or Surgeon and the like. The contravention of the provision was declared to be an offence, punishable with imprisonment and/or with fine. Necessary amendments were also made in Sec. 33 of the Act to achieve the said goal. But Off late Parliament having felt that even making of the said provisions and providing for withdrawal of recognition of medical qualifications under Sec. 19 to ensure compliance with the requirement of minimum standard of medical education has not proved sufficient to remedy the mischieves overpowering the field of medical education, it came out with impugned Central Amendment Act of 1993 subjecting the very right to establish a medical college or the opening of a new or higher courses of study or training for award of any recognised medical qualification or increase in its admission capacity relating to the said courses to a strict vigilance of the Central Government in the form of prior permission for the same, so as to force the maintenance of minimum standard of medical education. Any medical qualification granted to any student in violation of the said provision is not to be treated as a recognised medical qualification for the purpose of the Central Act.

52. Since all the medical colleges in the State had been admittedly established prior to 1.6.1992, the only question, in the present pertains to the ascertainment of the legally permissible admission capacities of such colleges. For the said purpose, to start with, I may usefully first quote the

relevant provision contained in Secs. 10A, 10B and 10C of the Central Act which are to the following effect.

'10A. Permission for establishment of new medical college, new course of study.-(1)Notwithstanding anything contained in this Act or any other law for the time being in force:-

(a) no person shall establish a medical college.

or

(b) no medical college shall:-

(i) open a new or higher course of study or training (including a postgraduate course of study or training) which would enable a student of such course or training to qualify himself for the award of any recognised medical qualification: or

(ii) increase its admission capacity in any course of study or training (including a postgraduate course of study or training).

except with the previous permission of the Central Government obtained in accordance with the provisions of this section

Explanation 1 - For the purposes of this section "person" includes any University or a trust but does not include the Central Government.

Explanation 2 - For the purposes of this section, "admission capacity" in relation to any course of study or training (including post-graduate course of study or training) in medical college, means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.....'

53. A bare reading of Sec. 10A(1)(b)(ii) as also 10C(3) clearly shows that no medical college can increase its admission capacity in any course of study and training except with the previous permission of the Central Government obtained in accordance with the provisions of sub-section (2) to (8) of Sec. 10A.

54. Now turning to the object of the Central Amendment Act of 1993 and the provisions contained in Sec. 10A(1) thereof, it becomes more than evident that the Parliament has simultaneously taken over three more aspects of medical education in its fold with effect from 1.6.1992 completely denuding the State Legislature to have any authority in respect of those. These are –

- I) Establishment of new medical colleges,
- II) Opening of new or higher course of study or training in medical colleges established before 1.6.92, and,
- III) Increase in admission capacity of medical colleges established before 1.6.92.

55. In the present proceedings we are concerned with the third aspect as noticed above. The Supreme Court in the case of "Thirumurga Kirupananda Variyar Thavathiru Sundara Swamigal Medical Educational & Charitable Trust (Supra), while dealing with the establishment aspect of new medical colleges had held that:-

“It would thus appear that in Section 10-A Parliament has made a complete and exhaustive provision covering the entire field for establishing of new medical colleges in the country. No further scope is left for the operation of the State Legislation in the said field which fully covered by the law made by Parliament. Applying the tests laid down by this Court, it must be held that the proviso to sub-section (5) of Section 5 of the Medical University Act which was inserted by the State Act requiring prior permission of the State Government for establishing a college is repugnant to Section 10-A inserted in the Indian Medical Council Act, 1956, by the Central Act which prescribes the conditions for establishing a new medical college in the country. The said repugnancy is, however, confined to the field covered by Sec.10-A, viz., establishment of a new medical college and would not extend to establishment of other colleges.”

56. As the Supreme Court has already declared the law in respect of the first aspect viz., the establishment of new medical colleges, in my opinion, the second and third aspects noticed above have also to be held as covered by the law so declared since all the three aspects are the part of the same Parliamentary scheme and are subjected to the same constitutional limitations.

57. Now coming specifically to the “increase in admission capacity”, even at the cost of repetition it has to be noted that under Section 10A(b)(ii) it has been declared by the Parliament in mandatory, unequivocal and express terms that notwithstanding anything contained in the Central Act or any other law, which will definitely include the State laws, for the time being in force, no medical college shall increase its admission capacity in any course of study or training except with the previous permission of the Central Government obtained in accordance with the provision of the said Section.

58. The language of Section 10A(1) admits of no ambiguity and therefore no rule of interpretation needs to be employed to ascertain its true meaning. With due respect to the learned Advocate General, who has made all endeavours with all his ingenuity and legal talents, to impress that the mandate contained in Section 10A(1)(b)(ii) will apply only to the colleges which have been established after 1.6.1992 and the competence or authority to regulate and or to fix the admission capacities of the medical colleges situated in the State of Karnataka which had been established prior to 1.6.1992 will lie exclusively with the State Government, keeping in view the provisions of Sec. 4 of State Capitation Fee Act and Sec. 53(10) of the State Universities Act. But I find myself unable to agree with the said proposition. I have no hesitation in holding that after incorporation of Section 10A in the Central Act the provisions of the State Acts to the extent these are inconsistent with the Central Act, have become void and inoperative, thereby completely stripping off the powers of the State Government and the Universities in respect of all the three aspects as noticed above.

59. Having so held, the next question to be considered is that keeping in view the object of incorporating Section 10A, 10B and 10C in the Central Act and the language employed therein, what has to be the true connotation of the expression ‘increase in admission capacity’.

60. According to the New Lexicon Webster Dictionary word 'increase' means to become greater in size, amount, number, value, degree etc. According to the Random House Dictionary the said terms means to make greater in any respect, etc. According to Black's Law Dictionary it means enlargement, increment, addition etc. Therefore for ascertaining whether the admission capacity of any college is deemed to have been increased for the purpose of Section 10A of the Central Act, there has to be a benchmark of admission capacity, i.e., the standard thereof with which the increase therein can be compared with.

61. Now the material and the crucial question is as to whether the admission capacity of a medical college as fixed on or before 1.6.1992 by the State Government will form the benchmark for finding out the increase therein for the purpose of applying the regulatory provisions contained in Section 10A of the Central Act or the admission capacities fixed by the Council, with reference to the minimum standard of medical education prescribed under Section 19A of the said Act, will form the benchmark for the said purpose.

62. The Parliament having fully delved into the said aspect, has very clearly provided that it is the admission capacity which has been fixed by the Council, will form the benchmark for the purpose of Section 10A of the Central Act. It is so because the Explanation 2 to Section 10A(1) of the said Act which provides that for the purpose of the said Section "admission capacity" means the maximum number of students that may be fixed by the Council from time to time for being admitted to the medical course in a given college. The Parliament has not given any credence to the admission capacities or intakes fixed by any State Government or the Universities which was for the obvious reasons, as noticed in the statement of objects and reasons of the Amendment, namely, that the State Governments were not adhering to the requirements of maintaining even the minimum standard of medical education while fixing the admission capacities and were working under various pressures. Therefore, it has to be conclusively held that it is the admission capacity which is fixed by the Council from time to time will form the benchmark for determining any increase therein for the purposes of Section 10A(1) requiring previous permission from the Central Government and any violation thereof will visit the consequences envisaged under Section 10B(3) of the Central Act.

63. The next question is whether the admission capacity of a medical college determined by the Council in the 2nd explanation to Sec. 10A(1) is an one time exercise or it can be so done from time to time i.e., more than once. In the aforesaid explanation the Parliament has expressly used phrase 'time to time'. It is a well settled rule of statutory construction that "in the interpretation of statutes the court always presume that the Legislature inserted every part thereof for a purpose and the legislative intention is that every part of the statute should have effect." (See J.K. Cotton Mills, AIR 1961 SC 1170). It appears to me that the power to determine admission capacity from time to time has been advisedly provided in the 2nd Explanation to Sec. 10A(1) and is well thought of measure to ensure maintenance of minimum standards by the medical colleges. It is for the reason that under the Scheme of the Central Act, the power to inspect and supervise the maintenance of minimum

standards has been conferred only on the Council. There is no such power with any other authority including the Central Government. Therefore, even after the grant of permission by the Central Government to increase the admission capacity, if subsequently the Council, pursuant to inspection and/or other relevant materials on records resolves that the infrastructure in college has fallen short of the required minimum standards entitling it to maintain the approval level of admission capacity, then the college cannot be permitted to admit students beyond that level unless it undertakes the statutory process contemplated under Sec. 10A(1) seeking approval of the Central Government for increasing admission level. This inbuilt legislative mechanism of constant vigil and overseeing the infrastructural requirements expected of the medical colleges is salutary and is aptly befitting to the object of the Act. It also ensures that the discretion in the matters of determining the admission capacities is not concentrated in any one authority thereby which minimises the chances of abuses in this regard.

64. The last question which had cropped up in this context of Explanation II to Sec. 10A is as to whether the Council can fix the admission capacity as the benchmark for activating the provisions of Sec. 10A(1)(b)(ii) of the Central Act on the basis of the inspections conducted prior to 1.6.1992. In my opinion, 'yes'. The reasons are various.

65. Firstly, the Council resolves to fix the admission capacity of a medical college on the basis of the report of its inspectors and visitors and if subsequent to such inspection no claim is laid by college concerned before the Council that it has improved its infrastructure to have higher admission capacity, Council can always presume and resolve that the infrastructure of the college has remained unaltered since the date of last inspection, irrespective of the fact as to when it was conducted.

66. Secondly, it is a matter of record that the resolutions passed by the Council determining the admission capacities of the colleges have always been duly communicated to the colleges as well as the affiliating universities, providing ample opportunities to them to seek a review thereof by the Council itself by placing relevant materials or challenge the same before the appropriate judicial forum. But if the colleges choose to accept the same, expressly or impliedly, they can be permitted to avoid the legal consequences thereof of praying before this Court to assess their infrastructure in the writ jurisdiction. In my opinion, in such situations, their remedy lies only under Sec. 10A of the Central Act by way of filling the statutory scheme.

- iv) The State of Karnataka being aggrieved by the judgement dated 20.9.1996 filed a writ appeal being WA No. 8413/1996 before the Id. Division Bench of the Hon'ble Karnataka High Court. Ministry of Health, Govt. of India was respondent no.68 in this appeal. It was again contended on behalf of the State and the colleges that the Medical Council of India is not at all empowered to fix the annual intake capacity of the medical colleges/institutions neither before 1.6.1992 nor after that date.
- v) However, the Id. Division Bench of the Hon'ble High Court erroneously accepted the contention on behalf of the State of Karnataka and the private medical and dental colleges only to the effect that MCI was not empowered to fix the annual intake capacity prior to 1.6.1992 and further held that it is the MCI who is the authority to fix the annual

intake capacity after the Amendment Act, 2001 was brought into force w.e.f. 1.6.1992. The Id. Division Bench however affirmed the judgement of the Id. Single Judge to the extent it held that after 1.6.1992 it is the MCI who is empowered to fix the annual intake capacity of the medicine courses for the medical colleges/institutions. The relevant portions of the judgement dated 16.7.1997 of the Id. Division Bench of the Hon'ble High Court are reproduced as under:-

15. The aforesaid conclusion would not fully decide the cases on hand inasmuch as all the colleges have been established prior to 1.6.1992 and on the basis of the law prevalent then, admission capacities have been fixed under the State enactments. The scope of the powers of Indian Medical Council comes up for consideration in the STATE OF MADHYA PRADESH & ANR. vs. KUM NIVEDITA JAIN & ORS. – AIR 1981 SC 2045. The position is a law then was that regulations could be framed under Sec. 19A of the Indian Medical Act and such regulations are directly in nature as held by the Supreme Court. The object of the aforesaid provision was only to lay down the standards of education and the regulations framed therein are directory in nature. Therefore, prior to coming into force of the said Amendment Act, the position is clear that it is not permissible for the Medical Council to prescribe or regulate admission to the colleges. Nor, would it be correct to say that after coming into force of the Act, it is still open to the State or the University to fix either under the Capitation Fee Act or the Universities Act, the intake capacity of the medical colleges.

16. The medical colleges in the State had been established prior to 1.6.92 and therefore, in the present cases, the criteria for application of Sec. 10A of the IMC Act is the ascertainment of the legally permissible admission capacities of each of the colleges. It is clear from the provisions of Sec. 10A(I) (b) (ii) and 10C(3) no medical college can increase the admission capacity in any course of study or training except with the previous permission of the Central Government as provided in sec. 10A(2) to (8) of the IMC Act. The Central Government not only deals with the establishment of medical colleges after 1.6.92 but also opening of new or higher course of study or training in the medical colleges established before 1.6.92 and increase in admission capacity of medical colleges established before 1.6.92. Admission capacity for the purpose of increase or decrease in each of the colleges, has got to be determined as on or before 1.6.92 with reference to what had been fixed by the State Government or the admission capacity fixed by the medical colleges and not with reference to the minimum standard of education prescribed under Sec. 19A of the Act which were only recommendatory as held in NIVEDITA JAIN's case.

17. We have pointed out that prior to coming into force of the IMC (Amendment) Act, neither Central Government nor the Medical Council of India had nay powers to fix the admission capacity. It is only on coming into force of the Act, such powers are available to the IMC. Therefore, whatever minimum standards of medical education may have been prescribed under Sec. 19A of the Act, prior to coming into force of the Indian Medical Council (Amendment) Act would be only recommendatory in character by way of guidelines. It is only after the IMC (Amendment) Act has come into force if any determination has been made as to the admission capacity, that admission capacity will have to be taken into consideration. Thus, whatever prescriptions had been made by the said Government prior to coming into force of the Act will form the starting point (or bench mark as noticed by the learned Single Judge) for the purpose of Sec. 10A of the Central Act. This position also becomes clear when we read explanation 2 to sec. 10A(1). Explanation 2 reads as follows:-

“For the purpose of this section, admission capacity in relation to any course of study or training in medical college means the maximum number of students that may be fixed by the Council from time to time for being admitted to such course or training.”

18. Fixing the number would arise only after the Indian Medical Council was empowered to do so. It cannot be read into the said provision that what standards had been prescribed by it under sec. 19A of the Act would be the standard for the purpose of determining the admission capacity which are held to be only in the nature of guidelines or recommendatory in nature until the coming into force of the IMC (Amendment) Act. That admission capacity is to be determined with reference to Section 10A and not with reference to Section 19A of the Act. But, in determining whether the admission capacity is correct or not and whether it conforms to the standard prescribed by the Indian Medical Council or not, not it is certainly open to the Indian Medical Council to make inspection from time to time and determine whether the admission capacity of each college would conform to the standard prescribed by them, and thereby it can either decrease or increase as the case may be after following appropriate procedure thereto. If this is the correct interpretation to be placed on the provisions of the enactment now the question that arises for consideration is what would be the position in relation to colleges which have been established prior to 1.6.1992. The admission capacity in those cases had been fixed under the relevant State enactments. As long as the State enactments were not inconsistent with the Central enactments as noticed by the Supreme Court, it was permissible for them to fix such admission capacity. If on the basis of such fixation admissions have been made, we do not think such admissions can become irregular now. **Future admissions will however, have to be regulated on the basis of the capacity fixed or determined by the Indian Medical Council.** To this limited extent, in our view, these appeals will have to be allowed and the other made by the learned Single Judge to that extent will therefore, have to be modified.

- vi) The Id. Division Bench had upheld the jurisdiction of the MCI in fixing the annual intake capacity of medical courses after 1.6.1992 and not during the period prior to 1.6.1992. To this extent the judgement of the Id. Single Judge stood modified. Now being aggrieved by this part of the judgement of the Id. Division Bench dated 16.7.1997 of the Hon'ble Karnataka High Court which sought to take away the jurisdiction of the MCI in fixing the annual intake capacity of the medical colleges/institutions prior to 1.6.1992, MCI filed appeal before the Hon'ble Supreme Court being Civil Appeal No.3275/1998. Two more appeals were filed – one by the State of Karnataka and another by Rajiv Gandhi Dental College. Ministry of Health, Govt. of India was respondent no.68 in the appeal before the Hon'ble Supreme Court.
 - vii) By a judgement dated 16.7.1998 reported as (1998) 6 SCC 131 the Hon'ble Supreme Court set aside that part of the judgement of the Id. Division Bench of the Hon'ble Karnataka High Court which had sought to deprive the MCI of its jurisdiction to fix the annual intake capacity even prior to 1.6.1992. Appeal of the MCI was allowed by restoring the judgement of the Id. Single Judge by the Hon'ble Karnataka High Court. Appeals of the State of Karnataka and Rajiv Gandhi Dental College were dismissed. Relevant observations in this judgement of the Hon'ble Supreme Court clearly laying down law in this regard are set out as under:-
2. A Division Bench of the Karnataka High Court has put a question mark on the authority of the Medical Council of India (for short “the Medical Council”) – the appellant – in its

judgement dated 16.7.1997 to fix intake for admission of students to various medical colleges in the State of Karnataka. The Medical Council is aggrieved by that part of the impugned judgement where the Division Bench held that prior to insertion of Sections 10-A, 10-B and 10-C in the Indian Medical Council Act, 1956 (for short “the Medical Council Act”) by the Amending Act 31 of 1993, neither the Central Government nor the Medical Council could fix the admission capacity in the medical colleges in the State and that this authority to determine the admission capacity in the medical colleges vested in the State by virtue of two State enactments, namely, the Karnataka State Universities Act, 1976 (for short, “the Karnataka Universities Act”) and the Karnataka Educational Institutions (Prohibition of Capitation Fee) Act, 1984 (for short “the Karnataka Capitation Fee Act”). The Division Bench, however, held that after the amendment of the Indian Medical Council Act by insertion of Sections 10-A, 10-B and 10-C, the two State enactments would yield to the provisions of the Medical Council Act to the extent of repugnancy and that now the power to fix admission capacity rests with the Medical Council. The Division Bench said that admission capacity for purpose of increase or decrease in each of the colleges, has got to be determined as on or before 1.6.1992 with reference to what had been fixed by the State Government or that fixed by the medical colleges and not with reference to the minimum standard of education regulations prescribed under Section 19-A of the Medical Council Act by the Medical Council which it said were only “recommendatory” as held in *State of M.P. Vs. Nivedita Jain*. Thus, according to the Division Bench, further admission will, however, have to be regulated on the basis of the capacity fixed or determined by the Medical Council as provisions of Sections 10-A, 10-B and 10-C are prospective.

3. The State of Karnataka has also filed appeal. It felt aggrieved by that part of the impugned judgement of the Division Bench where it scuttled the powers of the State to fix admission capacity to the medical colleges. The stand of the State is that Section 10A is applicable only when it comes to increase the existing admission capacity in the colleges and that the intake capacity already fixed by the State under its statutory powers could not be reduced.
4. In the third appeal filed by Rajiv Gandhi Dental College and which pertains to dental colleges under the provisions of the Dentists Act, 1948, there is similar challenge to the authority of the Dental Council of India to fix the intake of admission of students to dental colleges. The provisions of this Act are in pari materia to that of the Indian Medical Council Act and decision in the appeal filed by the Medical Council of India would be applicable to the appeal filed by Rajiv Gandhi Dental College.....

8. *Before we consider the rival contentions, we may set out the relevant provisions of law but even before that, we take note of the observations of this Court in **State of Kerala Vs. T.P. Roshna** where the Court said as under: (SCC p.580, para 16) :*

'16. The Indian Medical Council Act, 1956 has constituted the Medical Council of India as an expert body to control the minimum standards of medical education and to regulate their observance. Obviously, this high-powered Council has power to prescribe the minimum standards of medical education. It has implicit power to supervise the qualifications or

eligibility standards for admission into medical institutions. Thus, there is an overall invigilation by the Medical Council to prevent sub-standard entrance qualifications for medical courses'.

27.....It is the Medical Council which is primarily responsible for fixing standards of medical education and overseeing that these standards are maintained. It is the Medical Council which is the principal body to lay down conditions for recognition of medical colleges which include the fixing of intake for admission to a medical college. We have already seen in the beginning of this judgement various provisions of the Medical Council Act. It is, therefore, the Medical Council which is in effect grants recognition and also withdraw the same.....

29.....A medical student requires gruelling study and that can be done only if proper facilities are available in a medical college and the hospital attached to it has to be well equipped and the teaching faculty and doctors have to be competent enough that when a medical student comes out, he is perfect in the science of treatment of human beings and is not found wanting in any way. The country does not want half-baked medical professionals coming out of medical colleges when they did not have full facilities of teaching and were not exposed to the patients and their ailments during the course of their study.....

30. Having thus held that it is the Medical Council which can prescribe the number of students to be admitted in medical courses in a medical college or institution, it is the Central Government alone which can direct increase in the number of admissions but only on the recommendation of the Medical Council. In our opinion, the learned Single Judge was right in his view that no medical college can admit any student in excess of its admission capacity fixed by the Medical Council subject to any increase thereof as approved by the Central Government and that Section 10-A, 10-B and 10-C will prevail over Section 53(10) of the State Universities Act and Section 4(1)(b) of the State Capitation Fee Act. To say that the number of students as permitted by the State Government and/or the university before 1.6.1992 could continue would be allowing an illegality to perpetuate for all time to come. The Division Bench, in our opinion, in the impugned judgement was not correct in holding that admission capacity for the purpose of increase or decrease in each of the medical colleges/institutions has got to be determined as on or before 1.6.1992 with reference to what had been fixed by the State Government or the admission capacity fixed by the medical colleges and not with reference to the minimum standard of education prescribed under Section 19-A of the Medical Council Act which the Division Bench said were only recommendatory. Nivedita Jain case does not say that all the regulations framed by the Medical Council with the previous approval of the Central Government are directory or mere recommendatory. It is not that only future admissions will have to be regulated on the basis of the capacity fixed or determined by the Medical Council. The plea of the State Government that power to regulate admission to medical colleges is the prerogative of the State has to be rejected.

31. What we have said about the authority of the Medical Council under the Indian Medical Council Act would equally apply to the Dental Council under the Dentists Act.
32. Accordingly, appeal by the Medical Council of India [SLP (C) No.14839 of 1997] is allowed and the impugned judgement of the Division Bench is set aside and **we restore the judgement of the learned Single Judge**. Other appeals by the State of Karnataka [SLP (C) No.20035 of 1997] and Rajiv Gandhi Dental College [SLP(C) No. 5471 of 1998] are dismissed. The Medical Council of India shall be entitled to costs.....”

viii) It is stated that the abovementioned of the Hon’ble Supreme Court has been reaffirmed by subsequent judgements including the Constitution Bench judgement of the Hon’ble Supreme Court in the case of Dr. Preeti Srivastava Vs. State of M.P. & Ors – (1999) 7 SCC 120 clearly laying down that the regulations of the Council for PG education are also binding and mandatory on all medical colleges/institutions conducting those courses. The relevant observations of the Constitution Bench of the Hon'ble Supreme Court in para 57 of this judgement is as under :

".....57. In the case of Medical Council of India v. State of Karnataka a Bench of three Judges of this Court has distinguished the observations made in Nivedita Jain. It has also disagreed with Ajay Kumar Singh v. State of Bihar and has come to the conclusion that the Medical Council regulations have a statutory force and are mandatory. The Court was concerned with admissions to the MBB course and the regulations framed by the Indian Medical Council relating to admission to the MBBS course. The Court took note of the observations in State of Kerala v. T.P. Roshana (SCC at p.580) to the effect that under the Indian Medical Council Act, 1956, the Medical Council of India has been set up as an expert body to control the minimum standards of medical education and to regulate their observance. It has implicit power to supervise the qualifications or eligibility standards for admission into medical institutions. There is, under the Act an overall vigilance by the Medical Council to prevent sub-standard entrance qualifications for medical courses. These observations would apply equally to postgraduate medical courses. We are in respectful agreement with this reasoning....."

- (ix) The Hon'ble Supreme Court in its judgement dated 27.04.2004 in Civil Appeal No.2731/2004 - MCI Vs. Swati Sethi & Ors., inter-alia, laid down as under : -

"..... Neither the Medical Council of India nor the Dental Council of India were made parties to the proceedings as they should have been. It is the Medical Council of India and the Dental Council of India which lay down the time schedule and are responsible for maintaining such time table as well as the quality and discipline in the medical courses. What was being asked for in effect was the writ petitioners was a change in the time table fixed by the Medical Council of India and the Dental Council of India. The Courts should not entertain any such plea in the absence of the Medical Council of India and the Dental Council of India....."

Thus, it was seen that the overall invigilation and responsibility for ensuring maintenance of standards in all the medical colleges/ institutions, under the provisions of

the Act and the regulations made thereunder, has been repeatedly held to be resting on the shoulders of the Medical Council of India, by various judgements of the Hon'ble Supreme Court. Apart from requiring the Council to ensure availability of minimum infrastructural, teaching and other facilities for each medical student in the medical colleges/institutions in the country - with the judgement in Madhu Singh's case - the Hon'ble Supreme Court has given the enormous and onerous additional responsibility to the MCI for continuously monitoring and ensuring that the time schedule for the medical courses fixed by the Council is strictly adhered to by all concerned.

It is, therefore, clear that taking all necessary steps - which are required to be undertaken in discharging the responsibilities fasten upon the MCI under the provisions of the Act, regulations and the judgements of the Hon'ble Supreme Court - is not an exercise of a power by the Council but are actually steps/actions towards discharge of its duty and responsibility for ensuring the maintenance of standards in the medical education, in the larger public interest.

It would, therefore, be erroneous to either perceive or describe the necessary steps by the Council in this regard, as an exercise of power. It is re-emphasised that requiring any medical college/ institution not to make admissions till such time it is able to provide the minimum required infrastructural, teaching and other facilities for each of its medical student, shall only be a discharge of duty/ responsibility by the Medical Council of India.

Under these circumstances, i.e., when any medical college is admittedly grossly deficient in providing the minimum infrastructural, teaching and other facilities for a long time and despite having been given sufficient time and opportunity by the Council for removal of those deficiencies, it is the bounden duty of the Council to require such a medical college/institution not to make admission for that particular academic session and remove the deficiencies during that time. Such an action by the Council, being absolutely imperative, would also be a part of its obligation to fix the annual intake capacity for any given academic year and this may also be a fixation resulting into zero admissions in that academic year. The law laid down in this regard by the Id. Single Judge of the Hon'ble Karnataka High Court, while interpreting the true meaning, scope and intent of Explanation (2) of Section 10A(1) - in the scheme of the Act - to the effect that it is the MCI alone who has to discharge this obligation, has been restored with approval by the Hon'ble Supreme Court in its judgement in the case of MCI Vs. State of Karnataka.

It was also considered that, no doubt, the Council is also duty bound to take the extreme step of making a recommendation to the Central Govt. for de-recognition of any such medical college/institution continuing to remain grossly deficient, under the provisions of Section 19 of the Act. Such an extreme and drastic step, which is open to the Council to take, also casts a serious uncertainty and prejudice to those students who are already admitted and undertaking medical studies in such a medical college/institution.

Further, on the acceptance of the recommendation of the Council, if the medical college/institution stands de-recognised u/s 19 of the Act, thereafter on removal of all the deficiencies, it is once again required to undergo the complete drill for a period of at least 5 years of seeking initial permission and annual renewals u/s 10A of the Act and the regulations made thereunder, till such time it is then again granted recognition u/s 11(2) of the Act. On the other hand, fixing the annual intake as zero for a particular academic year by the MCI in relation to any medical college/institution which is otherwise recognised - does not causes any uncertainty to any of the student already studying in that college and such a medical college/institution can get its admissions restored even in the next academic year itself, upon removal of all the deficiencies and without requiring to undergo the regular drill for a period of more than 5 years for seeking fresh permission, annual renewals and recognition again u/s 10A and Section 11(2) respectively of the Act.

In the background of the above-mentioned legal position and the enormous responsibility put on the shoulders of the Council for maintaining standards and requiring all the medical colleges/ institutions to strictly adhere to the time schedule for admissions etc., the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and

of the Executive Committee of the Council, did not find themselves in a position to agree to the perception/ understanding of the Joint Secretary of the Ministry with regard to the meaning, intent and scope of the judgement of the Id. Single Judge of the Hon'ble Karnataka High Court as restored by the Hon'ble Supreme Court in the case of MCI Vs. State of Karnataka - suggesting that it is not within the power of the MCI to direct stoppage of admissions.

The Members were constrained to observe with emphasis that this erroneous perception of the Joint Secretary of the Govt. of India, has apparently occasioned when it is being construed that such an action is in exercise of the powers of the MCI, but when it is simply on account of discharge of its responsibility and duty to fix the annual intake capacity of a particular medical college in accordance with its infrastructural, teaching and other facilities made available by it and when such number has to be zero for a given academic year - on the failure of the medical college/institution in removing the gross deficiencies.

It was further observed that since the responsibility for ensuring maintenance of standards in the medical education is upon the Medical Council of India, it would not be permissible for the Council to extend any significance to any such erroneous perception regarding the actions to be taken by the Council in discharging its statutory responsibilities and which may also require it to fix zero as the admission capacity for a grossly deficient medical college/institution - generally described as stoppage of admissions. The Council has no doubt that even after passing such an order for not permitting a deficient medical college/institution to make admissions in any medical course in a given academic year, if the college authorities fail to remove the deficiencies during that period, the Council would be further duty bound to make suitable recommendation to the Central Govt. for de-recognition of the medical college/institution.

It was, therefore, felt necessary by the members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the Govt. of India be apprised that the observation of the Joint Secretary in the letter dated 31.05.2004 that the judgement of the Hon'ble Supreme Court in the case of MCI Vs. State of Karnataka had only commented on the role of Govt. of India and the MCI on the one hand and State Govt./ University on the other after amendment to the IMC Act, 1993, (as the reading of the full text of the judgement of the Id. Single Judge and of the Hon'ble Supreme Court would establish), is neither correct nor does it reflect proper appreciation of the true intent, scope and the meaning of those judgements. It is reiterated that the Id. Single Judge of the Hon'ble Karnataka High Court, whose findings have been restored with approval by the Hon'ble Supreme Court, the duty/responsibility for ensuring that admissions, even in recognised medical colleges, are permitted to be made only on the basis of available proportionate infrastructural, teaching and other facilities required for each student, has been put on the shoulders of the Council.

As such, no erroneous perception of the judgements of the Hon'ble Supreme Court on the part of anyone, would have the potential of either dissuading or discouraging the Council in discharging its duties and responsibilities. The Council remains duty bound not to permit any medical college/institution in any medical course in a given academic year if it is not able to provide the minimum required infrastructural, teaching and other facilities for each medical student. The law laid down by the Hon'ble Supreme Court and the responsibility cast upon the Council does not brook or countenance a situation that a medical college, even though it is grossly deficient in providing the minimum required and prescribed infrastructural, teaching and other facilities, is allowed and not stopped from making admissions in any medical course. Any erroneous perception by any other authority in this regard, in any case, does not permit the Medical Council of India to not to take appropriate steps and issue appropriate directions including for stoppage of admissions by a medical college till such time it removes the deficiencies in the minimum required infrastructural, teaching and other facilities.

The scheme of the Act and the interpretation thereof by the Hon'ble Supreme Court thereby putting the enormous and onerous responsibility on the Council, would not permit the Council to afford to give any significance to any such erroneous perception as

contained in the communication under reference and it shall be duty bound to take all such necessary steps and issue directions including stoppage of admissions in a given academic year in relation to any medical college/institution till such time it removes the deficiencies in the minimum required infrastructural, teaching and other facilities. It was therefore, resolved to urge to the Govt. of India to not only to facilitate but encourage the MCI in taking all timely steps including for not permitting a deficient college to make admissions, in discharging its responsibilities in accordance with the directions issued by the Hon'ble Supreme Court from time to time and further to appeal to the Govt. of India not to permit issuance of such communications which may cause confusion or uncertainty in this regard.

51. Show Cause Notice in accordance with the Judgement of the Hon'ble Supreme Court in MCI Vs. Madhu Singh (2002) 7 SCC 258 and the provisions of Section 10(B) read with Medical Council Of India (Criteria for identification of students admitted in excess of approved admission capacity of Medical Colleges) Regulations 1997.

Read: Show Cause Notice in accordance with the Judgement of the Hon'ble Supreme Court in MCI Vs. Madhu Singh (2002) 7 SCC 258 and the provisions of Section 10(B) read with Medical Council of India (Criteria for identification of students admitted in excess of approved admission capacity of Medical Colleges) Regulations 1997 and the previous correspondence.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council, while respectfully acknowledging the continuing intervention and indulgence granted by the Hon'ble Supreme Court for strict enforcement of the time schedule for admission in the medical courses fixed by the MCI in accordance with the directions of the Hon'ble Supreme Court, considered the number of cases reported by the Monitoring Cell of the Council in relation to –

- (i) admissions in the 1st year of the MBBS course made after 30.09.2003, i.e., the last date of admissions fixed by the Council in accordance with the directions of the Hon'ble Supreme Court in Madhu Singh's case and
- (ii) also the admissions which are found to having been made by some of the medical colleges/institutions in excess of their management quota.

Before proceeding further, it was found appropriate to notice that in accordance with the directions issued by the Hon'ble Supreme Court in Madhu Singh's case, the General Body of the Council had laid down a time schedule for undertaking the admission process for all the medical courses including MBBS, PG and superspeciality courses. The dates for conduct of the entrance test examination, the dates for holding counselling for admissions, for commencement of the courses and also the last date of admissions have been clearly prescribed in the time schedule decided by the General Body of the Council in accordance with the directions of the Hon'ble Supreme Court. This time schedule, for strict compliance, was brought to the notice of all concerned from time to time by repetitive circulars issued by the Council.

It is also noticed that after 30.09.2003, a few State Governments and a number of private medical colleges/institutions had approached the Hon'ble Supreme Court with the request for extending the last date of admissions on various grounds. The Hon'ble Supreme Court, with a view to ensure strict maintenance of time discipline in the admission and commencement of medical courses all over the country, had declined to pass any order extending the last date of admissions being 30.09.2003. All such petitions were rejected by the Hon'ble Supreme Court. Similarly, in the case of PG medical admissions for which the time schedule has been enforced from the academic year 2004, the Hon'ble Supreme Court by an order dated 29.03.2004 has been pleased to dismiss a writ petition seeking extension of the last date of admissions.

In the first MCI circular dated 11.02.2003 informing all the concerned medical colleges/ institutions, universities and State Authorities etc. of the decision of the General Body of the Council prescribing the time schedule for all the medical courses, it had also been decided that for effective enforcement of the time schedule, a Monitoring Cell will

be set up in the office of the C Council who will monitor the strict compliance and adherence to the time schedule and will report all such cases where there is a violation in relation to the time schedule and the last date of admissions.

It is also noticed that in some of the States, students went to the Hon'ble High Courts for obtaining orders for extension of the last date of admission being 30.09.2003 or where the Hon'ble High Courts passed orders for holding counselling and/or for grant of admissions in the 1st year of the MBBS course for the year 2003-04 after the last date of admissions being 30.09.2003.

In discharge of its responsibility for ensuring that the time schedule fixed by the Council in accordance with the directions of the Hon'ble Supreme Court for achieving the proper teaching and training for the medical students, the Council had challenged all such orders passed by the Hon'ble High Courts which were brought to its notice.

In two cases, i.e., one filed by the State of West Bengal and another filed by certain candidates, starting with the name of the candidate, Swati Sethi, the Hon'ble Supreme Court did not agree with the directions of the Hon'ble High Courts and has passed orders bringing those judgements of the Hon'ble High Courts in conformity and in line with the judgement of the Hon'ble Supreme Court in Madhu Singh's case for strict enforcement of the time schedule prescribed by the Council.

In other appeals which have been filed by the MCI, in some matters, stay has been granted against the operation of the judgement of the Hon'ble High Courts and in certain other appeals, notice has been issued by the Hon'ble Supreme Court.

In the case which pertains to the two Govt. Medical Colleges of the State of West Bengal and in the case pertaining to the candidates from the State of Haryana in the case of Swati Sethi & Ors., it had been directed by the Hon'ble Supreme Court that the candidates be considered for admission in the 1st year of the MBBS course in the next academic year. However, in the subsequent case of MCI Vs. Ambrish Sharma, prayer of some of the candidates (who were selected in the merit list of the CET for the year 2003-04 but could not get admission for that academic year) for the accommodation/admission in the first year of the MBBS course in the next academic year has not been accepted by the Hon'ble Supreme Court requiring them to participate in the common entrance test for the academic year 2004-05.

Insofar as certain admissions having been made in October/November, 2003 by the State of Orissa under the orders passed by the Hon'ble Orissa High Court, Special Leave Petition being SLP(C) No. CC 2827/2004 filed by the MCI, the Hon'ble Supreme Court on 02.04.2004 was pleased to issue notice and the stay of the judgement of the Hon'ble High Court has also been passed. On the other hand, in the appeal filed by the MCI against the judgement of the Hon'ble Chhattisgarh High Court permitting admissions after November, 2003, the Hon'ble Supreme Court in SLP(C) No.7484/2004 on 02.04.2004 issued notice and the cases are pending final hearing. In certain other cases also, the notices have been issued and the appeals filed by the MCI are pending final decision by the Hon'ble Supreme Court.

The provisions of Section 10B of the Indian Medical Council Act, 1956, which is reproduced as under:

'10B. Non-recognition of the medical qualification in certain cases.-

(1) Where any medical college is established except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college shall be a recognised medical qualification for the purpose of this Act.

(2) Where any medical college opens a new or higher course of study or training (including a post-graduate course of study or training) except with the previous permission of Central Government in accordance with the provisions of section 10A, no medical qualification granted to any

student of such medical college on basis of such study of training shall be a recognised medical qualification for the purpose of this Act.

(3) Where any medical college increases its admission capacity in any course of study of training except with the previous permission of the Central Government in accordance with the provision of section 10A, no medical qualification granted to any student of such medical college on the basis of the increases of its admission capacity shall be a recognised medical qualification for the purposes of this Act.

Explanation.- For the purpose of this section, the certificate for identifying a student who has been granted a medical qualification on the basis of such increases in the admission capacity shall be such as may be prescribed.'

It is also brought to your notice that the Council, with the prior approval of the Central Government, has framed statutory and mandatory regulations being - "Medical Council of India (Criteria for identification of students admitted in excess of approved admission capacity of medical colleges) Regulations 1997, the relevant provisions whereof are reproduced as under:-

- '6. **Furnishing of list by competent Authority:-** The competent authority shall furnish lists of students admitted during each academic year for Bachelor of Medicine and Bachelor of Surgery and postgraduate courses to the Council and State Medical Council and the affiliating university within one month of the closure of admission or 31st October of that year, whichever is earlier.
7. **List of students to be furnished to the Council:-** A list of students to be furnished under these regulations to the Council shall be prepared by a competent authority in order of merit on the basis of which admissions have been made. The list shall be supported by affidavit of the Dean/Principal of a Medical College stating the sanctioned admission capacity. The names of students admitted in a medical college through all India Entrance Examination/Central Pool Quota/Mandatory Reservation for Scheduled Castes/ scheduled Tribes, shall find mention in the list.
8. **Matters relating to excess admission to be decided by the Council:-** All matters relating to excess admission of students shall be decided by the Council taking into account the list furnished to the Council by a competent authority and the admission capacity fixed for the medical college. After it is found by the Council that excess admissions have been made, the students lower down in the list shall be treated to be admitted against the increase in admission capacity to the extent of excess admissions. The students admitted through All India Entrance Examination/ Central Pool Quota/Mandatory Reservation for Scheduled Castes/Scheduled Tribes, etc. shall be included within the fixed admission capacity.
9. **Identification of excess admission & non-recognition of medical qualification:-** The Council shall find out the excess admissions in a medical college and no medical qualification granted to any identified students of the medical college which comes under the excess admission shall be recognized medical qualification for the purpose of Indian Medical Council Act, 1956 (102 of 1956). The names and other particulars of students so identified shall be intimated by the Council to all concerned for taking action under the provisions of the Act. Any dispute in the matter of identification of excess admission of student(s) in a medical institution shall be referred to the Central Government for decision."

In the meanwhile, the formal approval by the Central Govt. for incorporation of Regulation 6, 6A and 6B to the following effect has also been granted on 25.02.2004 and the Gazette Notification has also been issued on 25.02.2004 : -

'(6) The Universities and other authorities concerned shall organize admission process in such a way that teaching in first semester starts by 1st of August each year. For this purpose, they shall follow the time schedule indicated in APPENDIX-E''

(6A) There shall be no admission of students in respect of any academic session beyond 30th September under any circumstance. The Universities shall not register any student admitted beyond the said date.

(6B) The Medical Council of India may direct, that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification for the purpose of the Indian Medical Council Act, 1956.

The Institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by MCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.'

Accordingly, all those admissions which have been made after 30.09.2003, are required to be considered and dealt with in accordance with Section 10B of the Act and the Regulations of 1997 and the Graduate Medical Education Regulations of 1997 as amended in 2004, mentioned above..

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council, upon consideration of all those relevant facts came to the following conclusions : -

- (a) All the medical colleges/institutions where it has been reported and found that the admissions have been made in the 1st year of the MBBS course for the academic year 2003-04 after 30.09.2003, the respective medical college/institution be clearly informed of the particulars of the candidates and the dates of admissions and that those admissions being contrary to the directions of the Hon'ble Supreme Court, will have to be dealt with in accordance with the provisions of Section 10B and the Regulations of 1997 and 2004 mentioned above and requiring the discharge of those students from their admissions made after 30.09.;2003 or for declaring their degrees to be unrecognized, in accordance with Regulation 6B of Regulations of 2004..
- (b) In all those cases which are pending before the Hon'ble Supreme Court, similar communications be sent to the medical colleges/institutions and affidavit be filed before the Hon'ble Supreme Court informing the violations of the time schedule by the erring medical colleges/ institutions and the similar action by the Council against them.

Similarly, suitable communication be sent to concerned State Governments for the respective medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2003-04 by calling upon them to correspondingly reduce the admissions in the management quota for those medical colleges for the academic year 2004-05 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2004-05 in those medical colleges/institutions so as to set-off the undue advantage gained by those medical colleges/institutions by making excess admissions in the management quota for the academic year 2003-

04. The State Governments be also requested to consider filing an appropriate application(s) before the Hon'ble Supreme Court against such erring medical colleges/institutions for non-compliance with the judgement and order dated 14.08.2003 passed by the Constitution Bench of the Hon'ble Supreme Court in the case of Islamic Academy of Education by such colleges.

52. **Discharge of students admitted in your college after 30.09.2003 in the 1st year of the MBBS course for the academic year 2003-04, being violative of the time schedule fixed by the Council in accordance with the directions of the Hon'ble supreme Court in MCI Vs. Madhu Singh - (2002) 7 SCC 258 and the provisions of Section 10(B) read with Medical Council Of India (Criteria for identification of students admitted in excess of approved admission capacity of Medical Colleges) Regulations 1997 and Graduate Medical Education Regulations, 1997 as amended in 2004.**

Read: Discharge of students admitted in your college after 30.09.2003 in the 1st year of the MBBS course for the academic year 2003-04, being violative of the time schedule fixed by the Council in accordance with the directions of the Hon'ble supreme Court in MCI Vs. Madhu Singh - (2002) 7 SCC 258 and the provisions of Section 10(B) read with Medical Council Of India (Criteria for identification of students admitted in excess of approved admission capacity of Medical Colleges) Regulations 1997 and Graduate Medical Education Regulations, 1997 as amended in 2004 and the previous correspondence.

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council, while respectfully acknowledging the continuing intervention and indulgence granted by the Hon'ble Supreme Court for strict enforcement of the time schedule for admission in the medical courses fixed by the MCI in accordance with the directions of the Hon'ble Supreme Court, considered the number of cases reported by the Monitoring Cell of the Council in relation to –

- (i) admissions in the 1st year of the MBBS course made after 30.09.2003, i.e., the last date of admissions fixed by the Council in accordance with the directions of the Hon'ble Supreme Court in Madhu Singh's case and
- (ii) also the admissions which are found to having been made by some of the medical colleges/institutions in excess of their management quota.

Before proceeding further, it was found appropriate to notice that in accordance with the directions issued by the Hon'ble Supreme Court in Madhu Singh's case, the General Body of the Council had laid down a time schedule for undertaking the admission process for all the medical courses including MBBS, PG and superspeciality courses. The dates for conduct of the entrance test examination, the dates for holding counselling for admissions, for commencement of the courses and also the last date of admissions have been clearly prescribed in the time schedule decided by the General Body of the Council in accordance with the directions of the Hon'ble Supreme Court. This time schedule, for strict compliance, was brought to the notice of all concerned from time to time by repetitive circulars issued by the Council.

It is also noticed that after 30.09.2003, a few State Governments and a number of private medical colleges/institutions had approached the Hon'ble Supreme Court with the request for extending the last date of admissions on various grounds. The Hon'ble Supreme Court, with a view to ensure strict maintenance of time discipline in the admission and commencement of medical courses all over the country, had declined to pass any order extending the last date of admissions being 30.09.2003. All such petitions were rejected by the Hon'ble Supreme Court. Similarly, in the case of PG medical admissions for which the time schedule has been enforced from the academic year 2004, the Hon'ble Supreme Court by an order dated 29.03.2004 has been pleased to dismiss a writ petition seeking extension of the last date of admissions.

In the first MCI circular dated 11.02.2003 informing all the concerned medical colleges/ institutions, universities and State Authorities etc. of the decision of the General Body of the Council prescribing the time schedule for all the medical courses, it had also been decided that for effective enforcement of the time schedule, a Monitoring Cell will be set up in the office of the Council who will monitor the strict compliance and adherence to the time schedule and will report all such cases where there is a violation in relation to the time schedule and the last date of admissions.

It is also noticed that in some of the States, students went to the Hon'ble High Courts for obtaining orders for extension of the last date of admission being 30.09.2003 or where the Hon'ble High Courts passed orders for holding counselling and/or for grant of admissions in the 1st year of the MBBS course for the year 2003-04 after the last date of admissions being 30.09.2003.

In discharge of its responsibility for ensuring that the time schedule fixed by the Council in accordance with the directions of the Hon'ble Supreme Court for achieving the proper teaching and training for the medical students, the Council had challenged all such orders passed by the Hon'ble High Courts which were brought to its notice.

In two cases, i.e., one filed by the State of West Bengal and another filed by certain candidates, starting with the name of the candidate, Swati Sethi, the Hon'ble Supreme Court did not agree with the directions of the Hon'ble High Courts and has passed orders bringing those judgements of the Hon'ble High Courts in conformity and in line with the judgement of the Hon'ble Supreme Court in Madhu Singh's case for strict enforcement of the time schedule prescribed by the Council.

In other appeals which have been filed by the MCI, in some matters, stay has been granted against the operation of the judgement of the Hon'ble High Courts and in certain other appeals, notice has been issued by the Hon'ble Supreme Court.

In the case which pertains to the two Govt. Medical Colleges of the State of West Bengal and in the case pertaining to the candidates from the State of Haryana in the case of Swati Sethi & Ors., it had been directed by the Hon'ble Supreme Court that the candidates be considered for admission in the 1st year of the MBBS course in the next academic year. However, in the subsequent case of MCI Vs. Ambrish Sharma, prayer of some of the candidates (who were selected in the merit list of the CET for the year 2003-04 but could not get admission for that academic year) for the accommodation/admission in the first year of the MBBS course in the next academic year has not been accepted by the Hon'ble Supreme Court requiring them to participate in the common entrance test for the academic year 2004-05.

Insofar as certain admissions having been made in October/November, 2003 by the State of Orissa under the orders passed by the Hon'ble Orissa High Court, Special Leave Petition being SLP(C) No. CC 2827/2004 filed by the MCI, the Hon'ble Supreme Court on 02.04.2004 was pleased to issue notice and the stay of the judgement of the Hon'ble High Court has also been passed. On the other hand, in the appeal filed by the MCI against the judgement of the Hon'ble Chhattisgarh High Court permitting admissions after November, 2003, the Hon'ble Supreme Court in SLP(C) No.7484/2004 on 02.04.2004 issued notice and the cases are pending final hearing. In certain other cases also, the notices have been issued and the appeals filed by the MCI are pending final decision by the Hon'ble Supreme Court.

The provisions of Section 10B of the Indian Medical Council Act, 1956, which is reproduced as under:

'10B. Non-recognition of the medical qualification in certain cases.-(1) Where any medical college is established except with the previous permission of the Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college shall be a recognised medical qualification for the purpose of this Act.

(2) Where any medical college opens a new or higher course of study or training (including a post-graduate course of study or training) except with the previous permission of Central Government in accordance with the provisions of section 10A, no medical qualification granted to any student of such medical college on basis of such study of training shall be a recognised medical qualification for the purpose of this Act.

(3) Where any medical college increases its admission capacity in any course of study of training except with the previous permission of the Central Government in accordance with the provision of section 10A, no medical qualification granted to any student of such medical college on the basis of the increases of its admission capacity shall be a recognised medical qualification for the purposes of this Act.

Explanation.- For the purpose of this section, the certificate for identifying a student who has been granted a medical qualification on the basis of such increases in the admission capacity shall be such as may be prescribed.'

It is also brought to your notice that the Council, with the prior approval of the Central Government, has framed statutory and mandatory regulations being - "Medical Council of India (Criteria for identification of students admitted in excess of approved admission capacity of medical colleges) Regulations 1997, the relevant provisions whereof are reproduced as under:-

- '6. **Furnishing of list by competent Authority:-** The competent authority shall furnish lists of students admitted during each academic year for Bachelor of Medicine and Bachelor of Surgery and postgraduate courses to the Council and State Medical Council and the affiliating university within one month of the closure of admission or 31st October of that year, whichever is earlier.
7. **List of students to be furnished to the Council:-** A list of students to be furnished under these regulations to the Council shall be prepared by a competent authority in order of merit on the basis of which admissions have been made. The list shall be supported by affidavit of the Dean/Principal of a Medical College stating the sanctioned admission capacity. The names of students admitted in a medical college through all India Entrance Examination/Central Pool Quota/Mandatory Reservation for Scheduled Castes/ scheduled Tribes, shall find mention in the list.
8. **Matters relating to excess admission to be decided by the Council:-** All matters relating to excess admission of students shall be decided by the Council taking into account the list furnished to the Council by a competent authority and the admission capacity fixed for the medical college. After it is found by the Council that excess admissions have been made, the students lower down in the list shall be treated to be admitted against the increase in admission capacity to the extent of excess admissions. The students admitted through All India Entrance Examination/ Central Pool Quota/Mandatory Reservation for Scheduled Castes/Scheduled Tribes, etc. shall be included within the fixed admission capacity.

- 9. Identification of excess admission & non-recognition of medical qualification:-** The Council shall find out the excess admissions in a medical college and no medical qualification granted to any identified students of the medical college which comes under the excess admission shall be recognized medical qualification for the purpose of Indian Medical Council Act, 1956 (102 of 1956). The names and other particulars of students so identified shall be intimated by the Council to all concerned for taking action under the provisions of the Act. Any dispute in the matter of identification of excess admission of student(s) in a medical institution shall be referred to the Central Government for decision."

In the meanwhile, the formal approval by the Central Govt. for incorporation of Regulation 6, 6A and 6B to the following effect has also been granted on 25.02.2004 and the Gazette Notification has also been issued on 25.02.2004 : -

'(6) The Universities and other authorities concerned shall organize admission process in such a way that teaching in first semester starts by 1st of August each year. For this purpose, they shall follow the time schedule indicated in APPENDIX-E"

(6A) There shall be no admission of students in respect of any academic session beyond 30th September under any circumstance. The Universities shall not register any student admitted beyond the said date.

(6B) The Medical Council of India may direct, that any student identified as having obtained admission after the last date for closure of admission be discharged from the course of study, or any medical qualification granted to such a student shall not be a recognized qualification for the purpose of the Indian Medical Council Act, 1956.

The Institution which grants admission to any student after the last date specified from the same shall also be liable to face such action as may be prescribed by MCI including surrender of seats equivalent to the extent of such admission made from its sanctioned intake capacity for the succeeding academic year.'

Accordingly, all those admissions which have been made after 30.09.2003, are required to be considered and dealt with in accordance with Section 10B of the Act and the Regulations of 1997 and the Graduate Medical Education Regulations of 1997 as amended in 2004, mentioned above..

The members of the Ad-hoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council, upon consideration of all those relevant facts came to the following conclusions : -

- (a) All the medical colleges/institutions where it has been reported and found that the admissions have been made in the 1st year of the MBBS course for the academic year 2003-04 after 30.09.2003, the respective medical college/institution be clearly informed of the particulars of the candidates and the dates of admissions and that those admissions being contrary to the directions of the Hon'ble Supreme Court, will have to be dealt with in accordance with the provisions of Section 10B and the Regulations of 1997 and 2004 mentioned above and requiring the discharge of those students from their admissions made after 30.09.2003 in accordance with Regulation 6B of Regulations of 2004.

- (b) In all those cases which are pending before the Hon'ble Supreme Court, similar communications be sent to the medical colleges/institutions and affidavit be filed before the Hon'ble Supreme Court informing the violations of the time schedule by the erring medical colleges/ institutions and the similar action by the Council against them.

Similarly, suitable communication be sent to concerned State Governments for the respective medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2003-04 by calling upon them to correspondingly reduce the admissions in the management quota for those medical colleges for the academic year 2004-05 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2004-05 in those medical colleges/institutions so as to set-off the undue advantage gained by those medical colleges/institutions by making excess admissions in the management quota for the academic year 2003-04. The State Governments be also requested to consider filing an appropriate application(s) before the Hon'ble Supreme Court against such erring medical colleges/institutions for non-compliance with the judgement and order dated 14.08.2003 passed by the Constitution Bench of the Hon'ble Supreme Court in the case of Islamic Academy of Education by such colleges.

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

Place: New Delhi.
Dated the 13th June, 2004

A P P R O V E D

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

53. Confirmation of Lt. Col. (Retd) Dr. A.R.N. Setalvad as Secretary of the Medical Council of India.

At this point, Secretary, Lt Col. (Retd) Dr. A.R.N. Setalvad left the meeting and was not present when this item was being discussed.

The members of the Ad-hoc Committee and of the Executive Committee of the Council decided that Lt Col. (Retd) Dr. A.R.N. Setalvad be confirmed as Secretary, Medical Council of India with effect from the date of completion of his probation period i.e. 02/06/2004.

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

Dated the 13th June, 2004

A P P R O V E D