

No.MCI-5(3)/2007-Med./

MEDICAL COUNCIL OF INDIA

EXECUTIVE COMMITTEE

Minutes of the meeting of the Executive Committee held on 13th & 14th June, 2007 at 12.00 noon in the Council Office at Sector 8, Pocket 14, Dwarka, New Delhi-110 077 where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

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Present:

Dr.P.C. Kesavankutty Nayar	] President (Acting),] Former Dean,] Govt. Medical College,] Trivandrum.
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.
Dr. (Mrs.) S. Kantha	] Former Vice-Chancellor,] Rajiv Gandhi University of Health] Sciences, Bangalore and] Member, Adhoc Committee] appointed by the Hon'ble Supreme Court.
Dr. Ketan D. Desai	] Prof. & Head, Deptt. of Urology,] BJ Medical College, Ahmedabad.
Dr. K.P. Mathur	] Former Medical Superintendent,] Dr. Ram Manohar Lohia Hospital,] New Delhi,] 77, Chitra Vihar, Delhi-110092.
Dr. Mukesh Kr. Sharma	] Deptt. of General Surgery,] S.M.S. Medical College,] Jaipur.
Dr. V.N. Jindal	] Dean,] Goa Medical College,] Bombolim – 403202 (Goa)
Dr. S.D. Dalvi	] Prof. & Head, Department of PSM,] Govt. Medical College,] Nanded (Maharashtra).
Dr. G.K. Thakur	] Head of the Department of Radiology,] S.K. Medical College,] Muzaffarpur – 842004 (Bihar)
Dr. P.K. Sur	]Director,]IPGMER,]Kolkata – 700034
Dr. P.K. Das	] Head of the Deptt. of General Medicine,] S.C.B. Medical College, Cuttack.
Lt.Col. (Retd.) Dr. A.R.N. Setalvad	] Secretary, MCI.

The apologies for absence were received from Dr. N. Rangabashyam, member, Adhoc Committee & Dr. B.P. Dubey, member of the Executive Committee.

1. Minutes of the Executive Committee Meeting held on 28/04/2007- 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 Executive Committee meeting held on 28/04/2007.

2. Minutes of the last meeting 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 confirmed the minutes of the Executive Committee meeting held on 28.04.2007 with following modification:-

Item No. 54: Establishment of new medical college/increase in seats in MBBS courses/renewal of permission for the academic year 2007-08 and pending proposals for starting of new medical colleges – recommending regarding.

The Secretary informed that the corrected letters have been sent to the Central Govt. vide letters dated 3.5.2007.

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 taken by the Executive Committee.

4. Establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (1st & 2nd May, 2007) for establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (1st & 2nd May, 2007) and noted the following:-

The shortage of teaching staff required for Letter of permission is as under:-

(a) The following faculty are not accepted due to the reasons given below:-

Sl.No.	Name	Designation	Department	Remarks
1.	Dr. Mona Saxena	Asstt. Prof.	Biochemistry	M.Sc. from Science faculty, Ph.D. from medical faculty.
2.	Dr. Afreen Nasir	Asstt. Prof.	Biochemistry	M.Sc. in Chemistry, Ph.D. from medical faculty.
3.	Dr. Rajeev Agarwal	Sr. Resident	General Medicine	M.D.(Dermatology) Accepted as Junior Resident
4.	Dr. Mohd. Rizwanul Huq	Sr. Resident	General Medicine	M.D.(TB & Chest) Accepted as Junior Resident

5.	Dr. Nitin Srivastava	Sr. Resident	Radio-Diagnosis	Does not possess 3 years experience as Junior Resident.
6.	Dr. Varun Kumar Chaudhry	Sr. Resident	Radio-Diagnosis	Does not possess 3 years experience as Junior Resident.

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

i) Assistant Professor - 3 (Anat. 1, Lect. Bio. Physics-1, Biochemistry 1)

[c] The shortage of Residents is 11.9% (5 out of 42) as under :-

i) Sr. Resident 3 (General Medicine 1, Radiodiagnosis 2)

ii) Jr. Resident 2 (Orthopedics 2)

2. Clinical material is grossly inadequate in terms of bed occupancy, operative work and number of deliveries as under:-

	Daily Average	Day of Inspection
Bed occupancy%	35%	43%
<u>Operative work</u>		
Number of major surgical operations	3	Nil
Number of minor surgical operations	2	Nil
Number of normal deliveries	1	Nil
Number of caesarian Sections	1 in 3 days	Nil

3. The college/hospital building which has been shown for the medical college was also shown for the Dental college in the previous years. The same hospital is also being used for teaching of BDS students.

4. Preclinical departments as well as the faculty of these departments are also being used for teaching the BDS students.

5. The Central library was used for BDS students. All the books of BDS students have been stored in one room and the same library has been converted for MBBS students. Dental Anatomy department has been converted into one reading room (50 seats) for the MBBS students.

6. There is no hostel for the MBBS students. The hostel for BDS students has been vacated so as to show the same for the MBBS students. Second floor in the boys hostel is under construction for the male resident doctors. One separate hostel for nurses is under construction. Only the basic structure is complete. Plastering, flooring, woodwork, plumbing and electrical work still to be completed. The second floor of the girls hostel is earmarked for female residents. No hostel is available for the nursing staff.

7. There is a combined building of Medical College, Dental College and Hospital for Medical & Dental Colleges. The college/hospital building which has been shown for the medical college was also shown for the Dental college in the previous years. There is overcrowding of teaching departments in the college as well as in the Hospital.

8. In O.P.D. there is no audiometry room. There is no family welfare clinic. Areas like plaster cutting room, immunization room, injection room and dressing room seem to be unutilized.

9. In the wards, there is overcrowding of teaching beds in the wards due to lack of space. Lighting and fans are inadequate.

10. Medical Record Department is not fully computerized. Bed occupancy could not be collected from the Medical Record Department as there is no proper maintenance of hospital records. ICD X Classification of diseases is not followed for indexing.

11. In the central casualty there is no central suction facilities.
12. Equipment in the operation theatre is inadequate. Only one operation theatre was functional against the requirement of 4 at this stage.
13. There is no ICCU. Paediatric ICU, Burn ICU, Medical & Surgical ICUs are combined and do not have adequate specialized equipments. MICU, NICU & SICU were non-functional on the day of inspection.
14. Eclampsia room in labour room is not functional. Negligible number of deliveries are conducted in the labour room.
15. Only one static x-ray is available which is inadequate. Protective measures as per BARC specifications are not provided.
16. No ultrasound is available for Obst. & Gynae. department.
17. *CSSD facilities are inadequate and not laid out properly. There is no preparation room, no instrument washing area and no separate receiving and distribution point.*
18. Central laundry facilities are grossly inadequate.
19. Nursing staff is inadequate as under:-

Nursing Superintendent	:	1
Deputy Nursing Superintendent	:	1
Matron	:	2
Asstt. Nursing Superintendent	:	8
Nursing Sisters	:	8
Staff nurses	:	45
20. *Many nursing staff were found to be unqualified and untrained without having requisite qualification who were posted in different wards.*
21. In the department of Anatomy, lighting and fans are inadequate.
22. *In the Physiology department, Mammalian lab has 12 organ baths. However, there is no washing area or place for draining out the water from the organ baths. Necessary arrangements for placing the organ baths are not available. Lighting and fans are inadequate.*
23. In Biochemistry department, lighting & fans are inadequate. Faculty rooms are used for storage of chemicals.
24. *In para-clinical and clinical departments, offices are not available for teaching and non-teaching staff.*
25. Other deficiencies/remarks are in the main report.

In view of above and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Sitapur Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the I.M.C. Act, 1956."

5. Establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (15th & 16th May, 2007) for establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th May, 2007) and noted the following:-

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

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

- (i) Professor 1 (Physiology –1)
- (ii) Assoc. Prof. 5 (Physiology –2, Pharmacology –1, Paediatrics –1, & Radiology –1)

(b) The shortage of Residents is approximately 20% as under:-

- (i) Sr. Resident 9 (General Medicine –4, General Surgery –2, ENT – 1, Ophthalmology –1 & Obst. & Gyane. –1)

(c) Dr. Maj. Gen. V.C. Ohri shown as Medical Superintendent is not qualified to hold the post as he has 6 years administrative experience.

2. Clinical Material is inadequate in terms of outdoor attendance, bed occupancy, number of normal deliveries & caesarian Sections are as under:-

	Daily Average	Day of Inspection
OPD attendance	60-100	420
Bed occupancy%	35 to 40%	24%
Operative work		
Number of normal deliveries	00 to 01	00
Number of caesarian Sections	00 to 01	01

- OPD attendance as noted from the register is as follows:-
- 7th May – 47, 8th May – 48, 9th May – 49, 10th May – 46 & 14th May – 45.
- There is no separate register being maintained for casualty.
- Histopathology and Cytopathology investigations are being outsourced.

3. The Medical College is temporarily locate at on 4th & 5th floor of the Hospital Building. The Medical College Hospital functions from a 6 storied building in which ground and three floors are used for hospital and the rest by the college as a temporary make shift arrangement. However, the civil work is not over completely thereby dislocating the patient movement and the day to day work of the college and hospital staff. Provision for Two elevators is available but none is fixed yet.

4. Lecture theaters are not available. Common room for boys and girls are not available.

5. Central Library:- Library is temporarily locate at the 2nd floor of the Hospital building. There are 15 seats available with 2,150 books. Eighteen Indian & Eight Foreign journals have been subscribed but none are received.

6. Hostels are not available. They are under construction.

7. The distribution of teaching beds is inadequate as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency (if any)
General Medicine	80	60	20

Surgery & Allied Specialities			
General Surgery	90	70	20
Ophthalmology	10	06	04
Obstetrics & Gynaecology			
Obstetrics & ANC	30	30	04

Thus, there is total deficiency of 48 beds.

8. In OPD, injection room is non functional. Immunization clinical is not functioning. In Surgery OPD, no classroom is available. There is no refraction room or procedure room or class room in Ophthalmology OPD. There is no audiometry room, procedure room or class room in ENT OPD.
9. Class rooms in Medicine, Orthopaedics, Obst. & Gynae. wards do not have black boards or x-ray view boxes and other teaching materials. There is no ward laboratory available in any of the wards. In surgery OP, no class room is available.
10. Minor O.T. in Obst. & Gynae. is not functional.
11. The registration counter for indoor is not computerized. There is no computer. Trained Medical Record Officer is not available. ICD X classification of diseases is not followed for indexing.
12. There is only 2 major operation theatres available against the requirement of 4 at this stage.
13. There is only one intensive care ward available with 5 beds, which is inadequate. Equipments are inadequate. There are 2 beds available in NICU with 2 warmers and one phototherapy unit. No other equipment is available.
14. In labour room, septic labour room and eclampsia room are not available. Septic labour room is in the casualty which is not as per norms.
15. In the Radio-Diagnosis department, BARC approval for utilizing radiological equipments is yet to be obtained.
16. In the central pharmacy, only admitted patients receive the drugs while out patients are directed to receive their drugs from the adjacent Dental College Pharmacy.
17. CSSD, Central laundry, incinerator, kitchen, intercom are not functional.
18. Laboratory staff is grossly inadequate as under:-

Laboratory Technicians/Assistants – 14
Laboratory Attendants – 5
19. Nursing Staff is as under:-

Nursing Superintendent: - 1
Deputy Nursing Superintendent: - 1
Matron - Nil
Asstt. Nursing Superintendent - Nil
Nursing Sisters 04
Staff nurses 104
20. In Anatomy Department, no adequate equipments are available for embalming procedure. Demonstration rooms are not fitted with furniture/audiovisual aids. Museum is inadequately furnished with x-rays, catalogue etc. Research lab is not equipped. There is no room provided for non-teaching staff.

21. In Physiology Department, there is deficiency of one Professor and Two Associate Professors. There is no lecture theatre available. Demonstration rooms are not furnished. Individual labs are not equipped. There is no departmental library available. Research laboratory is not equipped.
22. The entire Biochemistry department is under construction and non-functional.
23. For para clinical departments, no office space is available as the building is under construction.
24. 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 observed that the applicant has failed to fulfil the mandatory and statutory precondition at Sr. No. 2(5) of the Qualifying Criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999.

In view of the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Uttar Pradesh requesting to intimate as to how the Essentiality Certificate vide letter dated 21.03.2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material has been given, when on inspection it has been found that only 256 beds are available.

6. **S.C.B. Medical College, Cuttack – Renewal of permission for admission of 5th batch of MBBS students against the increased intake i.e. from 107 to 150 for the academic session 2007-2008.**

Read: The Council Inspectors report (18th & 19th May, 2007) for renewal of permission for admission of 5th batch of MBBS students against the increased intake i.e. from 107 to 150 for the academic session 2007-2008 at S.C.B. Medical College, Cuttack.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) and noted the following:-

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

(a) The shortage of teaching faculty is 14.49% as under:-

(i)	Professor	4	(Pharmacology-1, Pathology-1, Dermatology-1, Psychiatry –1)
(ii)	Assoc. Prof.	23	(Anatomy-1, Biochemistry-1, Pharmacology –2, Pathology-2, Microbiology-3, Forensic Medicine-2, Community Medicine-1, General Medicine-2, General Surgery-2, Orthopaedics – 2, OBG – 3, Anaesthesia – 1, Radio-diagnosis –1)
(iii)	Assistant Prof.	8	Anatomy-1, Community Medicine –2, Paediatrics-1, OBG-3, Radio-diagnosis –1)
(iv)	Tutor	4	(Pharmacology-2, For.Med.-1, Comm.Med.-1)

- (b) The shortage of Residents is 27.67% as under:-
- | | | | |
|------|--------------|----|--|
| (i) | Sr. Resident | 38 | (General Medicine –7, Paed.-4, Chest-1, Dermatology-2, Orthopaedics-3, ENT-1, Ophthalmology – 2, Radio-Diagnosis-4, General Surgery –6, Obst. & Gyane. –8) |
| (ii) | Jr. Resident | 6 | (Paed.-2, Ortho.-1, ENT-2, Gen. Surgery-1) |
2. In the central library, 57 foreign journals are subscribed against the requirement of 70 at this stage.
 3. At UHC, no lecturer-cum-medical officer having M.D.(PSM) qualification is available.
 4. Dr. J.K. Balabantaray shown as Medical Superintendent is not qualified to hold the post as he has only 6 years of administrative experience against the requirement of 10 years required as per Regulations.
 5. In the central casualty, only 23 beds are available against the requirement of 25.
 6. In the operation theatre, there are 19 tables in 13 O.Ts. which is not as per norms.
 7. No cooked meal is supplied to the patients for lunch and dinner. The facility for special diets is not available. Only Milk and Biscuits are provided to the patients twice a day.
 8. There is no incinerator in the hospital. Two microwaves and one Plastic Shredder are provided for hospital waste disposal, which is grossly inadequate and is not as per the rules.
 9. In the Anatomy department, MRI, CT and x-rays are not displayed in the museum.
 10. In the Biochemistry laboratory, gas cylinders need to be kept away in a separate enclosure.
 11. In Pathology department, the museum is over-crowded considering the number of specimens and needs to be expanded.
 12. In Forensic Medicine, there is no demonstration room. Only one large class room is available.
 13. In the animal house, facilities for experimental work, minor surgical procedures are not available.
 14. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. not to renew the permission for admission of 5th batch of MBBS students against the increased intake i.e. from 107 to 150 for the academic session 2007-2008 at S.C.B. Medical College, Cuttack.

7. **Establishment of New medical college at Beed by Aditya Education Trust, Beed u/s 10A of the IMC Act, 1956.**

Read: The Council Inspectors report (18th & 19th May, 2007) for establishment of new medical college at Beed by Aditya Education Trust, Beed u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) and noted the following:-

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

[a] The shortage of teaching faculty is 75% as under:-

- | | | | |
|-------|-----------------|----|---|
| (i) | Professor | 4 | (Anatomy-1, Biochemistry-1, Genl.Med.-1, General Surgery –1) |
| (ii) | Assoc. Prof. | 11 | (Anatomy-2, Physiology-2, Biochemistry-1, Pharmacology –1, Paediatrics-1, Orthopaedics – 1, OBG – 1, Anaesthesia – 1, Radio-diagnosis –1) |
| (iii) | Assistant Prof. | 15 | (Anatomy-2, Physiology-1, Lecturer in Bio-physics-1, Pathology-1, Forensic Medicine-1, Community Medicine –1, General Medicine-3, General Surgery-2, ENT-1, OBG-1, Anaesthesia – 1) |
| (iv) | Tutor | 11 | (Anatomy-3, Physiology-3, Biochemistry-1, Pharmacology-1, Pathology-1, For.Med.-1, Comm.Med.-1) |

[b] The shortage of Residents is 27.67% as under:-

- | | | | |
|------|--------------|----|---|
| (i) | Sr. Resident | 18 | (General Medicine –4, Paed.-1, General Surgery –4, Orthopaedics-1, ENT-1, Ophthalmology-1, Obst. & Gyane. –2, Anaesthesia-2, Radio-Diagnosis-2) |
| (ii) | Jr. Resident | 18 | (General Medicine –6, Paed.-2, Gen. Surgery-7, Orthopaedic-1, Ophthalmology-1, OBGY-1) |

[c] There was no teaching staff available in the department of Anatomy, Physiology and Biochemistry on the 2nd day of inspection.

[d] The faculty working on part time basis has not been included.

[e] 90% of the teaching staff was telephonically called for head count. They were issued back dated appointment orders on the spot.

[f] The entire faculty left the campus after the head count.

[g] No teaching staff was available on the second day of inspection in preclinical, paraclinical and clinical departments.

[h] The entire hospital was being managed by two consultants (Surgery and Radiology) and three medical officers on first day of inspection and by one consultant (Surgery) and three medical officers on second day of inspection.

2. Clinical material is grossly inadequate as under:-

	Daily	Average	Day of Inspection
O.P.D. attendance	250		188
Casualty attendance	2-3		06
Number of admissions / discharge	58/499-7		--
Bed occupancy %	30%		31%

operative work				
No. of Major surgical operation	Nil		Nil	
No. of Minor surgical operation	Nil		Nil	
No. of normal deliveries	3 in one month		Nil	
Number of caesarian sections	Nil		Nil	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray	18	2	8	2
Ultrasonography	--	Nil	Nil	Nil
Special Investigations	--	Nil	Nil	Nil
C.T. Scan	N.A.	--	--	
Laboratory Investigations				
Biochemistry	7	5	1	3
Microbiology	Nil	Nil	Nil	Nil
Serology	4	3	1	3
Parasitology	Nil	1	Nil	Nil
Haematology	15	5	4	1
Histopathology	Nil	Nil	Nil	Nil
Cytopathology	Nil	Nil	Nil	Nil
Others (Pathology)	8	5	3	Nil

3. In the college building, para clinical departments are not existing. The building for para clinical departments is being utilized by the dental college.
4. Audio-visual aids are not available in the lecture theatres.
5. Common rooms for boys and girls do not have toilet facilities.
6. Central library is not functional. The number of books available are only 400 against the requirement of 1400 at this stage. Journals are not available. Internet and medlar facilities are not available. There is no earmarked budget for library. No furniture, electricity, fans are available in the library.
7. The hostels for boys and girls are only partially furnished. There is no recreation room. There is no boundary wall in any hostels. The boys hostel was occupied by the students of BDS.
8. No residential quarters are available for teaching faculty and non-teaching staff within the campus.
9. There is no Medical Superintendent in the affiliated hospital.
10. In the affiliated teaching hospital, there are no separate units in the departments of Medicine, Surgery, Paediatrics, Orthopaedics and Obst. & Gynae.
11. In the OPD, there is only manual registration counter for male, female, new and old patients and indoor admissions. A small waiting area is available near this counter which is inadequate. Each speciality is provided with one room for examination of patients except Gynaecology and General Medicine which has got 2 rooms. Teaching facilities like patient couch, stools, x-ray view box, examination tray are provided in each room. No teaching area is provided for any speciality. Dressing room, plaster room, plaster cutting room, E.C.G. room, central clinical laboratory, audiometry room (soundproof & airconditioned), immunization room, family welfare clinic, dark room refraction room, minor O.T. are not available.
12. There are no surgery is being performed in any of the O.Ts. There is no anaesthetist available in the hospital.
13. Registration counter for OPD is not computerized. There is no separate indoor registration counter is available. There is no medical record department.
14. Each ward is not provided doctors duty room, nurses duty room, nursing station, pantry, examination/procedure room, teaching area and side laboratories. No clinical demonstration areas have been provided in the wards. There is no seminar hall in any major departments.

15. One wing of dental department with 25 chairs is located in the OPD block on the ground floor. There are 20 beds of maxillofacial surgery department placed in the male surgical ward.
16. The casualty is managed by homoeopathic and ayurvedic doctors and untrained and unqualified nurses in three shifts. Specialists are not available on call. There is no casualty services for Obst. & Gynae. There is no central oxygen supply and central suction. No specialized equipments, ambubag and disaster trolley is available. There is no casualty OT available for minor surgery. Emergency theatre is inadequately equipped.
17. Central clinical laboratory is under the control of no qualified doctors. Only routine tests are being performed by one Technician. The equipments in the clinical lab is inadequate. Hardly 30 to 40 test are being carried out daily in the laboratory. There is no needle destroyer available in the laboratory.
18. Operation theatres are not air-conditioned. There is no central oxygen & nitrous oxide supply and central suction facility is available. The facilities for preanaesthetic and post anaesthetic care are not available. Operation theatres are non functional. The facilities and equipments in operation theatres are grossly inadequate.
19. There is no central oxygen and central suction facility available in ICU. No trained doctor/nursing staff is available in ICU. SICU, NICU, PICU and GICU are not available. There was only one patient in the ICU on the day of inspection. The facilities and equipments in the ICU are inadequate.
20. In the labour room, no arrangements are available for septic cases. Eclampsia room is not available. Only 3-4 deliveries are conducted per month. There is no birth registration certificate have been issued after 11.03.2007.
21. In the Radio-Diagnosis department, ultrasound machine is non-functional. No ultrasound machine has been given to Obst. & Gynae. department. The protective measures as per BARC specification are not provided.
22. No central pharmacy is available in the hospital.
23. CSSD, intercom, central laundry and kitchen are not available.
24. Nursing staff is grossly inadequate as under:-

Nursing Superintendent:	-	01
Deputy Nursing Superintendent:	-	02
Matron	-	05
Asstt. Nursing Superintendent	-	Nil
Nursing Sisters		10
Staff nurses		13
25. In the Anatomy department, lecture theatres are not provided with audio-visual aids. There is only 1 demonstration room having 40 seats which is inadequate. There are no books in the departmental library. In the dissection hall there is no seats, exhaust, light, water supply and drainage facilities. There is no cooling cabinet. The embalming room does not have any equipment. There is no Band saw. The number of students provided lockers are insufficient. Histology practical laboratory has 20 work places with microscopes which is inadequate. Preparation room is not available. The museum does not have any specimens. MRI, CT and x-rays are not displayed. Catalogues are not available. The window panes in the department are broken. Only 4 natural bones sets are available.
26. In the Physiology department, the capacity of demonstration room is only 40 which is not adequate. The capacity of each 4 laboratories is only 20 which is inadequate. No laboratory has preparation room. There are inadequate arrangements for electrical points and washing facilities. Mammalian lab does not have working table for placing the

kymograph. There is no books in the departmental library and no seats. No ventilation, exhaust fans, light, water and drainage facilities are available in the laboratories. There is a common combined office for both teaching and non-teaching staff. There are no lights and fans in the entire department. The window panes were broken.

27. In the Biochemistry department, no gas was available for the burners. It has no preparation room. There is no books or seats in the departmental library. The department does not participate in hospital work and no staff is posted to central clinical laboratory. The laboratory is inadequately furnished. There is no ventilation, exhaust, light, water and drainage facilities. There is a common combined office for both teaching and non-teaching staff. The window panes were broken. There is no preparation room available in the laboratory.
28. No teaching staff and space is available for the department of Pharmacology, Microbiology.
29. The para clinical departments and Community Medicine department are not existing. The building which was earmarked for these departments is utilized for teaching of BDS students.
30. Other deficiencies/remarks are in the main report.

In view of above and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Beed by Aditya Education Trust, Beed u/s 10A of the I.M.C. Act, 1956.

8. Establishment of new medical college at Calicut, Kerala by Kunhitharuvai Memorial Charitable Trust, Kozhikode u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (25th & 26th May, 2007) for establishment of new medical college at Calicut, Kerala by Kunhitharuvai Memorial Charitable Trust, Kozhikode u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th May, 2007) alongwith the additional information submitted by the college authorities vide letters dated 4.6.2007 & 11.06.2007 and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

Sl. No.	Name	Designation	Department	Remarks
1.	M.Srinivasa Murthy	Prof. & Head	Microbiology	In his declaration form, he has claimed that he has worked at Sri Devraj Urs Medical College, Kolar as Lecturer from 27.3.91 to 30.4.93, I/C Asstt. Prof. from 01.05.1993 to 30.11.1993 Asstt. Prof.

				from 1.12.93 to 30.11.1998 and as Assoc. professor 01.12.1998 to 25.09.2000. In its letter Sri Devraj Urs Medical College, Kolar has stated that he has worked as Lecturer from 21.3.92 to 30.4.93 not from 27.3.1991. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.G.S. Malipatil	Assoc. Prof.	Anatomy	In his declaration form, he has claimed that he has worked at Adichunchanagiri Instt. of Medical Sciences from 30.4.99 to 16.2.2000 as Asstt. Professor. In its letter Adichunchanagiri Instt. of Medical Sciences has stated that he has worked from 6.7.99 to 16.2.2000. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(b) In view of above, the shortage of teaching staff is 47.2% as under:-

- (i) Professor 4 (Physiology-4, Biochemistry-1, Pathology-1, General Surgery -1)
- (ii) Assoc. Prof. 7 (Anatomy-2, Physiology-1, Biochem.-1, ENT-1, Ophthalmology-1, Radiology-1)
- (iii) Assistant Prof. 7 (Anatomy-1, Physiology-3, Surgery-1, Radiology-1, Lecturer in Bio-physics-1)
- (iv) Tutor 4 (Anatomy-3, Pathology-1)

(c) The shortage of Residents is 57.14% as under:-

- (i) Sr. Resident 18 (Medicine -4, Paed.-1, Surgery -4, Orthopaedics-1, ENT-1, Ophthalmology-1, Obst. & Gyane. -2, Anaesthesia-2, Radiology-2)
- (ii) Jr. Resident 24 (Medicine -8, Paed.-2, Surgery-8, Orthopaedic-2, ENT-1, Ophthalmology-1, OBGY-1, Dentistry-1)

2. Civil construction of two interconnected building is in progress.

Building I is having G+2 storied. It is planned for future hospital departments.

Building II is having G+4 storied. It is planned for future College and Hospital departments

Hospital: There is no functional hospital. Civil construction of hospital is in progress. Space has been identified and rooms with partition walls are available. Plastering and flooring in the various areas of the hospital is incomplete. There are no doors or windows fitted. Patients beds (Cots), furnitures, equipments are not available in any area (Two operation lights, 1 washing machine and 1 hydroextractor are available. They are not commissioned and non functional.) There are no patients, no doctors, no nurses, no technicians, no non technical staff, no class IV servants. There is no electric supply no water supply and drainage facilities in any area of the building. Toilet facilities are not available. In short hospital is not established and non functional.

3. Civil construction of College is in progress. Space has been identified and rooms with partition walls are available for various departments of the College. Plastering and flooring in the various areas of the College is incomplete. There are no doors or windows fitted. No College departments are established. In the College lecture theaters, College council room, common room for boys and girls are not established. In short College is not established and non functional.
4. Lecture theatres are not available.
5. Common room for boys and girls are not available.
6. In the girls hostel, the first floor rooms with total capacity of 18 are not yet furnished. Thus, hostel accommodation is available only for 84 against the requirement of 100 at this stage.
7. As the teaching hospital is non-functional, distribution of beds, teaching and other facilities in OPD and wards are not available. OPD and wards are not established and not functional.
8. Registration and Medical Record Section is not available.
9. Central casualty service, clinical laboratories, Operation Theatres, ICU, labour room, radiological facilities, pharmacy, CSSD, intercom, kitchen, canteen and incinerator are not available.
10. Equipment in central laundry is inadequate. The central laundry is not functional.
11. Para medical staff is not available.
12. Nursing staff is not available.
13. 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 observed that the applicant has failed to fulfil the mandatory and statutory precondition at Sl. No. 2(5) of the Qualifying Criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999.

In view of the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Calicut, Kerala by Kunhitharuvai Memorial Charitable Trust, Kozhikode u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Kerala requesting to intimate as to how the Essentiality Certificate vide letter dated 23.08.2001 and further renewed on 29.03.2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material has been given, when on inspection it has been found that the hospital is not existing.

9. Establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh- Compliance verification inspection thereof.

Read: The compliance verification inspection report(15th May, 2007) alongwith letter dated 11.5.2007 from the Director, Medicare Education Trust, Warangal for established of new medical college at Warangal, Andhra Pradesh 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 compliance verification inspection report (15th May, 2007) alongwith letters dated 11.5.2007 and 02.06.2007 from the Director, Medicare Eduactional Trust, Warangal and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Une Lalit Ponamchand	Assoc. Prof.	Peadiatrics	In his declaration form, he has claimed that he has worked at Mahatma Gandhi Mission's Medical College, New Aurangabad as Asstt. Prof. from 1.7.94 to 15.7.2000. In its letter Mahatma Gandhi Mission's Medical College, New Aurangabad has stated that he has worked from 1.7.94 to 6.11.94 and 19.06.1975 to 16.07.2000. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) In view of above, the shortage of teaching faculty is 12.72% as under:-
 - i. Associate Professor – 5 (Anatomy-2, Physiology-2, Pathology-1)
 - ii. Assistant Professor – 2 (General Surgery-1, Paediatrics-1))

2. Clinical material is inadequate in terms of bed occupancy, Radiological Investigations is as under:-

	Daily Average		Day of Inspection	
Bed occupancy %	81%		65%	
Radiological Investigation	O.P.	I.P.	O.P.	I.P.
X-ray	79	7	52	4
Ultrasonography	18	5	13	3

Bed occupancy was 65% on the day of inspection. Clinical material is still inadequate in terms of daily average number of deliveries. On the day of inspection, there was no normal delivery but 1 caesarian section was done. The operative workload, Radiological

and Laboratory workload is not commensurate with OPD attendance and bed occupancy. The deficiency of inadequate clinical material is not yet rectified.

3. Accommodation is available for 22 residents against the requirement of 50 at this stage.
4. Accommodation is available for 33 nurses only which is grossly inadequate.
5. Audiometry room does not have any Audiologist.
6. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee and of the Executive Committee of the Council also perused the letter received from Dr. T. Laxmi Rama Devi, Original Trustee & Correspondent, dated 6.04.2007, the operative part of which reads as under:-

“The sale transaction violate section 81 of the Act 30 of 1987. Realizing the illegality, the said persons who are purchasers began describing Diocese Society itself as substitute of M.E.T. when this also was found violative of the provision of Act 30 of 1987, it began claiming that its members are nominees of the permanent trustees of MET. The above said different stands are subject matter of suit in O.S.203 of 2004 on the file of IInd Additional Senior Civil Judge, Warangal.

The MET served a notice on the union of India through its Secretary with a copy marked to MCI through registered post on 28.11.2005. All the facts were intimated. It was requested that the MCI should not recognize the body, which does not own property. Machinery which required for recognition of the college. The present persons in alleged management are imposters and have no right to use the property. This is to further inform and remind that if the MCI proceeds with its process records, it would amount to recognizing imposters which would result a party to the suit in grave prejudice to us and we may be forced to seek permanent injunction against Union of India & MCI and other course quintal relief as or deemed fit.”

In view of above and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh u/s 10A of the I.M.C. Act, 1956.

10. Establishment of a new medical college at Ramnagar, Patiala by Gian Sagar Educational & Charitable Trust u/s 10A of the IMC Act, 1956 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(26th May, 2007) for establishment of a new medical college at Ramnagar, Patiala by Gian Sagar Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (26th May, 2007) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Ramnagar, Patiala by Gian Sagar Educational & Charitable Trust with an annual intake of 100 (one hundred) MBBS students for the academic session 2007-08 u/s 10A of the I.M.C. Act, 1956.

11. Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (3rd & 4th May, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar.

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 (3rd & 4th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100(one hundred) MBBS students at Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar for the academic session 2007-08.

12. Konaseema Instt. of Medical Sciences & Research Foundation Amlapuram - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (4th & 5th May, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Konaseema Institute of Medical Sciences & Research Foundation Amlapuram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (4th & 5th May, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Cherukuri Venkata Purna Kutumba Basava Hanumanta Subramanyeswara Rao	Assoc. Prof.	General Surgery	In his declaration form, he has claimed that he has worked at Mamata Medical College, Khammam from 1.6.1997 to 30.9.1999 as Asstt. Professor. In its letter, Mamata Medical College, Khammam has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.Challa Sreenivasa Rao	Assoc. Prof.	Surgery	In his declaration form, he has claimed that he has worked at PSG Instt. of Medical Sciences & Research, Coimbatore from 7.7.1995 to 29.4.1997 as Asstt. Prof. In its letter PSG Instt. of Medical Sciences & Research, Coimbatore has stated that there is variation of six months in his service period .Thus, he has submitted a false and forged

				experience certificate and therefore cannot be accepted as a teacher.
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The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

In view of above, the shortage of teaching staff required at this stage is as under:-

- (a) The shortage of teaching faculty is 19.25% as under:-
- (i) Assoc. Prof. 14 (Physiology-1, Microbiology-1, Forensic Medicine-1, Community Medicine-1, General Medicine-2, Paediatrics -2, TB & Chest-1, Dermatology-1, Psychiatry-1, Orthopaedics-1, Surgery-2)
 - (iii) Assistant Prof. 10 (Anatomy-1, Community Medicine-1, Psychiatry-1, General Surgery-1, Orthopaedics-1, Anaesthesia-2, Radio-Diagnosis-1)
 - (iv) Tutor 7 (Physiology-1, Pathology-2, Microbiology-1, Community Medicine-2, Pharmacology-1)
- (b) The shortage of Residents is 27.4% as under:-
- (i) Sr. Resident 15 (General Medicine -2, TB & Chest-1, Dermatology-1, Psychiatry-1, General Surgery -1, Ophthalmology-1, Anaesthesia-6, Radio-Diagnosis-2)
 - (ii) Jr. Resident 16 (General Medicine -5, Paed.-4, TB & Chest-1, Dermatology-2, General Surgery-3, Orthopaedic-1)

2. Clinical material is inadequate in terms of OPD attendance and bed occupancy as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	742	550
Bed occupancy %	80%	60%

- The clinical material showed a paradoxical picture with a low outpatients attendance and high bed occupancy on the day of inspection.
- The average OPD attendance for the last 8 months on the 4th of every month, both for old and new cases, worked out to be 742 (Sept.,2006-777, Oct.,765, Nov.,703, Dec.,857, Jan 2007-757, Feb.,708, March-849 and April-785).
- No OPD records are maintained by the doctors in the respective OPDs.
- Most OPDs had 1-2 patients at the time of inspection.
- Detailed questioning of in-patients and examination of case sheets revealed that more than 30% of patients did not merit hospital admission. Thus the bed occupancy is 60%.
- The in-patient admissions in the Obst. & Gynae. wards in January and February 2007 were 197 and 193 respectively. The figures for the months of March and April,2007 were not available.
- The number of admissions and in-patients were not supported by the corresponding entries in the Nominal Register.

- The staff Nurse in the Immunization room had no knowledge of cold chain maintenance. It was not supervised by the unit doctors.
 - The Blood Bank Medical Officer did not know the place of blood storage and could not readily recollect the names of the individuals in the department. Subsequently, the same M.O. was presented as a Junior Resident in the Surgery department.
 - The entries in the x-ray department register did not correspond to the actual number of x-rays taken. The entries on the day of inspection were admitted to be false by the technician and HOD of the Radiology department.
 - Paediatric in-patients were less than 50%. Not in single child in the Paediatric ward was seen receiving IV fluids.
3. In the central library, 9 foreign journals have been subscribed against the requirement of 18 foreign journals at this stage.
 4. At RHTC Razole, no faculty from the department of Community Medicine is posted. No LMO is available.
 5. At UHC, Amalapuram, no Lecturer-cum-Medical Officer having M.D. (PSM) qualification is posted. LMO is not available.
 6. Hostels: The accommodation is available for 296 boys & girls, which is not as per Council norms. However, some rooms are shown as triple seated, where there are 3 cots in each room, but only 2 tables and 2 cupboards per room. The rooms are also small for 3 persons and can accommodate only 2 students. There is no mess in any of the hostels, except the girls' hostel. There is a common kitchen for patients, students, residents, staff and visitors. The hygiene of the kitchen is very poor. There is no fly proofing or refrigerator for storage of food. Most of the hostels are unoccupied.
 7. Accommodation is available only for 34 residents, which is inadequate as required for 113 residents at this stage and is partially furnished.
 8. No units are available in the departments of TB & Chest, Skin & V.D., Psychiatry as the prescribed staff required as per norms is not available in these 3 departments.
 9. There are only 7 major operation theatres against the requirement of 8 at this stage.
 10. The books in the departmental libraries of Pathology, TB & Chest, Skin & VD, Psychiatry, Orthopaedics, ENT, Ophthalmology, Radio-Diagnosis and Anaesthesia are inadequate.
 11. In the Forensic Medicine department, postmortems are presently not conducted in the mortuary. The inspection team has not been shown any arrangements made for teaching of autopsy to students.
 12. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Konaseema Instt. of Medical Sciences & Research Foundation, Amlapuram.

13. **Approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada- Compliance verification inspection thereof.**

Read: The compliance verification inspection report (5th May, 2007) for approval of M.N.R. Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

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 (5th May, 2007 and 14th June,2007) and noted the following:-

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

(a) The shortage of teaching faculty is 65% (i.e. 78 out of 120) as under:-

- (i) Professor -5 (Physiology-1,Medicine-1,Pediatrics-1,Ophthalmology-1, Radiology - 1)
- (ii) Associate Professor - 18 (Anatomy -1, Physiology -1, Pharmacology -1, Pathology -2, Microbiology -1, Community Medicine -1, General Medicine -2, Pediatrics - 1, T. B. Chest - 1, Psychiatry - 1, General Surgery -3, Anesthesia- 2, Radiology - 1)
- (iii) Assistant Professor - 30 (Anatomy -2, Physiology -2, Pharmacology - 3, Pathology - 2, Community Medicine - 3, General Medicine -4, Pediatrics - 1, TB & Chest -1, Psychiatry - 1, General Surgery - 3, Orthopedics -1, Obst. & Gynaec. - 2, Anesthesia - 3, Radio Diagnosis -2)
- (iv) Tutor -25 (Anatomy -4, Physiology -4, Pharmacology -4, Pathology -6, Microbiology -1, Forensic Medicine -2, Community Medicine -4)

(b) The shortage of Residents is 89.29% (i. e. 75 out of 84)

[c] The following teachers have been found to be working at more than one medical college simultaneously:-

1. Dr. B. Bhaskar Rao, Associate Professor

Name of the college	Date of Joining	Date of Inspection
1. Bhaskar Medical College, HyderabadNellore	20.03.2006	17.04.2007
2.MNR Medical College, Sangareddy	02.02.2007	05.05.2007

2.. Dr. G. Shardha, Asstt. Professor

Name of the college	Date of Joining	Date of Inspection
1. Sree Manakula Medical College, Pondicherry	18.12.2006	20.04.2007
2.MNR Medical College, Sangareddy	01.04.2006	02.03.2007

(d) The Dean was not available in the College till 1 p.m.

2 Available clinical material is grossly inadequate as under:-

	Day of Inspection
O.P.D. attendance	150
Casualty attendance	2
Bed occupancy%	36
<u>Operative work</u>	
Number of major surgical operations	3
Number of minor surgical operations	1
Number of normal deliveries	-
Number of caesarian Sections	1
<u>Radiological Investigations</u>	
X-ray	19

Ultrasonography	-
Special Investigations	1
C.T. Scan	-
<u>Laboratory Investigations</u>	
Biochemistry	116
Microbiology	-
Serology	32
Parasitology	2
Haematology	102
Histopathology	1
Cytopathology	1
Others	-

Remarks:

- The clinical material was grossly inadequate on the day of the inspection, as is reflected in the OPD attendance of 150, bed occupancy of 36%, low Radiological and Laboratory workload.
- There were no case sheets for most of the patients admitted in the wards. Some case sheets which were available had no OPD numbers and OPD slips. There were no OT notes in the case sheets of the operated cases.
- None of the patients were seen to be wearing hospital clothes.

3. *Bed Occupancy on the day of Inspection:*

No	Dept	Beds	Occupancy
1	Medicine	72	42
2	Pediatrics	60	6
3	T. B. Chest	12	0
4	Dermatology	10	0
5	Psychiatry	10	0
6	Surgery	95	50
7	Orthopedics	60	18
8	ENT	16	2
9	Ophthalmology	16	6
10	Obst. Gynaec.	53	23
	TOTAL	404	147

Overall Bed Occupancy is 36.38% (147 out of 404) on the day of the inspection.

4. Distribution of beds is inadequate as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities			
General Medicine	120	72	48
Paediatrics	60	60	-
TB & Chest	20	12	8
Skin & VD	10	10	-
Psychiatry	10	10	-
Total	220	164	56
Surgery & Allied Specialities			
General Surgery	120	95	25
Orthopaedics	60	60	-
Ophthalmology	20	16	4
ENT	20	16	4
Total	220	187	33
Obstetrics & Gynaecology			
Obstetrics & ANC	36		
Gynaecology	24		
Total	60	53	7
Grand Total	500	404	96

- The number and distribution of beds is not as per MCI norms.

- There was no clear cut demarcation of units in various specialties.
- Psychiatry and Dermatology patients were kept in the same ward.
- Orthopedics, ENT and Ophthalmology patients were kept in the same ward.
- About 20 patients of Orthopedics were kept in the male Surgery ward.
- TB Chest ward was locked.
- Minor OT was locked.
- Labour Room was not in use and there were no lights.
- No record of deliveries was available.
- No normal delivery has been conducted since last 3 days.
- There were a total of only 147 patients in the entire hospital giving a bed occupancy of 36 %.
- There were 2 patients in the casualty on the day of the inspection.
- There were total 150 patients in the OPDs while some OPDs had no patients.

5. 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 reiterate the earlier decision of the General Body of the Council taken at its meeting held on 10th March, 2007 recommending not to approve MNR Medical College, Sangareddy for the award of MBBS degree granted by N.T.R. Medical University, Vijayawada and further decided to recommend to the Central Govt. to direct the institution authorities not to admit any further batch of students for the academic session 2007-2008.

14. Shri Guru Ram Rai Institute of Medical Sciences, Dehradun - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (8th & 9th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Shri Guru Ram Rai Institute of Medical Sciences, Dehradun .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (8th & 9th May, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Narayan Singh	Professor & Head	Biochemistry	In his declaration form, he has claimed that he has worked at PSG Instt. of Medical Sciences & Research, Coimbatore from 7.4.1989 to 9.5.1994 as Asstt. Professor. In its letter PSG Instt has stated that he has worked as Asstt. Professor only from 7.4.89 to 24.2.90. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.Awanind	Professor	Radio-	In his declaration form, he has

	ra Kumar		Diagnosis	claimed that he has worked at A.N.Magadh Medical College, Gaya from 24.7.1982 to 18.8.1992 as Asstt. Prof. and Patliputra Medical College, Dhanbad from 19.8.1992 to 20.6.2003 as Assoc. Professor. In its letter A.N. Magadh Medical College, Gaya has stated that he has worked as Asstt. Professor only from 24.7.82 to 4.2.84 & 19.8.92 to 13.6.93 and Patliputra Medical College, Dhanbad has stated that he has worked as Assoc. Prof. from 28.6.200 to 20.6.2003. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
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The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) The shortage of Residents is 10.52% as under:-
(i) Sr. Resident – 4 (Paediatrics-1, Anaesthesia-1, Radio-Diagnosis-2)
(ii) Jr. Resident – 2 (Medicine-2)

2. Clinical material is inadequate as under:

	Daily Average		Day of Inspection	
Bed occupancy %	81		65%	
Operative work				
No. of normal deliveries	1		-	
Number of caesarian sections	-		1	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	30	9	26	8
Ultrasonography	14	3	16	2
Special Investigations	1	-	-	-
C.T. Scan	4.	-	-	5
<u>Laboratory Investigations</u>				
Biochemistry	100	39	56	24
Microbiology	6	3	6	3
Serology	4	2	4	1
Parasitology	4	2	3	2
Haematology	87	32	54	26
Histopathology	-	1	-	1
Cytopathology	2	0	1	-
Others (Pathology)	18	10	4	8

No of major and minor surgeries are only 6 and 4 respectively which is inadequate.
No of deliveries cesarean and normal are inadequate e.g. Jan. 2007 – 19, Feb. 2007-13, March, 2007-11, April,2007-26, on the day of inspection 01.
Blood usage in the hospital is also low e.g. in April, 2007-106 units and is not commensurate with the number of operations claimed to have been performed by the hospital.
Bed occupancy is 65%.

3. NICU & PICU are in the same room with a fiber sheet partition. Both ICUs do not have central Oxygen supply and suction.
4. In CSSD, Glove Inspection machine, Ultrasound instrument cleaning machine, Bowl Sterilizer & ETO are not available. The space is not adequate. Sterilization facilities are not available in the operation theatre.
5. Some of the wards are not provided separate procedure or examination room. Nursing stations are housed in one common room between two wards which is not conducive for good nursing care.
6. In the Pharmacology department, the capacity of demonstration room is 50, which is inadequate as per Regulations.
7. In Forensic Medicine department, museum is not having any mounted or unmounted specimens. Catalogues are not available. Inspection team has not been shown any evidence as to how they have made arrangements to teach autopsy work to the students.
8. In the Community Medicine department museum, catalogues are not available.
9. Books in the departmental libraries of General Medicine, TB & Chest, Psychiatry, Paediatrics, ENT, Ophthalmology, Radio-Diagnosis & Obst. & Gynae. are not adequate.
10. No animal except large animals are available in the Animal House. Veterinary Officer is only part-time.
11. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Shri Guru Ram Rai Institute of Medical Sciences, Dehradun.

15. National Institute of Medical Sciences, Jaipur - Renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008.

Read: The Council Inspectors report (11th & 12th May, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at National Institute of Medical Sciences, Jaipur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors reports 11th & 12th May, 2007 and 13.06.2007 and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 64.5% (i.e. 78 out of 121) as under:-
 - (i) Professor -9 (Pharmacology -1, Pathology -1, Microbiology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -1, Surgery -1, Orthopedics -1, Radiology -1)
 - (ii) Associate Professor - 22 (Anatomy -2, Physiology -2, Biochemistry -1, Pharmacology -1, Pathology -3, Microbiology -1, Forensic Medicine -1, Community Medicine -1, General Medicine -3, General Surgery -3, Orthopedics -1, Obst. & Gynae. -1, Anaesthesia- 1, Radiology -1).
 - (iii) Assistant (Physiology -2, Biochemistry- 1, Pharmacology - 2,

- Professor - 24 Pathology – 3, Forensic Medicine -1, Community Medicine – 3, General Medicine –1, TB & Chest –1, Dermatology –1, General Surgery – 2, Orthopaedics –1, Obst. & Gynaec. – 1, Anaesthesia – 2, Radio Diagnosis –2, Dentistry –1).
- (iv) Tutor –23 (Anatomy –4, Physiology –1, Biochemistry –1, Pharmacology –4, Pathology –6, Microbiology –1, Forensic Medicine –2, Community Medicine –3, & Dentistry –1).
- (b) The shortage of Residents is 97.6% (i. e. 83 out of 85)
Only 2 Sr. Residents (one each in Pediatrics and Obstetrics & Gynecology) were present.

2. The clinical material is grossly inadequate as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	375		105	
Casualty attendance	15		2	
Bed occupancy%	65%		18.44%	
<u>Operative work</u>				
Number of major surgical operations	5		3	
Number of minor surgical operations	10		-	
Number of normal deliveries	1		-	
Number of caesarian Sections	0-1		-	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	26	29	5	6
Ultrasonography	14	12	4	1
Special Investigations	6	4	-	-
C.T. Scan	1	1	-	-
<u>Laboratory Investigations</u>	O.P.	I.P.	O.P.	I.P.
Biochemistry	80	24	11	04
Microbiology	27	7	12	09
Serology	19	11	02	01
Parasitology	2	3	-	-
Haematology	121	21	18	10
Histopathology	8	1	-	-
Cytopathology	10	1	-	-
Others	-	-	-	-

Remarks:

- The clinical material was grossly inadequate on the day of the inspection, as is reflected in the OPD attendance of 105, bed occupancy of 18.44% and low Radiological and Laboratory workload.
- Only 5 faculty & 2 Residents were present in the OPD, Casualty, Intensive Care Areas and the Wards on the day of the inspection between 10.30 a.m. and 12 noon. There were 5 patients in the medical ICU and 2 patients in NICU but there were no Faculty, Residents or Nursing Staff. There was no doctor or nurse in the post operative ward, Blood Bank and Labour Room.
- There were no patients in Obstetrics ward.
- Not more than 15 Nurses were present in the entire hospital.
- There were no case sheets for most of the patients admitted in the wards. Some case sheets which were available had no OPD numbers and OPD slips. The case sheets were made on the spot and some of them are enclosed as a ready reference. There were no OT notes in the case sheets of the operated cases.
- None of the patients were seen to be wearing hospital clothes.
- Female Ortho ward had medicine patients, two Ophthalmology patients and some children were also found to be lying on the beds.
- The Nurses Treatment Registers did not show any evidence of drug treatment.
- Most of the In-Patients did not warrant admission.

3. *Bed Occupancy on the day of Inspection:*

No	Dept	Beds	Occupancy	% Occupancy
	<i>Medicine</i>	<i>102</i>	<i>29</i>	<i>30</i>
	<i>Pediatrics</i>	<i>60</i>	<i>5</i>	<i>8.3</i>
	<i>T. B. Chest</i>	<i>15</i>	<i>3</i>	<i>20</i>
	<i>Dermatology</i>	<i>9</i>	<i>-</i>	<i>-</i>
	<i>Psychiatry</i>	<i>9</i>	<i>-</i>	<i>-</i>
	<i>Surgery</i>	<i>100</i>	<i>25</i>	<i>25</i>
	<i>Orthopedics</i>	<i>60</i>	<i>9</i>	<i>15</i>
	<i>ENT</i>	<i>18</i>	<i>-</i>	<i>-</i>
	<i>Ophthalmology</i>	<i>18</i>	<i>-</i>	<i>-</i>
	<i>Obst. Gynaec.</i>	<i>59</i>	<i>12</i>	<i>20</i>
	TOTAL	450	83	18.44

Overall Bed Occupancy is 18.44% on the day of the inspection.

4. There was no clear cut demarcation of units in various specialties.
5. There were no patients in the casualty on the day of the inspection.
6. There were 2-3 patients in some OPDs while some OPDs had no patients.
7. At RHTC, Ani the visits by the faculty are not done and there is no role of other departments. Hostel facilities are not developed.
8. The existing facility available in the OPD registration area with 2 clerks and one computer does not corroborate with the number of out patients census that is being projected by the institution.
9. The turn over and the number of people working in the CSSD does not correspond with the number of major and minor surgeries that are being projected.
10. Histopathological investigations that are being done daily does not reflect upon the turn over of surgical load.
11. Number of x-ray machines and the single Ultrasonogram that are available in the hospital do not reflect upon the turn over of the radiological investigations that are being projected.
12. There is a consistent discrepancy between the parturition register and the delivery intimation register maintained by the MRD.
13. No ultrasound is provided to Obst. & Gynae. department. There is no teaching area in the OPD of Obst. & Gynae. department.
14. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at National Instt. of Medical Sciences, Jaipur.

16. M.E.S. Medical College, Malapurama - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (15th & 16th May, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at M.E.S. Medical College, Malapurama.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100(one hundred) MBBS students at M.E.S. Medical College, Malapurama for the academic session 2007-08.

17. Sree Mookambika Institute of Medical Sciences, Kulasekharam - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (16th & 17th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Sree Mookambika Institute of Medical Sciences, Kulasekharam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (16th & 17th May, 2007 and 7th June, 2007) alongwith the additional information submitted by the college authorities vide letter dated 9th June, 2007 and noted the following :-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. Sherin Stephen	Asstt. Prof.	Biochemistry	In his declaration form, he has claimed that he has worked at Academy of Medical Sciences (Govt.) Pariyaram as Asstt. Professor from 11.7.2000 to 4.1.2006. In its letter Academy of Medical Sciences (Govt.) Pariyaram has stated that he has worked from 12.12.01 to 4.1.06 as Asstt. Professor. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) In view of above, the shortage of teaching faculty is 52.63% as under:-

- | | | |
|------|---------------------|---|
| i) | Professor | 4 (Bio- chemistry-1, Pathology-1, Forensic-Medicine-1, Community Medicine-1) |
| ii) | Associate Professor | 7 (Physiology-1, Pathology-2, Microbiology-1, Pharmacology-1,Forensic Medicine-1,Paediatrics-1) |
| iii) | Assistant Professor | 15 (Anatomy – 2, Physiology-1, Lecturer in Biophysics-1, Pathology-2, Microbiology-1, Pharmacology-1, Pharmachemist-1, Community |

- Medicine-1, TB & Chest – 1, Paediatrics-1,
Radiodiagnosis-2, Anaesthesia-1)
- iv) Assistant Professor 24 (Anatomy – 2, Physiology – 3, Biochemistry-2,
Pharmacology – 3, Pathology – 6, Microbiology –
2, Forensic Medicine – 2, Community Medicine-1,
Radiology – 2, Anaesthesia – 1)
- (c) The shortage of residents is 67.85% as under:-
- i) Sr. Resident 4(Medicine-2, Paediatrics-1, Surgery-1))
- ii) Jr. Resident 34 (Medicine - 8, TB & Chest -1, Skin & VD -1,
Psychiatry-1, Paediatrics-4, Surgery-8, Orthopaedics-3,
ENT-2, Ophthalmology-2, Obst. & Gyn. - 4)
2. Available clinical material is as under:-
- a) OPD- Attendance on the day of inspection is 300.
- b) Casualty- In casualty at 6 pm 5 patients were present. Out of this 5 patients, 2 patients were admitted for observation. 30 patients attended casualty and were discharge after giving treatment.
- c) Major Operations: No operation on the day of inspection. Operation register shows no entry after 17.5.2007.
- d) Minor Operations: No minor operation on the day of inspection. Operation theater shows entry upto 25.5.2007.
- e) Delivery: No delivery on the day of inspection. Delivery register shown no entry after 17.5.2007.
- f) Caesarian: No caesarian on the day of inspection.
- g) Radiology: 77 X-rays were taken in OPD and 22 in IP. No register for sonography and special investigations.
- h) Clinical Laboratory:
- (i) Biochemistry: 185 OPD investigations and 77 IP investigation.
- (ii) Microbiology: 34 OPD investigation and 4 IP investigation.
- (iii) Hematology: 187 OPD investigation and 81 IP investigation.
- (iv) Histopathology: Nil and no register
- (v) Cytopathology: 8 investigation
- i) Bed Occupancy: On 6.6.2007 bed occupancy was 52%. On the day of inspection, it was 79%. Most of the patients were admitted on the day of inspection. These patients are of little or no clinical significance.
3. The number of residential quarters available within the campus for faculty is 16 against the requirement of 20 at this stage.
4. Only 5 O.Ts. are available against the requirement of 6 at this stage as per Regulations.
5. Clinical Pharmacology laboratory has capacity of 25 seats which is inadequate.
6. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Sree Mookambika Institute of Medical Sciences, Kulasekharam.

18. Sree Gokulam Medical College & Research Foundation, Trivandrum Renewal of permission for admission of 3rd batch of 50 MBBS students for the academic session 2007-2008.

Read: The Council Inspectors report (18th & 19th May, 2007) for renewal of permission for admission of 3rd batch of 50 MBBS students for the academic session 2007-2008 at Sree Gokulam Medical College & Research Foundation, Trivandrum.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) alongwith the additional information submitted by the college authorities vide letters dated 22nd May,2007, 9th June, 2007, 11th June,2007 and Central Govt. letter dated 15/21.05.2007 stating *"As per the MCI Regulations, 1999 increase of seats can be considered only after recognition of MBBS degree. Therefore, MCI is requested to bring this fact to the notice of Hon'ble High Court of Kerala so that High Court order dated 4th May,2007 could be withdrawn by requesting Hon'ble Court"* and noted the following:-

1. (a) The following faculty are not accepted due to the reasons given below:-

Sl.No.	Name of Teacher	Designation	Remarks
1.	Dr. P.K. Jayarus	Prof. of Medicine	In his declaration forms, he has claimed that he has teaching experience from 20 th August, 2003 to 30 th April, 2007 i.e. for a period of 3 years 8 months only. Hence, he is not eligible for the post of Prof. of Medicine as 4 years teaching experience required as per Regulations.
2.	Dr. Ashok Gopinath	Asstt.Prof. (General Surgery)	In his declaration forms, he has stated the experience as Resident from 5.12.1987 to 12.12.1989 i.e. for a period of 2 years 2 months which is inadequate against the requirement of 3 years experience as per Regulations. Hence, not eligible.
3.	Dr. K.N. Raman Nair	Asstt.Prof. (Forensic Medicine)	In his declaration forms, he has stated that he possessed teaching experience as Tutor from 7.8.1979 to 3.6.1981 i.e. for a period of one year 10 months only which is inadequate against the requirement of 3 years under the Regulations. Hence, not eligible.
4.	Dr. P. Maya	Asstt.Prof. (Paediatrics)	In her declaration forms, she has stated that she has experience of Tutor at Co-operative Medical College, Kochi from 29 th March, 2001 to 23 rd August, 2001. However, the certificate issued by the Principal, Co-operative Medical College, Kochi states that she has worked as a Tutor in Microbiology department which cannot be accepted as an experience for a teaching post in Paediatrics. Hence, she possesses the experience of only 2 years and 9 months in the department of Paediatrics which is inadequate against the requirement of experience of 3 years under the Regulations. Hence, not eligible.
5.	Dr. N.K. Rajendran	Asstt.Prof. (Paediatrics)	In his declaration forms, he has stated that he possessed teaching experience as Sr.Resident from 1.6.1988 to 1.6.1990 i.e. for a period of two years only which is inadequate against the requirement of 3 years under the Regulations. He has also stated the experience at Benzigar Hospital Kollam, Kerala from 27.4.1983 to 24.10.1984 which is not adequate. Hence, not eligible.
6.	Dr. Girija V.	Asstt.Prof. (Pathology)	In her declaration forms, she has stated that she has experience of Tutor from 8.10.1984 to 8.10.1986. i.e. for a period of two years only which is inadequate against the requirement of 3 years under the Regulations. Hence, not

			eligible.
7.	Dr. Lekshmi R. Nair	Asstt.Prof. (Paediatrics)	In her declaration forms, she has stated that she has experience of Tutor from 28.7.1997 to 27.1.2000 i.e. for a period of 2 years 6 months only which is inadequate against the requirement of 3 years under the Regulations. Hence, not eligible.
8.	Dr. Manju Mahendran	Sr. Resident (Paediatric)	In her declaration forms, she has stated that she has experience of Sr. Resident for a period of 7 months only which is inadequate against the requirement. Hence, not eligible.
9.	Dr. Roseline K. Madathil	Sr.Resident (Paediatrics)	In her declaration forms, she has stated that she has experience of Resident from 14.1.2004 to 5.3.2006 i.e. for a period of 2 years 1 month only which is inadequate against the requirement. Hence, not eligible.
10.	Dr.N. Santosh Kumar	Asstt.Prof. (Anatomy)	In his declaration forms, he has stated that he possessed only 1 year and 10 months experience as Tutor at Madras Medical College, Chennai. Hence he is not eligible to be appointed as Asstt.Prof.

(b) In view of above, the shortage of teaching faculty is approximately 10% (8 out of 82) for intake of 50 students at this stage as under:

- (i) Assoc.Profs.-4 (Pharmacology-1, Community Medicine-1, Radiology-1, Dental-1)
- (ii) Asstt.Profs.-4 (Epidem.-cum-Lecturer-1, Medical Officer cum Lecturer at RHTC-1, Medical Officer cum Lecturer at UHC-1, Paediatrics-1)

(c) The shortage of Residents is more than 5% as under (shortage of 4 out of 71)

- (i) Sr. Residents-4 (TB & Chest-1, Psychiatry-1, Anaesthesia-1, Paediatrics-1)

2. Burns & Obstetric ICU are not available.

3. At UHC, no lecturer cum medical officer having MD (PSM) is available. Seminar room is not available at UHC. Boys hostel is not having cooking facilities.

4. The mortuary has got no exhaust. It is not fly proof. There is no gallery.

5. Books in the departmental libraries of TB & Chest, Skin & VD, ENT, Ophthalmology, and Psychiatry are not adequate.

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

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Sree Gokulam Medical College & Research Foundation, Trivandrum.

19. Pondicherry Institute of Medical Sciences, Pondicherry – Renewal of permission for admission of 6th batch of students for the academic session 2007-08 – Compliance verification inspection and approval of the college for the award of MBBS degree granted by the Pondicherry University, Pondicherry

Read: The Compliance verification inspection report (8th May, 2007) alongwith inspection report (4th – 5th June, 2007) for approval of the college for the award of MBBS degree granted by the Pondicherry University, Pondicherry.

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 May, 2007) alongwith the inspection report(4th & 5th June, 2007) and decided to recommend that Pondicherry Institute of Medical Sciences, Pondicherry be approved for the award of MBBS degree granted by the Pondicherry University, Pondicherry with an annual intake of 100 students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100(one hundred) MBBS students at Pondicherry Institute of Medical Sciences, Pondicherry for the academic session 2007-2008.

Office Note.

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.(Brig.)Zile Singh	Professor	Community Medicine	In his declaration form, he has claimed that he has worked at Naval Hospital INS, Bombay from 5.7.94 to 10.4.98. In its letter Naval Hospital INS, Bombay has stated that he has worked from July,97 to April, 98. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

20. Meenakshi Medical College & Research Institute, Enathur - Renewal of permission for admission of 5th batch of students for the academic session 2007-08- Compliance verification inspection thereof.

Read: The Compliance verification inspection report (10th May, 2007) for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at Meenakshi 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 (10th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Meenakshi Medical College & Research Institute, Enathur for the academic session 2007-08.

21. Santhiram Medical College, Nandyal – Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report (11th May, 2007) for renewal of permission for admission of 3rd batch of students for the academic session 2007-2008 at Santhiram Medical College, Nandyal.

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 May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 100(one hundred) MBBS students at Santhiram Medical College, Nandyal for the academic session 2007-08.

Office Note.

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. G.M. Krishna Rao	Professor	Forensic Medicine	In his declaration form, he has claimed that he has worked at Sri Devraj Urs Medical College, Kolar as Asst. Professor from August,90 to July,1992. In its letter Sri Devraj Urs Medical College, Kolar has stated that he has worked but the variation in period of service. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

22. Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla - Renewal of permission for admission of 6th batch of MBBS students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(18th May, 2007) alongwith the additional information report (9th June, 2007) for renewal of permission for admission of 6th batch of students for the academic session 2007-2008 at Pushpagiri Institute 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 compliance verification inspection reports (18th May, 2007) alongwith the additional information verification inspection report(9th June, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100(one hundred) MBBS students at Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla for the academic session 2007-08.

23. Amala Instt. of Medical Sciences, Amalanagar - Renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008- Compliance verification inspection thereof.

Read: The Compliance verification inspection report(19th May, 2007) for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at Amala Institute of Medical Sciences, Amalanagar.

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 (19th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Amala Institute of Medical Sciences, Amalanagar for the academic session 2007-08.

24. Rohilkhand Medical College & Hospital, Pilibhit, Bareilly – Renewal of permission for admission of 2nd batch of students for the academic session 2007-08 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(22nd May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Rohilkhand Medical College & Hospital, Pilibhit, Bareilly.

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 (22nd May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 100(one hundred) MBBS students at Rohilkhand Medical College & Hospital, Pilibhit Road, Bareilly for the academic session 2007-08.

Office Note:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Jitendra Kumar	Assoc. Prof.	Physiology	In his declaration form, he has claimed that he has worked at Ruxmaniben Deepchand Gardi Medical College, Ujjain as Asst. Professor from 1.9.95 to 30.12.98 and at Era Medical College Lucknow as Assoc. Prof from 19.10.2000 to 28.2.2005. In its letter Era Medical College, Lucknow has stated that he has worked from 1.10.2001 to 20.6.2004 as Assoc. Prof. and 12.12.2005 to 31.1.2006 as Professor. The Dean of R.D. Gardi vide his letter dated 23.03.2007 has stated that he has never worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary

action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

25. G.S.L. Medical College & Hospital, Rajahmundry - Renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008.

Read: The additional verification inspection report(12th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at G.S.L. Medical College & Hospital, Rajahmundry.

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 reports (4th & 5th April, 2007 and 12th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 150(one hundred fifty) MBBS students at G.S.L. Medical College & Hospital, Rajahmundry for the academic session 2007-08.

26. Govt. Medical College, Latur - Renewal of permission for admission of 5th batch of students for the academic session 2007-2008.

Read: The inspection report (23rd & 24th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Govt. Medical College, Latur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (23rd & 24th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Govt. Medical College, Latur for the academic session 2007-08.

27. Muzaffarnagar Medical College, Muzaffarnagar - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The inspection report (22nd & 23rd May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Muzaffarnagar Medical College, Muzaffarnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd May, 2007) and noted as under:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Aparajita Chaudhry	Asstt.Prof.	MD(Physiology)	In her declaration form she has stated that she has acquired MD(Physiology) degree from S.N. Medical College, Agra in 2002. However, the Principal, S.N. Medical College, Agra has

				stated that there was no student named Aparajita Chaudhry and has acquired MD(Physiology) degree in S.N. Medical College, Agra in the year 2002.
2.	Dr.Ashok K.R.Singh	Professor	Physiology	In his declaration form, he has claimed that he has worked at Al-Ameen Medical College, Bijapur from 1987 to 1992 as Asstt. Professor. In its letter, Al-Ameen Medical College, Bijapur has stated that he has worked from 17.7.87 to 14.2.89 in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
3.	Dr.Devendra Kumar	Assoc.Prof.	Anatomy	In his declaration form, he has claimed that he has worked at Subharati Medical College, Meerut from 11.1.2001 to 8.11.2006 as Assoc. Professor. In its letter, Subharati Medical College, Meerut has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
4.	Dr.Aditya Kaushik	Assoc. Prof.	Pharmacology	In his declaration form, he has claimed that he has worked at Subharati Medical College, Meerut from as Assoc. Professor from 5.3.2001 to 31.12.2002. In its letter, Subharati Medical College, Meerut has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
5.	Dr.Pradeep Jain	Assoc. prof.	Medicine	In his declaration form, he has claimed that he has worked at Subharati Medical College, Meerut from 16.4.2001 to 31.5.2006 as Asstt. Professor. In its letter, Subharati Medical College, Meerut has stated that he has worked from 1.5.2000 to 30.10.2004 in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that

appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(b) In view of above, the shortage of teaching staff is 7.30 % (i.e. 7 out of 97) as under:-

Professor	-	1 (Biochemistry-1)
Assoc. Prof.	-	5 (For.Med.-1, Anatomy-1, Physio-1,Pharma-1, Medicine-1)
Asstt. Prof.	-	1 (Physiology)
Tutor	-	Nil.

2. Clinical material is inadequate in terms of number of deliveries as under:-

	Daily Average	Day of Inspection
Number of normal deliveries	0.5	1
Number of caesarian Sections	0.17	Nil

3. There are only 5 operation theatres available against the requirement of 6 at this stage.

4. There are two lecture theatres in which 1 is 'plain' and 1 'gallery' type against the requirement of 2 lecture theatres of gallery type.

5. Examination hall have a capacity of 200 seats which is inadequate against the requirement of 250.

6. There is only one Resident hostel with the capacity of 48 Residents against the requirement of 75 at this stage.

7. Registration counter in OPD is not computerised.

8. The departmental library in the department of Microbiology has only 35 books against the requirement of 85 at this stage.

9. Forensic Medicine department museum has Nil mounted and Nil unmounted specimens.

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

In view of above and Govt. of India letter dated 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar v/s UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 2nd batch of students for the academic session 2007-2008 at Muzaffarnagar Medical College, Muzaffarnagar.

28. Increase of seats in Ist MBBS course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur.

Read: The Council Inspectors report (8th & 9th May, 2007) for increase of seats in Ist MBBS course from 100 to 150 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 Council Inspectors report (8th & 9th May, 2007) and noted the following:-

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

(a) Shortage of faculty is more than 5% is as under:-

(i) Associate Prof. – 3 (Physiology –1, Pathology –1, Pharmacology –1)

- (ii) Asst. Prof. – 6 (Anatomy – 1, Microbiology –1, Community Medicine –1, TB & Chest –1 & ENT –1)

(B) Shortage of Residents is more than 5% is as under:-

- (i) Sr. Resident –5 (General Surgery –1, Paediatrics – 2, Anaesthesia–2)

2. Clinical Material is inadequate in terms of bed occupancy, Microbiology, Serology & Parasitology investigations are as under:-

	Daily Average	Day of Inspection
Bed occupancy%	65-75%	60%
Laboratory Investigations Microbiology, Serology & Parasitology	105-120	121

Microbiology, Serology & Parasitology investigations are all maintained in a single register, hence individual data are not available.

3. The teaching beds are deficient by 46 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities			
General Medicine	132/4	120/4	12
Paediatrics	66/2	60/2	6
TB & Chest	22/1	20/1	2
Skin & VD	11/1	10/1	1
Psychiatry	11/1	10/1	1
Total			22
Surgery & Allied Specialities			
General Surgery	132/4	120/4	12
Orthopaedics	66/2	60/2	6
Total			18
Obstetrics & Gynaecology			
Obstetrics & ANC	40	36	6
Gynaecology	26	24	-
Total			6
Grand Total	566	520/19	46

4. Examination Hall is spread in 3 rooms at 3 different levels, and, with the available furniture can accommodate a total 160 students only against the requirement of 250 students.
5. Lecture theatres in the hospital is of “Flat” variety which is not as per Regulations. It is unfurnished.
6. RHTC – Hingana is under the control of Govt. of Maharashtra and it is not under the control of the Dean of the Medical College, which is not as per Regulations.
7. Hostels: - In the newly constructed boys and girls hostels, no mess facility is available. There is no common room facility or Indoor games available in the hostels.
8. No mess facility is available in the Residents & Interns hostels. Nurses hostel has a dining hall but no kitchen is available.
9. Residential quarters - Only 8 two bed rooms flats and 16 single bed room flats are available for teaching staff against the requirement of 59 quarters at this stage.
10. Adequate space in the OPD is not available for the Departments of TB & Chest, Psychiatry & Skin & VD. Class room is not available in the departments of TB & Chest, Skin & Psychiatry OPD
11. Medical Record Officer is not available in the MRD.
12. Equipment in Radio-diagnosis Department is inadequate.
13. In the Anatomy Department only 100 students lockers are provided against the requirement of 150.

14. No mortuary is available and no postmortem is done by the Forensic Medicine Department. The inspection team has not been shown what arrangement has been made for teaching of autopsy to the students.
15. The number of books in the Departmental libraries of Skin & VD & Orthopaedics are inadequate.
16. Other deficiencies/remarks are in the main report.

In view of the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme submitted in the year 2006 for increase of seats in Ist MBBS course from 100 to 150 at N.K.P. Salve Institute of Medical Sciences & Lata Mangeshkar Hospital, Nagpur u/s 10A of the I.M.C. Act, 1956.

29. Increase of seats in Ist MBBS course from 107 to 150 at M.K.C.G. Medical College, Berhampur, Orissa.

Read: The Council Inspectors report (18th & 19th May, 2007) for increase of seats in Ist MBBS course from 107 to 150 at M.K.C.G. Medical College, Berhampur, Orissa.

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, 2007) and noted the following:-

1. Dr. Suroraj Patnaik, Dean of the college possesses the combined teaching experience as Associate Professor & Professor of 9 years & 3 months, which is inadequate as the combined teaching experience of 10 years as Associate Professor & Professor is prescribed under the Regulations and hence not eligible.
2. Dr. Bala Krishna Bastia, shown the Medical Superintendent is holding the additional charge since 2006. He is also not qualified to hold the post as he has only 6 years administrative experience against the requirement of 10 years as per Regulations and hence not eligible.
3. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 9.6% as under:-
 - (i) Professor 1 (General Surgery -1)
 - (ii) Assoc. Prof. 15 (Anatomy -3, Physiology -2, Pharmacology -1, Pathology -1, Microbiology -1, Paediatrics -2, TB & Chest -1, General Surgery -2, Ophthalmology -1, Radio-diagnosis -1)
 - (iii) Asst. Prof. 2 (Anatomy -1 & Bio-Physics -1)
 - (b) The shortage of Residents is 15.7% as under :-
 - (i) Sr. Resident 18 General Medicine - 6, Paediatrics - 2, ENT -1, Anaesthesia - 6, Radio-diagnosis -2 & Dentistry - 1)
4. Clinical Material is inadequate in terms of Microbiology, Histopathology & Cytopathology investigations are as under:-

	Daily Average	Day of Inspection
Laboratory Investigations		
Microbiology	10	6
Histopathology	19	11
Cytopathology	09	09

5. In the Central Library, 62 foreign journals are subscribed against the requirement of 70.
6. Health Centre:- 3 PHCs were under the control of the Principal/Dean till 1999 but thereafter the control has been withdrawn and the students are now posted at various BPHCS, CHCs, UGPHCs etc. without any supervision of the Department of Community Medicine.

The RHTC – Digapahandi is utilized for training to nurses, medical officers and pharmacists. No Lecturer-Cum-Medical Officer having MD(PSM) is staying over there.
7. No Lecturer-Cum-Medical Officer having MD (PSM) is posted at U.H.C. Duty Rosters and records of various activities and investigations are not maintained at UHC. The Signboard and display boards of various rooms also need to be realigned.
8. In the OPD, there is no separate registration counter for male and female patients. No OPD Regn. No. is given to the patient at this counter and nor is any register maintained to keep the records of these patients. Each OPD individually maintains the OPD records of their own speciality. The Audiometry room is Air-conditioned but not sound proof.
9. The indoor registration counters and Medical Records Departments are not computerized and not cross linked with outdoor registration numbers.
10. Only 10 beds are available against the requirement of 20 in central casualty. No central oxygen, central suction is available in casualty. Only two suction machines, one defibrillator, 2 pulse oximeter, ambu bag, disaster trolley and 2 crash cots etc. are available, which are inadequate. Emergency equipment is grossly inadequate.
11. Operation Theatre is available. There are 14 operation theatres having total 16 tables, which is not as per norms.
12. Medical & Surgical ICU are not separate. Burns ICU is not available.
13. Equipment in the Radiology Department is not adequate, in terms of mobile units.
14. In the CSSD: Receiving and distribution points are not separate. It needs to be streamlined.
15. Central Laundry: There is no laundry, except for small washing room. The contract for the washing has been given on out-sourcing basis.
16. The capacity of demonstration room in the Departments of Anatomy, Physiology, Pharmacology & Pathology is 50 each against the requirement of 75. The capacity of demonstration room of Biochemistry is 60, which is not as per MCI norms.
17. In the Pathology Department, the museum is overcrowded and need to be expanded. The Blood Bank is not under Pathology Department, which is not as per norms.
18. The capacity of demonstration room in the Departments of Microbiology is 30, which is not as per norms.
19. The number of books in the Departmental libraries of Skin & VD, Psychiatry, Orthopaedics, ENT and Anaesthesia is inadequate.
20. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dated 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar v/s UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to issue Letter of Permission for increase of seats in Ist MBBS course from 107 to 150 at M.K.C.G. Medical College, Berhampur, Orissa.

30. Govt. Medical College, Kota -Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008.

Read: The Council Inspectors report (2nd & 3rd May, 2007) for renewal of permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at Govt. Medical College, Kota.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (2nd & 3rd May, 2007) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:
 - (a) Shortage of teaching faculty is 18.32% as under:-

Professors-2	(Forensic Medicine-1, Psychiatry-1)
Assoc.Profs.-5	(Anatomy-1, Pathology-1, Medicine-1, ENT-1, Ophthalmology-1)
Asstt.Profs.-10	(Anatomy-1, Lecturer (Bio)-1, Pharmaceutical Chemist-1, PSM-1, General Medicine-1, Surgery-4, MWO [Gynae.]-1).
Tutors-7	(Anatomy-1, Physio-2, Pharma-4)
 - (b) Shortage of Residents is 22% as under:-

Sr. Residents-11	(Medicine-1, Paeditrics-1, Surgery-2, Orthopaedics-1, Gynaecology-1, Anaesthesia-3, Radiology-2)
Jr. Residents-7	(Dermatology-1, Surgery-3, Gynaecology-2, Dentistry-1)
2. Two lecture theatres are of Level type which is not as per Regulations.
3. At R.H.T.C., non-teaching staff is under the Director of Medical & Health Services and their posting and transfers are not in the hand of Principal which is not as per norms. There is no hostel and staff quarters are available. The center does not have any landline telephone connection. Audio-visual aids have not been provided in the lecture hall cum seminar room.
4. At U.H.C., Mahaveer Nagar, Lady Medical Officer is not available.
5. Hostels: The total capacity for students hostel is only 216 against the requirement of 400 at this stage.
6. The accommodation available for interns is only 17 against the requirement of 50.
7. Nurses accommodation is grossly inadequate as it is available only for 36 nurses
8. In the Medical Record Department, there is no qualified Medical Record Officer and other staff. ICD X classification is not done.
9. In Radio-Diagnosis department, protective measures as per BARC specifications are not available.
10. Burns & Obstetric ICU are not available.
11. In CSSD, glove inspection machine, ETO & ultrasound machines are not available.
12. Para Medical Staff is grossly inadequate as under:-

Sr. Laboratory Technicians-3
Laboratory Technicians-10

13. In the Community Medicine department museum, the number of specimens and models are inadequate. Catalogues are not available. There is no research laboratory in the department.
14. In the Animal House, no other animal except rabbits are available. Veterinary Officer is not available.
15. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dated 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar v/s UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008.

31. Coimbatore Medical College, Coimbatore – Renewal of permission for admission of 4th batch of MBBS students against the increased intake i.e. from 110 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (10th & 11th May, 2007) for renewal of permission for admission of 4th batch of MBBS students against the increased intake i.e. from 110 to 150 for the academic session 2007-2008 at Coimbatore Medical College, Coimbatore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (10th & 11th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of MBBS students against the increased intake i.e. from 110 to 150 at Coimbatore Medical College, Coimbatore for the academic session 2007-08.

32. Tirunelveli Medical College, Tirunelveli - Renewal of permission for admission of 5th batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (22nd & 23rd May, 2007) for renewal of permission for admission of 5th batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Tirunelveli Medical College, Tirunelveli.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee observed that accommodation available in the hostel is 464 against the requirement of 750 required at this stage and the total accommodation available for resident is 60 against the requirement of 176 at this stage. However, as the rest of the infrastructure, teaching faculty and clinical material is adequate for the present stage, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of MBBS students against the increased intake i.e. from 100 to 150 at Tirunelveli Medical College, Tirunelveli for the academic session 2007-08.

The Committee further decided to draw the attention of the college authorities on the observations made by the Council Inspectors in the inspection report.

33. Padmashree Dr. D.Y. Patil Medical College, Navi Mumbai– Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (22nd & 23rd May, 2007) for renewal of permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Padmashree Dr. D.Y. Patil Medical College, Navi Mumbai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 23.5.2007 and noted the following:-

1. Shortage of teaching faculty is as under:-

(a) The shortage of teaching faculty is 24.59%

- | | | | |
|-------|--------------|------|---|
| (i) | Professor | :03 | (Biochemistry-1, Forensic Medicine -1, TB & Chest -1). |
| (ii) | Assoc. Prof. | :15 | (Anatomy-2, Physiology -1, Biochemistry -1, Pathology -2, Microbiology -2, Pharmacology-2, Forensic Medicine -2, General Medicine-2, Radio-diagnosis -1). |
| (iii) | Asst. Prof. | ::21 | (Anatomy-3, Physiology -3, Pathology -3, Pharmacology-1, Pharmaceutical chemist-1, Forensic Medicine -2, General Medicine-5, Skin VD-1, Peadiatrics -1, General Surgery-1). |
| (iv) | Tutor | :06 | (Anatomy-1, Physiology -1, Biochemistry -1, Pathology -1, Pharmacology -1, Forensic Medicine -1) |

(b) The shortage of Residents is 15.73% as under:-

- | | | | |
|-----|--------------|-----|--|
| (i) | Sr. Resident | :14 | (Medicine-6, TB & Chest-1, Skin & VD-1, Surgery-4, Radiology-2) |
|-----|--------------|-----|--|

2. The clinical units are deficient as under:-

- Surgery Unit 5 is having only 2 senior teachers as against requirement of 3.
- Orthopaedics unit 2 is having 2 senior teachers as against requirement of 3.
- Unit 3 is having only one senior teacher as against requirement of 3.
- Medicine Unit 3, 4 & 5 are having 2 senior teachers as against requirement of 3 in each.
- Peadiatrics unit 3 is having only 1 senior teacher as against requirement of 3.

3. The lecture and practical attendance register of 1st MBBS students is not available. In spite of repeated requests to the Professor & Dean, they did not submit the roll call to the inspection team. The roll call of students attending RHTC was not available with the PSM department. The roll call of students attending autopsy at NMMC hospital at Vashi is not available with the forensic Medicine department.

4. In clinical labs. duty roster of doctors is not available.

5. Nil training courses were held during this year in the Medical Education Unit.

6. Clinical Material : High OPD attendance bed occupancy are not commensurate with operative work deliveries, Radiological investigation and Laboratory investigations. On the first day of inspection (22.5.2007) bed occupancy was 81%. On the next day (23.5.2007) at 1.00 p.m. it was 59%.

7. Toilets not available in the common room for boys & girls. Common room for girls is not available.

8. Animal house is not available.

9. At RHTC, Labour room is available but deliveries are not conducted. The record of field visits of the students for RHTC and UHC are not available.

10. Hostels: For boys hostel, 12 single seated rooms above the auditorium are available. For girls, total capacity available is 297 which includes the accommodation for girls

of BDS, Engineering, Architecture, Law & BAMS students. Total accommodation available is grossly inadequate against the requirement of 600 at this stage. There are no visitors rooms, warden rooms or recreation room in the hostels. Room allotment letters for boys were not available.

11. Only 60 resident doctors are staying in the hostel against the requirement of 114 at this stage. There are no visitors rooms, warden rooms or recreation room in the residents' hostels.
12. Interns hostel is not available.
13. Nurses hostel is not available.
14. Medical Record Section – OPD & MRD computers are not cross linked. Medical Record Officer is not qualified. Follow-up service is not available.
15. The equipment in Radio-Diagnosis department is inadequate.
16. Kitchen – the record of number of meals prepared daily is not available.
17. Anatomy Department – Audio visual aids are not available in the demonstration room. There is over crowding of benches. There is no cooling cabinet. There is no separate embalming room. There is no research laboratory. MRI, CT and X-rays are not displayed in the museum.
18. Physiology department - Audio visual aids are not available in the demonstration room. There is over crowding of benches. All the students laboratories have only 30 work placed each. Amphibian lab. does not have students kymograph. There is no research laboratory.
19. Biochemistry department–Audio visual aids are not available in the demonstration room. There are no chairs in the seminar room.
20. Pharmacology department – There are two demonstration rooms one with capacity of 75 and another with 66 which is inadequate against the requirement of 2 demonstration rooms of 75 seats each at this stage. There are no audio visual aids. The capacity of experimental pharmacology lab. is only 20.
21. Pathology department - Audio visual aids are not available in the demonstration room. Service labs. for histopathology, cytopathology and heamatology are not available in the department.
22. Microbiology department - Audio visual aids are not available in the demonstration room. Service labs. are serology, bacteriology, virology and tuberculosis are not available.
23. Forensic Medicine Deptt. - There are two demonstration rooms one with capacity of 40 and another with 75 which is inadequate against the requirement of 2 demonstration rooms of 75 seats each at this stage.. There are no audio visual aids. There is no ventilation. The museum has 13 mounted and the nil unmounted specimens, nil fire arms, & nil models which is grossly inadequate. There is no practical laboratory in the department. No record of post mortem attended by the student is available.
24. Community Medicine Deptt. - There are two demonstration rooms one with capacity of 50 and another with 75 which is inadequate against the requirement of 2 demonstration rooms of 75 seats each at this stage. There are no audio visual aids. There is no provision for artificial light in the practical laboratory.
25. The number of books in the departmental library of TB & Chest is inadequate.
26. The capacity of examination hall is only 160 against the requirement of 375.

27. Other deficiencies pointed out in the inspection report.

In view of above and Govt. of India letter dated 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar v/s UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008.

34. Krishna Institute of Medical Sciences, Karad- Renewal of permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report (2nd & 3rd May, 2007) for renewal of permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Krishna Institute of Medical Sciences, Karad.

“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 (2nd & 3rd May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 9.5.2007 and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Vinayak Vishnu Raje	Asstt. Professor	Surgery	In his declaration form, he has claimed that he has worked as Asstt.Prof. in the deptt. of Surgery at KLE Society's Jawaharlal Nehru Medical College, Belgaum from 26.2.2003 to 11.6.2006. In its letter KLE Society's Jawaharlal Nehru Medical College, Belgaum has stated that he has worked as Consultant Neuro-Surgeon. He has not done any teaching work. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr. Dabane Sarjerao Abasaheb	Assoc. Prof.	Medicine	In his declaration form, he has claimed that he has worked at Govt. Medical College, Sangli from 15.7.88 to 29.11.91 as Asstt. Professor. In its letter Govt. Medical College, Sangli has stated that he has not worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot

				be accepted as a teacher.
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The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- The number of lecture theatres are only 3 which is inadequate against the requirement of 4. One of the lecture theatres of 300 capacity shown in the earlier report has been converted and shown as Auditorium.
- Clinical material is inadequate in terms of bed occupancy as it was only 60% on the day of inspection.
- The capacity of auditorium is only 304 which is inadequate as Auditorium of capacity of 500 is required.
- Hostels: In the students hostel, accommodation is available only for 576 students against the requirement of 600 students. The cupboards in the Girls Hostels do not have any locker facility for safe keeping of personal belongings.
- The teaching beds are deficient by 46 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency, if any
Medicine & Allied Specialities			
General Medicine	144/5	144/5	
Paediatrics	72/2	61/2	11
TB & Chest	24/1	20/1	4
Skin & VD	12/1	10/1	2
Psychiatry	12/1	10/1	2
Total	204/10	245/10	19
Surgery & Allied Specialities			
General Surgery	144/5	137/5	7
Orthopaedics	72/2	60/2	12
Ophthalmology	24/1	20/1	4
ENT	24/1	20/1	4
Total	264/9	237/9	27
Obstetrics & Gynaecology			
Obstetrics & ANC	43		Nil
Gynaecology	29		
Total	72	75/3	
Grand Total	600	557/22	46

- In the O.T. unit, no CCTV facility is available. Resuscitation equipment like Infusion Pump & Drip Infusion Pump are not available.
- The deficiency of 800 mA X-ray machine remains as it is.
- One lecture theatre in the hospital is of flat type which is not as per Regulations. Its capacity is 72 which is inadequate.
- A temporary makeshift arrangement has been made for the Interns Hostel by vacating 24 single bedroom flats hitherto accommodating the non teaching staff. The bedrooms are inadequately furnished with no fans/furniture except 4 cots in each flats. There is no mess facility provided and the interns are expected to take their food from the nearby

PG/Residents Hostel. The displaced non teaching staff are not provided with any alternate accommodation.

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

In view of above and Govt. of India letter dated 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar v/s UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 Central Govt. not to renew the permission for admission of 3rd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Krishna Institute of Medical Sciences, Karad.

35. Approval of P.E.S. Institute of Medical Sciences & Research, Kuppam for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

Read: The Council Inspectors report (25th & 26th May, 2007) for approval of P.E.S. Institute of Medical Sciences & Research, Kuppam for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

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, 2007) and decided to recommend that P.E.S. Institute of Medical Sciences & Research, Kuppam be approved for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 150 students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admissions of 6th batch of 150(one hundred fifty) MBBS students for the academic session 2007-08 at P.E.S. Institute of Medical Sciences & Research, Kuppam.

Office Note:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Vandana P.Kumar	Assoc. Prof.	Peadiatrics	In his declaration form, he has claimed that he has worked at Dr.B.R. Ambedkar Medical College, Bangalore as Asst. Professor from 8.3.88 to 24.8.93. In its letter Dr.B.R. Ambedkar Medical College, Bangalore has stated that he has worked as Asstt. Prof. from 8.3.1988 to 24.11.89. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.Sreerangarajan H.J.	Assoc. Prof.	Pathology	In his declaration form, he has claimed that he has worked at Dr.B.R. Ambedkar Medical College, Bangalore as Asst. Professor from 8.10.86 to 19.10.88. In its letter Dr.B.R. Ambedkar Medical College, Bangalore has stated that he has worked from 8.10.86 to 19.8.87 only.

				Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
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The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

36. Approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore – Compliance verification inspection thereof.

Read: The compliance verification inspection report (2nd May, 2007) for approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

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 (2nd May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 7.5.2007 and noted the following:-

1. The shortage of teaching staff required at present stage is as under:
 - (a) The shortage of teaching faculty is 6.6% as under:-
 - [i] Associate Professor – 2 (Pathology-1, Forensic Medicine-1)
 - [ii] Assistant Prof.-1 (Community Medicine-1)
 - [iii] Tutor – 4 (Anaesthesia-1, Radio-diagnosis-3)
 - [iv] Lect.Biophysics - 1
 - (b) The shortage of Residents is 14.1% as under:-

Sr. Resident -6	(General Medicine-1, Paediatrics-1, Anaesthesia-1, Radio-Diagnosis-3)
Jr. Residents-10	(General Medicine-4, Psychiatry-1, Orthopaedics-3, ENT-1,Obst. & Gynae.-1)
2. Only 36 quarters are available in the campus against the requirement of 57 at this stage.
3. 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 not to recommend approval of Basveshwara Medical College, Chitradurga for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

37. Approval of K.V.G. Medical College & Hospital, Sullia for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore – Compliance verification inspection thereof.

Read: The compliance verification inspection report (8th May, 2007) for approval of K.V.G. Medical College & Hospital, Sullia for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council the Compliance verification inspection report(8th May, 2007) and decided to recommend that K.V.G. Medical College & Hospital, Sullia be approved for the award of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore with an annual intake of 100(One Hundred) students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100(one hundred) MBBS students for the academic session 2007-08 at K.V.G. Medical College & Hospital, Sullia.

38. Approval of Govt. Medical College, Anantapur for the award of MBBS degree granted by NTR University of Health Sciences, Vijayawada- Compliance verification inspection thereof.

Read: The compliance verification inspection report (19th May, 2007) for approval of Govt. Medical College, Anantapur for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W.

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 (19th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend that Govt. Medical College, Anantapur be approved for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada with an annual intake of 100(One Hundred) students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 7th batch of 100(one hundred) MBBS students for the academic session 2007-08 at Govt. Medical College, Anantapur.

39. Approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada.

Read: The Council Inspectors report (25th & 26th May, 2007) for approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

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, 2007) alongwith the additional information submitted by the college authorities vide letter dated 21.5.2007, 26.5.2007, 2.6.2007 & 9.6.2007 noted the following:-

The following teachers have been found to be working at more than one medical college simultaneously:-

1.(a) Dr.Madhuri Vemuru

Name of the college	Designation	Date of joining	Date of Inspection
Bhaskar Medical College, Hyderabad	Asstt. Professor	16.7.2005	17.4.2007
Medicity Instt. of Medical Sciences, Ghanpur	Asstt. Professor	7.3.2007	25.5.2007

1.(b) Dr.Jadhav Shasank Sudhakar

Medicity Instt. of Medical Sciences, Ghanpur	Assoc. Professor	26.3.2007	25.5.2007
Dr.D.Y. Patil Medical	Assoc. Professor	1.6.2006	28.3.2007

College, Pune			
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2. The shortage of teaching staff required at present stage is as under:

(a) Shortage of teaching faculty is 19.83% as under:-

Professor-1	(Radiology-1)
Assoc.Profs.-9	(Anatomy-2, Physiology-1, Pharmacology-1, Pathology-1, PSM-1, TB & Chest-1, General Surgery-1, Dentistry-1)
Asstt.Profs.-10	(Pathology-1, PSM-2, TB & Chest-1, Statistician-1, Orthopaedics-2 ENT-1, Anaesthesia-2)
Tutors-4	(Anatomy-2, Pharma-2)

(b) The shortage of Residents is 22.35% as under:-

Sr. Residents-15	(Medicine-4, Paediatrics-2, TB & Chest-1, Surgery-2, Orthopaedics-1, ENT-1, Ophthalmology-1, Radiology-3)
Jr. Residents-4	(Paediatrics-1, Dermatology-1, OBG-2)

3. Clinical material is inadequate in terms of OPD attendance, bed occupancy as under:-

	Daily Average	Day of inspection 25.5.07
OPD attendance	786	642
Bed occupancy	80%	66%

4. The roads for the college & hostels are not “Pucca”.

5. At R.H.T.C, Aliabad, no other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology participate in any outreach teaching programme. Hostel is not available. Lecturer hall cum seminar room is not furnished. The ward is non-functional, toilets are non-functional and have no electrical fittings. The space for labour room is available, only labour table is lying and the labour room is non-functional. The GNR Hospital belonging to Dr. G.N. Reddy is being utilized as UHC. The UHC is not owned by the college which is not as per norms.

6. Accommodation is available only for 426 students against the requirement of 500 at this stage. In the girls hostel, cupboards are not having doors. Surroundings are not properly maintained. Pantry in the hall is not clean and is unhygienic. There is no water cooler or bathroom. Only one carom board is available as a recreation in the girls hostel. The visitors room is also used as a Girls Hostel. The mattresses are not provided by the institution.

7. In the Interns hostel, no furniture is available.

8. Resident hostel has accommodation for 150 students out of which accommodation for 78 students does not have any furniture. Thus, the furniture accommodation is available only for 72 against the requirement of 114 at this stage.

9. In the Radio-Diagnosis department, only 2 statistic and 2 mobile units are available which is inadequate as per regulations. The CT Scan is non-functional. There is no image intensifier or 800 mA X-ray machine.

10. In CSSD, glove inspection machine and ETO are not available.

11. In the Anatomy department, there are no cadavers only dissected parts are available. There is no embalming machine.

12. Mortuary block in the campus is non-functional and non gallery type.

13. Only 28 quarters are available for teaching faculty within the campus against the requirement of 60 as per Regulations.

14. Obstetric ICU is not available.
15. Books in the departmental libraries of TB & Chest, Skin & VD, Psychiatry & Radio-Diagnosis are inadequate.
16. Other deficiencies/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided not to recommend approval of Medicity Institute of Medical Sciences, Ghanpur for the award of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada.

40. Approval of S.V. Medical College, Tirupati for the award of MBBS degree granted by NTR University of Health Sciences, Vijayawada against the increased intake i.e. 100 to 150 students – Compliance verification inspection thereof.

Read: The compliance verification inspection report (17th May, 2007) for approval of S.V. Medical College, Tirupati for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada against the increased intake i.e. 100 to 150 students along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W.

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(17th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend that S.V. Medical College, Tirupati be approved for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada against the increased number of seats i.e. from 100 to 150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 7th batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2007-08 at S.V. Medical College, Tirupati.

41. Continuance of Recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur- Compliance verification inspection thereof.

Read: The compliance verification inspection report (22nd May, 2007) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur .

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 (22nd May, 2007) alongwith the inspection report(11th June, 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 46% (i.e. 99 out of 216) as under:-
 - (i) Professor :06 (Anatomy –1, Biochemistry –1, Pharmacology –1, Forensic Medicine –1, Community Medicine –1 & Anaesthesia –1)
 - (ii) Assoc. Prof. :28 (Anatomy –3, Physiology –4, Biochemistry –1, Pathology –1, Microbiology –2, Forensic Medicine –1, Community Medicine –2, TB & Chest –1, Paediatrics –3, General Surgery –1, ENT –2, Obst. & Gynae. –2, Radio-diagnosis –3 & Anaesthesia –2)
 - (iii) Asst. Prof. :38 (Anatomy –5, Pathology –2, Community Medicine –2, General Medicine –6, TB & Chest –1, Paediatrics –3, Psychiatry –1, General Surgery –5, ENT –1, Orthopaedics

- 4, Obst. & Gynae. –1, Radio-diagnosis –4 & Anaesthesia–3)
- (iv) Tutors :27 (Anatomy –4, Physiology – 7, Biochemistry –1, Pathology –7, Pharmacology –3, Forensic Medicine –1, Community Medicine –4)
- (b) The shortage of Residents is 80% (i.e. 92 out of 115) as under :-
- (i) Sr. Resident :31 (General Medicine –6, TB & Chest –1, Paediatrics –2, Psychiatry –1, General Surgery –5, Orthopaedic –2, ENT –1, Ophthalmology –1, Obst. & Gynae. – 3, Anaesthesia –4 & Radio-diagnosis –5)
- (ii) Jr. Resident :61 (General Medicine –14, TB & Chest –3, Dermatology –3, Psychiatry –1, Paediatrics –6, General Surgery – 18, Orthopaedic –6, ENT –3, Ophthalmology –1, Obst. & Gynae. – 6)

2. Available clinical material is grossly inadequate as under :-

	Daily Average		Day of Inspection	
O.P.D. attendance	390		252	
Casualty attendance	18		05	
Bed occupancy%	70%		26.5%	
Operative work				
Number of major surgical operations	14		-	
Number of minor surgical operations	10		-	
Number of normal deliveries	02		-	
Number of caesarian Sections	02		-	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray	8	12	05	02
Ultrasonography	3	05	04	08
Special Investigations	-	01	02	01
C.T. Scan	4	02	01	02
Laboratory Investigations				
Biochemistry	54	64	29	47
Microbiology	04	03	03	03
Serology	-	05	13	01
Parasitology	11	06	04	03
Haematology	41	38	18	21
Histopathology	-	04	-	-
Cytopathology	4	04	-	-
Others	-	-	02	-

- OPD attendance was 252 and bed occupancy was 26.5% in SSMC on the day of inspection.
- Bed occupancy was 52.2% in the District Hospital on the day of the inspection.
- Combined bed occupancy of SSMC & District Hospital was 31.8% on the day of the inspection.
- Radiological and Laboratory investigations are very low as shown on the chart above.
- Analysis of the workload in Radiological OPD on select dates is as under:-

Date	Number of X-rays
07.06.2007	16
08.06.2007	12
09.06.2007	08
10.06.2007	04
11.06.2007	05+2 IVP

3. Distribution of beds:

Speciality	Required Beds/Units		Present Beds/Units		Remarks
	UG	PG	SSMC	DH	

Medicine & Allied Specialities				
General Medicine				
Paediatrics	180/6	150/5	30/1	Shortage of 15 beds in Paediatrics
TB & Chest	90/3	60/2	15/1	
Skin & VD	30/1	30/Nil		
Psychiatry	15/1	15/ Nil		
Total	15/1	15/ Nil		
	330/12	270/07	45/2	
Surgery & Allied Specialities				
General Surgery	180/6	150/5	30/1	Shortage of 18 beds each in Ortho. & ENT.
Orthopaedics	90/3	60/2	12/1	
Ophthalmology	30/1 30/1	30/1	30/1	
ENT	30/1 30/1	30/1	12/1	
Total	330/11 60/2	270/9	84/4	
Obstetrics & Gynaecology				
Obstetrics & ANC	90/3	60/2	30/1	
Gynaecology				
Total	90/3	60/2	30/1	
Grand Total	750/26+ 60/2	600/18 + 159/7		
	810/28	759/25		

4. The Bed occupancy in SSMC Hospital wards is given as under:-

Sl.No	Dept	Beds	Occupancy	% Occupancy
1.	Medicine	150	50	33.3%
2.	Dermatology	15	0	0%
3.	TB & Chest	30	0	0%
4.	Psychiatry	15	0	0%
5.	Paediatrics	60	0	0%
6.	Surgery	150	45	30%
7.	Ophthalmology	30	2	6.6%
8.	ENT	30	2	6.6%
9.	Orthopaedics	60	30	50%
10.	Obst. & Gynae.	60	30	50%
	Total	600	159	26.5%

- Overall bed occupancy is 26.5%

The Bed occupancy in District Hospital wards is given as under:-

Sl.No	Dept	Beds	Occupancy	% Occupancy
1	OBGY	30	22	70.3%
2	Medicine	30	23	71%
3	Paediatrics	15	9	60%
4	General Surgery	30	22	70.3%
5.	Orthopaedics	12	7	60%
6	ENT	12	0	0%
7	Ophthalmology	30	0	0%
	Total	159	83	52.2%

Overall combined bed occupancy of both the Hospitals (SSMC Hospital & District Hospital) is 31.8%.

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

Council to request the Central Government to initiate action u/s 19 of the Indian Medical Council Act, 1956 for withdrawal of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sree Siddhartha Medical College, Tumkur.

Meanwhile, in view of the gross deficiencies of clinical material, teaching faculty and other parameters, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also decided to recommend to the Central Government to direct the institute not to make any further admissions in the MBBS course w.e.f. academic year 2007-08.

It was further decided that the report be placed before the Postgraduate Committee of the Council."

42. S.V.S. Medical College, Mahabubnagar – Inspection to verify the teaching faculty, residents and clinical material – Compliance verification inspection thereof.

Read: The Compliance verification inspection report (24th May, 2007) to verify the teaching faculty, residents and clinical material at S.V.S. Medical College, Mahabubnagar.

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 (24th May, 2007) and decided to withdraw the show cause notice issued to the institute why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the I.M.C. Act, 1956.

It was further decided that the direction given to the institute not to admit any further batch of students for the academic year 2007-2008 be revoked and the institute be permitted to admit the students for the academic year 2007-2008 onwards and further decided to place the report before the Postgraduate Committee. Copy of the letter be also marked to DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

43. Establishment of new medical college at Srinagar, Pauri Garhwal, Uttaranchal by Govt. of Uttaranchal. Request received from the college authorities to consider their proposal for the year 2008-2009.

Read: The letter dated 4.5.2007 received from the Under Secretary, Medical Education, Govt. of Uttarakhand, Dehradun with the request to consider their proposal for the year 2008-2009.

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 4/05/2007 received from the Under Secretary, Medical Education, Govt. of Uttarakhand, Dehradun intimating therein that due to State General Assembly Election and model code of conduct as per directions of Hon'ble Election Commission, funds could not be released which resulted in delay of construction of medical college buildings and recruitment of 100% of faculty members and requested to consider their application for the academic year 2008-2009 and decided to return the application to the Central Govt. recommending disapproval for establishment of new medical college at Srinagar, Pauri Garhwal, Uttaranchal by Govt. of Uttaranchal as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

44. Establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University - Request received from the college authorities to consider their proposal for the year 2008-2009.

Read: The letter dated 8.5.2007 from the Director, Jamia Hamdard Medical College, New Delhi and Central Govt. letter dated 23rd May, 2007 with the request to consider their proposal for the year 2008-2009.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 23/05/2007 togetherwith college letter dated 16/05/2007 and decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

45. Establishment of new medical college at Delhi Cantt., by Army Welfare Educational Society, New Delhi u/s 10A of the IMC Act, 1956- Request received from the college authorities to consider their application for the year 2008-2009.

Read: The letter dated 24.5.2007 received from Sh. S.R. Mehta, Maj. Gen., Senior Consultant (Medicine) & Dean, Army College of Medical Sciences, Delhi Cantt. with the request to consider their application for the year 2008-2009.

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 24/05/2007 from Major General S.R. Mehta & Dean, Army College of Medical Sciences, Delhi Cantt. with regard to consideration of their application for LOP inspection for the academic session 2008-2009 and noted that a LOI had been issued by the Central Govt. on 25.1.2007 with an annual intake of 100(one hundred) students; decided to return the application to the Central Govt.recommending disapproval of the scheme for establishment of new medical college at Delhi Cantt., by Army Welfare Educational Society, New Delhi u/s 10A of the IMC Act, 1956 as there is no provision to keep the proposal/application pending for LOP for next academic year i.e. 2008-2009.

46. Increase of MBBS seats from 50 to 100 at M.G.M. Medical College, Jamshedpur.

Read: The letter dated 9.5.2007 received from the Principal, M.G.M. Medical College, Jamshedpur with regard to increase of MBBS seats from 50 to 100.

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 09/05/2007 and decided to return the application to the Central Govt.recommending disapproval of the scheme for Increase of MBBS seats from 50 to 100 at M.G.M. Medical College, Jamshedpur u/s 10A of the I.M.C. Act, 1956 as some of the deficiencies pointed out in the inspection report (30th Nov. & 1st Dec., 2005) have not yet been fulfilled as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

47. Mahatma Gandhi Mission's Medical College, Navi Mumbai – Increase of MBBS seats from 100 to 150.

Read: The letter dated 30.4.2007 received from the Dean, M.G.M. Medical College, Navi Mumbai with the request to defer the inspection by six months due to some unavoidable reasons.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 30/04/2007 from the Dean, M.G.M. Medical College, Navi Mumbai wherein requested the Council to defer the inspection by six months due to some unavoidable reasons.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt.recommending disapproval of the scheme for Increase of MBBS seats from 100 to 150 at Mahatma Gandhi Mission's Medical College, Navi Mumbai u/s 10A of the I.M.C. Act, 1956 as there is no provision to keep pending proposal/application for the next academic year i.e. 2008-2009.

48. Admission of Indian students to Clinical medicine courses in English medium at Liaoning Medical University , China – Recognition of degree- Clarification sought – Regarding.

Read: the letter dated nil received from the Dean, Foreign Affairs Department, Liaoning Medical University, Jinzhou City, Liaoning Province, P.R. China with regard to admission of Indian students to Clinical medicine courses in English medium at Liaoning Medical University, China.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter of Liaoning Medical University and after detailed deliberations decided that the following reply be sent to the University:-

1. No curriculum has been prescribed by the MCI for Indian students pursuing medicine course in foreign medical universities. The curriculum prescribed by the MCI for Indian students pursuing undergraduate medicine course in India have been notified as Regulations on Graduate Medical Education, 1997 vide Gazette Notification dated 4th March, 1997.

2. All the students who pursue the Undergraduate Medicine course abroad are covered vide Screening Test Regulations which are as under:-

“.....3. An Indian citizen possessing a primary medical qualification awarded by any medical institution outside India who is desirous of getting provisional or permanent registration with the Medical Council of India or any State Medical Council on or after 15.03.2002 shall have to qualify a screening test conducted by the prescribed authority for that purpose as per the provisions of section 13 of the Act:

Provided that a person seeking permanent registration shall not have to qualify the screening test if he/she had already qualified the same before getting his/her provisional registration.

4. Eligibility Criteria: No person shall be allowed to appear in the screening test unless:

1. he/she is a citizen of India and possesses any primary medical qualification, either whose name and the institution awarding it are included in the World Directory of Medical Schools, published by the World Health Organisation; or which is confirmed by the Indian Embassy concerned to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;
2. he/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the 'Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002'. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002.”.....
3. As per Graduate Medical Education Regulations, 1997, it is not permissible for any medical student to do his internship in India before he has acquired the final degree certificate from the concerned university and further has obtained provisional registration certificate after passing the Screening Test.

49. Consultation on prior clinical experience for entry to the new statutory examination.

Read: the D.O. letter dated 12.4.2007 received from Dr. Swati V. Kulkarni, First Secretary(Education) & Special Assistant to the High Commissioner, High Commission of India, London with regard to consultation on prior clinical experience for entry to the new statutory examination.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the subject matter pertains to requirement of prior clinical experience for entry for overseas dentists and thus is beyond the purview of the Council and further decided to refer the matter to the Dental Council of India for necessary action.

50. Matter with regard to Dr. P. Venkatacharyullu, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. P. Venkatacharyullu, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. P. Venkatacharyullu did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 21.10.2003. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 23.02.2004 when he failed to appear for the first time, he was given 11 more chances to appear before the Ethics Committee on 25.05.2004, 25.06.2004, 29.11.2004, 3.1.2005, 1.4.2005, 11.7.2005, 11.8.2005, 18.5.2006, 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. P. Venkatacharyullu** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. P. Venkatacharyullu** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. P. Venkatacharyullu**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum

teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. P. Venkatacharyullu** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. P. Venkatacharyullu** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

51. Matter with regard to Dr. Indira Devi, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Indira Devi, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Indira Devi did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 11.5.2004. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 12.07.2005 when he failed to appear for the first time, he was given 4 more chances to appear before the Ethics Committee on 18.5.2006, 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Indira Devi** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Indira Devi** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision

Upon consideration of the case of **Dr. Indira Devi**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Indira Devi** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Indira Devi** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the

Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

52. Matter with regard to Dr. K. Meenakshi, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. K. Meenakshi, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. K. Meenakshi did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.4.2005, 9.6.2005, 8.7.2005 & 7.3.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006, when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. K. Meenakshi** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. K. Meenakshi** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. K. Meenakshi**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and

empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. K. Meenakshi** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. K. Meenakshi** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

53. Matter with regard to Dr. Shaik Abdul Raheem, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Shaik Abdul Raheem, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Shaik Abdul Raheem did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.04.2005, 09.06.2005, 6.7.2005 & 7.3.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.05.2006 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Shaik Abdul Raheem** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Shaik Abdul Raheem** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Shaik Abdul Raheem**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Shaik Abdul Raheem** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Shaik Abdul Raheem** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

54. **Matter with regard to Dr. K.B. Sunitha, medical teacher, who worked at more than one medical college, simultaneously.**

Read: The matter with regard to Dr. K.B. Sunitha, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. K. B Sunitha did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 5.6.2004. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 29.11.2004 when he failed to appear for the first time, he was given 8 more chances to appear before the Ethics Committee on 3.1.2005, 1.4.2005, 11.7.2005, 11.8.2005, 18.5.2006, 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. K. B Sunitha** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. K. B Sunitha** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. K. B Sunitha**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. K. B Sunitha** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation

to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. K. B Sunitha** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

55. Matter with regard to Dr. Hari Hara Samantha, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Hari Hara Samantha, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Hari Hara Samantha did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004 & 19.4.2005 for 2 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 12.7.2005, when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 18.05.2006, 18.09.2006, & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Hari Hara Samantha** failed to appear in the last

chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Hari Hara Samantha** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Hari Hara Samantha**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause

deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Hari Hara Samantha** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Hari Hara Samantha** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

56. Matter with regard to Dr. K.N. Shivamurthy, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. K.N. Shivamurthy, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. K.N. Shivamurthy did not appear before the Ethics Committee on 9.04.2007 and the Committee come to the final conclusion and decided as under :-

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. K.N. Shivamurthy**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of **Dr. K.N. Shivamurthy** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. K.N. Shivamurthy** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

57. Matter with regard to Dr. Savita Patwardhan, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Savita Patwardhan, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“The Ethics Committee heard Dr. Savita Patwardhan who appeared before the Ethics Committee on 9.04.2007 and a written statement have also been taken from her which is as under:-

Statement of Dr. Savita Arvind Patwardhan

“I, Dr. Savita Arvind Patwardhan, did my MBBS from Govt. Medical College, Aurangabad in the year 1965 & I did my M.S.(Anatomy) in the year 1977 from B J Medical College, Pune. My registration No. is 21645 from Maharashtra Medical Council. My Date of Birth is 23.04.1943.

I had gone through the letter, I am extremely sorry that I was carried away by some misguidance and I attended inspections in both medical colleges in the month of April 2004. I was setting relieved from Dr. D Y Patil Medical College so attended inspection at Shadan Instt. of Medical Sciences, Hyderabad.

I accept that this is unethical and I am extremely sorry for that. I surrender myself. I am, prepared for whatever decision ethical committee will take.

This is my humble request, Sir, that before taking any harsh decision please consider me on humanity ground. I totally agree that I should not have done this but forgive me. Sir I am also a human being. So please give me one and last chance to learn a lesson that not to come any body say.

I am 63 years old at the end of my career. I never did any irregularities any time before. I never did clinical practice after the death of my husband ten years before. There was no any intention behind this act.

Sir, my grand son is seriously ill. I am not sure that I will be able to appear myself before the Ethics Committee. I will obey the punishment or fine for irregularity I made.

So I am writing this letter of my surrender. Along with is I am enclosing the relevant documents/ original certificates.

- 1. Permanent registration.*
- 2. Degree certificate.*
- 3. Birth certificate.*
- 4. Certificate of retirement.*

Sir, I request to consider me on sympathetic ground & forgive me.”

I have unknowingly done this mistake inadvertently. It will not be repeated again and there was no financial transaction involved in this. Rest of the thing I have explained in my explanation letter, which I have submitted to the Ethics Committee. Just I will be completed 65 years by next and I request the Hon’ble Members of the Ethics Committee of Medical Council of India to excused me for this thing will not be undertaken by myself in future. I request to pardon me it will never be repeated in future.

Thanking you”.

Sd/-
(Dr. Savita Arvind Patwardhan)

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. Savita Patwardhan**, the Ethics Committee noted that explanation /clarification has not been found to be satisfactory and the misconduct of making mis-declaration/misstatement in Declaration Form having been found to be established.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of **Dr. Savita Patwardhan** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Savita Patwardhan** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

58. Matter with regard to Dr. A. Shekharan, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. A. Shekharan, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. A.Shekharan did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 21.10.2003. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 23.02.2004 when he failed to appear for the first time, he was given 11 more chances to appear before the Ethics Committee on 25.5.2004, 25.06.2004, 29.11.2004, 03.1.2005, 01.04.2005, 11.07.2005, 11.8.2005, 18.5.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. A.Shekhara** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. A.Shekharan** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision

Upon consideration of the case of **Dr. A.Shekharan**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for

misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law".

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

"Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act

as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. A. Shekharan** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. A. Shekharam** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

59. Matter with regard to Dr. V. Sreenivasulu Reddy, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. V. Sreenivasulu Reddy, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. V. Sreenivasulu Reddy did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.4.2005, 9.6.2005, 9.7.2007 & 7.3.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.09.2006, 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. V. Sreenivasulu Reddy** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. V. Sreenivasulu Reddy** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. V. Sreenivasulu Reddy**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible

with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. V. Sreenivasulu Reddy**, along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1. A Physician shall uphold the dignity and honour of his profession.
Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. V. Sreenivasulu Reddy** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

60. **Matter with regard to Dr. Kanchan Bose, medical teacher, who worked at more than one medical college, simultaneously.**

Read: The matter with regard to Dr. Kanchan Bose, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Kanchan Bose did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice dt. 28.03.2004 issued to him did not reply. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 14.06.2004 when he failed to appear for the first time, he was given 10 more chances to appear before the Ethics Committee on 24.06.2004, 29.11.2004, 03.01.2005, 01.04.2005, 11.07.2005, 11.08.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Kanchan Bose** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Kanchan Bose** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Kanchan Bose**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Kanchan Bose** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Kanchan Bose** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. Kanchan Bose** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end”.

61. Matter with regard to Dr. G. Radhakrishnaiah, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. G. Radhakrishnaiah, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. G. Radhakrishnaiah did not appear before the Ethics Committee on 9.04.2007 and the Committee come to the final conclusion and decided as under :-

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. G. Radhakrishnaiah**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause

deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents as well as the oral and written statement of **Dr. G. Radhakrishnaiah** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. G. Radhakrishnaiah** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

62. Matter with regard to Dr. Anand Rao Pilla, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Anand Rao Pilla, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Anand Rao Pilla did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 21.10.2003. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 23.02.2004 when he failed to appear for the first time, he was given 11 more chances to appear before the Ethics Committee on 25.05.2004, 25.06.2004, 29.11.2004, 03.01.2005, 01.04.2005, 11.07.2005, 11.08.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Anand Rao Pilla** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Anand Rao Pilla** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Anand Rao Pilla**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the

minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Anand Rao Pilla** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Anand Rao Pilla** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

63. Matter with regard to Dr. Nanda Kumar Murari, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Nanda Kumar Murari, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Nanda Kumar Murari did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.4.2005, 9.6.2005, 9.7.2005 & 7.3.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Nanda Kumar Murari** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Nanda Kumar Murari** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Nanda Kumar Murari**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Nanda Kumar Murari** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Nanda Kumar Murari** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

"Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

"It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils."

64. Matter with regard to Dr. P.C. Jain, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. P.C. Jain, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

"Dr. P.C. Jain did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004 & 19.4.2005 for 2 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 12.7.2005 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 18.05.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. P.C. Jain** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. P.C. Jain** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. P.C. Jain**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by

stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. P.C. Jain** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. P.C. Jain** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner.

Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. P.C. Jain** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end.

65. Matter with regard to Dr. Sukanti Pangrahi, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Sukanti Pangrahi, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Sukanti Panigrahi did not appear before the Ethics Committee on 9.04.2007 and the Committee come to the final conclusion and decided as under :-

“The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. Sukanti Panigrahi** the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and

empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration/misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Sukanti Panigrahi** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Sukanti Panigrahi** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. Sukanti Panigrahi** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end.

66. Matter with regard to Dr. C.R. Gopal, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. C.R. Gopal, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. C.R. Gopal did not appear before the Ethics Committee on 9.04.2007 and the Committee come to the final conclusion and decided as under :-

“The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one

Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective "Show Cause Notice", all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. C.R. Gopal** the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

"Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

"Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration/misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of

time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. C.R. Gopal** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. C.R. Gopal** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. C.R. Gopal** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end”.

67. **Matter with regard to Dr. Devinder Singh Dhariwal, medical teacher, who worked at more than one medical college, simultaneously.**

Read: The matter with regard to Dr. Devinder Singh Dhariwal, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Devinder Singh Dhariwal did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 05.06.2004 & 14.09.2004 for 2 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 29.11.2004, when he failed to appear for the first time, he was given 8 more chances to appear before the Ethics Committee on 3.1.2005, 1.4.2005, 11.7.2005, 11.8.2005, 18.05.2006, 10.7.2006, 18.9.2006& 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Devinder Singh Dhariwal** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Devinder Singh Dhariwal** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Devinder Singh Dhariwal**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Devinder Singh Dhariwal** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Devinder Singh Dhariwal** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

68. Matter with regard to Dr. S. Venkateshwara Prasad, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. S. Venkateshwara Prasad, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. S. Venkateshwara Prasad did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.4.2005, 9.6.2005, 6.7.2005, 7.3.2006 & 17.4.2006 for 6 times. After this the Ethics Committee of the Medical Council India requested

him to appear on person before the Ethics Committee meeting held on 19.5.2006 when he failed to appear for the first time, he was given 4 more chances to appear before the Ethics Committee on 10.07.2006, 18.09.2006, 27.10.2006 & 9.04.2007 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. S. Venkateshwara Prasad** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. S. Venkateshwara Prasad** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. S. Venkateshwara Prasad**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of

time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. S. Venkateshwara Prasad** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

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The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. S. Venkateshwara Prasad** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

69. Matter with regard to Dr. R. Chandra Shekhar Reddy, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. R. Chandra Shekhar Reddy, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. R.Chandra Shekhar Reddy did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.4.2005, 9.6.2005, 8.7.2005 & 7.3.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006, when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. R.Chandra Shekhar Reddy** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. R.Chandra Shekhar Reddy** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. R.Chandra Shekhar Reddy**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical

teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. R.Chandra Shekhar Reddy** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. R.Chandra Shekhar Reddy** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

70. Matter with regard to Dr. Abhaya Kumar Patra, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Abhaya Kumar Patra, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Abhaya Kumar Patra did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 23.12.2004, 19.04.2005, 09.06.2005, 8.07.2005 & 07.03.2006 for 5 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.05.2006 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Abhaya Kumar Patra** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Abhaya Kumar Patra** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Abhaya Kumar Patra**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Abhaya Kumar Patra** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Abhaya Kumar Patra** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

"Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

"It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils."

The Ethics Committee of MCI also noted that **Dr. Abhaya Kumar Patra** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end.

71. Matter with regard to Dr. R.V. Subhakar, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. R.V. Subhakar, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. R V Subhakar did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 21.10.2003, 7.1.2004, 15.05.2004 & 3.6.2004 for 4 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 29.11.2004 when he failed to appear for the first time, he was given 8 more chances to appear before the Ethics Committee on 3.1.2005, 1.4.2005, 11.7.2005, 11.8.2005, 18.5.2006, 10.7.2006, 18.9.2006, 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. R V Subhakar** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. R V Subhakar** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. R V Subhakar**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. R V Subhakar** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. R V Subhakar** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

72. Matter with regard to Dr. Jagannath Rao, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Jagannath Rao, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Jagannath Rao did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 05.06.2004, 14.09.2004 & 08.11.2004 and for 3 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 03.01.2005, when he failed to appear for the first time, he was given 7 more chances to appear before the Ethics Committee on 01.04.2005, 11.07.2005, 11.08.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Jagannath Rao** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Jagannath Rao** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Jagannath Rao**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Jagannath Rao** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Jagannath Rao** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

"Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

"It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils."

The Ethics Committee of MCI also noted that **Dr. Jagannath Rao** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end.

73. Matter with regard to Dr. Riptinder Singh , medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Riptinder Singh, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Riptinder Singh did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 9.6.2005, 6.7.2005 & 7.3.2006 for 3 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006, when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Riptinder Singh** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Riptinder Singh** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. Riptinder Singh**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the

minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so."

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Riptinder Singh** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Riptinder Singh** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

74. Matter with regard to Dr. G. Chandra Shekhar, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. G. Chandra Shekhar, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. G.Chandra Shekhar did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminders were issued to him on 9.6.2005 & 9.7.2005 for 2 times. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 19.5.2006 when he failed to appear for the first time, he was given 3 more chances to appear before the Ethics Committee on 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. G.Chandra Shekhar** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. G.Chandra Shekhar** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision

Upon consideration of the case of **Dr. G.Chandra Shekhar**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. G.Chandra Shekhar** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. G.Chandra Shekhar** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

75. Matter with regard to Dr. T. Sudhakar, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. T. Sudhakar, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. T. Sudhakar did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima

facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice dt. 28.03.2004 issued to him did not reply. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 14.06.2004 when he failed to appear for the first time, he was given 10 more chances to appear before the Ethics Committee on 24.06.2004, 29.11.2004, 03.01.2005, 01.04.2005, 11.7.2005, 11.08.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. T.Sudhakar** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. T.Sudhakar** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. T.Sudhakar**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be

untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. T.Sudhakar** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. T.Sudhakar** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner.

Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. T.Sudhakar** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end”.

76. Matter with regard to Dr. G. Mallikarjuna Rao, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. G. Mallikarjuna Rao, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. G. Mallikarjuna Rao did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 20.10.2003. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 23.2.2004 when he failed to appear for the first time, he was given 11 more chances to appear before the Ethics Committee on 25.05.2004, 25.06.2004, 29.11.2004, 03.1.2005, 01.04.2005, 11.7.2005, 11.8.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. G. Mallikarjuna Rao** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. G. Mallikarjuna Rao** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. G. Mallikarjuna Rao**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for

misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law".

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

"Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act

as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. G. Mallikarjuna Rao** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. G. Mallikarjuna Rao** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. G. Mallikarjuna Rao** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end”.

77. Matter with regard to Dr. Seethammam Rapoor, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Seethammam Rapoor, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Seethammam Rapoor did not appear before the Ethics Committee on 9.04.2007 and the Committee come to the final conclusion and decided as under :-

“The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued "Show Cause Notices" calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective "Show Cause Notice", all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him, has submitted his written response giving his clarifications and explanations for the submission of more than one Declaration Form by him.

Upon consideration of the case of **Dr. Seethammam Rapoor** the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows :-

"Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon'ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

"Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration/misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring

doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Seethammam Rapoor** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Seethammam Rapoor** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

The Ethics Committee of MCI also noted that **Dr. Seethammam Rapoor** has been found working in Govt. Institution & simultaneously in another private medical college, hence the Ethics Committee further recommends that this case is also to be sent to the respective Dean/Principal of the Medical College and Health Secretary of the concerned State for necessary action at their end”.

78. Matter with regard to Dr. Parabelhini Behera, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. Parabelhini Behera, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. Parabelhini Behera did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice issued to him did not reply. Reminder was issued to him on 21.10.2003. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 23.02.2004 when he failed to appear for the first time, he was given 11 more chances to appear before the Ethics Committee on 25.05.2004, 25.06.2004, 29.11.2004, 03.01.2005, 01.04.2005, 11.07.2005, 11.08.2005, 18.05.2006, 10.07.2006, 18.09.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. Parabelhini Behera** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. Parabelhini Behera** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision

Upon consideration of the case of **Dr. Parabelhini Behera**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal

acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. Parabelhini Behera** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to

the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. Parabelhini Behera** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

79. Matter with regard to Dr. G. Priscilla Anne, medical teacher, who worked at more than one medical college, simultaneously.

Read: The matter with regard to Dr. G. Priscilla, medical teacher, who worked at more than one medical college, simultaneously alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council approved the following recommendations of the Ethics Committee taken at its meeting held on 9.4.2007 and decided that the same be placed before the General Body of the Council for approval:-

“Dr. G Priscilla Anne did not appear before the Ethics Committee on 9.04.2007, which was the last and final chance given to him.

The above mentioned medical teacher had submitted Declaration Form to the Inspection team of the Council at the time of conduct of inspection of the medical college/institution claiming employment as a full time medical teacher in the concerned medical college/institution. He had also incorporated a statement in the Declaration Form that all the contents and statements made in the Declaration Form duly signed by him are correct and true to his knowledge.

On the examination of the records of the Council i.e. inspection reports and the Declaration Forms submitted by various medical colleges/ institutions inspected by the Council, it was prima facie found by the Monitoring Cell of the Council that the above mentioned medical teacher has made misstatements and false declarations in the Declaration Forms submitted by him to the effect and to the result that he has been found to be claiming employment as a full time medical teacher in more than one medical college/institution at the same point of time.

The above mentioned medical teacher was, therefore, issued “Show Cause Notices” calling upon him to explain why appropriate action be not taken against him for submitting more than one Declaration Forms signed and submitted by him claiming employment as full time medical teacher at the same point of time in more than one medical college/institution. Along with the

respective “Show Cause Notice”, all the Declaration Forms, which he had submitted to the inspection team of the Council were also sent to him.

The above mentioned medical teacher, pursuant to the Show Cause Notice dt. 15.12.2003 issued to him did not reply. After this the Ethics Committee of the Medical Council India requested him to appear on person before the Ethics Committee meeting held on 24.5.2004 when he failed to appear for the first time, he was given 10 more chances to appear before the Ethics Committee on 25.6.2004, 29.11.2004, 3.1.2005, 1.4.2005, 11.7.2005, 11.8.2005, 18.05.2006, 10.7.2006, 18.9.2006 & 27.10.2006 and each time he had failed to appear. Then he was given the last and final chance to appear before the Ethics Committee on 9.4.2007. **Dr. G Priscilla Anne** failed to appear in the last chance given to him to appear before the Ethics Committee. The non-appearance of **Dr. G Priscilla Anne** pursuant to all the letters given above left the Ethics Committee with no other alternative but to deliberate on his case in his absence and arrive at an ex-parte decision.

Upon consideration of the case of **Dr. G Priscilla Anne**, the Ethics Committee noted that though explanation/clarification has not been given, the misconduct of making mis-declaration/misstatement in Declaration Form have been found to be established from the documents.

The Ethics Committee perused the opinion of the Council Advocate Sh. Maninder Singh which reads as follows:-

“Though the issue of interpretation of certain provisions of the Act and the Regulations made thereunder with regard to grant of direct registration and taking action against doctors for misconduct is pending before the Hon’ble Supreme Court, however, since filing of false declarations by the individual doctors with or without the involvement of college authorities with a view to fraudulently mislead the Council for falsely achieving the fulfillment of the minimum teaching requirement in the medical colleges, is a serious violation/offence having the potential of causing serious threat and prejudice to the general public and larger public interest, I am of the prima facie opinion that besides and in addition to informing the police authorities such illegal acts of omission and commission for necessary action, the Council would be well advised and empowered to initiate appropriate proceedings for removal of the names of such medical teachers from the Indian Medical Register, in accordance with law”.

The Ethics Committee also perused the decision of the General Body of the Council taken at its meeting held on 12.10.2004 on this matter in similar type of cases, the extract of which is as follows :-

“Over a period of last 1-2 years by considering the inspection reports of various medical colleges seeking permissions /renewals under Section 10A of the Act, it was felt and observed that a large number of doctors are claiming employment as medical teachers in more than one medical college at the same time. It was being observed that the names of the doctors shown as medical teachers in a particular medical college were getting repeated in the inspection reports of certain other medical colleges, in the same proximity of time.

Apparently, the medical colleges and the medical teachers were indulging in such activities only to show to the inspection team of the Council that the colleges concerned are fulfilling the minimum requirement for the teaching staff for seeking permissions/renewals under Section 10A of the Act.

The Council, therefore, to curb such unscrupulous tendencies, started adopting methods in this regard. Declaration forms were introduced to be signed by the doctors claiming employment as medical teachers in any given medical college and that they also remain present along with their declaration forms, at the time of the conduct of the inspection of that college.

Subsequently, a provision for endorsement by the Dean/Principal of the medical college was also introduced in the Declaration Forms to make this requirement more efficient and effective by stating that in the event of any declaration made by a particular medical teacher turns out to be untrue and incorrect, the Dean/Principal of the college putting signatures as endorsement of the truthfulness of the statement made in the declaration would also be held responsible in that event.

Needless to state that the Council has always tried to improve in this regard for ensuring that such misdeclaration /misstatements are completely eliminated or minimized to the extent possible with the clear percept on that the Council should take appropriate action against such erring doctors whenever it is found that the particular doctor has furnished more than one declaration forms towards claiming teaching employment in any medical college when such a doctor has

already furnished similar declaration for claiming employment as medical teacher in certain other medical colleges at the same point of time.

This problem has engaged attention of the Council continuously during the last 1-2 years. The cases have also been considered by the Ethics Committee of the Council. Whenever it has been found that a particular doctor is claiming employment as medical teacher at the same point of time in more than one medical colleges, show cause notices had been issued seeking their replies. They were given due opportunities to present their explanation before the Ethics Committee.

This issue was considered by the General Body of the Council with all required seriousness. Undoubtedly, such kind of misconduct is much more serious than the alleged negligence in cases of treating the patients by doctors. Such misdeclarations /misstatements are made to cause deception not only to the Council but also on the Central Govt. for extracting permissions/renewals under Section 10A of the Act.

The worst part is that ultimately it is those innocent students who get admissions in such medical colleges where the minimum required medical teachers are shown only in such a dubious manner, causes irreparable prejudice to the fair interests of those students and further also to the patients who may be treated by such half-backed students who would not get their exposure and training with the minimum required number of medical teachers available to them.

The General Body was clearly of the view that such a tendency has to be completely eliminated and not only curbed. The situation does not brook any lenience in this regard and deserves to be dealt with a heavy hand. No doctor should ever be allowed to make such false declaration and get away with it. Timely efficient action in this regard is the need of the hour. It should also act as an effective deterrent so that others who are getting tempted to indulge into such activities should feel reluctant to do so.”

The Ethics Committee, after detailed deliberations and perusal of all the relevant documents of **Dr. G Priscilla Anne** along with the opinion of Advocate of this Council, Sh. Maninder Singh vide his letter dated 29.12.2003 and the decision of General Body dated 12.10.2004, have come to the unanimous decision that he has violated the Professional Conduct, Etiquette and Ethics Regulations, 2002 so far as the following sections are concerned:-

Section 1.1.1.

A Physician shall uphold the dignity and honour of his profession.

Section 1.1.2.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who- so-ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life.

The Ethics Committee is of the opinion that the Act of Commission in the part of **Dr. G Priscilla Anne** constitutes PROFESSIONAL MISCONDUCT, which render him liable for disciplinary action.

Under the above mentioned circumstances, the Ethics Committee unanimously recommended that his name may be erased from IMR temporarily for a period of 2 years, as per Section 8.1 of the PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS REGULATIONS, 2002, which reads as follows :-

“Section 8.1 - PUNISHMENT AND DISCIPLINARY ACTION

“It must be clearly understood that the instances of offences and of Professional misconduct which are given above do not constitute and are not intended to constitute a complete list of the infamous acts which calls for disciplinary action, and that by issuing this notice the Medical Council of India and or State Medical Councils are in no way precluded from considering and dealing with any other form of professional misconduct on the part of a registered practitioner. Circumstances may and do arise from time to time in relation to which there may occur questions of professional misconduct which do not come within any of these categories. Every care should be taken that the code is not violated in letter or spirit. In such instances as in all others, the Medical Council of India and/or State Medical Councils has to consider and decide upon the facts brought before the Medical Council of India and/or State Medical Councils.”

80. Framing of guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme Court Judgement in the case of Criminal Appeal Nos. 144-145 of 2004 Jacob Mathew Vs. State of Punjab & Another.

Read: The matter with regard to Framing of guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme Court Judgement in the case of Criminal Appeal Nos. 144-145 of 2004 Jacob Mathew Vs. State of Punjab & Another alongwith the recommendation of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter and decided to approve the following decision of the Ethics Committee held on 19.03.2007.

“The Ethics Committee considered the matter with regard to framing of guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme Court Judgement in the case of Criminal Appeal Nos.144-145 of 2004 Jacob Mathew –vs- State of Punjab & another and noted that the draft guidelines is prepared for consideration of the Executive Committee which reads as under:-

“Draft guidelines for prosecution of medical professional under Criminal Law for their medical negligence in compliance of the Supreme Court Judgement in the case of Criminal Appeal Nos.144-145 of 2004 Jacob Mathew –vs- State of Punjab & Another.

Hon'ble Apex Court of India has directed the Government of India and/State Governments to frame Statutory Rules or executive instructions incorporating certain guidelines in consultation with Medical Council of India for prosecution of Medical Professionals under Criminal Law for Medical negligence.

Hon'ble Apex Court has also proposed certain guidelines to Government regarding the prosecution of doctors for offence of which criminal rashness or criminal negligence is an essential ingredient. These guidelines are as follows:-

1. A private complaint may not be entertained unless the complainant has produced prima facie evidence before the Court in the form of credible opinion given by another competent doctor to support the charge of rash ness or negligence on the part of treating doctor.
2. The investigating officer should, before proceeding against the doctor accused of rash or negligent act of omission, obtain an independent and competent medical opinion preferably from a doctor in government service qualified in that branch of medical practice who can normally be expected to give an impartial and unbiased opinion applying Bolam's test to the facts collected in the investigation.
3. A doctor allegedly accused of rash or negligence, may not be arrested in routine manner (simply because a charge has been leveled against him), unless his arrest is necessary for furthering the investigation or for collecting evidence or unless the investigating officer feels satisfied that the doctor proceeded against would not make himself available to face the prosecution unless arrested; the arrest may be withheld.

In view of the above guidelines proposed by the Hon'ble Supreme Court of India, the following statutory rules/or executive instructions for prosecution of Medical Professionals under Criminal Law for Medical Negligence are being proposed.

1. (i) As per “Professional Conduct, Etiquette and Ethics Regulations, 2002 adopted by Medical Council of India, every physician shall maintain the medical records pertaining to his indoor patients for a period of 3 years from the date of completion of treatment.

- (ii) Any request made for the medical records either by the patients/authorized attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.
 - (iii) In cases where the fellow treating doctor is accused of rash and negligent act, a Doctor qualified and well experienced in that branch of medical practice shall not hesitate in expressing independent, impartial, and unbiased opinion against or in favour of a fellow treating doctor.
2. It shall be mandatory to patient/his relative that before lodging a complaint against treating doctor/hospital regarding rashness or negligence, he must obtain a credible opinion from a competent doctor qualified in that branch of medical practice on the facts mentioned in the documents supplied by the concerned doctor/hospital.
 - a. No complaint shall be entertained by the police or investigating agency unless the allegation is specified and supported by a credible opinion of competent doctor qualified in that branch of medical practice.
 - b. After receiving a complaint supported with a credible opinion of a competent doctors alongwith supporting treatment and investigation papers against the treating doctor/hospital, police or investigating agency before registering the Crime u/s 304A IPC or under any other relevant section of law should seek an independent, impartial and unbiased opinion from a Committee or Body constituted by Government of India or State Government comprising of uneven number of members and such committee must include an eminent senior faculty member of that branch of medical practice.
 - c. The committee formed shall examine the complaint, opinion of the doctor in support of complaint submitted by the complainant in the light of documents related to investigation, diagnosis and treatment considering the qualification of doctor and the circumstances of case including time and place and shall give clear opinion about whether or not the treating doctor/s has/have been rash and negligent in their duty in treating the patient. This shall be communicated to police/investigating agency in minimum possible/reasonable duration.
 - d. The Committee if think so, shall also visit the place/hospital where patient was treated and examine the facilities available for such treatment/operation given to the patient or not and the treating doctor is duly qualified, registered with competent body/organization and whether the place is recognized or not for such treatment.
 - e. The police/investigating agency after receiving the opinion of Government doctor/Committee shall register a case only when, in the opinion of Committee the treating doctor/s has/have been found rash and negligent in act of commission or omission.
 - f. If the doctor accuse is not found guilty by the Committee then no case should be registered and in such case the patient/relative may lodge a complaint in the appropriate court if they feel so and court should take appropriate action in the light of opinion given by the Govt. doctor/Committee constituted for this purpose.

Appointment and duties of doctor/s or Committee constituted for the purpose of giving opinion for prosecution of Medical Professionals under Criminal Law for Medical Negligence.

1. Duties of treating doctor against the allegation of rashness and negligence act.
 - (i) The treating doctor shall maintain a proper chronological record of treatment given, investigation advised and carried out.
 - (ii) The doctor shall supply the certified copies of all such documents which are related to treatment, investigations or any other specific procedure whenever, requested by patient or his relatives without delay.
 - (iii) The treating doctor accused must produce all such original documents related to treatment, investigation or any other specific procedure undertaken by him whenever, required by the Committee constituted for the purpose of given opinion on a complaint against him for criminal prosecution.
 - (iv) The treating doctor accuse must be given an opportunity and to be heard by the Committee before giving any opinion in favour or contrary to the allegation.

2. Formation and duties of the Committee shall be as follows:-

- (i) Government shall have the power to constitute a Committee to give opinion on complaint for criminal prosecution of a doctor for rash and negligent act.
- (ii) There shall be a Committee in Divisional level preferably at a place where Govt. Medical Colleges are located and specialities in various disciplines of medical practice are available.
- (iii) The Committee should comprise of panel of doctors of various specialities of medical field on the list, from whom the required members of selected field may be called depending upon the case entertained.
- (iv) The Committee shall be comprised of minimum three and maximum seven members from :
 - (a) One eminent senior member from that speciality/branch of medical field to which the complaint is specifically related and he shall be the Chairman of the Committee (selected from the panel).
 - (b) One member from Government Health & Medical Education Services not below the rank of Joint Director/Dean/Professor.
 - (c) One member belonging to legal department preferably a Judge not below the rank of Sessions Judge.
 - (d) One member from speciality of Forensic Medicine especially when the rash and negligent act had resulted into death and autopsy was performed on the body of deceased.
 - (e) Co-opted members may be appointed by the Chairman of the Committee if he thinks that the opinion of such a member is necessary in that particular case for giving opinion.
- (v) The Committee shall meet at least once or more time in a month or within a specified period which shall in no case be more than 30 days.
- (vi) The Chairman shall inform the other members of the Committee at least three days before the date of meeting or giving reasonable time to the members to ensure their attendance by a letter specifying the place and time of the meeting.
- (vii) The Committee shall consider and dispose off the case within 30 days after receiving the complaint against the doctor.
- (viii) The Committee shall have power for not to consider any complaint after 30 days of receipt of complaint to investigating agency or 90 days after the incidence. The investigating agency should forward all the relevant documents and the evidences collected to the Committee within 30 days of receipt of the complaint.
- (ix) The Committee shall have power to call the treating doctor alongwith all original records related to treatment, investigation or any other specific procedure for inspection for personal hearing.
- (x) The Committee shall have power to inspect the place, facilities available, conditions of equipments and assess the working conditions and shall give the opinion about the suitability of place for any specific treatment.
- (xi) The Committee shall have power to examine the authenticity of qualification, recognition and registration as per rules by MCI or any other such regulatory body and also in reference to any special law or act enacted by the Government of India or any other similar law.
- (xii) The Committee shall have power to assess the reasonable competency of doctor to practice that speciality of Medicine/Surgery, which has been used in treating the complainant.
- (xiii) After consideration of the facts mentioned in the complaint, hospital records including investigation and treatment and after hearing the treating doctor, shall give a clear opinion whether the doctor has been rash and negligent or not which resulted in harm/damage or death alongwith detail report about the facts on which such opinion is based.

3. The duties of police in cases of criminal prosecution of doctors for rash and negligent act.

- (i) No Police station or investigating agency shall register an offence under 304A IPC for criminal negligence on the part of doctor unless the complainant clearly mentions the specific allegation of rashness and negligent act directly and attributively resulting in death of the patient and unless an opinion from the committee is obtained.
- (ii) After receiving any complaint regarding rashness and negligent act of doctor the investigating officer or In-charge of Police Station should forward such complaint alongwith all the papers related to treatment and investigation etc. to the committee constituted by the Government of India/State Government's for giving opinion in such cases.
- (iii) The police or investigating officer shall not arrest a person unless some prima-facie evidence about the rash and negligent act of doctor is expressed by the Committee in opinion.
- (iv) The arrest shall also not be made if the doctor against whom the allegation is made gives reasonable assurance, by virtue of securities/bond to cooperate in the investigation and assures his availability whenever required by the investigating authorities.
- (v) The Police shall have power to seize all original documents relating to the treatment and investigation of the case if the concerned doctor fails to provide the documents to the Committee.

81. NHRC – Review Meeting on the Recommendations of Core Group on Health & Public Hearing on Health. – Reg.

Read: the minutes of Sub-Committee with regard to review meeting on the recommendations of Core Group on Health & Public Hearing on Health.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the recommendations of National Human Rights Commission and observed that the matter of adopting correctional measures to reduce Infant Mortality Rate and Maternal Mortality Rate is a matter of great concern which requires a comprehensive look and active intervention in the subject.

The members of the Adhoc Committee & Executive Committee further observed that a Sub-Committee comprising of Dr.P.K. Sur, Director, IPGMER, Kolkata and Dr.G.B. Gupta, Prof. of Medicine, Pt. J.N.M. Medical College, Raipur has already been constituted with regard to the action taken on the recommendations of National Human Rights Commission. Further looking at the gravity of the problem and seriousness of the concern expressed the members of the Adhoc Committee & Executive Committee decided to expand the Sub-Committee by including Dr.P.N.Tandon, member of the Adhoc Committee & Dr.Sneh Bhargava, Ex-Director, AIIMS, New Delhi and directed the office of the Council to convene a meeting of the Sub-Committee at the earliest so that the report of the Sub-Committee will be placed before the next meeting of the Executive Committee.

82. Unscrupulous practices of Medical Professionals – Reg.

Read: the minutes of Sub-Committee with regard to unscrupulous practices of Medical Professionals.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the report of the Sub-Committee comprising of Dr.Indrajit Ray & Dr.D.K. Sharma and after deliberating on the issue in detail, approved the report of the Sub-Committee which is as under:-

“A Sub-Committee consisting of Dr. Indrajit Ray & Dr. D.K. Sharma met at 12.30 p.m. on 08.05.2007 in the Council office at Sector-8, Pocket-14, Dwarka, New Delhi on the subject “unscrupulous practices of medical professionals”.

The Sub-Committee considered the letter of Under Secretary, Ministry of Health & Family Welfare, Govt. of India, dt. 4th April, 2004 alongwith the enclosure.

The Sub-Committee further considered the Note on unethical practices adapted by doctors involving pharmaceutical firms submitted by Dr. D.J. Borah, member of the Medical Council of India.

After due deliberations, the Sub-Committee recommended the following:-

- 1. Copy of letter from Ministry alongwith anonymous letter may be sent to all national level organization namely API, ASI, FOSI, IAP, CSI, Association of Chest Physician & Association of Orthopaedics Surgeon and they may be requested to hold their Executive Committee meetings and submit their considered views to the Medical Council of India preferably within 1 month.*
- 2. The National level Associations may also be informed that Medical Council of India has received some suggestions/guidelines in this regard from some corners which are as under:-*
 - (1) A doctor shall not receive any cash gift /commissions from any pharmaceutical company or any person acting on their behalf for promoting any drug or product.*
 - (2) A doctor shall not promote, endorse, advertise or help in advertising any drugs.*
 - (3) Doctors shall not receive any gift offered by companies for prescribing drugs/product nor they shall promote endorse any drug publicly.*
 - (4) Doctors shall not receive air-tickets, vehicles, etc. from pharmaceutical firms to attend medical conferences/CME/Association meeting/ personal travel for self and family members, nor shall they avail any accommodation at hotels during such trips, which are provided by the pharmaceutical companies.*
 - (5) No foreign trip assistance shall be received by any doctor for any reason from the pharmaceutical companies or their agents.*

The National level organisations may also be go through these suggestions/guidelines and give their opinion in this regard also.”

The members of the Adhoc Committee & Executive Committee further decided that a suitable communication be addressed to all the State Medical Councils and to all National level organizations of General Practitioners and all different specialities for inviting their suggestions/guidelines for implementing the recommendations of the MCI in earnest. The members of the Adhoc Committee and Executive Committee also observed that the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 would also require a revision and decided that the matter be placed before the Ethics Committee for further necessary action in the matter.

83. Consideration of scheme for continuing Medical Education approved by Ethical Committee as part of Ethics Regulations & proposal for its implementation – Reg.

Read: the minutes of Sub-Committee with regard to scheme for continuing Medical Education approved by Ethical Committee as part of Ethics Regulations & proposal for its implementation.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the report of the Sub-Committee comprising of Dr.Indrajit Ray, Dr. K.P. Mathur & Dr. G.B. Gupta and after deliberating on the issue in detail, approved the report of the Sub-Committee which is as under:-

“A Sub-Committee consisting of the following members (1) Dr. Indrajit Ray (2) Dr. K.P. Mathur & (3) Dr. G.B. Gupta met at 11.00 p.m. on 08.05.2007 in the Council office at Sector-8, Pocket-14, Dwarka, New Delhi to discuss about the modalities”.

While considering the modalities, the Sub-Committee went through the letter of the Secretary, Medical Council of India vide No.MCI-211(2)/Gen./2005-Ethics/14095-97, dated

September, 2005, wherein it has been noted that “part of the modalities namely procedure to be followed in conducting enquiry in an alleged complaint case as well as the show cause notice” has already been implemented by the Council. Hence, the Sub-Committee considered the modalities regarding scheme for conducting Continuing Medical Education for provisions in the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002”. After detailed deliberation in the matter the Sub-Committee recommended the following modifications:-

1. On page – 4 under the heading of “Modalities for accreditation” at Sr. No.4 the word “1 year” may be replaced by “3 months”.
2. On Page – 4 under the heading of “Modalities for accreditation” at Sr. No. 5 the following words may be incorporated after the existing clause “must be reasonable to attract maximum number of participants”.
3. On page – 5 under the heading of “consideration of accreditation of the organizations by the Council” at Serial No.4 after the word “guest lecture”, the word “panelist” may be incorporated.
4. On page – 5 under the heading of “consideration of accreditation of the organizations by the Council” at Serial No.4 “(a) & (b)” may be rewrite as follows:-
“(a) State Level organizations – 2 credit hours.
(b) National Level organizations – 3 credit hours.
(c) International Level organizations – 4 credit hours”.
5. On Page No. 6 under the head of “consideration of accreditation of the organizations by the Council” at Serial No.11 in the first line “1 year” may be replaced by “2 years”.
6. On Page No. 6 under the head of “consideration of accreditation of the organizations by the Council” the Serial No.12 may be re-numbered as Serial No. 13 and a new serial number 12 may be incorporated as follows:-

While organizing accreditation activities, the organizer should try to avoid the financial assistance from the pharmaceutical firms as far as possible.

7. On Page No. 6 under the head of “consideration of accreditation of the organizations by the Council” the new serial number 13 may be read as follows:

“The accredited organization shall issue certificate in the followings Performa:-

Name of the Organization

Complete address with Telephone No. Fax No., E-mail etc.

This is certify that Dr. (Official Designation) (Organisation/Residential address), bearing Registration No. of Medical Council/Medical Council of India, has attended the CME Programme conducted by this organisation on (date/s) on the subject of for hour (Number of hours actual CME programme to be indicated)

Signature of the participant

Signature of the competent official

Name

Official Seal”

84. Establishment of a new medical college by the name Fathima Institute of Medical Sciences at Kadapa, Andhra Pradesh by Mohammadiya Educational Society.

Read: The Council Inspectors report (29th & 30th May, 2007) for establishment of new medical college by the name Fathima Institute of Medical Sciences at Kadapa, Andhra Pradesh by Mohammadiya Educational Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (29th & 30th May, 2007) and noted the following:-

1. It is observed that the validity of the Essentiality Certificate issued by the Govt. of Andhra Pradesh has expired on 05.04.2007 as under:-

Government of Andhra Pradesh has issued Essentiality Certificate in Form –2, vide letter No.5006/E1/2001, dated 15th March, 2001, stating that *“The Government of Andhra Pradesh has decided to issue an Essentiality Certificate to the applicant for the establishment of a Medical College with 100(No.) seats”*.

The Principal Secretary to the Government, Government of Andhra Pradesh has issued a letter dated 6.4.2005 stating that *“I am directed by the Government of A.P. to revalidate the Essentiality Certificate in Form – 2, issued in Government letter 2nd cited, to the Secretary, Mohammadiya Education Society, Kadapa, for establishment of Medical College at Kadapa for a further period of two years with immediate effect.”*

2. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.N.	Name	Designation	Department	Remarks
1.	Dr. P. Balakrishna	Assoc. Prof.	Anesthesia	In his declaration, he has claimed that he has obtained her MD Anesthesia degree from Kurnool Medical Kurnool in 2003. On verification, the Principal of th said college has informed that no such student has studied at their college for PG courses. Thus, he has submitted a false and forged degree certificate and therefore cannot be accepted as a teacher.
2.	Dr. D. Lakshmi Siva Kumar	Asstt. Prof.	Radiology	In his declaration form, he has claimed that he has obtained his MD Radiology degree from Kurnool Medical College, Kurnool in 2004. On verification, the Principal of the said college has informed that no such students has studied at their college for PG courses. Thus, he has submitted a false and forged degree certificate and therefore cannot be accepted as a teacher.
3.	Dr. S. Srinivas	Professor	General Medicine	In his declaration form, he has informed that he has worked at PES Instt. of Medical Sciences, Kuppam as Assoc. Professor from 1.3.2000 to 30.6.2005 & as professor from 01.7.2005 to 25.3.2007 and also as Asstt. Prof. from 12.1.1995 to 25.2.2002 at Mamata Medical College, Khammam. On verification, the Principal of the PES college has informed that he was not employee at their institute between 1.3.2000 to 25.3.2007 and further the Principal of Mamata Medical College, Khammam has informed that he has not worked at their college during the said period. Thus, he has submitted a false and forged experience

				certificate and therefore cannot be accepted as a teacher.
4.	Dr. k. S. Murali Krishna	Professor	General Surgery	In his declaration form, he has claimed that he has worked at Mamata Medical College, Khammam as Asst. from 1.3.1998 to 4.2.2003. On verification, the Principal of the said college has informed that he was not an employee at their institute during the said period. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
5.	Dr. R. Lakshmi Ram Kishore	Assoc. Prof.	Pathology	In his declaration form, he has claimed that he has worked at Mamata Medical College, Khammam as Asst. from 5.2.2002 to 25.2.2007. On verification, the Principal of the said college has informed that he was not an employee at their institute during the said period. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
6.	Dr. Mohd. Shoukat Omar	Assoc. Prof.	Pharmacology	In his declaration form, he has claimed that he has worked at Al-Ammen Medical College, Bijapur as Asst. Prof. from 1.2.1999 to 15.9.2004 and as Assoc. Prof. from 16.9.2004 to May-2007. On verification, the Principal of the said college has informed that he has worked as Assoc. Professor from 16.9.2004 to 8.10.2005 only. The period of asstt. Prof. is correct. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
7.	Dr. R. Raja Rama Rao	Assoc. Prof.	Anesthesia	In his declaration form, he has claimed that he has worked at Navodaya Medical College, Raichur as Asst. Professor from 2.2.2004 to 30.4.2004 & as Asst. Prof. from 1.2.2001 to 30.9.2002 at Alluri Sitaram Raju Medical College, Eluru and also as Asst. Prof. from 2.10.2002 to 31.1.2004 at Chalmeda Anand Rao Medical Sciences, Karimnagar. On verification, the Principal of Navodaya Medical College, has informed that he has never worked at their college. The Principal of Alluri Sitaram Raju Medical College, also informed that he has never worked at their college, further the Principal of Chalmeda Anand Rao Medical Science, Karimnagar has also informed that he has not worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
8.	Dr. S. Siva	Assoc. Prof.	Paediatrics	In his declaration form, he has claimed that he has worked at Navodaya Medical College, Raichur as Asst. Prof. from 2.1.2002 to 31.1.2007. On verification, the Principal of Navodaya Medical College, has informed that he has never worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
9.	Dr. K. Rama	Assoc. Prof.	Anesthesia	In his declaration form, he has claimed that

	Krishna			he has worked at Chalmeda Anand Rao Medical Sciences, Karimnagar as Asst. Prof. from 2.1.2002 to 27.3.2007. On verification, the Principal of the said college has informed that he has never worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
10.	Dr. Avinash Narayan Medsinge	Assoc. Prof.	Radio diagnosis	In his declaration form, he has claimed that he has worked at Navodaya Medical College, Raichur as Asst. Prof. from 2.2.2002 to 28.2.2007. On verification, the Principal of the said college has informed that he has never worked at their college. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b)

In view of above, the shortage of teaching faculty is 58.18%

i) Professor 3 (Physiology-1, Biochemistry-1, Medicine - 1)

ii) Assoc. professor 10 (Pathology – 1, Pharmacology-1, Paediatric-1, Orthopaedic-1, Obst. & Gy.-1, Radiology –1, Anatomy – 2, Physiology – 2).

iii) Assistant Professor 14 (Anatomy -2, Physiology – 2, Lecture in Lecturer in Biophysics – 1, Biochemistry-1, Pathology-1, Medicine-2, Radiology-1, Dentistry-1, Anaesthesia-1 Forensic Medicine – 1, Community Medicine – 1)

iv) Tutor 5 (Anatomy –2,Biochemistry–1, Pathology-1, Community Medicine-1)
- (b)

The shortage of Residents is 38.09% as under :-

i) Sr. Resident 12 (Medicine – 3, Paediatric – 1, Surgery- 3, Obst & Gy – 1, Radiology–2, Anaesthesia - 2)

ii) Jr. Resident 4 (Surgery – 2, Ortho-1, Obst & Gy – 1)
3.

Dr. C. Anjanappa, shown as medical Superintendent, is not qualified to hold the post as he possesses administrative experience of only 9 years & 5months against the requirement of 10 years as per Regulations.
4.

(a) Following faculty members have given in writing on declaration forms that, declaration forms were neither prepared nor signed by them. Rather it had been signed by someone else.

1. Mr. Pavan Kumar	Asstt, Professor/Lecturer in Anatomy
2. Mr. Venkata Sree Ramulu	Asstt. Professor/Lecturer in Anatomy
3. Mr. A. Ramesh	Asstt. Professor/lecturer in Physiology
4. Mr. Vara Prasad	Asstt. Professor/lecturer in Physiology
5. Dr. Md. Osmanali	Tutor in Physiology
6. Dr. Lakshmi	Asstt. Professor in Pathology
7. Dr. Ramakrishna Reddy	Assoc. Professor in Microbiology
8. Dr. Shiva Ramana	Asstt. Professor in P& SM

9. Dr. Manohar K.N.	Asstt. Professor in General Medicine
10. Dr. V. Murali Krishna	Sr. Resident in General Medicine
11. Dr. Vinod Kumar	Sr. Resident in General Medicine
12. Dr. G. Umakanth	Jr. Resident in General Medicine
13. Dr. K. Rama Rao	Sr. Resident in Paediatrics
14. Dr. Kranthi Kiran	Jr. Resident in Paediatrics
15. Dr. G.V. Sivanath Reddy	Sr. Resident in General Surgery
16. Dr. A. Chandra Sekhar Reddy	Jr. Resident in General Surgery
17. Dr. A.L. Mukharjee	Assoc. Professor in Orthopaedics
18. Dr. K. Ravindra Babu	Jr. Resident in Orthopaedics
19. Dr. P. Rajani	Sr. Resident in Ophthalmology
20. Dr. M. Soma Sekharaiah	Jr. Resident in Ophthalmology
21. Dr. G. Vamsi Krishna	Jr. Resident in E.N.T.
22. Dr. V. Ravi Kumar	Tutor in Anaesthesia
23. Dr K.T.S.S. Rajaji	Lecturer in Dentistry

(b) The following faculty members have given in writing that their joining reports are signed by someone else.

1. Dr. Durga Prasad	Asst. Professor in Biochemistry
2. Dr. L. Ananda Kumar	Asst. Professor in Forensic Medicine

(c) Attendance Register of any staff member is not maintained.

5. Clinical material is not available as the hospital is not established.
6. The Civil Construction of the college building is in progress. At present both the college & hospital are non functional.
- (a) The Hospital building: The Ground and first floor of the building is planned for establishing various departments of the hospital. The civil construction work is in progress. The flooring and plastering is not completed in various areas. Only walls are put to earmark various departments. There is no electricity, water supply and drainage facilities. Even the doors and windows are not fitted. There are no beds, no patients, no furniture, no nurses, no technicians, no class - IV servants. There are no equipments in the hospital (in one room one "C-arm" and few other equipments were present). This hospital is not established and non functional.
- (b) The College Building: The second floor and third floor of the building are planned for various departments of the college. The civil construction work is in progress. The flooring and plastering is not completed in various areas. Only walls are put to earmark various departments. There is no electricity, water supply and drainage facilities. Even the doors and windows are not fitted. The various departments of the college are not established. There are no equipments, furniture for the college.
7. Lectures theatres are not available. Lecture theatres, common rooms for boys and girls, Central library, Central photography cum audio-visual units, interphones are not available.
8. The hostels are not established. Only civil construction of work of ladies hostel has just started.
9. Residential quarters are not available.
10. Registration and Medical Record Section are not available. Central casualty, clinical laboratories, Intensive care units are not available. Labour room, operational OT's, pharmacy, Central sterilization department, central laundry , kitchen, canteen and incinerator are not available.
11. No equipment is available in Radiodiagnosis department.

12. Para medical and nursing staff are not appointed.
13. None of the department of Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology, Forensic Medicine, Community Medicine has been established and are functional.
14. Other deficiencies/remarks are in the main report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the applicant trust does not fulfill the qualifying criteria for establishment of a new medical college Sr.No.2(3) "that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council Regulations, have been obtained by the person from the concerned State Government/Union Territory Administration" laid down in the Establishment of Medical College Regulations, 1999.

The Committee further observed that it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No.2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the file to the Central Govt. recommending to the Central Govt. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Fathima Institute of Medical Sciences at Kadapa, Andhra Pradesh by Mohammadiya Educational Society u/s 10A of the IMC Act, 1956.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Fathima Institute of Medical Sciences at Kadapa, Andhra Pradesh by Mohammadiya Educational Society u/s 10A of the IMC Act, 1956.

85. Shadan Instt. of Medical Sciences Research Centre & Teaching Hospital, Peerancheru, A.P.- Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (1st & 2nd May, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Shadan Instt. of Medical Sciences Research Centre & Teaching Hospital, Peeranchery, A.P.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (1st & 2nd May, 2007 and 13th June, 2007) alongwith the request received from the college authorities vide letter dated 14.05.2007 to consider for grant of permission to the extent of at least 100 intake for this batch in case of the shortage of faculty is beyond 5% and noted the following :-

- 1 (a) The shortage of teaching staff is as under more than 10% for intake of 150 admission at this stage is as under : -
 - (I) Faculty more than 5% (i.e. 28 out of 166)
 - i) Professor : 3 (Physiology, Pathology and PSM 1 each)
 - ii) Associate Professor : 12 (Anatomy 2, Physiology 1, PSM 1, Pediatrics, Surgery, Ortho and Radio diagnosis 2 each)
 - iii) Assistant Professor : 9 (Anatomy and PSM 2 each, Medicine, Ortho, OBG, Radio diagnosis and anesthesia 1 each).
 - iv) Tutors : 4 (Anatomy 1 and Pathology 3)

- (II) Resident more than 5% (i.e. 33 out of 113)
 - i) Sr. Resident : 10 (medicine, Ortho and Anesthesia 2 each, Radio diagnosis 3 and OBG 1)
 - ii) Jr. Resident : 23 (Medicine 5, Pediatrics 4, Psychiatry 1, Surgery 11, Ophthalmology 1 and OBG)

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the request of the college received vide letter dated 14.6.2007 requesting to permit them to admit students to the reduced number of seats and observed the shortage of teaching staff is less than 5% for reduced intake of 100 as under : -

- i) Professor :3 (Physiology1, Pathology 1, PSM 1)
- ii) Assoc. Prof. : 2 (Anatomy 1, Radio diagnosis 1)

In view of above and noting that the infrastructure, clinical material and other facilities are adequate for reduced intake of 100 students, the members of the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students for the academic year 2007-08 at Shadan Instt. of Medical Sciences Research Centre & Teaching Hospital, Peerancheru, A.P.

86. Report to Committee on Ragging for Curbing Ragging Activities – Reg.

Read: the letter dated 30.3.2007 received from the Director, Department of Higher Education, Ministry of HRD, New Delhi together with report of the Sub-Committee with regard to Ragging for Curbing Ragging Activities.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the report of the Sub-Committee comprising of Dr.Ved Prakash Mishra, Dr.Indrajit Ray, & Dr.B.P.Dubey and after deliberating on the issue in detail, approved the report of the Sub-Committee on Ragging for Curbing Ragging Activities with modifications as under:-

Q.1 Whether MCI considers incidence of ragging as affecting standards of medical education or not?

- A. It is the considered opinion of the Committee that ragging in any form definitely has a prejudicial psychological effect on the victim students and as such definitely has an impact which invariably goes to cause an adverse impact on the desired standards of medical education.

Q.2 Whether the existing regulations mentioned anything specific about ragging or curbing ragging activities in medical institutions?

- A. As of now there are no Regulations jointly or severally which incorporate anything specific pertaining to ragging or curbing of the same in medical institutions.

Q.3&4) Whether it is possible to frame regulations for commencement of 2nd MBBS as on the lines on the date of commencement of 1st MBBS?

Whether it is possible to give freshers in 1st MBBS breathed for 1st or 2nd week to settle down when the 2nd MBBS students arrival in the campus/hostel? In other words as the date of commencement has been prescribed as 1st August in the regulations, the Committee wants to note whether the date of commencement of 2nd MBBS class can be kept as 8th/16th August?

- A. IInd MBBS course starts after declaration of result of 1st MBBS. It is continuous phase of study. Date of declaration of result varies from University to University. MBBS course is a comprehensive and continuous study. Practically it is not possible to prescribe date of commencement of IInd MBBS.

Q5. Does the MCI believe that it has a role in combating ragging in the medical colleges across the country? If so, what steps have been taken by the MCI so far or propose to be taken by MCI in future. If the Council feels that it has no responsibility what are the reasons?”

A. The Council also feels that primarily the responsibility for preventing/curbing ragging activities has to be with the management of the institute and the Deans/Principals of the Institutes. The Council is also of the opinion that Deans/Principals of the Institutes should be adequately empowered to take stern action against those who are found to be indulging in ragging so as to prevent fresh occurrence of ragging by deterrent examples. Ragging is primarily a law and order problem which can be tackled best at local level by the management of the medical institutes and/or by the Universities.

It may be pointed out that the Council can only function as per various provisions of the Indian Medical Council Act,1956 and rules & regulations framed thereunder. In the present scheme, there are no provisions by which the Council can directly take any action against the erring students or the institutes.

87. Govt. Medical College, Akola - Renewal of permission for admission of 5th batch of students for the academic session 2007-2008.

Read: The inspection report (25th & 26th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Govt. Medical College, Akola.

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, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Govt. Medical College, Akola for the academic session 2007-08.

88. Karuna Medical College, Palakkad – Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The inspection report (29th & 30th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Karuna Medical College, Palakkad.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (29th & 30th May, 2007) and noted the following:-

“1. (a) The following teachers have been found to be working at more than one medical college simultaneously:-

Dr. Ajay Kumar Srivastava

Name of the college	Designation	Date of Joining	Date of Inspection
Karuna Medical College, Palakkad	Assoc. Professor	1.8.2006	29.6.2007
Sree Manakula Medical College, Pondicherry	Assoc. Professor	16.2.2007	20.4.2007

1(b) Dr.Deepa Anirudhan

Karuna Medical College, Palakkad	Asstt. Professor	5.5.2005	29.5.2007
Amrita Instt. of Med. Sciences, Kochi	Asstt. Professor	1.12.2005	2.3.2007

- 2.(a) The shortage of teaching faculty is 39.17% (shortage of 38 out of 97) as under:-
- | | | | |
|-------|--------------|-----|---|
| (i) | Professor | :05 | (Biochemistry - 1, Forensic Medicine - 1, Community Medicine - 1, ENT - 1, Radiology - 1) |
| (ii) | Assoc. Prof. | :15 | (Anatomy -1, Pharmacology - 1, Pathology - 1, Microbiology - 1, Forensic Medicine - 1, General Medicine - 2, TB & chest - 1, Dermatology - 1, Psychiatry - 1, General Surgery - 2, Orthopedic - 1, Anesthesiology - 1, Dentistry - 1) |
| (iii) | Asst. Prof. | :15 | (Anatomy - 2, Biochemistry - 1, Pharmacology - 1, Community Medicine - 1, Epidem-cum lect. - 1, Statistician - 1, RHTC - 1, UHC - 1, General Medicine - 1, Paediatrics - 1, General Surgery - 2, Orthopedic - 1, Anesthesiology - 1) |
| (iv) | Tutor | 03 | (Community Medicine - 3) |
- (b) The shortage of Residents is 45.61% as under :-
- | | | | |
|------|--------------|-----|---|
| (i) | Sr. Resident | :09 | (TB & Chest - 1, Dermatology - 1, Psychiatry - 1, General Surgery - 1, OBG - 1, Anesthesiology - 3, Radiology - 1) |
| (ii) | Jr. Resident | :17 | (General Medicine - 2, Paediatrics - 2, TB & Chest - 2, Dermatology - 2, Psychiatry - 2, General Surgery - 2, Orthopaedics - 2, ENT - 1 Ophthalmology - 1, OBG - 1) |
- (c) Dr. A. Abdul Jaleel, shown as Medical Superintendent is not qualified to hold the post as he has only 6 years administrative experience against the requirement of 10 years as per Regulations.
3. Clinical Material is inadequate in terms of surgical workload & number of deliveries as under:-
- | | Daily Average | Day of Inspection |
|-------------------------------------|---------------|-------------------|
| <u>Operative work</u> | | |
| Number of major surgical operations | 9 | 3 |
| Number of minor surgical operations | 5 | 6 |
| Number of normal deliveries | 1 | - |
| Number of caesarian Sections | - | - |
4. Total 8 quarters are available within the campus for the teaching faculty, which is inadequate against the requirement of 20 at this stage.
5. Examination Hall is partially furnished. Asbestos sheets roofing with false ceiling.
6. At RHTC: A House G+1 located in Kollengod (22kms) from the college is on monthly rent of Rs.3000/- per month has been developed as RHTC. No other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology participate in the outreach teaching programmes at present. No lecturer cum medical officer having M.D.{P.S.M.} is available. No senior faculty from the department is posted. A labour table is available but non functional. Only space for Lecture cum seminar room is available. No minor OT. No lab facilities. Only 2 indoor beds are lying without any other infrastructure.. On 1st floor the space is available but not used for any purpose at present. No vaccines from UIP are available. National programmes are not conducted. At U.H.C. Karuna Hospital Melaimuri, Palakkad,(20kms) from the college. No lecturer cum medical officer having M.D.{P.S.M.} is posted.
7. No Gymnasium facilities are available in boys hostel.
8. Hostel for residents is partially furnished.
9. There are 4 operation theatres only against the requirement of 6 at this stage as per Regulations.

10. Intensive care: Burns & Obstetrics ICUs are not available.
11. Radiological facilities: Only 1 static X-ray machine of 300 mA is functional, the other 300 mA x-ray machine is non functional. No image intensifier is attached with any of the static x ray machines.
12. In CSSD, Glove inspection machine is not available.
13. In Pathology Department: Service laboratory for Histopathology, Cytopathology and Haematology are being installed and the functioning is not started as yet.
13. Mortuary is non-gallery type, which is not as per norms.
14. Number of books in the Departmental libraries are inadequate as under:- TB & Chest:56, Skin & V.D.:40 Psychiatry:45, Oto-Rhino-Laryngology:46, Ophthalmology:40, Radio-Diagnosis:54 and Anaesthesia:57
15. Other deficiencies pointed out in the inspection report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Karuna Medical College, Palakkad.

89. Adjustment of seats in Govt. quota in respect of Colleges/Institutions those have admitted students in excess of its Management Quota limit in the State of Karnataka for the academic years 2004-05, 2005-06 and 2006-2007.

Read: the matter with regard to Adjustment of seats in Govt. quota in respect of Colleges/Institutions those have admitted students in excess of its Management Quota limit in the State of Karnataka for the academic years 2004-05, 2005-06 and 2006-2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the reply received from the Joint Secretary to the Govt., Health & F.W. Deptt., (Medical Education), Bangalore dated 5.5.2007 stating as under:-

".....As per the judgement pronounced in the T.A.A Pai Foundation case by the Hon'ble Supreme Court, the entire right of admission rests with the management and there are no Government Quota seats in Private Unaided Educational Institutions. The seats have been shared between Government of Karnataka and the Karnataka Private Medical and Dental Colleges Association (KPM & DCA) based on the Memorandum of Understanding entered into (consensual Agreement).

In view of above facts, reducing the admissions in the Management Quota for such medical colleges/institutions for the academic year 2007-2008 and for corresponding increased allocation of the seats in the Government quota shall not be permissible and as such the matter may kindly be dropped.".....

90. Adjustment of seats in Govt. Quota in respect of Ahmednagar Medical College, Ahmednagar who has admitted students in excess of its Management quota limit for the academic years 2004-05, 2005-06 and 2006-2007.

Read: the matter with regard to Adjustment of seats in Govt. Quota in respect of Ahmednagar Medical College, Ahmednagar who has admitted students in excess of its Management quota limit for the academic years 2004-05, 2005-06 and 2006-2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the reply received from the Director, Govt. of India, Medical Education & Research, Mumbai vide letter dated 8th May, 2007 stating as under:-

".....It is further submitted that, pursuant to the judgement delivered on 30.10.2002 by the Hon'ble Supreme Court (Bench of Hon'ble 11 Judges) in the case of T.M.A. Pai –vs- State of Karnataka (2002) 8 SCC 481, the concept of 'Free seats' and 'Payment seats' for the Private Unaided Institutions came to an end and concept of 'equal fee structure for all seats' came into existence. Thus, from the year 2003 onwards 'Free Seats' does not exist at unaided Private Institutions.

Under the changed circumstances elaborated above, the Government of Maharashtra and this Directorate will not be in a position to reduce the admissions in the Management Quota and for corresponding increased of 7 seats in the Government Quota for Padmashri Dr.Vitthalrao Vikhe Patil Foundation's Medical College, Ahmednagar for the Academic year 2007-2008"

91. AMC of SCCTV System, Projector, PA System, Sound and light system installed in the Auditorium and Conference Hall.

Read: the matter with regard to AMC of SCCTV System, Projector, PA System, Sound and light system installed in the Auditorium and Conference Hall.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the recommendations of the Purchase Committee to award the Annual Maintenance Contract for SCCTV System, Projector, PA System, Sound and light system installed in the Auditorium and Conference Hall to the lowest bidder (L1) M/s R.D.Enterprises at Rs.2,65,000/- plus VAT/Taxes extra.

92. Proposal for establishment of Medical College at Navi Mumbai as a constituent unit of Bharati Vidyapeeth (Deemed University)

Read: the letter dated 25.5.2007 from the Registrar, Bharati Vidyapeeth Deemed University, Pune with regard to issuance of "Letter of No Objection to UGC for inclusion of medical college at Navi Mumbai as constituent unit of Bharati Vidyapeeth(Deemed University), Pune.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and decided that No Objection Certificate be issued to the UGC for inclusion of this proposed medical college as a constituent unit of Bharati Vidyapeeth University, Pune.

93. S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara - Renewal of permission for admission of 5th batch of students for the academic session 2007-2008.

Read: The inspection report (29th & 30th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara.

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (29th & 30th May, 2007) and noted the following

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the

individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. Shilpa S. Toshniwal	Asstt. Prof.	MD(Medicine)	In her declaration form, she has claimed that she has worked at Pt.Deen Dayal Upadhyay Medical College, Rajkot. In its letter, Pt.Deen Dayal Upadhyay Medical College, Rajkot has stated that she has not worked at all in the institution. Thus, she has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.Chaitri Tejas Shah	Asstt. Prof.	MD(Medicine)	In his declaration form, he has claimed that he has worked at Pramukhswami Medical College,Karamsad. In its letter Pramukhswami Medical College, Karamsad has stated that Rural Medical College, Pravara Medical Trust, Loni has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
3.	Dr.Khushaman Soni	Professor	Ophthalmology	In his declaration form, he has claimed that he has worked at B.J.Medical College, Ahmedabad from 12.11.78 to 13.1.82 as Asstt. Prof., 14.1.82 to 26.11.97 as Assoc. Prof. & 27.11.97 to 31.7.2006 as Professor. In its letter B.J.Medical College, Ahmedabad has stated that he has worked as Professor from 28.11.97 to 21.5.2002. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) The following teaching faculty and Residents have not been considered due to reasons shown below:-

No	Name	Designation	Department	Reasons
1)	Dr. Dilip Patel	Asstt. Prof	Anatomy	Forged signature on the declaration form
2)	Dr. Bhavesh Raj	Tutor	Biochemistry	Part Time
3)	Dr. K. Sunil	Prof.	Pathology	No relieving order
4)	Dr. Sanjay Date	Asso. Prof	Pharmacology	Inadequate experience. Accepted as Asstt. Prof.
5)	Dr. B. C. Timani	Asso Prof.	Forensic Med.	No. Experience & Relieving Certificate.
6)	Dr. Kantaben Patel	Prof.	Medicine	Part Time
7)	Dr. Utkarsh Medh	Prof.	Medicine	Part Time
8)	Dr. H. Toshniwala	Prof.	Medicine	Part Time, no relieving order
9)	Dr. S. P. Trivedi	Asstt. Prof	Medicine	Part Time
10)	Dr. Tejas Shah	Asstt. Prof	Medicine	Part Time
11)	Dr. Mayur Hathi	Asstt. Prof.	Medicine	Part Time
12)	Dr. Kishan Jani	Asso. Prof.	Medicine	Part Time
13)	Dr. Jayesh Patel	Asstt. Prof	Medicine	Does not possess the requisite 3 yrs. residency exp.
14)	Dr. Bhaivi hah	Prof.	Pediatrics	Part Time
15)	Dr. M. P. Shah	Ass. Prof.	Pediatrics	Part Time
16)	Dr. R. Amrliwala	Asstt. Prof.	Pediatrics	Part Time
17)	Dr. Sumit Jain	Asstt. Prof.	Pediatrics	Does not possess the requisite qualification
18)	Dr. Varsha Shah	Asstt. Prof.	Pediatrics	Does not possess the requisite qualification
19)	Dr. Hemendra Shah	Prof.	Skin & V.D.	Part Time
20)	Dr. Yogesh Patel	Asstt.Prof.	Skin & V.D.	No Appointment order and no joining report.
21)	Dr. Nitesh Shah	Prof.	T. B. Chest	Part Time
22)	Dr. Tushar Patel	Asso. Prof.	T. B. Chest	Part Time
23)	Dr. Soniya Dalal	Asstt. Prof.	T. B. Chest	Part Time
24)	Dr. Usha Goswami	Prof.	Psychiatry	Part Time
25)	Dr. Sandeep Shah	Asstt. Prof.	Psychiatry	Part Time
26)	Dr. K. Waghela	Asstt. Prof.	Psychiatry	Part Time
27)	Dr. Nalin Patel	Asso. Prof.	Radiology	Part Time
28)	Dr. Jayesh Shah	Asstt. Prof.	Radiology	Part Time
29)	Dr. Rakesh Shah	Asstt. Prof.	Radiology	Part Time
30)	Dr. P. Bhrambhatt	Asstt. Prof.	Radiology	Part Time
31)	Dr. N. Markand	Tutor	Radiology	Does not possess the requisite 3 yrs. residency exp.
32)	Dr. A. Ankaleshwara	Tutor	Radiology	Does not possess the requisite 3 yrs. residency exp.
33)	Dr. Heema Patel	Prof.	Anesthesia	Part Time
34)	Dr. N. G. Soni	Prof.	Anesthesia	Part Time
35)	Dr. Hetal Parikh	Prof.	Anesthesia	Part Time
36)	Dr. Chinar Patel	Asstt. Prof.	Anesthesia	Part Time
37)	Dr. M. Panchal	Tutor	Anesthesia	Part Time
38)	Dr. Ketan Vora	Tutor	Anesthesia	Part Time
39)	Dr. M. Parekh	Tutor	Anesthesia	Part Time
40)	Dr. Shweta Garg	Tutor	Anesthesia	Part Time
41)	Dr. J. M. Dave	Asstt. Prof.	Surgery	Not working in this institution. Does not know the location of his beds. Posted in Nagarwada City Center.
42)	Dr. Niranjan Shah	Asstt. Prof.	Surgery	Part Time
43)	Dr. Piyush Khandar	Asstt. Prof.	Surgery	Does not possess requisite qualification (MS ENT)

44)	Dr. Nihar Trivedi	Sr. Res.	Surgery	Does not possess requisite experience in Surgery
45)	Dr. Mili Dodia	Prof.	Ob. Gy.	Part Time
46)	Dr. Meena Bhatt	Asso. Prof.	Ob. Gy.	Part Time
47)	Dr. Usha Parekh	Asso. Prof.	Ob. Gy.	Part Time
48)	Dr. Deena Shah	Asstt. Prof.	Ob. Gy.	Part Time, No Salary drawn.
49)	Dr. Anjali Tiwari	Asstt. Prof.	Ob. Gy.	Part Time
50)	Dr. M. Bhatnagar	Asstt. Prof.	Ob. Gy.	Part Time
51)	Dr. Malti Desai	Asstt. Prof.	Ob. Gy.	Part Time

- (c) In view of above, the shortage of teaching faculty is 16.36% as under:-
- Professor : 03 (Paediatrics –1 & TB & Chest –1, Ophthal-1)
 - Assoc. Prof. :16 (Anatomy –1, Forensic Medicine –1, General Medicine –5, Paediatrics –2, TB & Chest –1, Dermatology –1, Psychiatry –1, Obst. & Gynae. –2, Anaesthesia –1 & Radio – Diagnosis –1)
 - Asst. Prof. :09 (General Medicine –3, TB & Chest –1, Obst. & Gynae. –1, Anaesthesia –1 & Rado-Diagnosis-3).
- (d) The shortage of Residents is 24.34% as under :-
- Sr. Resident :28 (General Medicine –4, Paediatrics –1, Psychiatry –1, General Surgery –6, Orthopaedics –3, ENT-1, Ophthalmology –1, Obst. & Gynae. –3, Anaesthesia –5 & Radio diagnosis – 3)
- (e) Some doctors have given in writing they had come only for the day of the inspection.
2. (a) Clinical material is inadequate in terms of OPD attendance, Casualty attendance, bed occupancy and number of normal deliveries and caesarian sections as under:

	Daily Average	Day of Inspection
O.P.D. attendance	840	550
Bed occupancy%	71	60
Number of normal deliveries	1	
Number of caesarian Sections	-	

- The radiology and other laboratory investigations are also low.
 - On an average, less than 15 deliveries take place in a month.
 - There were not more than 3-4 patients in each OPD at 11 am on the day of the inspection.
 - No OPD registers were available in the individual OPDs with the Doctors.
 - Two bus loads of people were brought in the OPD after 11 am comprising largely of ladies and young children from poor socio-economic class. At least 20 children were found outside the Medical OPD.
 - In the Pediatrics ward, 90 school children were made to lie down and pose as patients. However, they told us that 3 classes of children were brought from the school. Average bed occupancy in pediatrics ward is 25%.
 - In the MRD, no case sheets of the patients who had been operated upon on different dates were available.
 - The scrutiny of the night reports in the Obst. & Gynae. wards revealed that on an average not more than 15-20 patients were present on any given day. Thus, the bed occupancy in Obst. & Gynae. Wards was about 22%.
 - The senior doctors as well as the resident doctors in the different wards did not know anything about their patients.
 - In Radiology Department, two consultants could not show even one X-ray reported by them even though they admitted to having reported more than 10 X-Rays in the morning.
3. Muni Seva Ashram Hospital is adopted as RHTC is under the control of a private trust and the colleges only allowed to use its facilities for teaching purposes.
- 4 (a) Scrutiny of the Hostel files revealed that the MBBS, BDS, Pharmacy and Nursing

students also shared the Boy's and Girl's Hostels. The list of the students stayed in respective Hostels was not provided to the Inspection team. Hence total accommodation available for students for Medical colleges is inadequate.

- (b) The general condition of the Hostels is far from satisfactory in terms of broken window panes, poor hygiene, conditions of toilets and the furniture. Many rooms do not have any furniture.
5. There has been re-allocation of nurses accommodation and it is only 48 quarters at present which is inadequate.
 6. The OPD registration counter is not computerized. The indoor registration counter is computerized but not cross linked with outdoor registration numbers. The medical record department is not computerized and linked with other either registration counters
 7. In CSSD bowl sterilizer, Glove inspection machine and instrument washing machine are not available. The trays and mixers are also not available.
 8. Equipment in Radio-Diagnosis department is inadequate as only 3 static & 2 mobile units are available against the requirement of 6 each as per Regulations. C.T. Scan is not available.
 9. In the Biochemistry laboratory, the gas cylinder need to be kept in a separate enclosure.
 10. In the Pathology Department, the museum is over-crowded due to the number of specimens and need to be expanded.
 11. In Forensic Medicine Department autopsy is not been conducted. The Inspection team was not shown any arrangement for teaching autopsy to the students.
 12. The number of books in the departmental library in TB & Chest, Skin & V. D., Psychiatry, Paediatrics, Ophthalmology, ENT, Radiodagnosis and Anaesthesia are inadequate.
 13. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 5th batch of MBBS students for the academic session 2007-08 at S.B.K.S. Medical Instt. & Research Centre, Piparia, Vadodara.

94. Increase of Ist MBBS course from 100 to 150 at Govt. Kilpauk Medical College, Chennai.

Read: The letter dated 28.5.2007 received from the Director of Medical Education, Kilpauk, Chennai with regard to defer the proposal for increase of seats 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 noted the letter dated 28/05/2007 from the Director of Medical Education, Kilpauk, Chennai with regard to defer the consideration of proposal for increase of seats from 100 to 150 at Govt. Kilpauk Medical College, Chennai for time being.

In view of above, the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. requesting the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June and since, the college is not ready for inspection, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for Increase of MBBS seats from 100 to 150 at Govt. Kilpauk Medical College, Chennai u/s 10A of the I.M.C. Act, 1956 received in the year 2004 as there is no provision to keep pending proposal/application for the next and subsequent academic year(s).

95. Increase of Ist MBBS course from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem.

Read: The letter dated 28.5.2007 received from the Director of Medical Education, Kilpauk, Chennai with regard to defer the proposal for increase of seats from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 28/05/2007 from the Director of Medical Education, Kilpauk, Chennai with regard to defer the consideration of the proposal for increase of seats from 75 to 150 at Govt. Moham Kumaramangalam Medical College, Salem for time being.

In view of above, the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. requesting the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June and since, the college is not ready for inspection, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for Increase of MBBS seats from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem u/s 10A of the I.M.C. Act, 1956 received in the year 2004 as there is no provision to keep pending proposal/application for the next and subsequent academic year(s).

96. Jubilee Mission Medical College & Research Institute, Thrissur – Renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008.

Read: The compliance report (9th June, 2007) of Jubilee Mission Medical College & Research Institute, Thrissur for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008.

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 (9th June, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Jubilee Mission Medical College & Research Institute, Thrissur for the academic session 2007-08.

97. Increase of 1st MBBS course from 100 to 150 at Vijayanagar Institute of Medical Sciences, Bellary.

Read: The letter dated 5.5.2007 received from the Principal, Vijayanagar Institute of Medical Sciences, Bellary for increase of 1st MBBS course from 100 to 150.

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 05/05/2007 from the Principal of the college informing therein that the institute will address to the Council once the infrastructure and staff position as required are ready.

In view of above, the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. requesting the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June and since, the college is not ready for inspection, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for Increase of seats in Ist MBBS Course from 100 to 150 at Vijayanagar Institute of Medical Sciences, Bellary u/s 10A of the I.M.C. Act, 1956 received in the year 2005 as there is no provision to keep pending proposal/application for the next and subsequent academic year(s).

98. Establishment of a new medical college at Dhamtari by Mennonite Medical Board Trust, Chhatisgarh u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (29th & 30th May, 2007) for establishment of new medical college at Dhamtari by Mennonite Medical Board Trust, Chhatisgarh u/s 10A of the IMC Act, 1956 .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (29th & 30th May, 2007 and 12th June, 2007) alongwith the additional information submitted by the college authorities vide letter dated 28.5.2007, 31.5.2007 and 12.06.2007 and noted that perusal of inspection report dated 29th – 30th May, 2007 reads as under:-

1. The medical college building was locked. Dean was not available in the college. No teaching staff is available in the pre and para clinical departments. No information could be collected in pre clinical/Para clinical and clinical departments. Hence, the shortage of teaching faculty and Residents was 100%.
2. The letter of consent from the affiliating university was not shown to the Inspection Team.

3. (a) Clinical material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	450-500	220
Casualty attendance	40	10
Number of admissions/discharge	40/30	10-20
Bed Occupancy %	40%	47%
<u>Operative Work</u>		
Number of major surgical operations	2-4	Nil
Number of minor surgical operations	5-7	Nil
Number of normal deliveries	1-2	Nil
Number of caesarian Sections	1-2	01
<u>Radiological Investigations</u>		
X-ray	20-25	02
Ultrasonography	06-07	05
Special Investigations	Nil	Nil
C.T. Scan	02	Nil
<u>Laboratory Investigations</u>		
Biochemistry	70	50
Microbiology	Nil	Nil
Serology	Nil	Nil
Parasitology	Nil	Nil
Haematology	50-60	50
Histopathology	65 in 3 months	Nil
Cytopathology	13 in 3 months	Nil
Others		

- (b)
 - i) No microbiological investigations are carried out in the central lab/college.
 - ii) No specialist is available in the Biochemistry section.
 - iii) There is no needle destroyer in the sample collection room.
 - iv) The hospital waste management is not carried out as per guidelines laid down for hospital waste disposal.
 - v) Available paramedical staff is inadequate.

- (c) Bed Occupancy as observed by the inspecting team:

Ward	Beds Available	Beds Occupied
Male Medical	18	15
Female Medical	18	14
Male Surgical	54	12
Female Surgical	36	09
Gynec	16	11

Obstetric	16	11
Paediatrics	16	09
Ortho-Male	18	14
Ortho Female	12	04
Ophthalmology	06	01
ENT	Nil	Nil
	210	100

- As the medical college building was locked, the location and the facilities of the various departments like Lecture theatres, common rooms for boys and girls, central library etc. could not be ascertained.
- There is a deficiency of 90 teaching beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
Medicine and Allied Specialities			
General Medicine	80	36	44
Paediatrics	30	16	14
Total	110	52	58
Surgery and Allied Specialities			
Ophthalmology	10	06	04
ENT	10	Nil	10
Total	140	126	14
Obstetrics & Gynaecology			
Obstetrics & ANC	30	16	14
Gynaecology	20	16	04
Total	50	32	18

- In Ophthalmology and Orthopaedics wards, male and female beds are combined which is not as per norms.
- Medical Superintendent was not available on both the days of Inspection.
- In OPD registration, separate registration counter for male and female patient is not available. Waiting area is inadequate. Teaching facilities like patient couch, stools, x-ray, view box, examination tray etc. are provided only in a few rooms.
- The audiometry room is neither sound proof nor air-conditioned and there is no equipment.
- In the wards, no clinical demonstration area is provided.
- In casualty service Specialists are not available on call.
- The Central casualty is inadequately equipped. There is no central oxygen, crash cots and disaster trolley available in the casualty.
- Medical record room is not available in the Hospital.
- OT's are not airconditioned. There is no central oxygen & nitrous oxide supply and central suction. OT's are inadequately equipped. Multiparamonitors, ventilators, infusion pump & other equipment are not available in the O.T. Most of the daily operations only being done in one OT i.e. OBGY department. Sterilization facility is not available in the operation block.
- ICCU and PICU are not available. There is no central oxygen facility in ICCU and ICU's are inadequate equipped.
- In the labour room, eclampsia room is not available.
- In the Radiology department, protective measures as per BARC specification are not provided. No ultrasound is available in the OG department.

18. Central laundry is inadequately equipped and no staff is available. Drier is not available.
19. The services of dietician are not available. There is no provision to supply special diet as recommended by Physician. The area of kitchen is very small and not commensurate as a Teaching Hospital of 300 beds.
20. Students' hostels were occupied by nursing students. Nurses' hostel is located 8 kms. away from the campus.
21. Other deficiencies/remarks are in the main report.

Further, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council observed that inspection report dated 12th June, 2007 shows as under:-

“There was no faculty available in the Medical College as well as the Hospital.

The Form –A, Form-B and Declaration Forms of the faculty cannot be submitted since there was no Principal/Medical Superintendent available in the College/Hospital.

The clinical material could not be obtained, as there was no clinical staff authorized to give the information in the absence of Medical Superintendent. The senior most consultant Dr. S. Patonda (Paediatrics) available in the Hospital refused to give any information regarding the same. The other consultants available in the Hospital were Dr. Amit Agarwal and Dr. Mamman Jefferin (Orthopeadics), and Dr. Sunita Jefferin (Anaesthesia) and they informed that the medical Superintendent Dr. S.K. Chatarjee and Dr. Veena Chatarjee Assistant Medical Superintendent were available in the Hospital till yesterday evening (11.06.2007).

Further, Clinical Material is grossly inadequate on the day of inspection as under:- ”

	Daily Average	Day of Inspection
Number of admissions / discharge	Information not provided	10/15
Bed occupancy%		30%
Operative work		02 - - 01
Number of major surgical operations		
Number of minor surgical operations		
Number of normal deliveries		
Number of caesarian Sections		
Radiological Investigations		Information not provided.
X-ray		
Ultrasonography		
Special Investigations		
C.T. Scan		
Laboratory Investigations		
Biochemistry		
Microbiology		
Serology		
Parasitology		
Haematology		
Histopathology		
Cytopathology		
Others		
O.P.D. attendance		100
Casualty attendance		02

In view of the above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No.2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical college Regulations, 1999. The Committee decided to write a letter to the State Govt.

i.e. Chhattisgarh requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 17.10.2002 certifying that the applicant owned and managed a functional hospital of 300 plus beds having adequate clinical material, when on inspection it has been found that 210 beds are available.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 6th October, 2004 for Establishment of new medical college at Dhamtari by Mennonite Medical Board Trust, Chhatisgarh u/s 10A of the IMC Act, 1956.

99. Recognition of Chhattisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University – Compliance Verification Inspection thereof.

Read: The Compliance verification inspection report (31st May, 2007) for recognition of Chhattisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.

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, 2007) alongwith the additional information submitted by the college authorities vide letter dated 30.5.2007 and noted the following:-

1. The shortage of teaching faculty is as under:-
 - (a) The shortage of teaching faculty is 28.92%.

(i) Professor	8 (Anatomy-1, Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, Orthopaedics-1, Radio Diagnosis-1)
(ii) Professor/Associate Prof.	11 – (Anatomy – 1, Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, Community Medicine-1, General Medicine-1, Paediatrics-1, TB & Chest – 1, Dentistry-1)
(iii) Assistant Professor	11 (Anatomy -3, Physiology - 2, Pharmacology-1, Forensic Medicine-1, Community Medicine-2, Orthopaedics-1, Radio Diagnosis-1)
(iv) Assistant Professor	5 (Physiology 1, Biochemistry-1, Pharmacology-1, Microbiology-1, Community Medicine 1)
 - (b) The shortage of Residents is 28.1% as under:-

(i) Sr. Resident	8(TB & Chest-1, Psychiatry-1, General Surgery-1, OBGY-1, Anaesthesia – 2, Radio Diagnosis-2)
(ii) Jr. Resident	10(General Medicine 4, Paediatrics-2, General Surgery –2, Orthopaedics-2)
 - (c) There is no senior teaching faculty in the department of Forensic Medicine. There are only two tutors available in the department who are conducting the postmortem, which is against the norms.
 - (d) The faculty of pre-clinical department participates in teaching of BDS students of new Horizon college of Dental Sciences and Research center inspite of deficient teaching staff in these departments.

2. Clinical Material is inadequate as under in terms of OPD attendance, bed occupancy and radiological investigations:-

(a)

	Daily Average	Day of Inspection
O.P.D. attendance	781	740
Bed Occupancy %	60	63
<u>Radiological Investigations</u>		
X-ray	59	52
Ultrasonography	15	19
Special Investigations	01	01
C.T. Scan	08	08

3. The RHTC has one lecturer with MD PSM degree posted there by rotation. No teaching area is available it has been converted into store. Two dormitories are available at RHTC (one each for 5 boys and 5 girls) with no mess facilities. X-ray and ECG facilities are not available at RHTC.
4. At UHC no lecturer with MD PSM is available.
5. Auditorium is not available. Deficiency remains as it is. It is under construction.
6. The indoor registration counter is not cross linked with out door registration counter and MRD computers. ICD Classification of diseases is not followed for indexing. Deficiency remains as it is.
7. The accommodation for Resident is inadequate as it is available only for 76 Residents against the requirement of 114 as per Regulations. Deficiency remains as it is.
8. There is no sports ground available in the college campus. Deficiency remains as it is.
9. There is no lecture theatre in the hospital building which is not as per Regulations. Deficiency remains as it is.
10. Residential Quarters:-

Total of 173 quarters are available out side the campus at a distance of 5 kms in the GGD university campus. 96 quarters are earmarked for teaching faculty and 75 for non teaching faculty. In addition there are two bungalow for Dean and Medical Superintendent. The road connecting to this residential block is kuccha and the quarters are yet to be allotted to various categories of staff. No boundary wall for this complex has been constructed. There are no residential quarters within the campus which is not as per regulations. Deficiency remains as it is.
11. The accommodation is available only for 456 students against the requirement of 500 at this stage.
12. 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 not to recognize Chhattisgarh Institute of Medical Sciences, Bilaspur for the award of MBBS degree granted by Guru Ghasidas University.

100. Establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (15th & 16th May, 2007) for establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (15th & 16th May, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr.Gunaki Ravindra Bhalchandra	Professor	Orthopaedics	In his declaration form, he has claimed that he has worked at D.Y. Patil Education Society Medical College, Kolhapur from 2.1.2001 to 8.10.2003 as Professor. In its letter, D.Y. Patil Education Society Medical College, Kolhapur has stated that he has worked as Professor only from 2.1.2002 to 8.10.2003 in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.Anand Ashok Bhosale	Assoc. Professor	Pathology	In his declaration form, he has claimed that he has worked at Rural Medical College, Pravara Medical Trust, Loni from 1.1.2001 to 12.12.2003 as Asstt. Prof. In its letter has stated that Rural Medical College, Pravara Medical Trust, Loni has stated that he has worked as Asstt. Lecturer only from 11.1.2001 to 16.7.2001. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
3.	Dr.Uma Prakash Kadam	Assoc. Prof.	Pharmacology	In his declaration form, he has claimed that he has worked at Rural Medical College, Pravara Medical Trust, Loni from 18.12.2001 to 12.12.2003 as Asstt. Prof. In its letter Rural Medical College, Pravara Medical Trust, Loni has stated that he has worked as Asstt. Professor from 18.12.2001 to 12.12.2003. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(b) The following faculty are not accepted due to the reasons given below:-

S.No.	Name	Designation	Remarks
1.	Dr.(Mrs.) Shah Priyamvada Nukul	Asstt. Prof. O&G	In the declaration form she has claimed to have working experience at B.J. Medical College from 10.4.2001 to 31.1.2004 i.e. for a period of 2 years and 10 months which is inadequate as required in the regulations i.e. 3 years. Hence not eligible.
2.	Dr.Anita George	Prof. of Physiology	No relieving order from the previous institute i.e. Grant Medical College, Mumbai.
3.	Dr.Jyotsana Sanjay Potdar	Asstt. Prof. O&G	In her declaration, she has claimed to have worked at M.G.Instt. ofl Medical Sciences, Sevagram, Wardha as resident from Feb.,84 to September,86 i.e. for a period of two years & 8 months which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
4.	Dr.(Mrs.)Junjade	Asstt.Prof. Physiology	No relieving order from the previous institute i.e. M.G.M. Navi Mumbai.
5.	Dr.R.M. Karva	Asstt. Prof. O&G	In his declaration he has claimed his experience as Resident from 1.1.83 to 31.12.87 i.e. for a total period of 2 years and 10 months which is inadequate against the required. Hence not eligible.
6.	Dr.A.P.Thakre	Asstt. Prof. Pead.	In his declaration he has claimed his experience as Resident in Govt. Medical College, Aurangabad from 31.1.97 to 31.12.99 i.e. for a period of 2 years 11 months which is inadequate. Hence not eligible.
7.	Dr.D.M.Patrikar	Assoc. Prof. Radio-Diagnosis	He possesses valid teaching experience of only 4 years 9 months as Asstt. Prof. His experience at Kashibai Navale Medical College, Pune cannot be considered as the institute is not yet been granted LOP by the Central Govt.. Hence he does not possess the requisite teaching experience as 5 years as Asstt. Prof. as required under the regulations being appointed as Assoc. Prof. Hence not eligible.
8.	Dr.N.B.Pawar	Sr.Resident Radio-diagnosis	He possesses the experience of only two years 10 months as resident and since not eligible to be considered as Sr.Resident.
9.	Dr.K.I. Khatib	Asstt. Prof. Medicine	He possesses the experience of only two years 10 months as Resident which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
10.	Dr.(Mrs.) Savitha Singh	Asstt. Prof. of Medicine	In her declaration form she has claimed experience as Resident from 17.2.89 to 31.12.99. However, in the certificate issued by the Dean, B.J. Medical College, Pune only the experience from 1.1.90 to 31.12.91 is recognized as teaching post. Hence she possessed only experience of two years which is inadequate. Hence not eligible.
11.	Dr.A.B. Nade	Sr.Resident Medicine	He possessed experience of only 2 years 1 month as Resident which is inadequate. Hence not eligible.
12.	Dr.(Mrs.) A.R.Pathankar	Sr.Resident Medicine	She possessed only experience of 6 months in a recognized medical institute as she does not

			possess 3 years experience in a recognized medical institute. Hence not eligible.
13.	Dr.Charu C.A.Malik	Asstt. Prof. Pead.	In her declaration form she has worked as Resident at B.J. Medical College, Pune from 28.5.2002 to 4.9.2002. However, a certificate issued by the Prof. & Head, Obst. & Gynae. Department from B.J. Medical College, Pune states that she has worked as Research Officer under a project during this period which cannot be considered as valid teaching experience for the post of Asstt. Prof. Hence she possessed total valid teaching experience of only 2 years 10 months as Resident which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
14.	Dr.B.D.Munde	Sr.Resident Medicine	In his experience certificate attached with his declaration form states that he has worked as Resident from 14.11.90 to 31.12.92 i.e. for a period of 2 years 2 months only which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
15.	Dr.A.P. Batla	Sr.Resident Medicine	The experience claimed by her from 26.7.2004 to 15.3.2007 cannot be accepted as valid experience as it is not a recognized medical institute. Hence he possessed a total teaching experience of only 2 years 1 month as Resident in a recognized medical institute. Hence not eligible to be considered as Sr.Resident which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.

(c) In view of above, the shortage of teaching faculty is approx. 15% (8 out of 55) as under:-

- (i) Professors-2 (Biochemistry-1, Physiology-1)
- (ii) Asstt.Profs.-2 (Anatomy-1, Radio-Diagnosis-1)
- (iii) Asstt.Profs.-4 (Dentistry-1, Physiology-1, Medicine-2)

(d) Shortage of Residents is 7.14% as under:

- (i) Sr. Residents-3 (Medicine-2, Radio-Diagnosis-1)

2. Clinical material is grossly inadequate in terms of OPD attendance, bed occupancy & number of deliveries as under:-

	Daily Average	Day of Inspection
OPD attendance	268	280
Bed occupancy %	62	70
No. of normal deliveries	1 in 3 days	1
Number of caesarian sections	1 in 4 days	Nil

- The total Histopathology test done from Dec. 2006 to 14th May, 2007 is 25 whereas only four reports were available. The labour room started functioning from 1st April, 2007. The total number of normal delivery conducted from 1st April till 15th May are 16 whereas the total number of caesarian sections conducted during that period are 12.
 - The total number of birth certificates issued are 17 as against 28.
 - The bed occupancy observed by the inspection team was 70% as against 80% as stated by the M.S.
3. There is no seminar hall in the wards of the major departments.
4. Medical Record Department is partially computerized.
5. Nursing staff is inadequate as under:-
- Nursing Superintendent 1
 - Deputy Nursing Superintendent 1
 - Matron 1
 - Asstt.Nursing Superintendent 1

- | | |
|-----------------|----|
| Nursing Sisters | 41 |
| Staff Nurses | 85 |
6. Facilities for eclamsia cases are not available in the labour room.
 7. The surgical ICU and Paediatric ICU are not functional.
 8. There are no almirah in the hostel. All the hostels are partially furnished.
 9. In Anatomy department, museum is not divided in parts. There is no glass partition between Histopathology laboratory and Research laboratory. Offices for the Asstt.Prof. and Tutors are available in the corridor in the form of cubical partition.
 10. In Physiology department, there is no washing area in the preparation room of the laboratory. Laboratories and other infrastructure have been divided by glass partition.
 11. In Biochemistry department, there is no washing area in the preparation rooms in the laboratory.
 12. Para clinical departments and medical record department are housed in temporary structure with roof of asbestos sheets. Only one room each is available for the departments of Pharmacology, Pathology, Microbiology and Forensic Medicine.
 13. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Pune, Maharashtra by Sinhgad Technical Education Society u/s 10A of the IMC Act, 1956.

101. Establishment of new medical college at Jadcherla, Mahabubnagar Dist. A.P. by Governing Council of the Conference of the Mennonite Brethren Church of India u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (22nd & 23rd May, 2007) for establishment of new medical college at Jadcherla, Mahabubnagar Dist. A.P. by Governing Council of the Conference of the Mennonite Brethren Church of India u/s 10A of the I.M.C. Act, 1956.

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 31.5.2007 and noted the following:-

1. The shortage of teaching staff is as under:-
 - (a) Shortage of teaching faculty is 61.81% (shortage of 34 out of 55)
 - i) Professor -3(1-Physiology,1-Biochemistry,1-Medicine)
 - ii) Assoc. Prof. -12(2-Anatomy, 2-Physiology, 1-Biochem, 1-Pharma, 1-Patho, 1-Microbiology, 1-Peadiatric, 1-OBG, 1-Anaest., 1-Radiology)
 - iii) Asstt.Prof. -8 (1-Anatomy, 2-Physiology, 1-Lecturer-Bio, 1-Patho, 1-Forensic Medicine, 1-PSM, 1-Dental)
 - iv) Tutor -11 (1-Anatomy, 3-Physiology, 2-Biochem, 1-Pharma, 1-Patho, 1-Micro, 1-For.Med., 1-PSM)
 - (b) The shortage of Residents is 61.9% as under (shortage of 26 out of 42)
 - i) Sr.Resident-13 (4-Medicine, 3-Surgery, 1-Ortho., 2-OBG, 2-Anaest., 1-Radiology)
 - ii) Jr.Resident -13(4-Medicine, 2-Paediatics, 6-Surgery, 1-Ophthal)

2. Teaching beds are deficient by 47 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency, if any
Paediatrics	30	13	17
Surgery & Allied Specialities			
General Surgery	90	80	10
Orthopaedics	30	10	20
Total			47

4. Dr.J.Rao Samuel shown as the Medical Superintendent has already completed 65 years and therefore cannot be considered.
5. The Medical College building is under construction. The civil work is in progress.
6. Lecture theatres are not yet constructed.
7. Common room for boys and girls are not yet constructed.
8. Animal house is not yet constructed.
9. Central library is not yet established.
10. Hostels – for boys, girls and hostel for residents is not available. Nurses hostel having 17 rooms double seated in two buildings are available.
11. No speciality is provided in any teaching area. No audiometry facility is available.
12. Outdoor and Indoor investigations, Computers are not cross linked with Medical Record Section.
13. In the Casualty OT, Central Oxygen supply, Central suction, defibrillator, pulse oximeter, and disaster trolley are not available. Casualty OT is used for minor surgery. There was no in-door patient in the casualty at the time of inspection.
14. There is no Central Blood collection centre.
15. No functional ICUs are available.
16. There are no septic room available in the labour room..
17. Para medical staff is grossly inadequate as under:

Lab. technicians	-16
Lab. Assistants	-04
Lab. attendants	-03
18. No clinical demonstration areas are available in wards. The clinical departments are not available and are proposed to be located in the new hospital building.
19. Other deficiencies/remarks are in the main report.

In view of the above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No.2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical college Regulations, 1999. The Committee decided to write a letter to the State Govt. i.e. Andhra Pradesh requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 21.12.2005 certifying that the applicant owned and managed a functional hospital of 300 plus beds having adequate clinical material, when on inspection it has been found that 47 beds are deficient.

In view of above and in view of the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the file to the Central Govt. recommending to disapprove the scheme received in the year 2005 for Establishment of new medical college at Jadcherla, Mahabubnagar Dist. A.P. u/s 10A of the IMC Act, 1956.

102. Establishment of new medical college at Shimoga by Govt. of Karnatka u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (29th & 30th May, 2007) for establishment of new medical college at Shimoga by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (29th & 30th May, 2007) and noted the following:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted the Govt. of Karnataka order No. HFW 397, dated 11.06.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hasan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect along with the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

1. The shortage of teaching faculty is 8/55 i.e. 15% as under:-
 - (a) i) Professor : 2(Physiology-1 & Biochemistry -1)
 - ii) Assoc.Prof. : 4(Physiology-1, Anatomy –2 & Peadiatrics -1)
 - iii) Asstt.Prof. : 2(Anatomy –1 & Physiology-1)
- (b) Dr. Chidananda H.T., shown as Dean, has total of 7 years experience as Professor but has no experience as Asso. Professor. The total experience as Asso. Prof. and Professor is less than 10 years required as per Regulations. Hence, he is not qualified to hold the post of Dean.

2. Clinical Material is inadequate as under:-

	Daily Average	Day of Inspection
Bed occupancy%	92%	71%
<u>Radiological Investigations</u>	O.P. / I.P.	O.P. / I.P.
X-ray	50	52
<u>Laboratory Investigations</u>		
Biochemistry	53	73
Microbiology	0	0
Serology	21	33
Parasitology	0	0
Haematology	87	102
Histopathology	0	0
Cytopathology	0	0
Others	111	166

3. In the Central library, Internet and medlar facilities are not available. Computer terminals and internet are not provided yet. The number of journals with back number is Nil.
4. The ground floor of the boys and girls hostel is complete but yet to be furnished. The total accommodation available is for 56 students which is not as per council guidelines. The approach to the girls hostel needs to be cleared and a proper path needs to be constructed. Adequate lighting needs to be provided to ensure safety for the students. A boundary wall needs to be constructed. There is no residents hostel.
5. In OPD Teaching facilities like patient, couch, stools, examination tray etc. are provided in 2 cubicles. The rest still need to be furnished and equipped. X-ray view boxes are not provided in all rooms. Each speciality is also provided teaching area with capacity of 20 students but they still have to be furnished. There is no audiometry room available. There are no seats in Orthopaedics waiting area. Teaching areas still need to be furnished.
6. Medical record department has only 1 clerk who is not trained in medical record technology. It is under the process of being computerized. The staff is inadequate and

needs to be augmented. There are no racks at present as they are in the process of being shifted from the old building.

7. No defibrillator or pulse oxymeter was available in casualty. Casualty theatre is equipped with anesthesia, resuscitation and surgical equipment and is located next to the casualty. However, it was non-functional at present due to renovation for laying the central pipe lines. No duty roster was available on the notice board.
8. The casualty services need to be augmented.
9. Clinical laboratories staff position is inadequate. The total number of tests done in Biochemistry are about 200 samples per day from 30-40 patients. The Microbiology section does only serological testing like Widal, VDRL & Hepatitis B in about 20-25 patients per day.
10. No surgeries had been conducted since the last one month as OTs are under renovation for laying down for central gas pipe lines.
11. Facilities and equipment in ICUs are not adequate. These need to be augmented.
12. There is no separate CSSD department available. The sterilization is done in the main OT complex only. There are 3 horizontal autoclaves available. No separate receiving and distribution points demarcated. CSSD facilities and staff are inadequate.
13. No mechanized laundry is available.
14. Nursing staff is inadequate as under:-

Nursing Supdt.	-1
Deputy Nursing Supdt.	-Nil
Matron	-Nil
Asstt.Nursing Supdt.	-Nil
Nursing Sisters	-11
Staff nurses	-69
15. In the Anatomy department, there is no equipped research laboratory. Catalogues are not kept near the specimen.
16. In the Biochemistry department, Internal gas pipe lines connection are provided, but the gas cylinders are not available.
17. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2005 for Establishment of new medical college at Shimoga by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

103. Establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (29th & 30th May, 2007) for establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (29th & 30th

May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 30.5.2007 and 5th June, 2007 and noted the following:-

1. (a) The shortage of teaching faculty is 13.63% (i.e. 9 out of 66) as under:-
 - (i) Professors-2 (Biochemistry-1, Surgery-1)
 - (ii) Asstt.Profs.-6 (Anatomy-3, Physiology-2, Pharmacology-1)
 - (iii) Asstt.Prof.-1 (Dentistry-1)
- (b) Shortage of Resident is approx. 10% (4 out of 43) as under:
 - (i) Sr. Residents-4 (Medicine-1, Surgery-1, OBG-1, Anaesthesia-1)
2. Clinical material is grossly inadequate in terms of OPD attendance, bed occupancy, number of deliveries, operative workload, Radiological investigations & Laboratory investigations as under:-

	Daily Average	Day of Inspection
OPD attendance	25 to 40	208
Number of admissions/discharge	12/08	45/10
Bed occupancy %	45 to 55%	55%
Operative work		
Number of major surgical operations	00 to 02	04
Number of minor surgical operations	00 to 02	00
No. of normal deliveries	00	00
Number of caesarian sections	00	00
Radiological Investigations		
X-ray	00 to 08	15
Ultrasonography	00	11
Special Investigations	00	00
Laboratory Investigations		
Biochemistry	02 to 13	15
Microbiology	00 to 01	02
Serology	00 to 02	05
Parasitology	01 to 02	04
Haematology	06 to 50	10
Histopathology	00 to 01	00
Cytopathology	00 to 02	00
Others (Pathology)	00 to 02	00

3. Medical College Building is under construction.
4. Electrical connections to the lecture gallery are yet to be provided.
5. Common room for boys and girls is yet to be furnished.
6. In boys hostel, kitchen and dining hall are yet to be furnished. In Girls Hostel, rooms are yet to be provided with table, lockers etc. 12 wards of the old T. B. Hospital have been temporarily converted into boys Hostekl with a facility to provide accommodation for 72 students which is not as per norms. Existing three buildings of old T.B.Hospital with 37 rooms have been temporarily converted into Girls Hostel with a facility to provide accommodation for 74 students which as not as per norms.
7. Residents hostel: 22 rooms of old TB Hospital are temporarily converted as residents hostel to provide accommodation for 44 resident doctors. However, there is no facility for canteen.
8. Dr. Chitra Dutta, shown as Medical Superintendent has less than two years of administrative experience and hence not eligible for the post as per Regulations.
9. Injection room in Medicine OPD is yet to be made functional. Paediatrics OPD has got three rooms which are yet to be made functional. Space provided for minor OT is yet to be functional. ENT OPD is under completion and yet to be made. There is no air-

conditioned audiometry room available. OBG OPD is under completion and yet to be made functional.

10. Registration & Medical Record Section : Indoor registration counter is not computerized. MRD does not have adequate staff as there is no trained MRO available. ICD X classification of diseases is not followed for indexing.
11. Central Casualty Services: Central oxygen supply, central suction, defibrillator, pulse oximeter, ambu bag and disaster trolley etc. are not available. There is one major emergency OT available in the Casualty area which is yet to be made functional.
12. Two Labour Rooms provided and yet to be made functional. BARC approval is yet to be obtained.
13. There is no CSSD. One horizontal and one vertical autoclaves are available in OT area.
14. Only 2 Operation Theaters are available against the requirement of 4 at this stage as per Regulations.
15. There is no provision to supply special diet as recommended by Physician.
16. There is no canteen available.
17. In the Anatomy department, there are no cadavers. Museum has 32 mounted specimens, 5 models, 20 charts and 10 bonesets which is inadequate. No catalogues are available. The departmental library and museum are yet to be fully equipped. No microscopes are available in the Histology lab. Research Laboratory is not available. The offices for the faculty are yet to be furnished.
18. In Physiology department, Haematology lab. has 60 workplaces and no microscopes. Departmental library cum seminar room does not have chairs and books. Only space is provided for research laboratory. The departmental library does not have any books. All the laboratories are yet to be equipped. The offices for the faculty are yet to be furnished. Department is not functional.
19. In Biochemistry department, offices are available for teaching and non-teaching staff and yet to be furnished. The demonstration room laboratory and the departmental library are non-functional since the construction work is not yet completed. The offices for the faculty are yet to be furnished. The department is not yet made functional.
20. Offices are not available for any of the para clinical departments for Community Medicine department.
21. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. Directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2005 for Establishment of new medical college at Jadavpur by KPC Medical College & Hospital Society u/s 10A of the IMC Act, 1956.

104. Establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (30th & 31st May, 2007) for establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30th & 31st May, 2007) alongwith the additional information submitted by the college authorities vide letter dated 6.6.2007 and noted the following:-

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

(a) The shortage of teaching faculty is 22.7% as under:-

- | | | | |
|-------|-----------------|---|--|
| (i) | Professor | 1 | (General Surgery) |
| (ii) | Assoc. Prof. | 3 | (Anatomy- 1, Microbiology-1, Anaesthesiology-1) |
| (iii) | Assistant Prof. | 6 | Anatomy- 1, Physiology-1, Microbiology-1, Paediatrics-1, Ophthalmology-1, Anaesthesiology-1) |
| (iv) | Tutor | 1 | (Physiology-1) |

(b) The shortage of Residents is 9.30% as under:-

- | | | | |
|-----|--------------|---|---|
| (i) | Sr. Resident | 4 | (General Surgery-1, Obst. & Gynae.-1, Anaesthesiology-1, Radio-Diagnosis-1) |
|-----|--------------|---|---|

(c) A number of faculty members have joined this institution recently after resigning from their previous employment & have not been able to produce either the resignation acceptance letter or the relieving letter. Hence these faculty members have presently not been considered.

2. Clinical material is inadequate in terms of number of deliveries as under:-

	Daily Average	Day of Inspection
Operative work		
Number of normal deliveries	1	0
Number of caesarian Sections	0-1	0

3. Location of pre-clinical, para-clinical and clinical departments: The part of 3rd floor & complete 4th floor of the hospital is under construction where civil work is going on. The 3rd & 4th floor of the college building are under massive construction & even the library & animal house are yet to be completed & finishing work to be done. Though temporarily, library & animal house have been shown functional. Only land area has been earmarked for resident hostel, nurses hostel, residential quarters for teaching & non-teaching faculties. The construction work has not yet begun.
4. Out of two lecture theatres, only one has been completed & furnished. The part of the civil work in the second lecture theatre is yet to be completed & it is yet to be furnished.
5. Common room for boys and girls are not available.
6. The basic infrastructure of the central library has been provided with civil work is in progress. The library requires plastering & raising of the walls & provision of doors & required furniture.
7. 26 rooms in boys & 24 rooms in girls hostels have been made temporarily available though the bathroom & toilets in many of the rooms are yet to be completed & finishing work yet to be done. The rest of the hostel is under construction. The 10 rooms on the ground floor of the boys hostel with a capacity of 30 has been earmarked for residents & 15 rooms have been earmarked for nurses in girls hostel with a capacity of 60. The approach roads to hostels are all uchha & muddy which has also to be properly laid down.
8. No residential quarters are available.
9. Sports and recreation facilities are yet to be created.
10. Though the space is earmarked for duty doctor rooms but it is not usable.
11. The OPD & IPD computers are not cross linked with MRD or any other computers.
12. Medical Record Department is computerized but not cross linked. Follow up service is not available.
13. Labour room does not have Eclampsia room.
14. Kitchen is under construction.
15. The patient's indoor case sheets in almost all wards were not properly written, not providing any information about the patient, his/her illness, investigation & treatment suggested. This practice has to be abandoned and all relevant clinical data etc. must be properly entered.
16. In casualty, many admitted patients, infact, did not require hospitalization.

17. Anatomy department has 2 demonstration rooms each having 30-40 seats. Departmental library cum seminar room is under construction. There are no cadavers. Cooling cabinets are not available. No embalming room with required equipment. There is no Band saw. There is a research laboratory without any equipment. Museum is containing only 10-15 samples. No MRI, CT and X-rays are displayed. No catalogues are available. The department was non-functional on the day of inspection. The civil work is still not complete. Light, electricity fitting & finishing work is in progress. Water connections are being laid down.
18. Physiology department : Demonstration rooms, laboratory for amphibian, human, mammalian are under construction & are not equipped & furnished. No laboratory has workplaces. All laboratories are coming up. The floor are being casted. Electrical & water supply lines are being laid down. Overall scenario was non-functional in the department. Departmental library has not been established. There is no chamber for Head of the department.
19. Biochemistry department : Electrical & water supply lines are being laid down. It has no preparation room. Departmental library cum seminar room is coming up. The entire department is still in the final stage of construction & is yet to be equipped and furnished and made functional. No departmental library has been established. The department is not doing any hospital clinical work.
20. Pharmacology department : The part of civil construction and furnishing, finishing & equipping is yet to be made & properly organized. The demonstration room has been completed & all remaining sections including chambers of the faculty all needs to be properly created & equipped.
21. Pathology department : The part of civil construction and furnishing, finishing & equipping is yet to be made & properly organized. The demonstration room has been completed & all remaining sections including chambers of the faculty all needs to be properly created & equipped. The service laboratories of histopathology, haematology & cytology are functional in hospital laboratory. The museum, departmental library & practical classes needs to be completed in all respect & the adequately equipped & furnished. The blood bank is yet to be licenced & made functional. Only space & some packed equipments are available. The present need of the blood by the hospital is catered from outside agencies. Though very few units of blood are being requisitioned by the hospital departments. Hence, the blood bank needs to be licenced & made functional at the earliest.
22. Microbiology department : The part of civil construction and furnishing, finishing & equipping is yet to be made & properly organized. The demonstration room has been completed & all remaining sections including chambers of the faculty all needs to be properly created & equipped. The six service laboratories required in microbiology department are also not properly organized. All required service laboratories are need to be properly organized, equipped & made functional.
23. All inroads in college & hospital building are kuchha which needs to be properly laid down.
24. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Gram Morodhat, Distt. Indore Madhya Pradesh by Mayank Welfare Society u/s 10A of the IMC Act, 1956.

105. Establishment of new medical college at Raichur by Govt. of Karnatka u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (1st & 2nd June,2007) for establishment of new medical college at Raichur by Govt. of Karnataka u/s 10A of the IMC Act, 1956 .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (1st & 2nd June, 2007) and noted the following:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted the Govt. of Karnataka order No. HFW 397, dated 11.06.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hasan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect along with the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

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

(a) The shortage of teaching faculty is 25.45% as under:-

- | | | | |
|-------|--------------|----|---|
| (i) | Professor | 02 | (Physiology –1 & Biochemistry –1) |
| (ii) | Assoc. Prof. | 04 | (Anatomy –2, Physiology –1 & Radio diagnosis –1) |
| (iii) | Asst. Prof. | 08 | (Anatomy –3, Physiology –1, General Medicine –2, Ophthalmology –1 & Radio diagnosis –1) |

(b) The shortage of Residents is 29.54% as under :-

- | | | | |
|------|--------------|----|---|
| (i) | Sr. Resident | 09 | (General Medicine –2, Paediatrics –1, Orthopaedics –1, ENT –1, Obst. & Gynae. –2, Anaesthesia –2) |
| (ii) | Jr. Resident | 04 | Orthopaedics –1, ENT –1 & Obst. & Gynae. –2) |

(c) Dr. T.M. Nataraj [M.S. (Orthopaedics)], shown the Medical Superintendent is not qualified to hold the post as he has only 7 years administrative experience against the requirement of 10 years as per Regulations.

2. Clinical Material is inadequate in terms of radiological & Laboratory investigations as under:-

	Daily Average	Day of Inspection
Radiological Investigations		
X-ray	43	42
Ultrasonography	20	18
Special Investigations	07	04
C.T. Scan	NA	NA
Laboratory Investigations		
Biochemistry	48	38
Microbiology	10	09
Serology	12	11
Parasitology	17	13
Haematology	55	56
Histopathology	NA	NA
Cytopathology	03	-
Others	-	-

The Central Lab. runs services for only clinical Pathology and Biochemistry, Microbiology and Histopathology services are not available The clinical load in the laboratories is inadequate.

3. In Central Library, total number of journals subscribed is 12 Indian & 4 Foreign, which is inadequate against the requirement of 14 Indian & 6 Foreign. Internet facility is not available. No medlar facility is available. Back volumes of journals are not available.

4. Hostels are under construction and not yet functional. Window panes are in the process are being fitted. The rooms are not yet furnished. The space for recreation and meeting

room has been provided but yet to be finished and furnished. The mess and kitchen areas are available but are yet to be equipped and furnished.

5. In OPD, there is a common registration counter for male and female patients. No waiting area is available near these counters. Each specialty is provided 1 to 2 rooms for examination of patients and accommodation for the doctors. Teaching facilities are not available in any of the OPD rooms. Patient couch, stools, examination tray, etc. are available in most OPDs. The Obst. & Gyne. OPD does not have proper examination tables X-ray view box are not provided in some OPDs. No specialty is provided with teaching area. No minor O.T is available in the OPD area. There is no audiometry room(soundproof or air-conditioned) available. Speech and hearing therapist is not available. None of the OPD areas have adequate waiting space. There is no teaching space provided in any of the OPD.
6. In wards, only some of the wards are provided with duty doctor room, nurse duty room and nursing station. No pantries, examination room, procedure room, teaching area etc. are provided in the wards. There is no seminar hall available in the wards.
7. Central Casualty Service: Total 7 beds are available in casualty area against the requirement of 20 beds as per Regulations. Central Oxygen supply, Central suction is not available in the casualty.
8. Clinical Laboratories: Technical staff is inadequate. The biochemistry section has only 1 semi auto analyzer. Hence, instrumentation is inadequate.
9. Operation Theatre Unit, no central suction or nitrous oxide are available. C-arm is not available. No CCTV is available. The following equipments are available in O.T. block:-

Multiparameter Monitor (with capnograph)	-	Nil
Respiratory Gas Monitor	-	Nil
Respiratory Gas Monitor with Pulse oximeter	-	2
Defibrillators	-	1
Ventilator	-	2
Boyles' apparatus	-	3
Infusion Pump	-	Nil
Drip Infusion Pump	-	Nil
10. No ultrasound is given to Obstetrics & Gynaecology department.
11. In CSSD, there is no bowl sterilizer. Additional sterilization facilities are not available in operation theatre block.
12. Laundry: Manual washing is done by dhobis. Mechanized central laundry is not available, which is required as per Regulations.
13. Nursing Staff is inadequate as under:-

Nursing Superintendent:	01
Deputy Nursing Superintendent:	02
Matron	01
Asstt. Nursing Superintendent	Nil
Nursing Sisters	04
Staff nurses	47
14. In Anatomy Department, there is no cooling cabinet for storages of bodies. No student lockers are provided. The catalogues are not kept near the specimens. There is a research laboratory which is not equipped.
15. In Physiology department, research laboratory is not equipped.
16. In Biochemistry Department, the gas cylinders are not available. The research laboratory space is available but not equipped.
17. Other deficiencies pointed out in the inspection report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove

the scheme received in the year 2004 for Establishment of new medical college at Raichur by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

106. Rajiv Gandhi Institute of Medical Sciences, Putlampally - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (8th & 9th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Rajiv Gandhi Institute of Medical Sciences, Putlampally.

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 May, 2007) along with letter dated 17.5.2007 from D.M.E., Govt. of Andhra Pradesh and letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of 150(one hundred fifty) MBBS students at Rajiv Gandhi Institute of Medical Sciences, Putlampally, Kadapa for the academic session 2007-08.

107. Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar - Renewal of permission for admission of 5th batch of students for the academic session 2007-2008.

Read: The Council inspectors report(30th April & 1st May, 2007) and additional verification inspection report(24th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (30th April & 1st May 2007 and 24th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 150(one hundred fifty) MBBS students at Chalmeda Anand Rao Instt. of Medical Sciences, Karimnagar for the academic session 2007-08.

108. Kesar Sal Medical College and Research Institute, Ahmedabad - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (25th & 26th May, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at Kesar Sal Medical College and Research Institute, Ahmedabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (25th & 26th May, 2007) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (A) The following Faculty Members were not counted while computing Faculty deficiency for reasons given as under.

No	Name	Designation	Department	Remarks
1.	Dr. Dinesh Dani	Professor	Medicine	Retired from ESIS-has experience as Hon. Asstt. and Assoc. Prof.
2.	Dr. Hetal Shah	Asstt. Prof.	T.B. & Chest	Part Time
3.	Dr. Deepali Kamdar	Asstt. Prof.	T.B. & Chest	Part Time
4.	Dr. Ajay Jain	Sr. Res.	T.B. & Chest	Does not have requisite 3 yrs. residency experience.
5.	Dr. Pradeep Vaghesia	Assoc. Prof	Psychiatry	Part time
6.	Dr. Dharmesh Patel	Asstt. Prof.	Psychiatry	Part time

7.	Dr. Frenny Bilimoria	Prof.	Dermatology	Part time
8.	Dr. Illa Manseta	Assoc. Prof.	Ob. Gy.	Part time
9.	Dr. Parul Kothadawala	Assoc. Prof.	Ob. Gy.	Part time
10.	Dr. Sneha Baxi	Asstt. Prof	Ob. Gy.	Part time
11.	Dr. Navin Patel	Prof.	Surgery	Part time
12.	Dr. Nehal Naik	Assoc. Prof	Surgery	Part time
13.	Dr. Shefali Desai	Assoc. Prof	Surgery	Part time
14.	Dr. Rajani Sanghvi	Assoc. Prof	Surgery	Part time
15.	Dr. Darshan Shah	Asstt. Prof	Surgery	Part time
16.	Dr. Rashmi Thakkar	Asstt. Prof	Surgery	Part time
17.	Dr. Nitin D. Shah	Asstt. Prof	Surgery	Part time
18.	Dr. Raj Shah	Asstt. Prof	Surgery	Part time
19.	Dr. Vaibhav Sutaria	Sr. Resident	Surgery	Part time
20.	Dr. Jaimin Shah	Sr. Resident	Surgery	Part time
21.	Dr. Jagdish Naik	Sr. Resident	Surgery	Part time
22.	Dr. Alpesh Patel	Sr. Resident	Surgery	Part time
23.	Dr. Divyang Bramhbhatt	Prof	Ophthalmology	Part time
24.	Dr. Chitra R. Jani	Prof.	Anaesthesia	Part Time
25.	Dr. Hemanshu Shah	Prof.	Anaesthesia	Part Time
26.	Dr. Bipin Shah	Assoc. Prof	Anaesthesia	Part Time
27.	Dr. Ketan Modi	Tutor	Anaesthesia	Part Time
28.	Dr. Rasesh Diwan	Tutor	Anaesthesia	Part Time
29.	Dr. Manish Patel	Tutor	Anaesthesia	Part Time
30.	Dr. Raj Rawal	Tutor	Anaesthesia	Part Time
31.	Dr. Sarwang Desai	Prof.	Orthopedics	Part Time
32.	Dr. Rakesh Shah	Assoc. Prof.	Orthopedics	Part Time
33.	Dr. Jawahar Jethwa	Asstt. Prof.	Orthopedics	Part Time
34.	Dr. Bharat patel	Asstt. Prof.	Orthopedics	Part Time
35.	Dr. Tejas Patel	Sr. Resident	Orthopedics	Part Time
36.	Dr. Alap Shah	Sr. Resident	Orthopedics	Part Time
37.	Dr. Mihir Mehta	Assoc. Prof.	ENT	Part Time
38.	Dr. Vishal Dave	Asstt. Prof.	ENT	Part Time
39.	Dr. Tejal Shah	Sr. Resident	ENT	Part Time
40.	Dr. Falguni Shah	Assoc. Prof.	Radiology	Part Time
41.	Dr. Dhiren Shah	Asstt. Prof.	Radiology	Part Time
42.	Dr. Kirtan Shah	Asstt. Prof.	Radiology	Part Time
43.	Dr. Mihir Gandhi	Tutor	Radiology	Part Time
44.	Dr. Keyur Shah	Tutor	Radiology	Part Time
45.	Dr. Deepak Sharma	Tutor	Radiology	Part Time

- (B) In view of the above, the shortage of teaching staff required at present stage is as under:-
- The shortage of teaching faculty is 19.83% (i.e. 24 out of 121) as under:-
 - Professor - 5 (Forensic 1, Surgery 1, Med.-1, Ortho 1, Ophthalmology-1)
 - Associate Prof. - 12 (Anatomy 1, Forensic 1, PSM 1, Derma 1, Psychiatry 1, Surgery 3, Ortho 1, Ob. Gy. 1, Anesthesia 2,)
 - Assistant Professor - 7 (Anatomy 1, PSM 1, Tb & Chest 1, Psychiatry 1, ENT 1, Ophthalmology 1, Obst. & Gynae.- 1)
 - The shortage of Residents is 17.65% (i. e. 15/85) as under :-
 - Sr. Resident -11(TB & Chest 1, Surgery 4, ENT 1, Radiology 3, Anesthesia 2)
 - Jr. Resident - 4 (Dermatology 2 & Psychiatry 2)
- (C) Most of the Faculty in the Clinical Departments are Part Time coming on alternate days or either in the morning or in the afternoon adjusting the duty amongst the other faculty members.
- (D) No faculty member signs on the Attendance Register as the faculty come very irregularly.
2. Clinical Material is inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	747	564
Casualty attendance	43	12
Bed occupancy%	82%	46%
Operative work		
Number of major surgical operations	09	06
Number of minor surgical operations	12	10
Number of normal deliveries	1	1
Number of caesarian Sections	1	0
Radiological Investigations		
X-ray	128	55
Ultrasonography	28	12
Special Investigations	12	09
C.T. Scan	-	-
Laboratory Investigations		
Biochemistry	180	170
Microbiology	40	15
Serology	50	22
Parasitology	20	12
Haematology	250	250
Histopathology	05	04
Cytopathology	06	05
Others	75	85

- a) The clinical material is very low in terms of OPD attendance and bed occupancy (46%) on the day of inspection. The “Nurses Night Registers” were scrutinized and average bed occupancy was less than 40%. These Registers were taken by the Inspectors but was then removed by the College authorities. Even after repeated request these Registers were not given.
 - b) Most of the patients did not require admission viz. a Scabies patient was admitted in Surgery, Sore Throat was admitted in ENT, Gastritis patient was admitted without giving any treatment for Gastritis. No clinical notes were found to be written on OPD Slip or in the Indoor Case Sheets. Most of the case sheets were incomplete. No proper clinical notes were entered. Basic investigations were not carried out. Treatment notes, daily follow up notes and discharge summary was not written in almost all cases viz. the clinical notes were in the form of rubber stamp viz. “Cesarean Done”, “Tubal Ligation Done”, “MTP Done” (the sample case sheets and the sample rubber stamp is enclosed)
 - c) There were very few samples in the Central Lab.
 - d) Lab investigations viz. Microbiology, Parasitology, Serology, Histopathology investigations were low.
3. There is an appreciable decrease in the budget of the college from 2005-2006 to 2006-2007.
 4. In the Medical Education Unit, no training courses were held during this year
 5. Central Library, very few copies of recent journals were available.
 6. Residential quarters: Total 28 quarters are available against the requirement of 44 quarters.
 7. There is overcrowding of the beds in all the wards. The number of beds has been increased to 450 without a proportionate increase in the space provided in the respective wards. There is no clear-cut demarcation of clinical units. A single ward has beds belonging to different specialities without clear demarcation of department of units. The Doctors duty rooms, Nurses duty rooms, and side labs are either not available in the wards or are non functional. In most wards, the nursing stations are small and are placed inappropriately. The departmental offices of the Clinical Specialties are shown in the small partitioned spaces in the corridors of the hospital and are not as per the Council’s norms. These partitioned spaces do not appear to be used. The Clinical Departmental Libraries are located in the College Building in partitioned rooms in the corridors. The books are mostly not relevant and are the old and obsolete. No faculty appears to be using this facility.

8. Verification of the Attendance Registers of clinical faculty provided by the Medical Superintendent showed that signatures were forged against the names of the faculty members. Almost all the faculty members of the clinical departments have given in writing in the same Registers that their signatures have been forged. The Medical Superintendent refused to sign these Registers when asked to countersign the statement of the faculty. Even the signatures of the Medical Superintendent himself were forged as his own short signatures (signed in the declaration form) did not match with the short signature in the Attendance Register. This was further certified by the HOD, Surgery. The Dean has stated that she is not involved in any way in the administration of the Hospital. Most of the Sr. and Jr. Residents have joined only for two days for MCI inspection.
9. There are no ACs or Coolers provided in the college or the hospital.
10. The electricity meter reading is low suggesting low usage of the college/hospital. The Dean and the Medical Superintendent refused to sign the photocopies of the Electricity and meter reading.
11. Nursing, Technical and non clinical/technical staff are inadequate for the present stage.
12. Registration and Medical Record Section, it is computerised but not cross linked with outdoor registration numbers. The inpatient data was not entered in the computer and manual data was also not available.
13. Pathology Department, the museum has 104 mounted and 42 unmounted specimens.
14. The number of books in the Departmental libraries of TB & Chest: 35 Skin & V.D.: 47, Psychiatry: 52 and Pediatrics: 65, Orthopaedics: 61, Oto-Rhino-Laryngology: 45, Ophthalmology: 54, Radio-Diagnosis: 35, and Anaesthesia: 42 are inadequate. The books are mostly not relevant and are old and obsolete. No faculty appears to be using this facility.
15. The capacity of lecture theaters in the hospital is 90 which is inadequate as per Regulations.
16. Total 28 quarters are available within the campus against the requirement of 48 at this stage.
17. Other deficiencies pointed out in the inspection report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Kesar Sal Medical College and Research Institute, Ahmedabad.

109. Sree Uthradom Thirunal Academy of Medical Sciences, Trivandram- Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (1st & 2nd June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Sree Uthradom Thirunal Academy of Medical Sciences, Trivandram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (1st & 2nd June, 2007) alongwith the additional information submitted by the college authorities vide letter dated 5.6.2007 and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. (Col) KE Rajan	Professor	Medicine	Dr.(Col) KE Rajan, Professor in the Deptt. of Medicine in his declaration form has mentioned that he has worked at AFMC Medical College, Pune as Asstt. Professor. From 23.12.1983 to 09.02.1985 & 4.7.1992 to 5.6.1995 and as Assoc. Professor from 12.2.1998 to 17.10.2003. On verification, the Administrative Officer of the said college has informed that Col. Rajan was not a recognized PG teacher while serving in their college in the department of Medicine.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

- (b) In view of above, the shortage of teaching faculty is 14.43% as under:-
 - i) Professor -2(1-Pharma, 1-Comm.Med.)
 - ii) Assoc. Prof.-3 (1-Pharma, 1-For.Med., 1-Pead.)
 - iii) Asstt.Prof. -8 (2-Anatomy, 1-Lect.Bio, 1-Pharma. Chemist, 2-Patho, 1-OBG, 1-Radio-diag.)
 - iv) Tutor -1 (1-Pathology)
- (c) The shortage of Residents is 3.50% as under-
 - i) Jr. Resident 2 (1-Medicine & 1-TB & Chest)
2. There is only one Lecture Theatre functional and the other one is packed with new Tables & Chairs and is non-functional.
3. Rural Health Centre belongs to Dr.George Varghese, a Pediatrician. Half portion of this hospital has been taken on rent on yearly basis. Documents are not available. No audiovisual aids have been provided at RHTC.
4. In the Central Casualty service, 9 beds are located in the passage which is not as per norms. Central oxygen supply and central suction are available in only 2 beds.
5. There are 4 operation theatres having total 4 tables against the requirement of 6 at this stage.
6. In CSSD, No bowl sterilizer, no Glove inspection machine and no Ultrasound cleaning machine are available.

7. Pharmacology department consists of only one hall divided by a temporary Aluminium Partition; one part is used as a sitting place for the faculty and the other part is having 4 tables displaying various medicines of Chemotherapy, Respiratory, GIT, Hormone and CVS. Ten charts are also hanging over the walls. The department is non-functional.
8. Pathology department consists of 1 big hall having 1 cabin as staff room, service Histo-pathology laboratory and a museum. The museum is having 160 mounted specimens & 6 PVC buckets containing unmounted specimens. Seventy five sealed packages of microscopes are available. Other laboratories are non-functional.
9. *Microbiology department consists of a hall divided by a temporary partition on one side as a sitting space for the staff and Serology, Bacteriology Service Laboratories, there are 55 microscopes in sealed packages, 30 charts with 7 models. Students laboratories are not available.*
10. Forensic Medicine department consists of 1 hall accommodating the sitting space for the faculty, 30 charts and 1 articulated skeleton. Department is non-functional.
11. Community Medicine department consists of one hall having a temporary partition on 1 side there is sitting space for the faculty and the other side there are 20 chairs and a small table displaying 5 dissecting microscopes and 1 uni-ocular microscope. Various charts of family planning and national programmes were displayed over the walls. No other laboratory or infrastructure is available.
12. Books in the departmental libraries of TB & Chest, Skin & VD & Psychiatry are inadequate.
13. Hostel accommodation is available for only 93 students against the requirement of 200 at this stage.
14. Two single storied residential quarters are available within the campus for the faculty which is inadequate against the requirement of 20 quarters at this stage. No accommodation is available for Class III and Class IV.
15. Radiological facilities : No image intensifier is available. 200 MA machine is non-functional. Hence, only one x-ray machine is functional which is inadequate.
16. There is no seminar hall in wards of any major departments.
17. Examination hall is not available.
18. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Sree Uthradom Thirunal Academy of Medical Sciences, Trivandram”.

110. Bhaskar Medical College, Yenkapally Village, Andhra Pradesh - Renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008- Compliance verification inspection thereof.

Read: The Compliance verification inspection report(24th May, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Bhaskar Medical College, Yenkappally.

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 reports (24th May, 2007 and 13th June, 2007) and noted the following:-

- 1 (a) The shortage of teaching staff is as under more than 13.25% for intake of 150 admission at this stage is as under : -
 - (I) Faculty more than 5%
 - i) Associate Professor : 10 (Anatomy 2, Pharm. 1, Pathology 2, Micro. 1, PSM 2, Medicine 2)

- ii) Assistant Professor : 9 (Physiology 1, Medicine 2, Skin 1, Surgery 1, ENT 1, Radio-Diagnosis 1, PSM 2)
- iii) Tutors : 3 (Micro. 2, PSM 1)
- (II) Resident 22.42%
 - i) Sr. Resident : 10 (Medicine 3, Surgery 5, Radio-Diagnosis 2)
 - ii) Jr. Resident : 14 (Medicine 3, Psychiatry 1, Surgery 6, Ortho. 3, OBG 1)

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also considered the request of the college received vide letter dated 14.6.2007 requesting to permit them to admit students to the reduced number of seats and observed the shortage of teaching staff is less than 5% for reduced intake of 100 as under : -

- (a) Teaching faculty: less than 5%
 - i) Assoc. Prof. : 3 (Anatomy 1, Pathology 1, Community Med. 1)
 - ii) Asstt. Prof. : 2 (PSM 1, ENT 1)
- (b) Residents: less than 5%
 - i) Sr. Resident: 3 (Medicine 1, Surgery 2)
 - ii) Jr. Resident: 1 (Psychiatry 1)

In view of above and noted that the infrastructure, clinical material and other facilities are adequate for reduced intake of 100 students, the members of the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. to renew the permission for admission of 3rd batch of 100 MBBS students for the academic year 2007-08 at Bhaskar Medical College, Yenkapally Village, Andhra Pradesh.

111. Sri Aurobindo Instt. of Medical Sciences, Indore - Renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008- Compliance verification inspection thereof.

Read: The Compliance verification inspection report (29th May, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at Sri Aurobindo Instt. of Medical Sciences, Indore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (29th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 4th batch of 100 (one hundred) MBBS students at Sri Aurobindo Instt. of Medical Sciences, Indore for the academic session 2007-08.

112. Dr. Somervel Memorial, C.S.I. Medical College & Hospital, Karakonam- Renewal of permission for admission of 6th batch of students for the academic session 2007-2008.- Compliance verification inspection thereof.

Read: The Compliance verification inspection report (2nd June, 2007) for renewal of permission for admission of 6th batch of MBBS students for the academic session 2007-2008 at Dr. Somervel Memorial, C.S.I. Medical College & Hospital, Karakonam.

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 (2nd June, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 6th batch of 100 (one hundred) MBBS students at Dr. Somervel Memorial, C.S.I. Medical College & Hospital, Karakonam for the academic session 2007-08.

113. Santosh Medical College, Ghaziabad- Renewal of permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008.

Read: The Council Inspectors report (9th & 10th May, 2007) for renewal of permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at Santosh Medical College, Ghaziabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (9th & 10th May, 2007) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of faculty is 11.2% as under:-
 - i) Professor : 1 (Forensic Medicine –1)
 - ii) Associate Professor: 5 (Anatomy –1, Physiology –1, Pharmacology –1, Forensic Medicine –1 & General Medicine –1)
 - iii) Assistant Professor – 3 (Pharmacology –1, Forensic Medicine –1 & General Medicine –1)
 - iv) Tutor: - 2 (Forensic Medicine –1 & Anaesthesia –1)
 - (b) The shortage of residents is 17% as under:-
 - i) Sr. Resident: - 3 (General Medicine –1, Paediatrics –1 & Surgery –1)
 - ii) Jr. Resident: -11 (General Medicine 5, TB & Chest –2, Surgery –4)
2. Clinical material is inadequate in terms of bed occupancy and surgical workload as under:-

	Daily Average	Day of Inspection
Bed occupancy	70-85%	433 patients, (75%)
<u>Operative work</u>		
Number of major surgical operations	10-12	3
Number of minor surgical operations	12-15	5

3. At RHTC, no lecturer cum medical officer having M.D. {P.S.M.} is available.
4. In O.P.D., the registration work is also done partly manually.
5. In Wards, the recording of patient admission and discharge should be maintained in a proper tabulated Register in all wards by the nursing sister which is essential for evaluating essential hospital statistic.
6. In Microbiology Department, Service laboratories for Virology has not been established.
7. Some of the rooms in the hostels are also shared by Physiotherapy students.
8. Other deficiencies pointed out in the inspection report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 of permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at Santosh Medical College, Ghaziabad.

114. Increase of MBBS seats from 50 to 100 at Christian Medical College, Ludhiana – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(1st June, 2007) for increase of MBBS seats from 50 to 100 at Christian Medical College, Ludhiana .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Compliance verification inspection report (1st June, 2007) alongwith the additional information submitted by the college authorities vide letter dated 1st June and 9th June, 2007 and noted the following:-

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

(a) The shortage of teaching faculty is 14.6% as under:-

- | | | | |
|-------|-----------------|---|--|
| (i) | Professor | 2 | (Pharmacology-1, Forensic Medicine-1) |
| (ii) | Assoc. Prof. | 8 | (Anatomy- 2, Physiology-1, Biochemistry- 2, TB & Chest-1, General Medicine-1, General Surgery-1) |
| (iii) | Assistant Prof. | 7 | Biochemistry- 1, Community Medicine –5, OBG-1) |
| (iv) | Tutor | 4 | (Anatomy-2) |

(b) The shortage of Residents is 6.7% as under:-

- | | | | |
|------|--------------|---|-----------------------------------|
| (i) | Sr. Resident | 4 | (Psychiatry-1, Radio-Diagnosis-3) |
| (ii) | Jr. Resident | 2 | (Dermatology-1, Psychiatry-1) |

2. Clinical material is inadequate as under:-

	Daily Average June 2006 to May 2007	Day of Inspection 31 st May, 2007
O.P.D. attendance	697	766
Bed occupancy %	61%	59%
Operative work		
No. of Major surgical operation	16	14
No. of Minor surgical operation	03	03
No. of normal deliveries	02	02
Number of caesarian sections	02	02
Radiological Investigations	O.P. & I.P.	O.P. & I.P.
X-ray	125	75
Ultrasonography	46	58
Special Investigations	--	--
C.T. Scan	10	12
Laboratory Investigations		
Biochemistry	1517	1279
Microbiology include Serology &	332	266
Parasitology	442	433
Haematology	10	12
Histopathology	06	071
Cytopathology	--	--
Others	06	01
MRI	95	101
Surgical Research Lab.	05	05
Neurology Deptt. Lab		

Bed occupancy was low at 59% on the day of inspection and the average bed occupancy is 61% as per the statistics provided by the Medical Superintendent.

3. The following deficiencies pointed out in the inspection report of 14th & 15th March, 2007 have not been rectified:-

- There are 35 work places each in the Hematology lab. of the Physiology Deptt. and Histopathology lab of Pathology department which is not as per Council norms.

- There are no gas burners in the Biochemistry laboratory. However, order for 50 gas burners has been placed.
 - The demonstration rooms in the Microbiology and Forensic Medicine departments have only 25 seats each which is not as per norms.
 - In the Community Medicine Dr. A.R. Verma has been posted as Lecturer at RHTC but he is M.D. (Medicine). Hence, he has not been counted.
 - No Lecturer is available at UHC.
 - Auditorium is under construction.
 - Glove inspection & instrument washing machines are not yet procured.
 - Cooling cabinets for Anatomy Departments are not available. However, orders have been placed for their procurement.
4. Dr. John Abraham is appointed as the Acting Principal after the term of the earlier Principal Dr. Mohan Verghese expired in April, 2007. He has been Professor of Anaesthesia for the last 6 years and has 6 years administrative experience. Hence, the institute does not have regular Dean/Principal.
 5. Other deficiencies/remarks are in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council also observed that the Principal vide letter dated 1.6.2007 has given an undertaking that no DNB Courses will be conducted henceforth.

In view of above the members of the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to return the scheme to the Central Government for increase of seats in MBBS course from 50 to 100 at Christian Medical College, Ludhiana, u/s 10(A) of the IMC Act, 1956. It was further decided to give three months time to the college authorities to rectify the above deficiencies and submit the compliance with the stipulated period.

115. Increase of MBBS seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(2nd June, 2007) for increase of MBBS seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sciences & Research, Sri Amritsar.

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 (2nd June, 2007) and decided to recommend to the Central Govt. to issue Letter of Permission for increase of seats from 50 to 100 at Sri Guru Ram Das Institute of Medical Sceicnes & Research, Sri Amritsar for the academic session 2007-08 u/s 10A of the I.M.C. Act, 1956.

116. Approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

Read: The Council Inspectors report (25th & 26th May, 2007) for approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

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, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:-

S.No.	Name	Designation	Department	Remarks
1.	Dr.N.Praveen Kumar	Asstt. Prof.	MD(Community Medicine)	In his declaration form, he has claimed that he has worked at Aravind Eye Hospitals & Postgraduate Instt. of Ophthalmology, Madurai. In its letter Aravind Eye Hospitals & Postgraduate Instt. of Ophthalmology, Madurai has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

1 (b)

S.No.	Name	Designation	Department	Remarks
1.	Dr.M. Prakash	Prof. & HOD	Dentistry	He possesses his experience as Assoc. Prof. for only 3 months against the requirement of 4 years as per Regulations. Hence is not eligible to be considered for the post of Professor Dentistry.
2.	Dr.N.Praveen Kumar	Asstt. Prof.	Peadiatrics	In his declaration, he has claimed to have worked at Prathima Instt. of Med. Sciences from 5.11.2006 to till date i.e. for a period of 8 months which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
3.	Dr.Mamta Singh	Asstt. Prof.	Obest.& Gynae.	In her declaration, she has claimed to have worked at Indraprastha Apollo Hospital, New Delhi about 9 months & Prathima Instt. of Med. Sciences from 11.5.2007 to till date i.e. for a period of 1 month which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
4.	Dr.Shoaib arsalayhyder	Sr.Resident	Obst.& Gynae.	In his declaration, he has claimed to have worked at Prathima Instt. of

				Med. Sciences from 5.4.2007 to till date i.e. for a period of 2 months which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.
5.	Dr.Rajarshi Mitra	Asstt.Prof	Gen.Surgery	In his declaration, he has claimed to have worked at Fortis Hospital, U.P. from 12.9.2005 to 31.1.2007 i.e. for a period of 1 year and 4 months & Prathima Instt. of Medical Sciences from 14.2.2007 to till date i.e. for 4 months, which is inadequate as required under the regulations i.e. 3 years. Hence not eligible.

© In view of above, the shortage of teaching staff required at present stage is as under:-

The shortage of teaching faculty is 9% as under:-

- (i) Professor 04 (Physiology –1, Biochemistry –1, TB & Chest –1, Community Medicine-1)
- (ii) Assoc. Prof. 06 (Anatomy –1 Physiology –1, Microbiology –1, Forensic Medicine –1 & Pharmacology –2)
- (iii) Asst. Prof. 03 (Community Medicine-1, Pead.-1, OBG-1)

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

- (i) Sr. Resident 09 (General surgery –4, Orthopaedics –3, Skin & VD –1, Anaesthesia –1)
- (ii) Jr. Resident 01 (ENT)

2. At RHTC, one Medical Officer having DPH qualification is posted, which is inadequate as per Regulations as person having M.D. (PSM) qualification is required as per Regulations.

3. Interns and residents are accommodated in the Boys and Girls Hostels respectively.

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Residents	2	35	70	Yes	No

Accommodation is available only for 70 Residents, which is inadequate.

- 4. In OPD, there is no lab/procedure room available.
- 5. Radiological facilities, 4 static units (1 of 800 mA, 1 of 500 mA (1 image intensifier) and 2 of 300 mA) are available, which is inadequate as per Regulations.
- 6. There is no hospital kitchen available. Facilities for special diet are not available.
- 7. Anatomy Department, dissection hall has 139 seats against the requirement of 150 as per Regulations.
- 8. Other deficiencies pointed out in the inspection report.

In view of above the members of the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and the Executive Committee decided not to recommend approval of Prathima Institute of Medical Sciences, Karimnagar for the award of MBBS degree granted by N.T.R. University of Health Sciences, Vijayawada.

117. Recognition of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University- Compliance verification inspection thereof.

Read: The Compliance verification inspection report(2nd June, 2007) for Recognition of Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University.

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 (2nd June, 2007) and decided to recommend that Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi be recognized for the award of MBBS degree granted by Guru Gobind Singh Indraprastha University and included in the Ist Schedule to the IMC Act, 1956 restricting the number of admissions to 100 students annually.

118. M.R. Medical College, Gulbarga – Approval of college against increased intake from 100 to 150 and renewal of permission for admission of 7th batch of MBBS students against the increased intake i.e. 100 to 150 for the academic session 2007-2008- Compliance verification inspection thereof.

Read: The Compliance verification inspection report(1st June, 2007) for Approval of college against increased intake from 100 to 150 and renewal of permission for admission of 7th batch of MBBS students against the increased intake i.e. 100 to 150 for the academic session 2007-2008 at M.R. 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 compliance verification inspection report (1st June, 2007) and decided to recommend that M.R. Medical College, Gulbarga be approved for the award of MBBS degree granted by the Rajiv Gandhi University of Health Sciences, Bangalore for the increased number of seats i.e. from 100 to 150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 7th batch of MBBS students against the increased intake i.e. from 100 to 150 students at M.R. Medical College, Gulbarga for the academic session 2007-2008.

119. Govt. Medical College, NDMC, Jagdalpur - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (1st & 2nd June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Govt. Medical College, NDMC, Jagdalpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (1st & 2nd June, 2007) and noted the following

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

- (a) The shortage of teaching faculty is 14.3% as under:-
 - (i) Professor 5 (Biochemistry-1, Pathology-1, Microbiology-1, Medicine-1, Forensic Medicine-1)
 - (ii) Assoc. Prof. 3 (Biochemistry-1, Microbiology-1, Radiology-1)
 - (iii) Assistant Prof. 2 (Microbiology-1, Dermatology-1)
- (b) The shortage of Residents is 27.5% as under:-
 - (i) Sr. Resident 6 (Radiology-1, Medicine-1, Paediatric-1, Surgery-2, Gynaecology-1)
 - (ii) Jr. Resident 8 (Medicine-1, TB-1, Dermatology-1, Orthopaedics-3, Psychiatry-1, Ophthalmology-1)

2. Clinical material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	325	268
Operative work		
No. of Major surgical operation	05	04
No. of Minor surgical operation	15	13
Radiological Investigations	O.P.+I.P.	O.P. + I.P.
X-ray	49	46
Ultrasonography	10	36
Special Investigations	--	--
C.T. Scan	06	01
Laboratory Investigations		
Biochemistry	60	--
Microbiology	--	--
Serology	30	18
Parasitology	--	--
Haematology	166	81
Histopathology	--	--
Cytopathology	--	--
Others (Pathology)	--	--

The Semiautomatic Biochemistry Analyzer is out of order since 28th May,07 till to date.

3. Unit pattern is not followed in all the departments.
4. Paraclinical departments are under construction. None of the paraclinical departments are functional.
5. Lecture theatres are not provided with audio-visual aids.
6. Examination hall is not available.
7. Total area available for central library is 340 sq.mt. which is inadequate against the requirement of 800 sq.mt.. Total number of current journals available are 2 against the requirement of 28 Indian & 12 foreign journals. No back volume of journal is available. One computer is available in the library. Medlar facility is not available.
8. Central photography-cum-audio visual units are not established.
9. There is shortage of capacity of Boys' & Girls' hostels as accommodation is available for 88 students against the requirement of 100. The girls' hostel is partially furnished.
10. There is no hostel for the Residents.
11. The nurses' hostel is not in the campus.
12. No residential quarters are available in the campus.
13. In OPD, each speciality is provided only one to two rooms for examination of patients and accommodation for the doctors. X-ray view box in most of the OPDs' are not provided. There is no teaching area for any of the speciality. Plaster room and plaster cutting room is not available. Central clinical laboratory is not housed in the OPD. There is no Audiometry room (soundproof & Air-conditioned). There is no doctor's duty room, pantry, side lab, teaching and demonstration room in almost all wards. The nursing station of the ward is present.
14. Registration and Medical Record Section are not computerized. Indoor registration counter is not computerized and is not cross linked with outdoor registration numbers. Follow up service is not available.
15. O.Ts' do not have central oxygen & nitrous oxide supply and central suction. Resuscitation equipment in O.T. is inadequate. There are no postoperative recovery rooms or post operative ward within O.T. complex.
16. ICCU has 4 beds. Paediatric ICU has 3 beds.
17. Labour room does not have eclampsia room.
18. Central sterilization department is under renovation.
19. Intercom facilities are not available in the college.
20. Central laundry is not yet installed though machines required for the same are received.
21. No dietician is available. Facilities for special diet for patients are not available.
22. There is no canteen in the hospital.
23. Paramedical staff is grossly inadequate as under:-
Laboratory Technicians - 10

- | | | | |
|--|-----------------------|---|----|
| | Laboratory Assistants | - | 02 |
| | Laboratory Attendants | - | 12 |
24. Nursing staff is grossly inadequate as under:-

	Nursing Superintendent	-	01
	Deputy Nursing Superintendent	-	01
	Matron	-	01
	Asstt. Nursing Superintendent	-	Nil
	Nursing Sisters	-	Nil
	Staff nurses	-	61
 25. Anatomy department: 35 books of departmental library are kept in the departmental office. 04 small dissection tables are available which is inadequate. There is no Band saw. Lockers are not provided. There is no research laboratory. Cadavers are not available. No separate room for departmental library cum seminar room is available.
 26. Physiology department: There is no demonstration room. Each laboratory has 15 workplaces which is inadequate. Departmental library has 11 books kept in a faculty room. There is no separate room for departmental library cum seminar room. Books in departmental library are not adequate.
 27. Biochemistry department: There is no demonstration room. Gas cylinders need to be kept away in a separate enclosure in practical laboratory. There is no separate seminar room.
 28. Pharmacology department: Offices are not available for teaching and non-teaching staff. The building is under construction. Departmental is not functional.
 29. Pathology, Microbiology and Forensic Medicine departments are not functional.
 30. The building for the Community Medicine department is under construction. Health centers are not under the administrative control of the college. Department is not functional.
 31. Teachers are not provided adequate space to seat and work in Obst. & Gynae. and Paediatric departments. Teaching areas are not provided in O.P.D. and wards. In Obst. & Gynae. Department, departmental library is not available.
 32. The interns from the private Medical Diploma College were working in minor O.T. & injection room without any supervision.
 33. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Govt. Medical College, NDMC, Jagdalpur.

120. Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune - Renewal of permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008- Compliance verification inspection thereof.

Read: The Compliance verification inspection report(1st June, 2007) for renewal of permission for admission of 5th batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 at Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune.

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 (1st June, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of MBBS students against the increased intake i.e. from 100 to 150 at Dr. D.Y. Pail Medical College, Pimpri, Pune for the academic session 2007-08.

121. Enhancement of various fee charged by Medical Council of India.

Read: the proposal with regard to Enhancement of various fee to be charged by Medical Council of India as been approved by the Finance Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the enhancement of various fee to be charged u/s 10A of the I.M.C. Act, 1956 for Establishment of New Medical College and various types of inspections as under:-

S.No.	Particulars	Amount of Existing Fee	Amount of Proposed Fee.
A.	<u>Fee for the applications received u/s 10A</u> Establishment of New Medical College b) Starting of PG/Higher Courses. c) Increase of Seats at UG/PG level.	3,50,000/- 2,00,000/- 2,00,000/-	7,00,000/- 4,00,000/- 4,00,000/-
B.	<u>Fee for Inspection of</u> a) Recognition/verification of Compliance for U.G. courses. b) Recognition/verification of Compliance for PG courses. c) Internship/housemanship at Non-teaching hospitals. g.) Annual Inspection/Affiliation of UG courses. h.) Annual Inspection/Affiliation of PG courses.	2,00,000/- 50,000/- 50,000/- (For each subject) 30,000/- ---	4,00,000/- 1,00,000/- 1,00,000/- (For each subject) 1,00,000/- 25,000/- (For each course)

It was further decided that the proposal for amendment of appropriate regulations for enhancement of fee for the applications received u/s 10A and mentioned at Sl.No.A in the above table be placed before the General Body of the Council and a proposal for enhancing the fee for various types of inspections mentioned at Sl.No.B in the above table be sent to the Central Govt. for necessary approval.

122. Removal of name of Dr. Anita Khuteta from the Indian Medical Register.

Read: The letter dt. 03.05.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. Anita Khuteta from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 03.05.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Anita Khuteta bearing Regn. No.5292, dated 23.06.1975 has expired on 01.05.2007 and his name has been removed 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 give intimation in this regard to all the State Medical Councils in the country.

123. Maharajah's Institute of Medical Sciences, Nellimarla, Vizianagaram - Renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(14th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Maharajah's Institute of Medical Sciences, Nellimarla, Vizianagaram.

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 (14th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 100(one hundred) MBBS students at Maharajah's Institute of Medical Sciences, Nellimarla, Vizianagaram for the academic session 2007-08.

124. Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinoutpally - Renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report(16th May, 2007) for renewal of permission for admission of 5th batch of MBBS students for the academic session 2007-2008 at Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinoutpally.

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 (16th May, 2007) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 150(one hundred fifty) MBBS students at Dr. Pinnamaneni Siddhartha Institute of Medical Sciences & Research Foundation, Chinoutpally for the academic session 2007-08.

125. Establishment of new medical college at Bishnupur Distt., Manipur by College of Medical Sciences, Society, Bishnupur u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (5th & 6th June, 2007) for establishment of new medical college at Bishnupur Distt., Manipur by College of Medical Sciences, Society, Bishnupur u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th June, 2007) and noted the following:-

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

(a) The shortage of teaching faculty is 87% as under:-

- | | | | |
|-------|--------------|-----|--|
| (i) | Professor | :04 | (Anatomy –1, Physiology –1, Biochemistry –1, General Medicine –1) |
| (ii) | Assoc. Prof. | :09 | (Anatomy –1, Physiology –1, Biochemistry –1, Microbiology –1, General Surgery –1, Orthopaedics –1, Obst. & Gynae. –1, Anaesthesia –1, Radio-diagnosis –1) |
| (iii) | Asst. Prof. | :14 | (Anatomy –2, Physiology –1, Lect. (Bio.) –1, Biochemistry –1, Pharmacology –1, Pathology –1, Forensic Medicine –1, Community Medicine –1, General Medicine –2, General Surgery –1, ENT –1, Dentistry –1) |
| (iv) | Tutor | :08 | (Anatomy –2, Physiology –1, Pharmacology –1, Pathology –1, Microbiology –1, Forensic Medicine –1, Community Medicine –1) |

(b) The shortage of Residents is 100% as under :-

- | | | | |
|------|--------------|-----|---|
| (i) | Sr. Resident | :15 | General Medicine –3, Paediatrics –1, General Surgery –3, Orthopaedics –1, ENT –1, Ophthalmology –1, Obst. & Gynae. –2, Anaesthesia –2, Radio- diagnosis –1) |
| (ii) | Jr. Resident | :20 | General Medicine –6, Paediatrics –2, General Surgery –6, Orthopaedics –2, ENT –1, Ophthalmology –1, Obst. & Gynae. –2) |

(c) None of the available faculty members considered above had any appointment letters, joining reports, PG registration certificates or another documents. None of the available faculty members is drawing any salary as they have stated that they are donating their salary to the college. The Principal was not available to countersign any documents as he had left quoting an urgent personal work. Only 5 faculty members out of the required 39 are available and no residents out of the required 34 are available.

- (d) Dr. K.H. Tomba Singh, MD(Obst. & Gynae.) is shown as Principal. He has mentioned that he is working without any salary. No appointment letter or joining letter has been appended. Pan number also is not available. The Dean was present at the time when the inspection started, but left in the middle of the inspection stating that he had an emergency work. He was not available for any clarifications or signatures after 11.30 a.m. on the day of inspection. He informed that he would come later in the day to sign any papers if needed, but did not come.

2. Clinical Material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	No records	40
Casualty attendance	No records	Nil
Number of admissions / discharge	No records	Nil
Bed occupancy%	No records	0%
Operative work Number of major surgical operations Number of minor surgical operations Number of normal deliveries Number of caesarian Sections	No facilities	
Radiological Investigations X-ray Ultrasonography Special Investigations C.T. Scan	No facilities	No facilities
Laboratory Investigations Biochemistry Microbiology Serology Parasitology Haematology Histopathology Cytopathology Others	No facilities	No facilities

3. Plot of Land: No original papers were available with the college. No site plan of the land areas was available. This plot of land is a voluntary gift from the original owner. Original papers could not be verified due to their non-availability.

Land use conversion to Non-agricultural was not available with the college hence was not verified.

4. Building plan approval from the competent authority: No building plans were available nor were they supplied after request. Hence not verified. A letter from the Bishnupur Municipal council has been appended showing the sanction to erect the buildings. However this sanction is valid only till 02.08.2006 and no further extension has been shown during the inspection.
5. The construction is of bricks and masonry and the roofing is by tin sheets. The entire building complex is a single storied complex. No building plans were available for inspection. No proposed or sanctioned plans were available. No information regarding the proposed plan of action for construction, phased programme of construction or information regarding built up areas was available.
6. The complex consists of one single storied block having the Principal's office, the Central Library and a classroom. No other facilities are available.

Another block, housed the OPD area, which comprised a hall divided into cubicles by wooden partitions, which were labeled as OPDs for Medicine, Paediatrics, Surgery, Obst. & Gynae. and Eye and ENT and one cubicle as Casualty and an adjoining cubicle as emergency.

Another block with similar structure was shown as ward block, which was divided in 3 parts by wooden partitions and labeled as Male, Female and Obst. & Gynae. Wards respectively.

Another block was shown as pre and para clinical block, which was basically a hall with wooden partitions.

7. The college/hospital campus was not demarcated by any boundary wall.
8. Drainage & Sewage Disposal: Neither municipal sewage disposal connection nor any plan was available. No tie up with any outside agency exists for sewage disposal.
9. Annual Budget is not provided to the inspection team.
10. Total Floor Area: No details were provided by the college authorities in respect of the floor area covered or proposed to be covered.
11. Para Clinical Department: Neither is any space available nor is it earmarked for the Para Clinical Departments.
12. Clinical Department: No separate space available.
13. Lecture theatres: Only 1 lecture hall of level type of capacity of 22 is available against the requirement of 2 each. Lecture theatres of gallery type of capacity of 120. The class room is a hall with 11 tables and benches for 2 students each. Total capacity is for 22 students only. No other lecture theatre exists in the campus.
14. Common room for boys and girls is not available.
15. Central Library: The library consists of a small single room of size about 12 ft. x 12 ft. It has chairs for 10 students. The library has about 150 books but of these most of them are high school books on English, Maths and Science. A few general books, some old journals and some medical books are available. No record of the books available was present. One small cubicle for the librarian with a non-functional computer was present.
16. Hostel: No hostels owned by the college are available. One house in the neighboring area was shown to be marked as site for the girls' hostel. However, it was occupied by other people. The Hostel facilities are not available.
17. Residential Quarters: One residential house was shown to be on the campus for the RMO on duty. No other accommodation was shown or available.
18. Sports and recreation facilities are not available.
19. The Medical College has its own hospital, i.e. College of Medical Sciences Hospital. It has a total of 55 beds, all of which are free beds. Out of free beds, 49 are teaching beds and 6 other non-teaching beds are available for emergency. The secretary has produced a copy of a document issued by the Director of Health Services, Manipur requesting the Govt. to permit the usage of the district hospital, Bishnupur for teaching purposes and the subsequent letter from the Commissioner Health of the Manipur Govt. approving the proposal for a period of 6 years. The acceptance is conditional and the staff of the college would have no say in the hospital and the hospital would remain under the control of the Superintendent of the District Hospital only.
20. No Medical Superintendent was available.
21. Distribution of Beds: 49 beds are placed in three halls marked as male, female and Obst. & Gynae. Wards. They were unmarked and had only mattresses placed on them. No beds for any specialty were earmarked specifically. The beds availability and the distribution are grossly inadequate for the preset stage. There is a deficiency of 251 teaching beds i.e. only 49 beds are available against the requirement of 300 beds.

22. OPD: The OPD block consists of one hall, which has been subdivided into smaller cubicles by wooden partitions. One cubicle serves as the casualty, one as an emergency ward with 6 beds and one cubicle each of the OPDs of Medicine, Surgery, Obst. & Gynae. Orthopaedics and Eye and ENT (on alternate days). One room for an emergency OT but with no OT table, light, suction, Oxygen or any other equipment is available, One room is for the Pharmacy, which is manned by one nurse. There is one registration counter, which was just issuing registration slips to patients without maintaining any records. There was no register to maintain any records in the OOD, wards or any other hospital area. There are no teaching area in the OPD. No examination instruments worth the name were available in the OPD area. The OPD had no waiting area. Chairs were placed in the open outside where patients were waiting. No doctors were there to examine the patients.
23. In Wards: The wards were vacant with no patients, nurses, side labs, nursing stations, and duty rooms' changing rooms or any medicines or resuscitative equipments. No teaching areas were demarcated. The wards have tin roofs. There is no attached toilet to any area including the wards; the toilets are common toilets in a small hut like structure outside.
24. There is no Medical Records Department available.
25. Central Casualty Service: Only space is provided in the form of a wooden cubicle with no facilities. A small 6 bedded ward is present but without any infrastructure available there.
26. There is no Clinical Laboratory available.
27. There is no operation theatre available.
28. Labour room: There is one small room about 8 x 8 feet to serve as a labour room but it has no facilities except a trolley. It was unused and with no instruments, equipments or any other infrastructure. No deliveries have been conducted here.
29. No Radiological facilities are available.
30. Pharmacy: One dispensary is located in the OPD area, which is staffed by a nurse. Few medicines were present there. No records were available to verify the distribution of medicines.
31. CSSD not available.
32. Intercom: An EPBX is available but it is not functioning.
33. Central Laundry is not available.
34. Incinerator is not available.
35. Kitchen is not available.
36. Canteen is not available.
37. Para medical staff is grossly inadequate as under:-

Laboratory Technicians:	07
Laboratory Assistants:	Nil
Laboratory Attendants:	Nil
38. Nursing Staff is grossly inadequate as under:-

Nursing Superintendent	:Nil
Deputy Nursing Superintendent	:Nil
Matron	:Nil
Asstt. Nursing Superintendent	:Nil
Nursing Sisters	:5(GNMs)
Staff nurses	:8(ANMs)

39. In Anatomy Department: One room, which serves the purpose of a demonstration room and a museum, is available. Its size is about 12 ft x 12 ft. One dissection hall of size about 12 x 12 ft has been shown, 4 wooden tables with Aluminum sheet covering them have been placed in name of dissection tables. No other equipments are available. Department is non-functional.
40. In Physiology Department: No books in the department. One lab with 8 microscopes sets is present. There is no water connection except one tap in the corner of the room. This room has further been divided into a demo room by a wooden partition. No infrastructure available. Department is non-functional.
41. In Biochemistry Department: 1 lab with 5 tables and 10 seats is available in the name of a Biochemistry lab. There is no water connection on the tables. No gas is available. No infrastructure available. Department is non-functional.
42. There is no staff, space or infrastructure is available in the Departments of Pharmacology, Pathology, Microbiology, Forensic Medicine & Community Medicine.
43. Clinical Departments: No teaching facilities are available. Infrastructure and staff is grossly inadequate. There is no residents (Jr. & Sr.) available.
44. Other deficiencies pointed out in the inspection report.

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the applicant trust does not fulfill the qualifying criteria for establishment of a new medical college Sr.No.2(3) "that Essentiality Certificate in Form 2 regarding No objection of the State Government/Union Territory Administration for the establishment of the proposed medical college at the proposed site and availability of adequate clinical material as per the Council Regulations, have been obtained by the person from the concerned State Government/Union Territory Administration" laid down in the Establishment of Medical College Regulations, 1999.

In view of the above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No.2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical college Regulations, 1999. The Committee decided to write a letter to the State Govt. i.e. Manipur requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 24.03.2000 certifying that the applicant owned and managed a functional hospital of 300 plus beds having adequate clinical material, when on inspection it has been found that only 49 beds are available.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2004 for Establishment of new medical college at Bishnupur Distt., Manipur by College of Medical Sciences, Society, Bishnupur u/s 10A of the IMC Act, 1956.

126. Kanyakumari Medical College, Asaripallam - Renewal of permission for admission of 4th batch of students for the academic session 2007-2008.

Read: The inspection report (5th & 6th June, 2007) for renewal of permission for admission of 4th batch of MBBS students for the academic session 2007-2008 at Kanyakumari Medical College, Asaripallam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (5th & 6th June, 2007) and noted the following:-

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

(a) The shortage of teaching faculty is 45.45%

- i) Professor 7 (Pharmacology – 1, Forensic Medicine – 1, community Medicine – 1, Medicine – 1, Pediatric – 1, OB&G – 1, Radiology – 1)
- ii) Professor / Associate 1 (TB& chest – 1)
- iii) Associate Professor 4 (Anatomy – 2, Physiology – 1, Lecturer in Biophysics - 1)
- iv) Assistant Professor 29 (Anatomy – 2, Physiology – 2, Pathology – 3, Pharmacology – 2, Pharmachemist – 1, Community Medicine – 1, Lecturer in epidemiology – 1, Lecturer in Statistics – 1, Medicine – 2, Surgery – 4, Orthopedics – 2, OB&G – 2, ANMO – 1, ANWO – 1, Anesthesia – 1)
- v) Tutor 14 (Anatomy – 2, Biochemistry – 1, Pathology – 4, Microbiology – 1, Pharmacology – 3, Forensic Medicine – 1, Radiology – 1, Anesthesia – 1)

(b) The shortage of residents is: 2.35%

- i) Sr. Resident 2. (TB& Chest – 1, Psychiatry – 1)

2. (a) Clinical Material is inadequate as under:

	Daily Average		Day of Inspection	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P
X-Ray	31	31	37	16
Ultrasonography	8	15	9	9
Special Investigations				
C.T. Scan	5	8	3	3

(b) High OPD attendance and bed occupancy are not commensurate with other clinical data like surgeries, deliveries, investigations, X-rays, Ultrasound, CT scan, Microbiology, Serology, Parasitology, Histopathology, Biochemistry, etc.

3. Annual budget for the year 2006-2007 is yet to be released.

4. Teaching Hospital: Dr. R. Manjula M.D.(Microbiology) is designated as Deputy Medical Superintendent. Medical Superintendent is not available which is not as per Regulations.

5. Distribution of Beds:- In most of the wards beds are not given numbers. Unit wise distribution of beds is not seen in most of the wards. Patients are put in the wards as per availability of the beds.

6. Teaching & Other facilities:

OPD:- There are no chairs, fans drinking water facilities and toiler facilities in the waiting area. Examination rooms are small in size. Teaching facilities like x-ray view box, examination tray, etc. are not provided in most of the rooms.

In Wards:- There is over crowding of beds in almost all the wards. Unit wise distribution of beds is not seen in the most of the wards. Patients of tuberculosis, psychiatry and dermatology are kept in Medicine ward, which is not acceptable as per Regulations.

7. Clinical Laboratories: In Microbiological samples are collected in OPD and are analyzed in the department hence microbiological emergency investigation can not be carried out after working hours of college. Duty roster of Doctors is not available for pathology and Biochemistry. Hormone Assay is not done.
8. Operation theatre Unit: There are 8 operation theatres having total 14 tables, which is not as per norms. CCTV is not available.
9. Intensive Care Unit: ICCU and Medical ICU are combined which is not as per norms. It is not air conditioned. Paediatric ICU is not available.
10. CSSD: No Glove inspection machine, no instrument washing machine, no ETO in CSSD which is inadequate
11. Kitchen: There is no provision to supply special diet as recommended by Physician. Services of dietician are not available.
12. Lecturer having M.D.(PSM) Qualification at RHTC or UHC is not available at RHTC or UHC.
13. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Kanyakumari Medical College, Asaripallam.

127. Establishment of new medical college at Villupuram, Tamilnadu by Govt. of Tamil Nadu u/s 10A of the I.M.C. Act, 1956.

Read: The Council Inspectors report (5th & 6th June, 2007) for establishment of new medical college at Villupuram, Tamilnadu by Govt. of Tamil Nadu u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th June, 2007) and noted the following:-

1. The shortage of teaching staff required for Letter of Permission is 100%. There are no teaching staff available in any of the faculty except the Dean who is also a Professor of Medicine. The Dean has provided 26 Declaration forms of Medical Officers with and without Postgraduate qualifications and are not having teaching designations/experience.
2. Clinical material is grossly inadequate in terms of major surgical operations, radiological investigations and laboratory investigations as under:-

	Daily Average	Day of Inspection
Operative work		
No. of Major surgical operation	10	06
Radiological Investigations		
X-ray	20	15
Ultrasonography	12	20

Laboratory Investigations		
Biochemistry	75	80
Microbiology	--	--
Serology	20	20
Parasitology	05	05
Haematology	100	130
Histopathology	--	--
Cytopathology	--	--

Laboratory and radiological investigations are inadequate and not commensurate with the number of patients attending indoor and outdoor.

3. The construction of the Medical College building is yet to begin; only a land area has been earmarked and was shown to the inspecting team.
4. As the construction of Medical College and the teaching hospital for Medical College is yet to begin, there are no pre, para & clinical departments existing at present stage.
5. Lectures theatres are not available.
6. Common room for boys and girls are not available.
7. Hostels are not available.
8. There is a deficiency of 106 teaching beds in the affiliated teaching hospital as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency (if any)
Medicine & Allied Specialities			
General Medicine	80	54	26
Paediatrics	30	12	18
TB & Chest	-	-	-
Skin & VD	-	-	-
Psychiatry	-	-	-
Total	110	66	44
Surgery & Allied Specialities			
General Surgery	90	54	36
Orthopaedics	30	08	22
Ophthalmology	10	08	02
ENT	10	08	02
Total	140	78	62
Obstetrics & Gynaecology			
Obstetrics & ANC	30	30	
Gynaecology	20	24	
Total	50	54	

9. There is no full time Orthopaedic Surgeon. He visits twice a week which is not as per Regulations.
10. At OPD registration counter, waiting area is not adequate and the registration counters are outside the building covered by tin roofing, which is not comfortable for patients. Each speciality is provided only one room common for examination of patients and accommodation for the doctors which is not as per Regulations. Teaching facilities like patient couch, stools, x-ray view box, examination tray etc. are not provided in each room. Each speciality is also not provided with teaching area. No plaster and plaster cutting room. No audiometry room. There is no minor O.T. is available.
11. In wards there are no Nursing Stations, Doctor's duty room, teaching areas and side laboratories attached to the wards. No clinical demonstration areas are provided in the

wards. There are no seminar hall in the major departments. All these areas have not been provided with audiovisual aids and other teaching facilities.

12. Central oxygen supply, central suction are not available in central casualty.
13. There are 3 major operation theatres having total 8 tables against the requirement of 4 OTs at this stage. No O.T. is having central oxygen & nitrous oxide supply and central suction.
14. ICCU, ICU (Medical), ICU (Surgical) do not have central oxygen & suction line. Facilities and equipment in ICUs are inadequate. Needs to be augmented.
15. There is no CSSD available.
16. Intercom is not available.
17. Central laundry is manual, manned by Dhobies. Mechanized central laundry is not available.
18. Canteen is not available.
19. Incinerator is not installed.
20. Para medical staff is grossly inadequate as under:-

Laboratory Technicians	-	04
Laboratory Assistants	-	04
Laboratory Attendants	-	02
21. Nursing staff is grossly inadequate as under:-

Nursing Superintendent Gr.-II	-	01
Nursing Superintendent Gr.-III	-	02
Staff nurses	-	28
ANM	-	01
22. The construction of medical college building is yet to begin. As such no preclinical and no paraclinical departments are in existence all related ancillary facilities of the Medical College like Central library, Animal house, lecture theatres, Boys & Girls common room, Hostels, Residential Quarters, Dean's & Administrative Office and Medical Education Unit are not available.
23. No teaching faculty was available on the days of inspection except the Dean of Villupuram Medical College who is also Professor of Medicine.
24. Other deficiencies/remarks are in the main report.

In view of the above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No.2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical college Regulations, 1999. The Committee decided to write a letter to the State Govt. i.e. Tamil Nadu requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 30.08.2006 certifying that the applicant owned and managed a functional hospital of 300 plus beds having adequate clinical material, when on inspection it has been found that 198 beds are available.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Villupuram, Tamilnadu by Govt. of Tamil Nadu u/s 10A of the IMC Act, 1956.

128. Belgaum Institute of Medical Sciences, Belgaum - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (18th & 19th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Belgaum Institute of Medical Sciences, Belgaum.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) and noted the following:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted the Govt. of Karnataka order No. HFW 397, dated 11.06.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hasan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect along with the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

1. The shortage of teaching faculty is as under:-
 - (a) The shortage of teaching faculty is 25.7%.
 - (i) Professor 3 (Forensic Medicine-1, Radio Diagnosis-1, Orthopaedics-1)
 - (iii) Associate Professor 6 (Physiology-2, Pathology-1, Biochemistry-1, Forensic Medicine-1, General Medicine-1, Anaesthesia-1)
 - (iii) Assistant Professor 13 (Anatomy -3, Pathology - 1, Pharmacology-2, General Medicine-1, TB & Chest-1, Dema.-1, OBGY-2, Radio Diagnosis-1, Dentistry-1)
 - (iv) Assistant Professor 3 (Pathology-2, Forensic Medicine-1)
 - (b) The shortage of Residents is 24.5% as under:-
 - (i) Sr. Resident 7(Orthopaedics- 1, ENT – 1, Ophthalmology-1, Anaesthesia – 2, Radio Diagnosis-2)
 - (ii) Jr. Resident 7(Paediatrics-1, General Surgery –2, Ortho. –1, ENT – 1, TB & Chest – 1, Psychiatry – 1)
2. Clinical Material is inadequate in terms of Radiological and Laboratory investigations as under:-
 - (a)

	Daily Average		Day of Inspection	
	O.P.	I.P.	O.P.	I.P.
Radiological Investigations				
X-ray	36	19	42	20
Ultrasonography	19	18	21	14
Laboratory Investigations				
Microbiology	12	10	08	10
Parasitology	14	11	06	06
Histopathology	--	03	00	06
Cytopathology	--	03	02	03
 - (b) Radiological and Laboratory investigations are not commensurate with the number of patients attending outdoor and indoor.
3. Medical Education Unit:- No training courses were held during year 2006-2007.

4. Building:- The college building is under construction. Civil work is in progress in the basement and one half of the 1st floor. The hospital is currently located in the District Hospital which is a teaching hospital affiliated to the college.
5. Location of Departments:-
 - (a) Preclinical: are located on the ground and 1st floor of the new college building
 - (b) Paraclinical : are located temporarily in the basement of the new college building where civil work is in progress. Only rooms are earmarked for the paraclinical departments. They are not furnished. The laboratories of the various departments are not yet established.
6. Lecture Theatres: Only one lecture theatre is available against the requirement of 2 at this stage.
7. Examination Hall: The room is earmarked but is not furnished against the requirement of furnished examination hall with a capacity of 250 at this stage.
8. Common room for boys and girls: The space for the common room for boys and girls has been demarcated in the college building. However finishing and furnishing is yet to be completed.
9. Central Library: None of the journals has been received in the library as yet against the requirement of 40 journals at this stage. The number of journals with back numbers is nil.
10. Health Centres-
 - (i) Uchagaon R.H.T.C. - It is under the administrative and financial control for the District Health Office and the college is allowed to use its facilities for teaching purposes which is not as per Regulations. Other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology do not yet participate in the outreach teaching programmes. Students are not posted in batches. No audiovisual aids have been provided.
 - (ii) U.H.C.: It is under financial and administrative control of District Health Officer which is not as per Regulations.
11. Hostels: Accommodation is available for 116 students against the requirement of 200 at this stage.
12. Residents Hostel: Only one Hostel is available for Residents with capacity of against the requirement of 75 at this stage.
13. Nurses Hostel: There is no nurses hostel.
14. Registration and Medical Record Section:- OPD and Indoor registration counters are computerized but not cross linked with outdoor registration numbers.
15. Clinical Laboratories: Microbiological investigations like culture sensitivity, serology etc. are not carried out in the department as the departments and laboratories are still to be established.
16. Operation theatre Unit: Six air conditioned operation theatres are having total sixteen tables are available, which is not as per norms.
17. Central sterilization department: It works from 7 am to 4 pm in one shift which is inadequate. Glove inspection machine, instrument washing machine in CSSD, racks and mixers are not available.
18. Central laundry: There is manual laundry with 15 dhobis for the washing of the linen in the hospital. Mechanized central laundry is not available.
19. Paramedical staff is grossly inadequate as under:-

Laboratory Technicians: 8

- | | |
|------------------------|----|
| Laboratory Assistants: | 17 |
| Laboratory Attendants: | 13 |
20. Anatomy Department: There is no research laboratory equipped with necessary equipments. The catalogues are kept at central table in the museum which is not proper.
 21. Physiology Department: Electrical connection/ fittings in Amphibian experimental physiology laboratory are in progress.
 22. Pharmacology Department: The Pharmacology department is presently located in temporary rooms in the basement of the college parking. Space has been demarcated for 1 demonstration room, Experimental Pharmacology laboratory, Clinical Pharmacology & Pharmacy laboratories. No equipment, furnishing and fittings have been provided. Civil work is in progress. There is no research laboratory. The department is nonfunctional.
 23. Pathology Department: Space has been demarcated for 1 demonstration room, Hispathology laboratory and Clinical Pathology/Haematology laboratory. Flooring is yet to be completed. No equipment, furnishing and fittings have been provided. Civil work remains to be done. There is no service laboratory for histopathology, cytopathology and haematology work. There is no museum. There is no departmental library cum seminar room. There is no research laboratory. The department is nonfunctional.
 24. Microbiology Department:- Microbiology department is under construction and is nonfunctional .
 25. Forensic Medicine Department: The department is under construction. Presently, the department is located in the Mortuary with two faculty rooms and a museum. Museum has no mounted or unmounted specimens. All the weapons and poisons are displayed in the open on the floor/racks. There is no demonstration room, Laboratory, Departmental Library or seminar room. The department is nonfunctional.
 26. Community Medicine Department: There are no demonstration room. There is no preparation room. The museum has no specimens and models. No catalogues are available.
The department library cum seminar room has 42 books which is inadequate.
 27. The books in the department of library of T.B. & Chest, Skin & V.D., Psychiatry, Orthopaedics, Oto-Rhino-Laryngology, ENT, Radiodiagnosis and Anaesthesia are inadequate.
 28. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Belgaum Institute of Medical Sciences, Belgaum.

129. Mandya Institute of Medical Sciences, Mandya - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (18th & 19th May, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Mandya Institute of Medical Sciences, Mandya.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) and noted the following

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted the Govt. of Karnataka order No. HFW 397, dated 11.06.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hasan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect along with the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 13.40% as under:-
 - (i) Professor 4 (Paediatrics -1, OB&G.-1, Radio-Diagnosis-1, Anaesthesia-1)
 - (ii) Assoc. Prof. 4 (Anatomy-2, FM -1, Radio-Diagnosis-1)
 - (iii) Assistant Prof. 5 (Anatomy-1, Pharmacology-1, TB&CD-1, Psychiatry-1, Radio-Diagnosis-1)
 - (b) The shortage of Residents is 15.78% as under:-
 - (i) Sr. Resident 6 (Medicine-1, Radio-Diagnosis-1, Dental -1, Anaesthesia-3)
 - (ii) Jr. Resident 3 (Paediatric-2, Ophthalmology-1)
2. Out of the 2 lecture theatres, one lecture theatre is yet to be furnished with benches and audiovisual aids and is non-functional.
3. Common room for boys and girls needs to be furnished.
4. Total number of books available in the Central library are 732 which is grossly inadequate against the requirement of 2800 at this stage. Journals are yet to be subscribed against the requirement of 40 journals at this stage. Medlar facility is yet to be obtained. The number of journals with back numbers is Nil.
5. Central photography cum audio-visual units is yet to be equipped.
6. RHTC & UHC are not yet developed.
7. Hostels accommodation is available for 132 students only against the requirement of 200 at this stage as per Regulations. Dining hall and kitchen respectively for the boys and girls hostel are ready and yet to be made functional. At present boys and girls are accommodated in a temporary building across the road at district training center for paramedical workers and ANM hostel respectively.
8. Only 10 two bed room quarters are available within the campus for married nurses which is grossly inadequate.
9. Total 09 quarters are available within the campus for the teaching faculty against the requirement of 20 at this stage.
10. Sports and recreation facilities are yet to be developed.
11. There is no ward existing for TB&CD.
12. In O.P.D., Paediatric OP has no class room. TB&CD OP is not functional. ENT OP has no procedure room. Audiometry room is not airconditioned.
13. Total 12 beds are available in central casualty area against the requirement of 20 at this stage as per Regulations.

14. There are 5 major operation theatres against the requirement of 6 O.T. at this stage as per Regulations.
15. Surgical ICU, Burns ICU & Paediatric ICU have no equipments.
16. In O.T., there is no IITV or fluoroscopy available.
17. CSSD is not available.
18. There is no laundry available.
19. There is no provision to supply special diet as there is no dietician available.
20. The canteen available within the hospital is run in an unhygienic manner by the contractor.
21. Para medical staff is grossly inadequate as under:-

Laboratory Technicians/Assistants	-	21
Laboratory Attendants	-	15
22. (a) Nursing staff is grossly inadequate as under:-

Nursing Superintendent	-	Nil
Deputy Nursing Superintendent	-	02
Matron	-	Nil
Asstt. Nursing Superintendent	-	Nil
Nursing Sisters	-	04
Staff nurses	-	41

(b) All the nursing staff and the technicians are still under the control of Director of Health Services and yet to be transferred to the medical college.
23. Physiology departmental library has 20 books against the requirement of 80 as per Regulations.
24. Biochemistry departmental library has 12 books against the requirement of 80 as per Regulations.
25. Pharmacology Department: Departmental museum has only 20 drug specimens, 2 photographs and Nil graphs which is grossly inadequate. No catalogues are available. Departmental library has 15 books against the requirement of 80 as per regulations. Laboratories are to be equipped. Department is non-functional.
26. Pathology Department : The museum is yet to be developed. Departmental library has 20 books against the requirement of 80 as per Regulations.
27. Microbiology Department : Departmental library has no books. The museum has Nil specimens and 20 charts, 5 photos and 5 models which is inadequate. The museum has to be improved.
28. Forensic Medicine Department : The museum has very few specimens. The laboratory is not made functional yet. The departmental library does not have any books. There is a Mortuary available with 2 autopsy rooms having 2 tables each. There is no gallery arrangement. The museum has to be developed. Department is non-functional.
29. Community Medicine Department : There is practical laboratory located 2 floors above the department is yet to be organized. The museum is provided with space and yet to be developed.
30. There is no departmental library available for any of the clinical departments.
31. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Mandya Institute of Medical Sciences, Mandya.

130. Establishment of new medical college at Bidar by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

Read: The Council Inspectors report (18th & 19th May, 2007) for establishment of new medical college at Bidar by Govt. of Karnataka u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (18th & 19th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and also the Govt. of Karnataka order No.HFW 397, dated 11.6.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hassan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect alongwith the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Bidar by Govt. of Karnataka with an annual intake of 100 (one hundred) MBBS students for the academic session 2007-08 u/s 10A of the I.M.C. Act, 1956.

131. Appointment of Chief Vigilance officer in the Office of the Council.

Read: The matter with regard to Appointment of Chief Vigilance officer in the Office of the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused all the correspondences till date and considered the Central Government letters dated 17/24th November, 2005 and 1st June, 2007 and Council letters dated 16th December, 2005, 15th January, 2007, 24th February, 2007 and 5th June, 2007, on the above cited subject and deliberated on the matter at length. The decision of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council is recorded as hereunder :-

“ The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that it would deserve to be stated that each statutory authority should function in a transparent manner for discharging its duties and responsibilities and for achieving the objective for which they have been created and constituted. They should always remain open to scrutiny as envisaged and provided for by law.

The Medical Council of India has always taken all steps for ensuring that there is transparency in its functioning and it is open to scrutiny in the manner prescribed. On having a closer look in the contents of the communications dated 16.12.2005, 15.01.2007, 24.02.2007 and 05.06.2007 sent on behalf of the MCI to the Health Ministry on the subject of appointment of CVO – it is to be seen that the name of the MCI is not included in the list of ‘Select Organisation’ in the CVC Manual. Further for making any full time appointment, MCI is duty bound to follow and adhere to the

provisions of its own Act and the Regulations made thereunder. As such, no other authority, other than the MCI, who would have the power or authority to make any appointment in the MCI. It would be the MCI alone who is obliged, under its Act, to make full time appointment for its functioning. Further there does not appear to be any provision in the CVC Act, 2003 which gives any power either to the CVC or to the Ministry of Health, or to DoPT, Govt. of India to make any appointment in the MCI.

In so far as the requirements for 'Vigilance' in the functioning of the MCI is concerned, it is to be seen that it has been pointed out that no such appointment of any CVO has been provided for by the CVC for certain other statutory authorities performing similar functions, such as UGC under the UGC Act, 1956, AICTE under the AICTE Act 1987, DCI under the Dentists Act 1948, Pharmacy Council of India under the Pharmacy Act 1958, Central Council on Homeopathy under the Homeopathy Central Council Act, 1973, Central Council on Indian Medicine under the Indian Medicine Central Council Act, 1970, Council of Architecture under the Architects Act, 1972 etc. There is no requirement under any of these acts for any full time CVO.

Obviously, any appointment to the post of CVO has to be made by the MCI in accordance with its own Act and the Regulations made thereunder. The MCI would certainly secure the approval of the Central Vigilance Commission irrespective of the fact that MCI is not included in the list of 'Select Organisations' in the Manual of the CVC. However, it would not be open or permissible to any other authority to claim power for making appointment of the CVO in the MCI and that will always remain with the MCI alone.

Reference is once again made to the contents of the para 2.6.1 of the CVC Manual which are also referred to in the above mentioned MCI's communication dated 05.06.2007 and which reads as under:-

"2.6.1- Irrespective of the fact whether the post of a CVO in an insurance company, autonomous organization, Co-operative society etc., is on full time basis or on part time basis, such organization would forward, through their administrative Ministries/Departments, a panel of names of three officers of sufficiently higher level, who can report direct to the chief Executive in Vigilance related matters, arranged in order of preference, along with their bio-data and complete ACR dossiers for the Commission's consideration. The officer approved by the Commission would be appointed as CVO in that organization."

Even when it may be accepted that the MCI has to seek approval of CVC in relation to the suitable candidate selected by it for being appointed as CVO, evidently it is for the MCI to send a panel of its officers to the CVC for grant of such approval. The CVC Manual does not permit either the Ministry of Health or DoPT or the CVC to select and appoint as CVO any other officer, whose name has not been sent by the MCI in the panel forwarded by the MCI to the CVC.

It is also seen that all the abovementioned relevant aspects which have been raised and highlighted by the office of the MCI for consideration have not been adverted to and /or responded to either by the Health Ministry or by the CVC. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council do not find any occasion or permissibility either for the Health Ministry or Personnel or for the CVC to create any exception or to make any departure from the procedure laid down in the CVC Manual in relation to the MCI in this behalf.

In view of above and other due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council ratified the reply sent by the Secretary vide letter dated 05.06.2007 and further decided that it would be appropriate and necessary that the President (Acting) to take up this matter personally with the concerned officials in Health Ministry, in the DoPT and also with the CVC. It was further decided that the Ministry of Health and F.W., Govt. of India be requested to take back the communications indicating the name of Smt. Poonam Pandey as Chief Vigilance Officer in the MCI as it is contrary to the Act and Regulations and also contrary to the instructions contained within the CVC Manual for appointment of CVO in such organizations."

132. Govt. Medical College, Kottayam – Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008 .

Read: The Council Inspectors report (05th & 06th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Govt. Medical College, Kottayam against increased intake from 100 to 150.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (05th & 06th June, 2007) along with letter dated 11.6.2007 from D.M.E., Govt. of Kerla and letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 100 to 150 at Govt. Medical College, Kottayam for the academic session 2007-08.

133. Govt. Vellore Medical College, Vellore - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (05th & 06th June, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Govt. Vellore Medical College, Vellore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (05th & 06th June, 2007) and noted the following

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

(a) The following faculty was considered/not considered for the respective teaching position as mentioned below:-

Department - Anatomy

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. C. R. Vriyakumari	Reader	Not considered	On E.L. of 83 days. Gone abroad	Copy of the sanctioned leave attached.
2.	Dr. R.M.A. Arunachalam	Asst. Prof	Not considered	Posted as Reader in Anatomy. No order of Asst. Prof.	
3.	Dr. Shanmugam	Asst. Prof.	Not considered	Contract basis- No mention of working hours in the order and agreement.	
4.	Dr. V. Chandramohan	Tutor	Not considered	Asstt. Surgeon. Service PG students completing M.S.(Gen. Sur.)	
5.	Dr. P. Arunan	Tutor	Not considered	Asst. Surgeon. Service PG students completing Dip. In Ophth.	
6.	Dr. B. Kumaran	Tutor	Not considered	DLO Tutor in Ophthal. Redesignated as Tutor in Anatomy.	
7.	Dr. Maharaja David Gideon	Tutor	Not considered	MS(Ophthal) Asst. Surgeon posted as Tutor in Ophthal. is Redesignated as Tutor in Anatomy.	

Department – Physiology.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
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1.	Dr. R. Muthulakshmi	Reader	Not considered	Prior PG working as Asst. Surgeon in DPH. After PG redesignated as Asst. Prof. No appointment order for Asst. Prof.	
2.	Dr. Viji Dev Anand	Asst. Prof	Not considered	Prior PG working as Asst. Surgeon in DPH. After PG redesignated as Asst. Prof. No appointment order for Asst. Prof.	
3.	Dr. Muralikrishnan	Asst. Prof.	Not considered	No appointment order as Asst. Prof.	
4.	Dr. B. Ramya	Tutor	Not considered	Redesignated.. No appointment order.	

Department – Bio-Chemistry.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. Ramakrishnan	Professor	Associate Prof.	No promotion order as Prof.	
2.	Dr. V. Meera	Asst. Prof	Tutor	No appointment order as Asst. Prof.	
3.	Dr. S. Vasanth Diwakar	Tutor	Not considered	Posted as Tutor in PSM. Redesignated as Tutor in Bio-Chemistry.	
4.	Dr. T. Uma Sankar	Tutor	Not considered	Posted as Tutor in Pharmacology, redesignated as Tutor in Bio-Chemistry.	

Department – Pathology.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. M. P. Kanchana	Professor	Associate Prof.	No promotion order as Professor. Redesignated as Prof.	
2.	Dr. S. Pappathi	Reader	Asst. Prof.	No promotion order as Reader	
3.	Dt. T. Chitra	Asst. Prof.	Tutor	Redesignated as Asst. Prof.	
4.	Dr. K. G. Padmanaban	Asst. Prof	Tutor	Redesignated as Asst. Prof.	
5.	Dr. I. Vijay Sathishkumar	Asst. Prof	Not considered	Asst. Surgeon. Redesignated as Asst. Prof.	
6.	Dr. B. Baskaran	Tutor	Not considered	Asst. Surgeon. Redesignated as Tutor. No appointment of Tutor.	
7.	Dr. T. Pasupathi	Tutor	Not considered	No appointment order as Tutor.	
8.	Dr. J. Sivaraman	Tutor	Not considered	Asst. Surgeon. Redesignated as Tutor. No appointment of Tutor.	
9.	Dr. J. Devi	Tutor	Not considered	Asst. Surgeon. Redesignated as Tutor. No appointment of Tutor.	
10.	Dr. K. Lalitha	Tutor	Not considered	Asst. Surgeon. Redesignated as Tutor. No appointment of Tutor.	

Department – Microbiology.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. S. Vasanum	Professor	Associate Prof.	No promotion order as Professor.	
2.	Dr. Beulah Raji	Tutor	Not considered	Medical consultant on contract basis. Redesignated as Tutor. Working hours not mentioned	

Department – Forensic Medicine

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. R. Baskar	Reader	Not considered	No Appointment or Posting order	
2.	Dr. Murugesan	Professor	Associate Prof.	No promotion order as Professor. He was pursuing Dip. in Anaesthesia at Chengalpet Medical College. Now posted as Prof. at Vellore.	
3.	Dr.Srinivasa Ragavan	Asst. Prof.	Not considered	No appointment order as Asst. Prof.	
4.	Dr. Balachandar	Tutor	Not considered	Appointed as Asst. Surgeon	
5.	Dr. R.Vasanthamurthy	Tutor	Not considered	Asst. Surgeon, DPH, Redesignated as Tutor in OP. Deputed by the Dean, to work in Forensic Medicine as Tutor.	

Department – Community Medicine

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. Somasundaram	Asst. Prof.	Not considered	Asst. Surgeon, DPH, Redesignated as Asst. Prof.	
2.	Dr. T.Senthilkumar	Tutor	Not considered	Asst. Surgeon, DPH, Redesignated as Tutor.	
3.	Dr. R.Ashok	Tutor	Not considered	Medical Officer, Primary Health Centre is Redesignated as Tutor.	

Department – Pharmacology

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. Arivazhagan	Asst. Prof.	Not considered	Asst. Surgeon Redesignated as Asst. Prof. No appointment order as Asst. Prof.	
2.	Dr.Hemavathy	Tutor	Not considered	Contract Medical Consultant Redesignated as Tutor. Working hours not mentioned.	
3.	Dr.M.Subramani	Tutor	Not considered	Tutor in extn. O.P. from DPH. Redesignated as Tutor in Pharmacology. M.D.(Medicine)	
4.	Dr.C.Selvararaj	Tutor	Not considered	Asst. Surgeon, DPH, Redesignated as Tutor in Medicine again transferred posted as Tutor in Pharmacology.	

Department – Medicine

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr.Joseph Navaseelan	Professor	Assoc. Prof.	Redesignation as Professor. No Promotion order for Professor.	

2.	Dr.Philomina Sundaragrace	Asst. Prof.	Not considered	Redesignation by the Dean from Asst. Surgeon to Asst. Prof.	
3.	Dr.T.Manivel	Associate Prof.	Asst. Prof.	Worked as Asst. Surgeon in Public Health 5 and Half years. Joined as PG in Chennai-2Yrs Tutor in Medicine OPD-1 Yrs 8 Months. Asst. Prof.- 10 yrs Tutor in Anatomy in Chennai- 7 yrs Promoted by the Govt. Order Dt:02.05.07 as Reader in Medicine and transferred to Vellore Medical College	
4.	Dr.S.P.Kumaresan	Assoc.Prof.	Not considered	Redesignation by the Dean	
5.	Dr.Muthukrishnan	Senior Resident	Not considered	No valid order	
6.	Dr.Shakeel Ahmed	Senior Resident	Not considered	Asst.Surgeon, redesignated as Senior Resident	
7.	Dr.J.Jegadeesh	Senior Resident	Not considered	Asst.Surgeon, redesignated as Senior Resident	

Department – Obstetrics & Gynaecology

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr.Sivakumar	Asst.Prof.	Sr. Resident	Redesignation by the Dean.	
2.	Dr.E.Dhanalakshmi	Asst. Prof.	Not considered	Appointment letter without Signature.	
3.	Dr.Sumitha Lakshmi	Asst. Prof.	Not considered	Asst.Surgeon Redesignation	
4.	Dr. S.Selvi	Sr. Resident	Not considered	Asst.Surgeon Redesignation	

Department – General Surgery.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. D.S.A. Mahadevan	Professor	Associate Prof.	No Promotion orders	
2.	Dr. S. Srinivasan	Asst. Prof.	Asst. Prof.	Less Experience	
3.	Dr. P. Ramanujam	Asst. Prof.	Asst. Prof.	Less Experience	
4.	Dr. K. Jayakumar	Asst. Prof.	Not considered	Redesignation by the Dean	
5.	Dr. R. Rajavelu	Asst. Prof.	Not considered	Redesignation by the Dean	
6.	Dr. S. R. Mohanraj	Asst. Prof.	Not considered	No appointment order	
7.	Dr. R. Soundarapandian	Asst. Prof.	Not considered	No appointment order	
8.	Dr. R. Srikanth	Asst. Prof.	Not considered	Redesignation by the Dean	
9.	Dr. A. Sagayainba Sekar	Sr. Resident	Not considered	No appointment order	
10.	Dr. B. Suresh Kumar	Sr. Resident	Not considered	No appointment order	

Department – ENT.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. G. Selvarajan	Reader	Asst. Prof.	No Promotion order	
2.	Dr. S. Kumaresan	Sr. Resident	Not considered	No appointment order. Transfer order by the Dean, Madras	
3.	Dr. S. Mary Nirmala	Tutor	Sr. Resident	No appointment order	
4.	Dr. Fayaz Ahmed	Sr. Resident	Not considered	No appointment order.	

Department – Radio Diagnosis.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. A. P. Annadurai	Professor	Not considered	No working hour mentioned	
2.	Dr. S. Kanaka Rameswara Kumaran	Asst. Prof.	Not considered	No appointment order	
3.	Dr. Rangasamy	Tutor	Not considered	Redesignation by the Dean	
4.	Dr. Madan Mohan	Tutor	Not considered	Asst. Surgeon Redesignation by the Dean as Tutor	

Department – Paediatrics.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. S. Sundari	Professor	Associate Prof.	Redesignated by the Dean	
2.	Dr. N. Balakrishnan	Asst. Prof.	Not considered	No appointment order	
3.	Dr. M. Senthilkumar	Asst. Prof.	Not considered	No appointment order	
4.	Dr. S. Narendra Babu	Sr. Resident	Not considered	No appointment order. Redesignated by the Dean	
5.	Dr. A. Umashankar	Sr. Resident	Not considered	No appointment order	

Department – Anaesthesiology.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. Kamalini Sridhar	Professor	Associate Prof.	Redesignated by the Dean	
2.	Dr. Kumudha Lingaraj	Asst. Prof.	Not considered	No appointment order	
3.	Dr. Buddhan R.	Tutor	Not considered	Presented for MCI Inspection on Dec. 06	
4.	Dr. K. Anandaraj	Tutor	Not considered	Redesignated by the Dean	
5.	Dr. K. Sathya Narayan	Tutor	Not considered	No appointment order	
6.	Dr. Eswarapandi	Tutor	Not considered	No appointment order. Redesignation by the Dean.	
7.	Dr. M. Gomathy	Tutor	Not considered	No appointment order. Redesignation by the Dean.	
8.	Dr. Deniraja	Tutor	Not considered	No appointment order. Redesignation by the Dean.	

Department – Orthopaedics.

No.	Name	Designated on Declaration Form	Considered as/No Considered	Reason	Remarks
1.	Dr. Amarnath Sowlee	Professor	Associate Prof.	Teaching experience is less	
2.	Dr. V. P. Mohan Gandhi	Asst. Prof.	Not considered	No appointment order	
3.	Dr. Kosalaraman	Sr. Resident	Not considered	No appointment order	
4.	Dr. S. Pugazhendhi	Sr. Resident	Not considered	No appointment order	

(b) The shortage of teaching faculty is 50% as under:-

- (i) Professor 15 (Anatomy-1, Physiology - 1, Bio -Chemistry-1, Pharmacology-1, Pathology-1, Microbiology – 1, Forensic Medicine-1, Community Medicine-1, General Medicine – 1, Paediatrics –1, General Surgery-1, Orthopaedics-1, OB & G.-1, Anaesthesia-1, Radio Diagnosis-1)
- (iv) Associate Professor 5 (Anatomy-1, Physiology - 1, General Surgery-1, ENT-1)
- (iii) Assistant Professor 20 (Anatomy - 3, Physiology - 1, Pathology - 2, Forensic Medicine-1, Community Medicine-3, General Medicine – 1, Paediatrics –1, General Surgery-2, OB & Gy.- 2, Anaesthesia-1, Radio Diagnosis-2, Dentistry-1)
- (iv) Tutor 17 (Anatomy-4, Physiology - 1, Bio -Chemistry-1, Pharmacology - 3, Pathology - 4, Forensic- Medicine-2, Community Medicine-2)

- (c) The shortage of residents is 40.2% as under:-
- i) Sr. Resident 22 (Medicine - 3, Paediatrics - 2, TB & Chest –1, Skin & VD –1, Psychiatry –1, Surgery-3, Orthopaedics-2, ENT-1, Anaesthesia-5, Radio Diagnosis-3)
 - ii) Jr. Resident 11 (Medicine - 2, Paediatrics - 1, TB & Chest –1, Psychiatry –1, Surgery-1, Orthopaedics-1, ENT-2, Ophthalmology-2)
2. The major issue which came to the notice of the inspecting team was related to the Faculty. The observations of the team are as follows:-
In the State of Tamilnadu under the Health Ministry there are four Directorates of Health Services. They are:
1. Directorate of Medical and Rural Health Services(DMS)
 2. Directorate of Medical Education(DME)
 3. Directorate of Public Health and Preventive Medicine(DHS)
 4. Directorate of ESIS(ESIS)
- (a) As per the version of the Dean and the faculty, the appointment in Health Services is by two ways.
 - (b) All the appointed under DPH as Assistant Surgeon (Medical Officers).
 - (c) All have to do the Rural posting for a minimum period of 2 years.
 - (d) After this they become eligible for appearing for the PG entrance for a 60% quota of PG seats in the State reserved for them. They can also compete for the remaining 40% seats by merit.
 - (e) For filling the vacancies in some of the rare subjects in the Medical Colleges, DME can appoint them as Tutors directly.
 - (f) After attaining the PG degree the in-service doctors can go back to the parent cadre or work under DME in Medical colleges where they are “Redesignated as Tutors/Asstt. Professor”. They however don’t get the Appointment order for the teaching post in the Medical College but continue to work by mere Redesignation.
 - (g) During the tenure they can be posted in various departments irrespective of their specialty e.g. a doctor with MD(Medicine) redesignated as Asstt. Prof. in Medicine after working for 10 years can be posted as Tutor in Anatomy for 7 years, after which again he is promoted as Reader in Medicine (a copy of such incidence is enclosed). To complicate the situation further, after working as a faculty in Medical College for several years, they can be transferred/posted on any equivalent of less post(Non Teaching) in any of the Directorates.
 - (h) None of the Professor verified had the promotion order as Professor. They are all “Redesignated” rather than promoted from the post of Reader/Asst. Prof.
 - (i) It seems there is no separate teaching cadre in the State.
 - (j) In the whole world of medical education to keep oneself abreast with the current advances in the respective field vis-à-vis teaching and training, CME programmes are attended. It was a shocking experience to note that such a bizarre manner of shifting of medical personnel is occurring rampantly in complete disregard to the Council’s recommendations and vision to maintaining the standards of medical education in the country.
 - (k) This shocking state of affairs can be further substantiated from the Details of the Service Record” submitted by the faculty.
3. Dr. E. Sivakumar designated as Medical Superintendent has only 7 years and 8 months of administrative experience which is inadequate as per Regulations and thus not qualified to hold the post.
 4. No lecturer cum medical officer having M.D.(PSM) is available at R.H.T.C. No audiovisual aids have been provided at R.H.T.C.
 5. No lecturer cum medical officer having M.D.(PSM) is available at U.H.C.
 6. Radiological investigations are inadequate and not commensurate with the number of patients attending outdoor and indoor.
 7. In Forensic Medicine museum, there are no fire alarm, no models and only a few poisons specimens. No catalogues are available.
 8. The number of books in the department library of TB & chest and Skin & VD are inadequate.
 9. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Govt. Vellore Medical College, Vellore.

134. Increase of seats in Ist MBBS Course from 60 to 100 at Katihar Medical College, Katihar.

Read: The Council Inspectors report (05th & 06th June, 2007) for increase of seats in Ist MBBS course from 60 to 100 at Katihar Medical College, Katihar for the academic session 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (05th & 06th June, 2007) and noted the following

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

(a) The shortage of teaching faculty is 16 % (i.e. 21 out of 131) as under:-

- | | | | |
|-------|--------------|-----|--|
| (i) | Professor | :2 | (Anatomy –1 & Radio-diagnosis –1) |
| (ii) | Assoc. Prof. | :11 | (Physiology –1, Biochemistry –2, Community Medicine –1, General Medicine –1, TB & Chest –1, Dermatology –1, Psychiatry –1, Obst. & Gynae. –1, Radio-diagnosis –1 & Dentistry –1) |
| (iii) | Asst. Prof. | :08 | (Anatomy –1, Community Medicine –4, TB & Chest –1, Psychiatry –1 & Obst. & Gynae. –1) |

(b) The shortage of Residents is 14.5 % as under :-

- | | | | |
|------|--------------|-----|--|
| (i) | Sr. Resident | :09 | (General Medicine –1, Paediatrics –1, Psychiatry –1, General Surgery –1, Orthopaedic –1, ENT –1, Ophthalmology –1, Obst. & Gynae. –1 & Anaesthesia –1) |
| (ii) | Jr. Resident | :02 | (ENT –1 & Dentistry –1) |

2. Clinical Material is inadequate in terms of bed occupancy, number of deliveries and laboratory and radiological investigations as under:-

	Daily Average		Day of Inspection	
Bed occupancy%	82		65%	
Operative work				
Number of normal deliveries	-		-	
Number of caesarian Sections	01		-	
Radiological Investigations	O.P.	I.P.	O.P.	I.P.
X-ray	35	20	55	12
Ultrasonography	25	15	22	10
Special Investigations	03	02	01	01
C.T. Scan	0.5	01	01	-
Laboratory Investigations				
Biochemistry	83	57	86	35
Microbiology	12	12	15	08
Serology	14	15	08	07
Parasitology	08	05	05	02
Haematology	127	182	140	181
Histopathology	0	02	0	0
Cytopathology	03	02	05	06
Others	19	12	21	17

- The bed occupancy was 65% on the day of inspection.

3. Hostels: Accommodation is available only for 245 boys and girls against the requirement of 340 at this stage.
4. Accommodation is available only for 35 residents, which is inadequate against the requirement of 100 at this stage.
5. There are no units in TB & Chest, Skin & VD & Psychiatry, as there is no faculty in these departments.
6. There is overcrowding of beds in all departments
7. In O.P.D.: No facilities are provided for Bio-Medical waste. Space is inadequate in the OPD block. Each specialty is provided only 2 rooms and 1 small teaching area for 5 to 5 to 7 students. No Audio Visual aids and other teaching facilities are provided. There is no separate injection room for male and female patients. No needle destroyers are provided. In the Gynae. OPD, rusted instruments were kept in a manual sterilizer which was not in working order. No other autoclaved instruments or gloves were available.
8. Wards: There is overcrowding of beds in all wards. The roof of the 2nd floor of the Medical and allied wards is temporary and was found to be leaking in many places due to rains. There is no Central Oxygen and Central Suction anywhere in the Hospital. There is no Post-operative ward within or outside the OT complex. No ward is provided with duty doctor room, nurse duty room, pantry, examination/procedure room, teaching area and side laboratory. Nursing stations are placed in the corridors. Many wards are located in cubicles of 07 beds. There are no clinical demonstration areas in the wards. No audiovisual aids and other teaching facilities are provided.
9. There is no lecture theatre in the Hospital
10. Registration and Medical Record Section: Indoor registration is computerized but not cross linked with outdoor registration numbers.
11. There is no disaster trolley or crash cart.
12. Operation theatre unit: There are 9 operation theatres against the requirement of 10 at this stage. The air-conditioning is not working in most O.Ts. No O.T. is having central oxygen & nitrous oxide supply and suction.
13. Equipment for Radiological Department is inadequate. Only 03 static units – (2 of 300 mA, 1 of 60mA) are available and 1 mobile unit (1 of 60 mA) are available.
14. CSSD: No bowl sterilizer and instrument washing machine are available in CSSD. Racks, trays and mixers are not available.
15. Nursing Staff is inadequate as under:-

Nursing Superintendent:	02
Deputy Nursing Superintendent:	2
Matron :	Nil
Asstt. Nursing Superintendent	2
Nursing Sisters	10
Staff nurses	90
16. RHTC, Hazipur is located in a rented leased private house with 4 rooms, which is not as per Regulations. Staff as prescribed under the Regulations is not available. At Barsoi Health Centre also staff as prescribed under the Regulations is not available.
17. In Anatomy Department: The research laboratory is ill equipped. Instruments/equipments to carryout PG research work are not available.
18. In Physiology Department: The research laboratory is ill equipped. Instruments/equipments to carryout PG research work are not available.

19. Number of books in the departmental libraries are inadequate as under:- TB & Chest:20, Skin & V.D.:20, Psychiatry:20, Orthopaedics:68, Oto-Rhino-Laryngology:72, Ophthalmology: 54, Radio-Diagnosis:59 and Anaesthesia:56.
20. There is no ICCU.
21. Other deficiencies pointed out in the inspection report.

In view of above and Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application, recommending disapproval to the Central Govt. for increase of seats in 1st MBBS course from 60 to 100 at Katihar Medical College, Katihar for the academic session 2007-08.

135. Increase of MBBS seats from 107 to 150 at V.S.S. Medical College, Burla, Orissa.

Read: The Council Inspectors report (06th & 07th June, 2007) for increase of seats in Ist MBBS course from 107 to 150 at V.S.S. Medical College, Burla for the academic session 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (06th & 07th June, 2007) and noted the following

1. The shortage of teaching faculty is as under:-
 - (a) The shortage of teaching faculty is 12.04% as under:-
 - i) Professor 1 (Forensic Medicine-1)
 - ii) Associate Professor 12 (Anatomy - 1, Physiology - 3, Microbiology - 1, Medicine-3, Paediatrics-1, General Surgery -1, ENT-1, Skin & VD -1)
 - iii) Assistant Professor 6 (Anatomy - 2, Physiology - 2, Lecture - Biophysics - 1, Radiodiagnosis-1)
 - iv) Tutor 1 (Preventive Medicine)
 - (b) The shortage of Residents is 20% as under-
 - (i) Sr. Resident 22 (Medicine - 6, TB & Chest - 1, Psychiatry-1, Surgery-1, OB & G - 3, Anaesthesia - 6, Radio- Diagnosis-4)
 - (ii) Jr. Resident 1 (Skin & VD-1)

2. Clinical Material is inadequate as under:

	Daily Average		Day of Inspection	
O.P.D. attendance	700-790		713	
Bed occupancy	77.83%		75.76%	
<u>Radiological Investigations</u>	O.P.		O.P.	
X-ray	60-70		46	
Ultrasonography	14-20		21	

3. Dr. Omprakash Panigarhi having addition charge of Medical Superintendent possesses only 1 years of administrative experience which is inadequate as per Regulations, hence cannot be considered as Medical Superintendent.
4. Annual Budget:- Annual budget for the year 2006-2007 are Rs. 78953284 and for the year 2007-2008 is Rs. 45414000 i.e. the budget is showing a declining trend.
5. Lecture Theatres:- Five lecture theatres are available with a capacity of 200 each, which is not as per norms. No lecture theater of capacity of 250 is available.
6. Residents Hostel:- Only one Hostel is available for Residents..

7. Registration and Medical Record Section: There is no register is maintained at central registration counter. It is no computerized. Register for OPD patients is maintain by the individual department. There is a medical record department. It is non computerized.
8. Central Casualty Service: Only 12 beds are available in casualty area.
9. Radiological facilities: Only one mobile unit(100mA) is available which is inadequate.
10. Intercom, EPABX is under renovation and is nonfunctional.
11. Central laundry:- Central laundry is under construction. At present laundry facility being out sourced.
12. Paramedical staff is inadequate as under:-

Laboratory Technicians:	24
Laboratory Assistants:	--
Laboratory Attendants:	05
13. There are 03 demonstration rooms each having 60 seats .
14. Nursing Staff:- Nursing staff is inadequate as under:-

	No. in position
Chief Matron	Nil
Nursing Superintendent	Nil
Dy. Nursing Superintendent	Nil
Matron	Nil
Asst. Matron	1
Asst. Nursing Suptd.	Nil
Nursing sisters	11
Staff Nurse	106+12(contractual)

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

In view of above and Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval for increase of seats in 1st MBBS course from 107 to 150 at V.S.S. Medical College, Burla for the academic session 2007-08.

136. Continuation of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Kempegowda Instt. of Medical Sciences, Bangalore.

Read: The compliance verification inspection report (08th June, 2007) for continuation of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Kempegowda Instt. of Medical Sciences, Bangalore.

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 June, 2007) and decided to recommend that recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Kempegowda Instt. of Medical Sciences, Bangalore be continued restricting the number of admissions to 120 students annually.

137. To note the letters of Intent/ Permission/Renewal of permission issued by the Central Govt. for establishment of medical colleges/increase of seats in Ist MBBS course for the academic session 2007-2008.

Read: The following Letters of Intent/Letter of Permission /renewal of permission for establishment of new Medical Colleges/ increase of seats in 1st MBBS course for the academic session 2007-2008 issued by the Govt. of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the Letters of Intent/Permission/Renewal of permission issued by the Central Government for establishment of medical colleges/increase of seats in Ist MBBS course for the academic session 2007-2008.

138. Consideration of Central Govt. letter dated 08/06/2007.

Read: The D.O. letter dated 08/06/2007 from Sh. Naresh Dayal, Secretary, Govt. of India, Ministry of Health & Family Welfare with regard to rectify the information displayed on the website of the Council in respect of de-recognition of the colleges.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the D.O. letter dated 08/06/2007 from Sh. Naresh Dayal, Secretary, Govt. of India, Ministry of Health & Family Welfare with regard to rectify the information displayed on the website of the Council in respect of de-recognition of the colleges.

The Secretary informed the Committee that the website of the Medical Council of India is dynamic and the information which is displayed on the website is amended as per the decision of the General Body/Executive Committee/Postgraduate Committee within a short time after the minutes are approved. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated upon the matter at length and after considering all the aspects decided as under:-

“There cannot be two views that each medical college/institution is obliged to provide the minimum required infrastructural teaching and other facilities in the proper teaching and training of medical students. It also needs no emphasis that Medical Council of India with the prior approval of the Government of India, has prescribed “minimum” requirements which should be provided by each medical college/institution. In this behalf, it would be useful to be guided by the observations of the Hon'ble Supreme Court in one of its judgments-MCI Vs. State of Karnataka (1998) 6 SCC 131 as under:-

“.....A medical students requires grueling 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 students 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-backed 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.....”

It is open for any medical college/institution to provide higher and more facilities (over and above the minimum norms laid down by the MCI, their statutory regulations) for better and rigorous training of its students. In any case, it would deserve to be reiterated that strict adherence to the minimum norms laid down by the MCI is an imperative to be unexceptionally accepted and followed by each medical college/institution.

The scheme of the Act provides for the consequences in the event it is observed and found that any particular medical college/institution is failing to discharge this statutory obligation and continuously meeting the minimum infrastructural teaching and other requirements laid down by the MCI. The record of the MCI reveals that it is only after ample opportunities are given to a medical college/institution to remove the deficiencies that the MCI gets compelled constrained to then make a recommendation to the Government of India for withdrawal of recognition of any medical college/institution who has failed to remove the deficiencies despite sufficient opportunities having been extended to it by the MCI.

There cannot be two views that whenever the MCI is constrained to recommend withdrawal of recognition of any medical college/institution to the Government of India, further action on the part of the Government of India would not brook any delay and would deserve to be taken with all seriousness and promptitude so as to protect the interest of innocent students who are not aware of the factual scenario prevailing in any such deficient medical college and providing the minimum required infrastructural teaching and other facilities for the teaching and training of medical students. However, the records of the Council reveal that such recommendations of the MCI for withdrawal of recognition have continued to remain pending with the Ministry of Health, Government of India for years together and even when, ostensibly, such deficient medical colleges/institution have failed to remove the deficiencies for unduly long periods.

Some of the instances where the recommendation for derecognition had been sent by the MCI to the Ministry of Health, Government of India and which are pending for years together, are enumerated as under:-

1. Guntur Medical College, Guntur, Andhra Pradesh.
2. Kasturba Medical College, Mangalore, Karnataka
3. Kasturba Medical College, Manipal, Karnataka
4. B.R.D. Medical College, Gorakhpur, Uttar Pradesh
5. College of Physician & Surgens, Mumbai, which awards F.C.P.S. degree

This results in a piquant situation wherein the medical colleges which admittedly have gross deficiencies of fundamental parameters of good medical education-viz. teaching faculty, clinical material, important infrastructure facilities like hostels, library, etc. repeatedly observed over the years continue to admit the students year after year even though they lack the facilities and no effort is made by these institutes to rectify the deficiencies. The Executive Committee is of the opinion that the Government would agree that this is neither desirable nor a permissible situation and is not conducive for the growth of good medical education in the country.

It has been a constituent stand of the council to be transparent and to provide as much information to the public and particularly to the parents and students to the maximums extend possible. Ever since the website of the council was launched in 2002, the endeavor of the council has been to provide as much real time information as possible to public at large. It is in this spirit that the effect arising from the decisions of the Executive Committee and the General Body of the Council are reflected on the website within a short span of the decision being taken and the minutes being approved.

In this connection, kind attention is also invited to the letter No. V-11025/21/2005-ME-P-1, dated 20.4.2007 written by the Ministry of Health, Government of India to the Council regarding displaying the recognition status of medical institution on the website. One of the objectives for such a Press Note being released was to make the information available to the students about the recognition status of medical institution so that they are not duped into taking admission in a college which lacks facilities. Fundamentally, when the process of withdrawal of recognition takes many years, it is the duty of the Council to bring to the notice of the students and the parents about the conditions of the facilities existing in different medical institutions across the country.

It was only in the above background and in the spirit to make available the true and correct information to the general public that the latest information is being endeavored to be placed on the website of the MCI and it would be obligatory on the part of the MCI to furnish the information of those medical colleges/institutions which have been recommended for withdrawal of the recognition with the further recommendation that the further admissions in those colleges would deserve to be stopped. Making such factual correct information on the website of the MCI, the Government would agree, would not deserve to be described as incorrect reflection of the status of recognition of those medical colleges on the website of the MCI.

While acknowledging the concern of the Government that any incorrect information would have serious implications causing undesirable inconvenience, the Council would like to take this opportunity to re-emphasize that the students seeking admission in medical courses would certainly be entitled to know the present status of a particular medical college/institution and which would oblige the MCI and the Ministry of Health, Government of India to inform that students with regard to recommendation for withdrawal of recognition of any particular medical college/institution and also for stoppage of admissions in such colleges.

The Executive Committee further decided to instruct the office of the Council to undertake an exercise of carefully examining the latest correct status of each medical college/institution and for correcting errors, if any, on the website of the MCI in relation to the status of any medical college/institution whose names are appearing on the website of the MCI. Information with regard to any particular college/institution by the Ministry of Health to the MCI shall be highly appreciated.

It would not be correct to either states or to assume that admission cannot be stopped in any medical colleges/institution where recommendations for withdrawal of recognition is pending consideration and necessary action by the Ministry of Health, Government of India. On the contrary, it would be obligatory both on the part of the MCI as well as the Government of India in ensuring that admission to such deficient medical colleges/institutions who have failed to provide the minimum required infrastructural, teaching and other facilities and action for withdrawal of recognition is pending, are restrained from making any further admissions in medical courses. Both MCI and the Ministry of Health, Government of India, under the provisions of the Act and statutory scheme envisaged there under are obliged to take action for stoppage of admissions for protecting the public interest. It would not be correct to assume that the statutory scheme does not permit stoppage of admission before the actual withdrawal of recognition is notified by the Government of India. Such an assumption, would/does not exist under the scheme of the Act and any such non existent assumption amount to refusal to carry out statutory responsibilities by the MCI and the Central Government, vested upon them under the scheme of the Act. It was on account of such an obligation coupled with the jurisdiction to do so that on numerous occasions the Government of India had stopped admission in medical/dental colleges.

The Executive Committee is of the opinion that the information provided by the Council on its website, rather than causing any inconvenience, would be of immense help to the students so that they are not lured to trapped into taking admission in those institutions who do not possess adequate facilities and which face the threat of de-recognition.”

139. To attend the Meeting National Committee on Foreign Medical Education and Accreditation (NCFMEA) in September, 2007 in Washington D.C.

Read: The D.O. e-mail letter dated 18/04/2007 from the Executive Director, NCFMEA, US, Department of Education, Washington regarding meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA) to be held in September, 2007 in Washington D.C. to review the report of the country.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered and deliberated upon the letter received from the Executive Director along with the information furnished by the office to NCFMEA, US Department of Education, Washington and decided that President (Acting)/his nominee along with one another person nominated by the President (Acting) should attend the meeting of National Committee on Foreign, Medical Education and Accreditation (NCFMEA) to be held in Washington D.C. in September, 2007.

140. Award of the contract for providing catering facilities and for running the cafeteria in the Council office.

Read: The matter with regard to award of the contract for providing catering facilities and for running the cafeteria in the Council office.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the press release may be issued for inviting offers of running the Cafeteria in the Council Office. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council directed the Secretary to place the recommendations of the Purchase Committee before the Executive Committee at its next meeting.

141. Approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. 60 to 100.

Read: The Compliance Verification Inspection report (08th & 09th June, 2007) for approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. 60 to 100.

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 (08th & 09th June, 2007) alongwith the additional information submitted by the college authorities vide letter dated 11.6.2007 and noted the following:-

Sr. No.	Deficiency pointed out in the inspection report	Compliance submitted by the college authorities	Remarks
1.	Building:- Space is inadequate for all teaching activities in all departments and also for central facilities.	Adequate space will be available in vertical expansion project of this college.	Not rectified. Status quo
2.	OPD:- Teaching area in each specialty is inadequate and practically with no furniture.	Adequate space will be made available in vertical expansion project of this college. Required furniture provided.	Not rectified. Status quo
3.	Wards:- Practically no furniture in teaching area.	Required furniture provided.	Partially rectified
4.	Casualty:- 1. Central oxygen supply, central suction and monitoring facilities are not available.	Will be made available in vertical expansion project of this college.	Not rectified. Status quo
5.	O.T. Unit:- 1. No ceiling lights in OT except orthopedics OT. 2. None of the OT is having central oxygen, nitrous oxide supply and central suction.	4 ceiling lights sanctioned. Order placed. Central oxygen, nitrous oxide supply and central suction will be made available in vertical expansion project of this college.	No ceiling lights in 6 OT's. Deficiencies remains as it is Not rectified. Status quo
6.	CSSD:- No bowl sterilizer, no glove inspection machine and no instrument washing machine in CSSD.	Purchase procedure is in progress.	Bowl sterilizer and instrument washing machine are available Partially rectified.
7.	Anatomy:- 1. There is no cooling cabinet.	Proposal for purchase of cooling cabinet is submitted to Vidarbha development board, sanction awaited.	Not rectified. Status quo
8.	Hostel accommodation is available only for 291 students which is inadequate against the requirement of 500. No hostel for interns is available.	Compliance not submitted by the college	Not rectified. Status quo
9.	Nurses accommodation is available for 18 nurses which is inadequate.	Compliance not submitted by the college	Not rectified. Status quo
10.	Registration counters in the OPD are operated manually. They are not computerized.	-----	Not rectified. Status quo

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council on perusal of the inspection report, also observed as under:-

1. Bed occupancy is low at 72.8% on the day of inspection and average bed occupancy is 76%.
2. There is no lecture theatre in the hospital.
3. There is no hostel for interns.
4. There are 7 residential quarters for faculty.
5. Shortage of resident is 11.3%

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision taken at its meeting held on 02.04.2007 to disapprove the scheme and return the application to the Central Government as the institution has failed to provide adequate infrastructural facilities required as per Regulations for increase of seats from 60 to 100 inspite of numerous attempts over a period of 9 (nine) years and ever after 9 years no definite time frame has been committed by the institute for rectification of deficiencies.

142. Kannur Medical College, Kannur - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (04th & 05th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Kannur Medical College, Kannur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (04th & 05th June, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No	Name	Designation	Department	Remarks
1.	Dr. Ahmed Shafy	Assoc. Prof.	Pathology	In his declaration form, he has claimed that he has worked at MES Medical College as Assoc. Prof. from 25.05.2005 to 01.11.2006. In its letter MES Medical College has stated that he has not worked at their college.
2.	Dr. Mohamad Ali Imtiaz	Assoc. Prof.	Biochemistry	In his declaration form, he has claimed that he has worked at KVG Medical College, Sullia as Asstt. Prof. from 20.04.2002 to 03.03.2006. In its letter KVG Medical College, Sullia has stated that he has worked as Asst. Prof. from 01.10.2002 to 21.11.2005. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for

registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(b) In view of above, the shortage of teaching faculty is 7.2% as under:-

- i) Associate Professor 2 (Radiology-1 & Biochemistry -1)
- ii) Assistant Professor 2 (Anatomy – 1, Community Medicine-1)
- iii) Tutor 2 (Anaesthesia-1, Radio diagnosis-1)
- iv) Pharmaceutical Chemist -1

(b) The shortage of Residents is 35% as under-

- (i) Sr. Resident 8 (Paediatrics-1, Surgery-1, Orthopaedic-2, ENT-1, Ophthalmology-1, OB & G – 2)
- (ii) Jr. Resident 12 (Medicine-7, Paediatrics-3, Surgery-2)

2. Clinical Material is inadequate in terms of laboratory investigations as under:

	Daily Average	Day of Inspection
<u>Laboratory Investigations</u>		
Histopathology	1-2	1
Cytopathology	3-5	4

- a) There were 4 patients in a 20 bedded casualty on the first day of inspection.
- b) There were no patient in ICCU, MICU and PICU. There was one neonate in NICU.
- c) There were only 3 major Surgeries on the day of Inspection.

3. Varam Hospital has been adopted as RHTC which is not as per Regulations. There is no hostel accommodation at present. L.M.O. is not available at R.H.T.C.

4. UHC:- Lecture cum Medical officer having MD(PSM) is not available at the UHC.

5.. Radiological facilities:- Protective measures as per BARC specification were taken but presently sent to BARC for monitoring..

6. The number of books in the departmental library in TB & Chest, Skin & V. D., Psychiatry, Oto Rhino Laryngology, Ophthalmology, Radiodiagnosis and Anaesthesia are inadequate.

7. Most of the inroads leading to various hostels, incinerator and animal house & between hospital & college are kuchha.

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

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Kannur Medical College, Kannur.

143. Increase of MBBS seats from 100 to 150 at T.D. Medical College, Alappuzha.

Read: The Council Inspectors report (05th & 06th June, 2007) for increase of seats in Ist MBBS course from 100 to 150 at T.D. Medical College, Alappuzha for the academic session 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (05th & 06th June, 2007) and noted the following:-

1. The shortage of teaching faculty is as under:-
 - (a) The shortage of teaching faculty is 16% as under:-
 - i) Professor 1(Radiology-1)
 - ii) Associate Professor 6 (Anatomy –1, Pathology-1, Paediatric-1, Anaesthesia-2, Dental-1)
 - iii) Assistant Professor 15 (Anatomy-1, Physiology-2, Biochem.-1, Pharmacology-1, PSM-3, Medicine-1, Surgery-5, Radio diagnosis-1)
 - iv) Tutor 3(Physio.-1, Pharma.-1, PSM-1)
 - (b) The shortage of Residents is 57% as under-
 - (i) Sr. Resident 12 (Medicine-4, Surgery-3, ENT-1, Radio-diagnosis-2, Anaesthesia-2)
 - (ii) Jr. Resident 37 (Medicine-10, TB & chest-2, Skin – 1, Psychiatry-1, Paediatrics-3, Surgery-4, Othopaedics-5, ENT-3, Ophthalmology-2, OBG-6)
2. Dr. T.A. Vasu, Medical Superintendent possesses only 5 years of administrative experience which is inadequate against the requirement of 10 years. Hence he cannot be considered eligible for the post.
3. Dr. C.A. Abdul Khadar is the I/C Medical Superintendent possesses only 1 years of administrative experience which is inadequate as per Regulations and thus not qualified to hold the post.
4. The college also runs the following DNB courses as certified by the Principal
 - (a) Anaesthesia 07 seats
 - (b) Paediatrics 03 seats
 - (c) Skin & VD 01 seat
5. Examination hall is not available and at present the auditorium which is flat type is used as examination hall.
6. Common room for boys and girls are not available.
7. In Central Library, only 3 Indian & 14 foreign journals are subscribed against the requirement of 70 Indian and 30 foreign journals at this stage.
8. At R.H.T.C., no mess facility is available
9. Accommodation is available only for 486 students against the requirement of 550 at this state. 50 rooms of girl's hostel with 3 beded capacity are overcrowded and provided two tables and one fan only. These rooms are partially furnished.
10. Interns hostel located at Vandanam hospital has got no mess facility and 8 rooms are of dormitory type.
11. Accommodation is available for only 24 Residents against the requirement of 114 at this stage. Residents and PG's hostel located at Alappuzha have got no mess facility.
12. Nurses hostel located at Alappuzha and Vandanam do not have mess facility.
13. OPD- The waiting area does not have shade or chairs. There is no computer available and the registration is done manually by two clerks. Adequate space is not provided to all departments.

Medical OP- There is no teaching area available. There is one class room . X-ray view box is not available. No class room is available for TB & Chest OP. Skin & VD OP has no class room or procedure room. Psychiatry OP has one class room.

Surgery OP- Only one common dressing room is available for male and female patients which is very small and congested. There is no demonstration room. Orthopaedics OP has one demonstration room with no X-ray view box. No class room is available in ENT OP.

OBG OP- There is no demonstration room.

14. Wards- There is overcrowding in medical and paediatric wards. Surgical and OBG wards are also over crowded with patients lying on the floor. There is no numbering of beds and no unit display boards. Nursing stations are located far away from the wards and no side labs are present.
15. Registration and Medical Record Section- Registration counter for OPD are not computerized. Indoor registration counters are not computerized. In medical record department computer is not used for the purpose of record keeping. ICD coding index is not being followed.
16. Central Casualty Service:- No ventilator and two nebuliseres are available. The Alappuzha hospital has not have central oxygen, suction or other special equipments. Disaster trolley and crash cots etc. are not available.
17. Clinical Laboratories:- Microbiological service are not provided by the hospital.
18. Operation Theatre Unit:- There are 07 major operation theatres having total of 21 tables against the requirement of 10 OT at this stage. There is no facility for central oxygen and suction available at Alappuzha Hospital. CCTV is not available in OTs.
19. Labour Room:- Eclampsia room is not available .
20. Radiological facilities:- Only 2 static units and only one mobile unit(50mA) are available which is inadequate.
21. Central sterilization department:- There is no exclusive CSSD available. There are three separate sterilization ;areas available each provided with 3 horizontal autoclaves and one bowl sterilized.
22. Anatomy Department:- Only 1 demonstration room is available with the capacity of 100 seats which is inadequate against the requirement of 2 demonstration rooms of 75 seats each as per Regulations. Dissection hall has 100 seats which is inadequate against the requirement of 150 as per Regulations.
23. Physiology Department:- No Mammalian experimental laboratory, no clinical Physiology laboratory and no research laboratory are available.
24. Biochemistry Department:- In Biochemistry department, the capacity of the demonstration rooms is 50 against the requirement of 75 at this stage as per Regulations. There is no research laboratory.
25. Pharmacology Department:- There is no clinical pharmacology lab. There is no research lab.
26. Pathology Department: There is no clinical Pathology/Haematology laboratory.
27. Microbiology Department:-
 - (a) Demonstration room has only 25 seats which is inadequate as per Regulations..
 - (b) There is no service lab in the hospital.
 - (c) There is no virology/Immunology section.
 - (d) No. of investigation done are much less.

28. The number of books in the departmental library of Skin & V. D. and Psychiatry are inadequate. There is no class room provided for Medicine and allied subjects. Teachers are not provided adequate space to seat and work in clinical departments.
29. In Central laundry, Drier is not working.
30. Kitchen:- There is no kitchen available in both the hospitals.
31. Canteen:- No place is available for Doctors/nurses.
32. ICD coding index is not being followed.
33. No CCTV facility in OTs.
34. There is no central oxygen, suction facility available in hospital.
32. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 100 to 150 at T.D. Medical College, Alappuzha for the academic session 2007-08.

144. Recognition of Co-operative Medical College, Kochi for the award of MBBS degree granted by cochin University of Sciences & Technology.

Read: The Compliance Verification inspection report (08th June, 2007) for recognition of Co-operative Medical College, Kochi for the award of MBBS degree granted by Cochin University along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W.

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 June, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend that Co-operative Medical College, Kochi be recognized for the award of MBBS degree granted by Cochin University with annual intake of 100(One Hundred) students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to recommend to the Central Govt. to renew the permission for admission of 7th batch of 100(one hundred) MBBS students for the academic session 2007-08 at Co-operative Medical College, Kochi.

145. Establishment of a new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangla Memorial Trust, Rohtas, Bihar.

Read: The Council Inspectors report (08th & 09th June, 2007) for establishment of a new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangla Memorial Trust, Rohtas, Bihar.

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 (08th & 09th June, 2007) and noted the following:-

1. (a) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was

seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.No.	Name	Designation	Department	Remarks
1.	Dr. Ajay Kumar	Assoc. Prof.	Anatomy	In his declaration form, he has claimed that he has worked at AN Magadh Medical College, Gaya as Asst. Prof. from 05.09.1993 to 22.12.1998 & as Assoc. Prof. from 23.12.1998 to 15.10.2002. In its letter AN Magadh Medical College, Gaya has stated that he has never worked at their college.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(b) In view of above, the shortage of teaching staff required for Letter of Permission is as under:-

[a] The shortage of teaching faculty is 18.1% as under:-

- (i) Professor - 1 (Anatomy-1)
- (ii) Assoc. Prof.- 6 (Anatomy-1, Biochemistry-1, Microbiology-1, Paediatrics-1, Orthopaedic-1, Radio-Diagnosis-1)
- (iii) Asstt. Prof. - 3 (Anatomy-1, Physiology-1, Dentistry-1)
- (iv) Tutor - 2 (Anatomy-1, Forensic Medicine-1)

[b] The shortage of Residents is 40.4% as under:-

- (i) Sr. Resident - 7 (General Medicine-1, Paediatrics-1, General Surgery-2, Ophthalmology-1, Anaesthesia-1, Radio-Diagnosis-1)
- (ii) Jr. Resident - 10 (General Medicine-2, General Surgery-5, Orthopaedics-1, ENT-1, Ophthalmology-1)

2. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
Bed occupancy%	60 to 70%	70%
Radiological Investigations		
X-ray	40-50	35
Ultrasonography	20	22
Laboratory Investigations		
Biochemistry	75	80
Microbiology	--	--
Serology	20	20
Parasitology	05	05
Haematology	100	130
Histopathology	--	--
Cytopathology	--	--

3. The college building including all three clinical, all five para clinical departments, two lecture theatres and central library complex is still under construction.

4. Lecture theatres are not available.
5. Common room for boys and girls are not available.
6. Central library is not available.
7. Central photography cum audio-visual units is not available.
8. Residential quarters are not available.
9. Sports and recreation facilities are not available.
10. Temporary OPD counters have been created in corridor covered by fibers sheet roof. Teaching facilities like patient couch, stools, x-ray view box, examination tray etc. are not provided in each room. Each speciality is not provided with teaching area for students. There is no plaster room, plaster cutting room.
11. In wards, there are no room for duty doctors, no nurse duty room, no nursing station, no pantry, no examination/procedure room, no teaching area and no side laboratory. There are no clinical demonstration areas in the wards. There is no seminar hall in the major departments. There are no audiovisual aids facilities in the wards.
12. MRD section is yet to be functional.
13. There is no Central oxygen and central suction. There is no emergency operation theatre in casualty area.
14. There is only one laboratory. The Histopathology and Cytopathology work has yet not been established.
15. Resuscitation equipment is inadequate in O.T.
16. Labour room does not have septic and eclampsia rooms. Facilities and equipment in labour room are inadequate.
17. Protective measures as per BARC specification are not provided.
18. CSSD unit has yet not been organized, equipped and established.
19. EPABX facilities are not available.
20. No mechanized central laundry is available.
21. Kitchen is not available. Facilities for providing special diet are not available.
22. Canteen is not available.
23. Incinerator is not installed.
24. Para medical staff is grossly inadequate as under:-

Laboratory Technicians	-	11
O.T. Assistants	-	06
x-ray technician	-	04
Laboratory Attendants	-	04
25. Nursing staff is grossly inadequate as under:-

Nursing Superintendent	:	01
Deputy Nursing Superintendent	:	Nil
Matron	:	01
Asstt. Nursing Superintendent	:	Nil
Nursing Sisters	:	Nil
Staff nurses	:	25

26. The pre clinical departments of Anatomy, Physiology & Biochemistry are still under construction and the civil work in last stages is going on. All the three departments have yet to be finished, furnished, adequately equipped & made functional.
27. The para clinical departments including central library, 2 lecture theatres and other ancillary facilities attached to these departments are still under construction, in most area the roofing is yet to be laid down.
28. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, 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. to disapprove the scheme received in the year 2006 for Establishment of new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangla Memorial Trust, Rohtas, Bihar u/s 10A of the IMC Act, 1956.

146. Theni Govt. Medical College, Theni - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (08th & 09th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Theni Govt. Medical College, Theni.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (08th & 09th June, 2007) and noted the following:-

1. The following faculty was considered/not considered for the respective teaching position as mentioned below.

Department - Anatomy

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Banumathi	Professor	Not Considered	Part time	
2	Dr. R. Amutha	Addl. Prof.	Considered as Assistant Prof.	No appointment order as Asst. Prof. No Promotion orders No. Experience certificate.	
3	Dr. Ezhilarasan.S	Asst. Prof	Not considered	Redesignation from Asst. Surgeon DPH	
4	Dr. Rajaram	Asst. Prof	Not considered	No appointment order as Asst. Prof Redesignation from DPH	
5	Dr. K. Maheswari	Asst. Prof	Not considered	No appointment order as Asst. Prof Redesignation from DPH	
6	Dr. Ravi Kumar	Tutor	Not considered	Redesignation from DPH	
7	Dr. M.P. Chandra	Tutor	Not considered	Redesignation from DPH	
8	Dr. P. Sukumar	Tutor	Not considered	Redesignation from DPH DM(Cardiology)	

9	Dr. Ravindran	Tutor	Not considered	Redesignation from DPH	
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Department - Physiology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. K. Padma	Professor	Considered as Asst. Prof.	No appointment order as Asst. Prof. No Promotion order as Assoc. Prof. or Prof.	
2	Dr. Meena	Reader	Considered as Asst. Prof.	No appointment order as Asst. Prof No. Promotion order as Assoc. Prof.	
3	Dr. Shanthalakshmi	Reader	Asst. Prof.	No appointment order as Asst. Prof. No. experience certificate No. Residency experience during PG	
4	Dr. Hema Chandrika	Asst. Prof	Not considered	Redesignation from DMS	
5	Dr. Meenakshi Sundaram	Asst. Prof	Not considered	Redesignation from DMS	
6	Dr. S. Senthil Kumar	Lecturer in Biophysics	Not considered	No appointment order	
7	Dr. Rose Asuntha Mary	Tutor	Not considered	No appointment order	
8	Dr. G. Rajkumar	Tutor	Not considered	Redesignation from DPH as Tutor in Radiology presented as Tutor in Physiology for which no orders were enclosed	
9	Dr. Mahendran. R	Tutor	Not considered	No appointment order	
10	Dr. Suresh Kumar	Tutor	Not considered	No appointment order	

Department - Biochemistry

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. K. Ramadevi	Professor	Asst. Prof.	No. appointment order as Asst. Prof. No. appointment or promotion order as Assoc. Prof. & Prof. No experience certificate	
2	Dr. I. Periyandavan	Reader	Asst. Prof.	No. appointment order as Asst. Prof Redesignation from DPH No Promotion order	
3	Dr. Rengarajan	Asst. Prof	Tutor	Appointment order by DME mentioned designation as "Tutor/ Asst. Prof" No Clarity whether he is Tutor or Asst. Prof. Confessed by him that he is working as Tutor	
4	Dr. Abdul Majeeth	Tutor	Not considered	Redesignation from DMS	
5	Dr.	Tutor	Not considered	Redesignation from	

	Balasubramaniam			DPH MS (General Surgery) qualification	
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Department - Pathology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Usha Ravikumar	Professor	Asst. Prof.	No appointment order as Asst. Prof. Redesignation from Civil Asst. Surgeon to Asst. Prof. No Promotion orders for Assoc. Prof or for Prof. Redesignation as Prof. is enclosed which is not accepted	
2	Dr. S. Ravi	Reader	Asst. Prof.	No promotion order or experience certificate	
3	Dr. Geetha Devadas	Reader	Asst. Prof.	No promotion order or experience certificate	
4	Dr. S. Ramesh	Reader	Asst. Prof	No promotion order or experience certificate	
5	Dr. Dhamayanthi. S	Asst. Prof	Not considered	Redesignation from DPH	
6	Dr. Kavitha .D	Asst. Prof	Not considred	Redesignation from DPH	
7	Dr. S. Malliga	Asst. Prof	Not considered	Redesignation from DPH	
8	Dr. Packialakshmi	Tutor	Not considered	Redesignation from DPH	
9	Dr. Gokulapandiasankar	Tutor	Not considered	Redesignation from DPH	
10	Dr. Priya R	Tutor	Not considered	Redesignation from DPH	
11	Dr. Jayaraman	Tutor	Not considered	No appointment as Tutor in Pathology	
12	Dr. Priya P	Tutor	Not considered	No appointment as Tutor in Pathology	
13	Dr. Valarmathi	Tutor	Not Considered	Redesignated from DPH to DME as Tutor in Casualty & in Pathology	
14	Dr. Rekha T	Tutor	Not considered	Posted as Tutor in Blood Bank	

Department - Microbiology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Logeshwari	Professor	Not considered	No appointment or promotion orders or experience certificates attached	
2	Dr. S. Ganesan	Asst. Prof.	Not considered	Redesignation from DMS	
3	Dr. S. Lalitha	Tutor	Not considered	Redesignation from DPH	
4	Dr. Sugumari C	Tutor	Not considered	Redesignation from DPH	

Department – Forensic Medicine

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Juliana Jayanthi	Asst. Prof	Not considered	Redesignation from DPH	
2	Dr. C. Manoharan	Tutor	Not considered	Redesignation from DPH	
3	Dr. Palani Kumar	Tutor	Not considered	Redesignation from DPH	

Department – Community Medicine

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. P. Seenivasan	Reader	Tutor	No appointment order as Asst. Prof. No previous transfer orders or experience certificates Redesignation from DPH Promotion order as Reader is enclosed which is not considered due to unavailability of all previous appointments	

Department - Pharmacology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Vamsadhara	Professor	Asst. Prof.	No appointment/ Promotion order as Asst. Prof or Assoc. Prof. or Prof. No experience certificate	
2	Dr. Ahil. M.S	Asst. Prof.	Not considered	Redesignated from DPH	
3	Dr. Sidharthan	Asst. Prof.	Not considered	Redesignated from DPH	
4	Dr. Raadhika K	Tutor	Not considered	Redesignated from DPH	
5	Dr. Bhaskaran K	Tutor	Not considered	Redesignated from DPH	
6	Dr. Thaivani	Tutor	Not considered	Redesignated from DPH	
7	Dr. Ponraj	Tutor	Not considered	Redesignated from DPH	

Department - Medicine

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Kumarasamy	Professor	Assoc. Prof	Redesignation as Prof.	
2	Dr. Chelapandian S	Asst. Prof	Not considered	Redesignated from DPH	
3	Dr. Sivaramkannan	Asst. Prof	Not considered	Redesignated from DPH	
4	Dr. G. Backialakshmi	Asst. Prof	Not considered	Redesignated from DPH	

5	Dr. Aravazhi	Sr. Res	Not considered	Redesignated from DPH	
6	Dr. Thangaraj	Sr. Res	Not considered	Redesignated from DPH	
7	Dr. Ravi Kumar	Sr. Res.	Not considered	Redesignated from DPH	
8	Dr. Ethiraj	Sr. Res	Not considered	Redesignated from DMS	
9	Dr. Umesh	Jr. Res.	Not considered	No appointment order Observer for getting experience	
10	Dr. Dhandayuthapani	Jr. Res	Not considered	No appointment order Observer for getting experience	
11	Dr. Hema D	Jr. Res	Not considered	No appointment order Observer for getting experience	
12	Dr. Vijaya Lakshmi	Jr. Res	Not considered	No appointment order Observer for getting experience	
13	Dr. Vasanthi	Jr. Res	Not considered	No appointment order Observer for getting experience	
14	Dr. Kanchana C	Jr. Res	Not considered	No appointment order Observer for getting experience	

Department - Paediatrics

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Sankara Subramanian	Reader	Asst. Prof	No promotion order No experience certificate	
2	Dr. Nandhini Kuppusamy	Asst. Prof	Not considered	Redesignated from DPH	
3	Dr. Selvakumar	Tutor	Not considered	Redesignated from DMS	
4	Dr. Ramasamy	Jr. Res.	Not considered	No appointment order	
5	Dr. Nalla Pernmal	Jr. Res.	Not considered	No appointment order	
6	Dr. D. Sivakumaran	Jr. Res.	Not considered	No appointment order	
7	Dr. C. M. Rajendran	Jr. Res.	Not considered	No appointment order	

Department - Dermatology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Mohan Kumar	Tutor	Not considered	Redesignated from DMS	

Department – TB & Chest Diseases

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Mahesh Kumar	Asst. Prof.	Not considered	Redesignated from DPH	
2	Dr. Balamurugan	Jr. Res	Not considred	No MD Certificate No appointment order	

Department - Psychiatry

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
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1	Dr. V. Geethanjali	Tutor	Not considered	Redesignated from DPH	
2	Dr. Ramesh Boopathi	Tutor	Not considered	Redesignated from DPH	

Department - Surgery

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. R. Chandrasekaran	Professor	Assoc. Prof	Redesignated as Professor	
2	Dr. Karthik Kumar	Asst. Prof	Not Considered	Redesignated from DPH	
3	Dr. Babu Raghavan	Asst. Prof	Not Considered	Redesignated from DPH	
4	Dr. C. Rajendran	Asst. Prof	Not Considered	Redesignated from DPH	
5	Dr. M. Ilangovan	Sr. Res	Not Considered	Redesignated from DPH	
6	Dr. R. Murugesan	Sr. Res	Not Considered	Redesignated from DPH	
7	Dr. Vijay Anand	Sr. Res	Not Considered	Redesignated from DPH	
8.	Dr. Muthu	Sr. Res	Not Considered	Redesignated from DPH	
9	Dr. P. Manikandan	Jr. Res	Not Considered	Redesignated from DMS	
10	Dr. K. Kannan	Jr.Res	Not Considered	Redesignated from DMS	
11	Dr. Muthuraj	Jr. Res	Not Considered	Redesignated from DMS	
12	Dr. S. Uma Devi	Jr. Res	Not Considered	Redesignated from DMS	
13	Dr. Muthuvijay.T	Jr. Res	Not Considered	Redesignated from DMS	
14	Dr. Sukumar	Jr. Res	Not Considered	Redesignated from DMS	
15	Dr. S. K. Sankar	Jr.Res	Not Considered	No mention of terms & condition in appointment order	

Department - Orthopedics

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. M. Malairaju	Professor	Asst. Prof.	No appointment / promotion orders No teaching experience	
2	Dr. JayaKumar	Asst. Prof.	Not Considered	Redesignated from DMS	
3	Dr. Lakshman Kumar	Jr. Res	Not Considered	No terms and condition in the appointment order	
4	Dr. Sivakami	Jr. Res	Not Considered	No terms and condition in the appointment order	
5	Dr. P. Murugan	Jr. Res	Not Considered	No terms and condition in the appointment order	
6	Dr. Veeraragavan	Jr. Res	Not Considered	No terms and condition in the appointment order	
7	Dr. Kishore K	Jr. Res	Not Considered	No terms and condition in the appointment order	

Department – Ophthalmology

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. N. Parvatha Sundari	Sr. Res	Not Considered	Redesignated from DMS	
2	Dr. Dr. S. Ganapathy Rajesh	Sr. Res	Not Considered	Redesignated from DPH	
3	Dr. Eswaramoorthy	Jr. Res	Not Considered	No appointment order	

Department – ENT

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. S. Saravanamuthu	Reader	Asst. Prof	No Promotion order as Reader No appointment order/ experience certificate	
2	Dr. K.S. Raja Ganesh	Sr. Res	Not Considered	Redesignated from DPH	
3	Dr. L. Velumani	Jr. Res	Not considered	No terms & condition on appointment order	
4	Dr. Subbaian	Jr. Res	Not considered	No terms & condition on appointment order	

Department – Radiodiagnosis

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. V. Chandrasekar	Professor	Asst. Prof	No promotion order as Assoc. Prof No experience certificate	
2	Dr. Nakkeeran	Asst. Prof	Not Considered	Redesignated from DPH	
3	Dr. N. Murali	Reader	Not Considered	Redesignated from DPH	
4	Dr. Ravichandran	Asst. Prof	Not Considered	Redesignated from DPH	
5	Dr. Rajkumar	Tutor	Not Considered	Redesignated from DPH	
6	Dr. Geethanjali	Tutor	Not Considered	Redesignated from DPH	

Department – Anaesthesia

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Rajamanoharan	Professor	Asst. Prof	No Promotion orders No experience certificate	
2	Dr. Krishnamoorthy	Reader	Asst. Prof	No experience certificate No original certificates produced for verification Photo copies not attested No Residents experience during PG No. Appointment order as Asst. Prof but	

				redesignation from DPH	
3	Dr. Loganathan	Asst. Prof.	Not Considered	Redesignated from DPH	
4	Dr. Dhoss R	Tutor	Not Considered	Redesignated from DMS	
5	Dr. Paneerselvam	Tutor	Not Considered	Redesignated from DMS	
6	Dr. Prabakaran G	Tutor	Not Considered	Redesignated from DMS	
7	Dr. B. Kannan	Tutor	Not Considered	Redesignated from DMS	

Department – Obstetrics

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Sasikala	Professor	Assoc. Prof	Redesignation as Professor	
2	Dr. Angayarkanni	Reader	Asst. Prof	No promotion order/ no experience certificate	
3	Dr. Mahalakshmi	Asst. Prof	Not Considered	Redesignated from DMS	
4	Dr. Jothi Sundaram	Asst. Prof	Not Considered	Redesignated from DMS	
5	Dr. Valarmathi	Sr. Res	Not Considered	Redesignated from DMS	
6	Dr. Mohanasundari	Asst. Prof	Not Considered	Redesignated from DMS	
7	Dr. Maria Tamil Selvi	Sr. Res	Not Considered	Redesignated from DMS	
8	Dr. Gowri RS	Jr. Res	Not Considered	No. Appointment order	
9	Dr. Asia. S	Jr. Res	Not Considered	No. Appointment order	
10	Dr. Pratheebea	Jr. Res	Not Considered	No. Appointment order	
11	Dr. Premakumari	Jr. Res	Not Considered	No. Appointment order	

Department – Dentistry

No	Name	Designation on Declaration Form	Considered as/ Not Considered	Reasons	Remarks
1	Dr. Ananda Padmanaban	Asst. Prof	Tutor	No Residency experience during PG	

(b) In view of above, the shortage of teaching staff required at present stage is as under:-

(a) Faculty 61% (i.e. 60 out of 97)

- (i) Professor : 14 out of 15 (93%)
- (ii) Associate Professor : 7 out 18 (38%)
- (iii) Assistant Professor : 13 out of 33 (39%)
- (iv) Tutor : 26 out of 31(83%)

(b) Resident 100 % (i.e. 51 out of 51)

- (i) Sr. Resident: 17out of 17 (100%)
- (ii) Jr. Resident: 34 out of 34 (100%)

(C) a. As per the version of the Dean and the faculty, the appointment in Health Services is by two ways:

- 1. All are appointed mainly under DPH as Assistant Surgeon (Medical Officers). All have to do the Rural posting for a minimum period of 2 yrs. After this they become eligible for appearing for the PG entrance for a 60% quota of PG seats for Service candidates. They can also compete for the remaining 40% seats by merit.

2. For filling the vacancies in some of the rare subjects in the Medical Colleges, DME has discretionary powers to appoint them as Tutors directly.
- b. After obtaining their PG degree the in-service doctors can go back to the parent cadre or other directorates or work under DME in Medical colleges where they are “Redesignated as Tutors/Asstt. Professor” (vide GO-MS NO. 766/Health dated 4.5.1981 a copy of the same was requested to Dean & DME repeatedly which was not provided). (From their orders we were unable to place them in a definite category of either Tutor or Asst. professor).
- c. During their tenure they can be posted in various departments irrespective of their speciality e.g. a doctor with DM Cardiology was posted in Tutor in Biochemistry. In all parts of India there is shortage of Postgraduate Teachers and the Specialists providing services. Here in several departments Postgraduates and even Superspecialists are posted in Non-Clinical or Para-Clinical Specialities for several years. What must be happening to their knowledge is a matter of serious concern. The Service Details filled and duly signed by each faculty is attached along with their respective Declaration Forms. These details are self explanatory.
- d. Though it is not within our purview of commenting on the service condition, but still we cannot resist ourselves in mentioning that due to the Private Practice allowed to these Faculty and the employees of other directorates, they try to remain at a desired place sacrificing all other norms for their benefit which is surprisingly suiting to the State Government also.
- e. None of the Professors verified, had the promotion order as Professor. They are all “Redesignated” rather than promoted from the post of Reader/Asso. Prof. This Redesignation, was given by DME at their request.
It seems that there is no exclusive cadre for teachers in the medical Colleges which is not as per Regulations.
- f. For fulfilling the deficiency of Junior Residents, Doctors coming as “Observers” for the want of clinical experience were made to appear for MCI Inspection. They did not have any Appointment Order attached to their Declaration Forms. On probing they confessed their status as “Observers”.
- g. A document circulated by the DME (Ref no: 3205/MEIII/2/2007 dated 8.5.2007) to all the Medical Colleges regarding filling up of Declaration Forms for the purpose of MCI inspection confirms our observations on the above anomalies noted during our inspection. (copy appended below)

Summary:

1. The teaching experience of the Faculty though adequate is interrupted with long gaps due to postings totally unrelated to their speciality.
2. We apprehend that these anomalies and deficiencies will render the eligibility criteria for medical teachers and make MCI Norms non-uniform and invalid.
3. The issues cited above are of serious concern for Standardizing the Medical Education in our Country.
4. “Teaching” is the noblest of all profession. Sacrificing the very basis of Education and justifying such actions by any means may only suggest the utter disregard for the quality of Medical Education.
2. Devadanapatti RHTC is under the control of the Deputy Director of Public Health and the college is allowed to use its facilities for teaching purpose which is not as per norms. Other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology are yet to be approached for participation in the outreach teaching programmes. Lecture hall cum seminar room is not available.
3. UHC is under financial and administrative control of Joint Director of Health and Rural Services.
4. Residents Hostel is not available.
5. Nurses Hostel is under construction.

6. In OPD, there is no sign board informing the public about the timing of the routine Outpatient and review OPDs. Moulds or Mannequins for teaching purposes are not available in the Department of ENT.
7. Incinerator is not available.
8. Pathology department museum is over crowded and need to be expanded considering the number of specimens.
9. Forensic Medicine department museum has no fire arms.
10. No laboratory is available in Community Medicine department.
11. The number of books in departments of TB & Chest, Skin & VD, Psychiatry, Paediatrics, General Surgery, Orthopaedis, Oto-Rhino-Laryngology, Ophthalmology, Radio-Diagnosis, Anaesthesia and OG are inadequate.
12. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Theni Govt. Medical College, Theni.

147. Hassan Institute of Medical Sciences, Hassan - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (08th & 09th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Hassan Institute of Medical Sciences, Hassan.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (08th & 09th June, 2007) and noted the following:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted the Govt. of Karnataka order No. HFW 397, dated 11.06.2007, which reads as under:-

“Government of Karnataka is pleased to order the transfer of District Hospitals from the Department of Health and Family Welfare to the Medical Colleges at Hasan, Mandya, Belgaum, Shimoga, Raichur and Bidar under the control of the Department of Medical Education with immediate effect along with the infrastructure, buildings, equipments, staff, budget etc. Henceforth, all these District Hospitals shall be called the teaching hospitals under the academic, administrative and disciplinary control of the Director/Dean/Principal of these Medical Colleges.”

1. The shortage of teaching faculty is 24.74% as under:-
 - i) Professor 6 (Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic Medicine-1, Radiology-1)
 - ii) Associate Professor 10 (Anatomy - 2, Physiology - 2, Pathology-2, Forensic Medicine -1, Paediatrics-1, Anaesthesia-1, Radiology-1)
 - iii) Assistant Professor 8 (Anatomy – 1, Physiology-1, Pharma.Chem. – 1, RHTC-1,UHC-1,ANMO-1, MWO-1, Radiology-1)

2. Dr. Rathnakar Rao A.C. shown as Medical Superintendent possesses only 5 years of administrative experience against the requirement of 10 years and thus not qualified to hold the post.
3. The lecture theatre in the Hospital is “Level” type against the requirement of “Gallery” type as per Regulations. Its capacity is 50 only which is inadequate as per Regulations.
4. At RHTC, Salagame, no other clinical departments like Medicine, Paediatrics, Obstetrics & Gynaecology participate in the outreach teaching programmes. No lecturer cum medical officer having M.D(PSM) is available. No senior faculty from the department is posted in rotation. Students are not posted so far. No hostel facility are available.
5. In UHC no minor surgical facilities are available. No Seminar room is available. No Medical Officer –cum-Lecturer with M.D.(PSM) is posted.
6. The Hostel accommodation is available only for 80 students against the requirement of 200 at this stage. The rooms in Boys Hostel are occupied randomly by 2, 4 and 5 students in a room which is not as per norms.
7. In Girls hostel, 34 girls are accommodated in 8 rooms i.e. 4 or 7 more girls in a room which is not as per norms.
8. Accommodation is available only for 60 Residents against the requirement of 75 at this Stage.
9. Only 8 quarters are available within the Campus for the teaching faculty against the requirement of 20 at this stage which is inadequate.
10. In Casualty no central oxygen and suction are available.
11. In Radiodiagnosis Department, Image Intensifier is not available.
12. CSSD is not available.
13. The Nursing staff is inadequate as under:

Nursing Superintendent	1
Dy. Nursing Superintendent	6
Matron	-
Asst. Nursing Suptd.	-
Nursing sisters	8
Staff Nurse	75

14. In Anatomy department, there is no cooling cabinet.
15. In Pharmacology department, museum is not furnished. The specimens are displayed in the staff room. Departmental library has only 40 books against the requirement of 80 books. There is no Research laboratory.
16. In Pathology department museum catalogues are not available which is inadequate. Departmental library has only 30 books which is inadequate.
17. In Forensic Medicine department museum, catalogues are not available. Civil work is over not furnished. Laboratory is not available. The students laboratory is not available. Mortuary is not “Gallery” type. Department is nonfunctional.
18. Community Medicine department is at present is in Microbiology department using 2 rooms and a laboratory. Out of these 2 rooms, one room is use as a demonstration room and another one room is use as a museum which is not as per Regulations.
19. Other deficiencies/remarks are in the main report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-2008 at Hassan Institute of Medical Sciences, Hassan.

148. Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala, Tripura - Renewal of permission for admission of 2nd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (05th & 06th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala, Tripura.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (05th & 06th June, 2007) and noted the following:-

1. (a) Dr. Gurai Kumari and Dr. Rajender K. Rajesh (Asstt. Profs. in Anatomy) not accepted as they did not have any proof of identity.
- (b) In view of above, the shortage of teaching staff required at present stage is 6.1% as under:-
 - i) Professor- 2 (1 Forensic Medicine & 1 Radio Diagnosis)
 - ii) Associate Professor - 1 (General Surgery)
 - iii) Assistant Professor - 3 (Anatomy-2, Pharma. Chemist-1)
- (c) Out of the 97 faculty required for 1st renewal, 89 new faculty have been appointed after the last inspection.
- (d) Out of 57 resident doctors required, all have been newly appointed and they were not present during the last inspection.
- (e) 70% of the teaching faculty (including Tutors) do not possess the proof of local residence.

2. Clinical Material is inadequate in terms of number of deliveries and caesarian sections, which is inadequate as under:-

	Daily Average	Day of Inspection
Number of normal deliveries	6/week	1
Number of caesarian Sections	6/week	1

3. Buildings: On the Ground floor the Microbiology and Forensic Medicine Department are under construction The first, second and third floors are still to be constructed which will house the departments of Anatomy, Physiology, Biochemistry, Pathology Pharmacology, Community Medicine, Lecture theatres, Examination Halls, Library, administrative block, and offices of all the clinical departments. The departments of Anatomy, Physiology and Biochemistry are occupied in three separate blocks, which would shifted in the main college building once the construction is completed.
4. No examination hall is available.
5. The capacity of common room for boys and girls is 10 it is inadequate as per Regulations.
6. R.H.T.C. Bishramganj is under the control of the Department of Health and Family Welfare, Govt. of Tripura and the college is allowed to use its facilities for teaching purposes. No hostel facility is available at the RHTC. Lecture hall cum seminar room is not available.

7. U.H.C.: No lecturer cum medical officer having M.D. {P.S.M.} is posted.
8. Hostels: Total accommodation is available only 120 students against the requirement of 200 at this stage.
9. Residents accommodation is available only 24 residents against the requirement of 75 at this stage.
10. Accommodation is available only 40 nurses which is inadequate at this stage as per Regulations.
11. Only 12 quarters are available within the campus for the teaching faculty against the requirement of 90 at this stage. There is no accommodation available for the non-teaching staff.
12. In the Hospital beds of TB & Chest, Skin & VD & psychiatry departments have been placed in one hall along with the beds of General Medicine Ward, which is not as per Regulations.
13. In Wards, there is no seminar hall in the major departments.
14. Registration and Medical Record Section: Indoor registration counter but not cross linked with outdoor registration numbers. Medical Record Department is partially computerized.
15. There are only 5 operation theatres against the requirement of 6 at this stage as per Regulations.
16. Medical, Surgical, Paediatrics & Obstetric ICUs are not available.
17. CSSD is not available.
18. In Biochemistry Department, gas cylinders are not available.
19. In Pharmacology Department museum no graphs & catalogues are not available.
20. In Pathology Department museum has 60 mounted specimens, which is inadequate. The construction work of the department is incomplete in terms of flooring, fixing of grills and glass frames in the windows, fixing of railings in the staircase, electric connection and water connection. Hence, the labs. are non-functional at the present stage.
21. In Microbiology Department the museum has 5 specimens and 50 charts. The construction of the department is yet to be completed. The construction work of the department is incomplete in terms of flooring, fixing of grills and glass frames in the windows, fixing of railings in the staircase, electric connection and water connection. The department is non-functional.
22. In Forensic Medicine Department construction of the department is yet to be completed. The construction work of the department is incomplete in terms of flooring, fixing of grills and glass frames in the windows, fixing of railings in the staircase, electric connection and water connection. Hence the lab. is non-functional at the present stage. The department is non-functional.
23. Teaching facilities in Community Medicine Department are not available at the present stage. Only one office for HOD of department is available. No other infrastructural facilities is available.
24. Number of books in the Departmental libraries are inadequate as under:- Medicine: 62
TB & Chest: nil, Skin & V.D.: 05 Psychiatry: 17, and Paediatric: 37, General Surgery: 49, Orthopaedics: 40, Oto-Rhino-Laryngology: 15, Ophthalmology: 44, Radio-Diagnosis: 06, Anaesthesia: 50 & Obstetrics & Gynaecology Department : 56

25. Other deficiencies pointed out in the inspection report.

In view of above, and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala, Tripura.

149. Agartala Govt. Medical College, Agartala - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (08th & 09th June, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Agartala Govt. Medical College, Agartala.

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (08th & 09th June, 2007) and noted the following

1. a) The shortage of teaching faculty is 13.79% as under:-
 - (i) Professor 02 (Forensic Medicine –1 & Radio diagnosis –1)
 - (ii) Assoc. Prof. 09 (Physiology –1, Biochemistry –1, Pharmacology –1, Forensic Medicine –1, Community Medicine –1, General Medicine –1 Anaesthesiology –1 Radio diagnosis –1 & Dentistry –1)
 - (iii) Asst. Prof. 05 (Pharma.Chem.-1, Community Medicine – 3 & Paediatrics –1)
2. One static x-ray machine of 300 mA was out of order on the day of inspection. Resultantly equipment in Radio-Diagnosis department is inadequate.
3. There is no mechanized laundry available.
4. No training courses were held in the Medical Education Unit during the year.
5. On of the lecture theatre is flat type, which is not as per norms.
6. The capacity of examination hall is 200 against the requirement of 250 as per regulations.
7. Hostels – No allotment has been made in the resident doctors hostel. No mess facility is available.
8. Hostel facility for the Nursing staff is inadequate. No accommodation is available for teaching and non-teaching staff in the campus.
9. In OPD, each speciality has been provided only 1 room for consultant and 1 or 2 rooms for Residents for examination of patients and accommodation for the doctors. No speciality is provided in any teaching area. OPD areas are congested. Audiometry room is not sound-proof and not air-conditioned. No X-ray view boxes are provided in the Resident's room.
10. In wards, there is no seminar hall in the major departments.
11. Casualty is inadequately equipped. There is no crash cot, disaster trolley, ventilator, defibrillator and pulse oximeter available in the casualty.
12. ICU is not available.
13. Eclampsia room is not available in the labour room.
14. No quarters are available within the campus. No accommodation is available for teaching and non-teaching staff in the campus.
15. Para-medical staff is inadequate as under:-

Lab. Technicians	-30
Lab. Assistants	-25
Lab. Attendants	-03
16. In Anatomy department, Band saw is not functional. Students lockers are not provided. Research laboratory is not available.

17. In Physiology department, each laboratory except Hematology has 30 work places, which is inadequate.
18. In Biochemistry department, no gas connection is provided in the lab.
19. In Pathology department, departmental library has only 60 books which is inadequate. Research laboratory is available without any equipment and not functional.
20. In Microbiology department, departmental library has only 30 books which is inadequate. Research lab. is not available. Museum has only 2 specimens and 10 charts which is grossly inadequate.
21. In Forensic Medicine department, departmental library is only 6 books which is grossly inadequate. Museum has only 16 wet specimens and 17 weapons which is inadequate. Mortuary is not functioning.
22. In Community Medicine department, there are 2 demonstration rooms with capacity of 40 and 20 seats each which is not as per norms. Catalogues are not available in the museum. Research laboratory is not available.
23. Departmental library of TB & Chest, Skin & VD, Psychiatry, Ophthalmology & Radio-diagnosis do not have any books.
24. Number of books in the department of Medicine, Paediatric, Gen.Surgery, Orthopaedics, ENT & Anaesthesia are inadequate.
25. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, 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 MBBS students for the academic session 2007-08 at Agartala Govt. Medical College, Agartala.

150. Govt. Medical College, Thrissur – Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 100 to 150 for the academic session 2007-2008.

Read: The Council Inspectors report (08th & 09th June, 2007) for renewal of permission for admission of 2nd batch of MBBS students for the academic session 2007-2008 at Govt. Medical College, 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 Inspectors report (08th & 09th June, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 100 to 150 at Govt. Medical College, Thrissur for the academic session 2007-08.

151. Pandit Deendayal Upadhyay Medical College, Rajkot – Renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 – Compliance verification inspection thereof.

Read: The Compliance verification inspection report (18th May, 2007) for renewal of permission for admission of 2nd batch of students against the increased intake i.e. from 50 to 100 for the academic session 2007-2008 at Pandit Deendayal Upadhyay Medical College, Rajkot.

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 (18th May, 2007) along with letter dated 15.7.2004 from the Joint Secretary, Govt. of India, Ministry of Health & F.W. and decided to recommend to the Central Govt. to renew the permission for admission of 2nd batch of MBBS students against the increased intake i.e. from 50 to 100 at Pandit Deendayal Upadhyay Medical College, Rajkot for the academic session 2007-08.

152. Shri Ram Murti Smark Institute of Medical Sciences, Bareilly - Renewal of permission for admission of 3rd batch of students for the academic session 2007-2008.

Read: The Council Inspectors report (3rd & 4th May, 2007) for renewal of permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Shri Ram Murti Smark Institute of Medical Sciences, Bareilly.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council considered the Council Inspectors report (3rd & 4th May, 2007) and noted the following:-

1. (a)The following faculty was not accepted due to the reasons given below:-

S. No.	Name	Designation	Department	Remarks	Date of joining
1.	Dr. P.B. Jain	Professor	Biochemistry	He is having 3 years & 6 months experience as Associate Professor, hence, not eligible as Professor.	20.03.2007
2.	Dr. Naveen Bihari	Assistant Professor	Psychiatry	He does not have 3 years experience as Resident, hence, not eligible as a Lecturer.	15.03.2007
3.	Dr. Shanshank	Assistant Professor	General Surgery	He does not have 3 years experience as Resident, hence, not eligible as Lecturer.	05.07.2005
4.	Dr. Prateek Gahlaut	Assistant Professor	Dermatology	He does not have 3 years experience as Resident, hence, not eligible as Lecturer.	09.10.2006
5.	Dr. D.S. Mehta	Assistant Professor	Paediatrics	He does not have 3 years experience as Resident, hence, is not eligible as Assistant Professor.	01.02.2007
6.	Dr. Kailash Chander Sharma	Assistant Professor	Anaesthesiology	He is having experience of 18 months in Aruna Asaf Ali Hospital, New Delhi which is a non-teaching hospital and cannot be counted.	24.02.2005
7.	Dr. Dinesh Kumar	Assistant Professor	Anaesthesiology	He does not have 3 years experience as Resident, hence, not eligible as Assistant Professor.	01.04.2006
8.	Dr. Praveen Kumar	Assistant Professor	Radiology	He does not have 3 years experience as Resident, hence, not eligible as Assistant Professor.	09.04.2007
9.	Dr. Dinesh Kumar Singh	Assistant Professor	Radio-Diagnosis	He does not have 3 years experience as Resident, hence, not eligible as Assistant Professor.	19.12.2005
10.	Dr. Anjoo Uppal	Assistant Professor	Pathology	She does not have 3 years experience as Resident, hence, not eligible as Assistant Professor.	10.09.2006
11.	Dr. Raj Kumar Kalyan	Assistant Professor	Microbiology	He does not have 3 years experience as Resident, hence, not eligible as Assistant Professor.	
12.	Dr. Ajay Aggarwal	Senior Resident	General Surgery	He does not have 3 years experience as Resident, hence, not eligible as Senior Resident.	30.07.2006
13.	Dr. K.K. Mishra	Senior	General	He does not have 3 years	01.05.2005

		Resident	Medicine	experience as Resident, hence, not eligible as Senior Resident. Moreover, he is 62 years old.	
14.	Dr. Suvidha Mahar	Senior Resident	Ophthalmology	She does not have 3 years experience as Resident, hence, not eligible as Senior Resident.	16.03.2007
15.	Dr. Namita Aggarwal	Senior Resident	Obst. & Gynae.	She does not have 3 years experience as Resident, hence, not eligible as Senior Resident.	25.02.2007

- (b) In relation to certain Declaration Forms submitted on behalf of the medical teachers and endorsed by the Principal of the medical college, it was observed/found that teaching experience shown in those Declaration Forms is incorrect and in certain cases, it was seriously doubted. The office of the Council had undertaken the exercise of verifying the individual particulars regarding the claimed teaching experience from the Medical institutions concerned and found their claim to be fake. The following teaching faculty cannot be considered as the experience certificates submitted by them are forged as shown below:

S.N.	Name	Designation	Department	Remarks
1.	Dr.R.K. Kapoor	Assoc. Prof.	Pathology	In his declaration, he has claimed to have worked at Jawaharlal Nehru Medical College, Ajmer from Jan.1991 to December,1993. In its letter, Jawaharlal Nehru Medical College, Ajmer has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
2.	Dr.H.K.Maini	Asstt. Prof.	Anaesthesia	In his declaration form, he has claimed that he has worked at Command Hospital, Faridkot from July 2003 to April 2004 as Classified Specialist/ Asst. Professor and at Command Hospital, Lucknow from July 2005 to November 2005. In its letters, the authorities of Command Hospital, Faridkot and Lucknow have stated that he has not worked at their Hospitals during the said period.Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
3.	Dr.Yatendra Kumar Pathak	Asstt. Prof.	For.Medicine	In his declaration form, he has claimed that he has worked at Motilal Nehru Medical College, Allahabad from 8.9.2000 to 20.9.2006 as Asstt. Professor. In its letter, Motilal Nehru Medical College, Allahabad has stated that he has worked from 8.9.2000 to 31.7.2004 as Medical Officer and not as Asstt. Professor. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
4.	Dr.Kali Prasad Saxena	Asstt. Prof.	Anatomy	In his declaration form, he has claimed that he has worked at S.N.Medical College, Agra from 7.2.1978 to 30.7.1991 as Asstt. Professor In its letter, S.N.Medical College, Agra has stated that he has worked from 7.2.1978 to 14.7.1978 and 01.07.1991 to 02.08.1991. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
5.	K.B. Singh	Assoc. Prof.	Microbiology	In his declaration form, he has claimed that he has worked at Vinayaka

				Mission's Kirupanda Variyar Medical College, Salem from 24.7.2000 to 18.12.2004. In its letter, Vinayaka Mission's Kirupanda Variyar Medical College, Salem has stated that he has not worked at all in the institution. Thus, he has submitted a false and forged experience certificate and therefore cannot be accepted as a teacher.
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The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, were clearly of the view that the Council should take steps for referring these cases to the Police authorities for registration of FIRs and conducting investigations in all such cases. It was observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that all those cases where there is a collusion and conspiracy of such persons with the management of the colleges, the necessary action should also be taken against the management of those colleges. It was further decided that appropriate action be taken against these Doctors and the Principal of the college in accordance with Professional Conduct (Etiquette and Ethics) Regulations, 2002.

(C) In view of above, the shortage of teaching faculty is 9.4 % as under:-

- i) Professor 2 (Microbiology-1, Biochemistry-1)
- ii) Associate Professor 5(Biochemistry-1, Pharmacology-1, Microbiology-1, Pathology-1, Forensic Medicine -1)
- iii) Assistant Professor 3 (Microbiology - 1, Skin & VD - 1, General Surgery-1)
- iv) Tutor 1(Pathology-1)

(d) The shortage of Residents is: 7.4 % as under:-

- i) Sr. Resident 6 (Surgery-1, OG.-1, Ophthalmology-1, Radiodiagnosis-1, Pead.-1, Psychiatry-1)
- ii) Jr. Resident Nil

2. Registration & Medical Record Section:- Registration for OPD cases is not computerized . Medical Record department is partially computerized.
3. ICCU and Medical ICU are combined which is not as per norms.
4. The institution does not have the permission for conduction the postmortem. Inspection team has not been shown any arrangement for teaching autopsy to students.
5. Audio-visual aids are not available at RHTC.
6. Other deficiencies/remarks are in the main report.

In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic session 2007-2008 at Shri Ram Murti Smark Institute of Medical Sciences, Bareilly.

153. Christian Medical College, Dichapally-Renewal of permission for admission of 5th batch of students for the academic session 2007-2008.

Read: The Central Govt. letter dated 1.11.2006 for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at Christian Medical College, Dichapally.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 1.11.2006 wherein the council has been directed to carried out the inspection for renewal of permission for admission of 5th batch of students for the academic session 2007-2008 at Christian Medical College, Dichapally and noted that the college authorities vide Council letters dated 14.3.2007, 23.4.2007 and subsequent reminders dated 3.5.2007, 24.5.2007, 25.5.2007 and 28.5.2007 were requested for their readiness for inspection but no response has been received from the college.

In view of above, the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon’ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. requesting the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June and since, the college is not ready for inspection, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 5th batch of MBBS students for the academic session 2007-08 at Christian Medical College, Dichapally.

154. Increase of seats in Ist MBBS Course from 50 to 100 at Patliputra Medical College, Dhanbad, Jharkhand .

Read: The application for Increase of seats in Ist MBBS Course from 50 to 100 at Patliputra Medical College, Dhanbad, Jharkhand .

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the application for increase of seats in Ist MBBS course from 5o to 100 at Patliputra Medical College, Dhanbad, Jharkhand and noted that no response has been received from the college authorities for their readiness for inspection.

In view of above, the Govt. of India letter dt. 15.3.2005 issued after the directions of the Hon’ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. requesting the Council to strictly adhere to the time schedule prescribed under the regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June and since, the college is not ready for inspection, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for Increase of seats in Ist MBBS Course from 50 to 100 at Patliputra Medical College, Dhanbad, Jharkhand u/s 10A of the I.M.C. Act, 1956 received in the year 2006 as there is no provision to keep pending proposal/application for the next and subsequent academic year(s).

155. Establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Center, Chittor District, Andhra Pradesh.

Read: The matter together with the Central Govt. letter dated 4.6.2007 for establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Center, Chittor District, Andhra Pradesh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed the statutory time schedule as per Regulations which is as under:-

“SCHEDULE FOR RECEIPT OF APPLICATIONS FOR ESTABLISHMENT OF NEW MEDICAL COLLEGES AND PROCESSING OF THE APPLICATIONS BY THE CENTRAL GOVERNMENT AND THE MEDICAL COUNCIL OF INDIA.

<i>Stage of processing</i>	<i>Last date</i>
.....	
6. <i>Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission.</i>	<i>15th March</i>

- | | |
|--|------------------------|
| 7. Recommendation of Medical Council of India to Central Government for issue of Letter of Permission. | 15 th June. |
| 8. Issue of Letter of Permission by the Central Government. | 15 th July. |

Note: (1) The information given by the applicant in Part-I of the application for setting up a medical college that is information regarding organization, basic infrastructural facilities, managerial and financial capabilities of the applicant shall be scrutinized by the Medical Council of India through an inspection and thereafter the Council may recommend issue of Letter of Intent by the Central Government.

- (2) Renewal of permission shall not be granted to a medical college if the above schedule for opening a medical college is not adhered to and admissions shall not be made without prior approval of the Central Government....."*

The members of the Adhoc Committee and of the Executive Committee also observed the judgement dated 12.1.2005 delivered by the Hon'ble Supreme court in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. in W.P. © Nos. 206 of 2004 wherein it was directed that:-

"14.....Time schedule for establishment of new college or to increase intake in existing college, shall be adhered to strictly by all concerned.

- 15. Time schedule provided in Regulations shall be strictly adhered to by all concerned failing which defaulting party would be liable to be personally proceeded with.*

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 4.6.2007 togetherwith a letter dated 23.5.2007 from the college authorities alongwith Consent of Affiliation and noted that the Consent of Affiliation has been received by the Council from the Central Govt. on 4.6.2007.

"In view of the directions of the Hon'ble Supreme Court to strictly adhere to the Time Schedule prescribed in the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return those applications to the Central Government recommending disapproval of the scheme wherein the eligibility criteria which are mandatorily required to be fulfilled under the Establishment of Medical College Regulations, 1999 are not fulfilled as the required documents in the prescribed format have not been provided or request has not been received for inspection for LOP before the cut-off date i.e. 15th March, 2007".

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision of the Executive Committee taken at its meeting held on 2nd April, 2007 recommending to the Central Govt. for disapproval of the scheme for establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Centre, Chittoor Distt. A.P. u/s 10A of the IMC Act, 1956 received in the year 2004 and to return the file to the Central Government as there is no provision to keep pending proposal/application for the next and subsequent academic year(s).

156. PMO reference on proposal for revamping of functioning of Medical Council of India – Regarding.

Read: the Central Govt. letter dated 25.4.2007 with regard to PMO reference on proposal for revamping of functioning of Medical Council of India.

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 25.4.2007 received from

Govt. of India, Ministry of Health & F.W., New Delhi and decided to appoint a Sub-Committee comprising of Dr. Ved Prakash Mishra, Chairman, Postgraduate Medical Education Committee, Dr. D.J. Borah, Chairman, Ethics Committee, Dr. K.P. Mathur and Dr. Ketan Desai to go into the details of the letter and submit the report before the next meeting of the Executive Committee.

157. Executive Committee meeting of Tamil Government Retired Medical Officers Association – Resolution for Consideration – Submission –Reg.

Read: The letter dated 17.5.2007 from the President, Tamilnadu, Government Retired Medical Officers, Association, Chennai with regard to resolution passed in the Executive Committee meeting of the Association.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the letter dated 17.5.2007 received from Tamilnadu Government Retired Medical Officers' Association, Chennai and after due deliberations decided as under:-

- (i) The present curriculum of MBBS course is governed by Regulations on Graduate Medical Education, 1997 and postgraduate course is governed by Postgraduate Medical Education Regulations, 2000. In this connection, releasing the need for a change in the curriculum to keep pace with the changing needs and advancement of technology, the Council had conducted three regional workshops at Bangalore, Calcutta & Mumbai and a National Workshop at New Delhi in 2003 by inviting all the functionaries associated with medical education viz., Deans/Principals of medical institutions, Vice-Chancellors of Health Universities, Director of Medical Education of all the States and Health Secretaries of all the States. After detailed deliberations, the consolidate proposal for amendment in the Regulations were approved by a joint meeting of the Executive Committee and Postgraduate Committee and thereafter by the General Body of the Council. Thereafter, the Council had sent the proposal for amendment to the Central Government for approval u/s 33 of the Indian Medical Council Act, 1956 in 2004. Although, a period of more than 3 years has elapsed, the Central Government has not yet accorded its approval for the proposed amendments. Primarily it is the concern of the State Government and the University to prescribe a period of service between the completion of the MBBS course and the joining of the postgraduate course.
- (ii) The Medical Council of India functions under the aegis of Indian Medical Council Act, 1956 and the Rules & Regulations framed thereunder. The course of BDS is regulated by Dental Council of India which is a statutory body enacted by an Act of Parliament functioning under the Dentist Act, 1948. Para medical course are governed by respective Councils on such courses. In view of the distinct provisions made in various statutes regarding functioning of such Councils, it would be neither permissible nor feasible for MCI to regulate the BDS and para medical course.
- (iii) The matter of extending the age eligibility of the faculty upto 70 years was considered by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 28.4.2007 and the decision is recorded hereunder:-

“.....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 25.4.2006 received from the Central Government for raising the retirement age of teachers from 65 years to 70 years and noted that the maximum age upto which a teacher can be permitted has been raised upto 65 years vide Notification dated 15th March, 2005.....”

The detailed position regarding the retirement age and the re-employment of teachers is shown below:-

Status of retirement age and re-employment of medical teachers

S.No.	State	Retire-ment age of medical teachers	Has the retirement age been raised after the notification	Teachers retained/re-employed after the prescribed age of retirement.
1.	Tamilnadu	58 years	No	4.
2.	Karnataka	58 years	No	13
3.	Assam	59 years	No	8
4.	Gujarat	58 years	No	7
5.	Kerala	55 years	No	Nil
6.	Rajasthan	60 years	No	Nil
7.	Andhra Pradesh	58 years	No	varies
8.	West Bengal	60 years	No	20.
9.	Orissa	60 years	No	Nil
10.	Punjab	58 years	No	Nil
11.	M.P.	65 years	Yes	-
12.	Maharashtra	58 years	No	-
13.	Chhatisgarh	62 years	No	Nil
14.	Haryana	60 years	No	-
15.	U.P.	60 years	No	-

The report of the Committee formed by Govt. of India’s order No.A.12034/5/2005-CHS.III, dated 8th September, 2005 under the Chairmanship of Shri Javed Choudhary, Former Health Secretary to the Govt. of India was also persued.

It was noted that in this report also the age of retirement of medical teachers of AIIMS & PGI, Chandigarh has been raised only upto the age of 65 years. Apart from raising the age of retirement of teachers of medical colleges, it is also necessary that some monetary incentives and betterment in their service condition may also be included so as to make their service more satisfying and to enable them to resist the allurements of the expanding private sector in the health field. A number of such recommendations have been incorporated in the above mentioned Expert Committee report which may be accepted and implemented immediately.

In view of above, the Sub-Committee is of the opinion that in the fitness of things let the States first raise the age of superannuation of medical teachers to 65 years and impact thereof be ascertained upon which it would be prudent to take stock of further raising it upto 70 years.”

- (iv) The teaching posts in the medical institutes across the country are regulated by the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. This Regulation being statutory Regulation is mandatory and binding in character and is required to be strictly adhered to by all the authorities concerned. It is neither permissible nor feasible for the Council or for any other authority to make or approve any appointment which is contrary to the Regulations and which is contrary to the eligibility prescribed and such person cannot be accepted as teacher.
- (v) The photo identification issued by the State Medical Council will be considered valid for the identification during the inspections conducted by the Medical Council of India. Necessary amendments in the Declaration Forms will be made in this behalf.

158. Establishment of National Medical Education Centre.

Read: The matter with regard to Establishment of National Medical Education Centre alongwith the Report of Brainstorming session of Faculty Development in Medical Education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Brainstorming session on Faculty Development in Medical Education and also approved for providing the core financial corpus of Rs. 25 lakhs for launching the activities related with the faculty development in medical education in India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also decided to create a designated Academic Cell in the Council to coordinate all such activities.

159. Removal of name of Dr. Harinder Paul from the Indian Medical Register.

Read: The letter dated 07.06.2007 received from the Registrar, Punjab Medical Council with regard to removal of name of Dr. Harinder Paul from the Indian Medical Register.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 7.6.2007 received from the Registrar, Punjab Medical Council, Mohali intimating that Dr. Harinder Paul bearing Regn. No.21386, dated 18.06.1981 has expired on 6.9.2006 and his name has been removed 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 give intimation in this regard to all the State Medical Councils in the country.

160. Departmental Promotions to the post of Assistant Secretary in the office of the Medical Council of India.

Read: The recommendation of the Departmental Promotion Committee to the post of Assistant Secretary in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the minutes of the Departmental Promotion Committee meeting held in the Council Office on 12.6.2007 for promotion to the post of Assistant Secretary which reads as under:-

"Minutes of the Departmental Promotion Committee meeting held in the Council office on 12.6.2007 at 3.00 p.m. for promotion to the post of Assistant Secretary.

The following members were present:-

<i>Dr.P.C. Kesvankutty Nayar</i>	<i>Chairman</i>
<i>Dr.V.K. Jain</i>	<i>Member</i>
<i>Dr.J.N.Soni</i>	<i>Member</i>
<i>Dr. K.H. Kenchappa</i>	<i>Member</i>
<i>Lt. Col.(Retd.) Dr.ARN Setalvad</i>	<i>Member-Secretary</i>

- 1. The DPC noted that the Recruitment Rules for the post of Assistant Secretary as notified in the Gazette of India, Part III Section IV, dated 29th December, 2001 as amended by notification in the Gazette of India, Part III Section IV, dated 26.3.2003 are as under:-*

RECRUITMENT RULES FOR ASSISTANT SECRETARY

<i>Name of Post</i>	<i>No. of Post</i>	<i>Scale of Pay</i>	<i>Whether Selection post or non-selection post</i>	<i>Whether benefit of added years of service admissible under rule 30 of the C.C.S. (Pension Rules) 1972</i>	<i>Age limit for direct recruits</i>	<i>Educational and other qualifications required for direct recruits</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
Assistant Secretary	3	10000-325-15200	Selection	Applicable	Between 35 to 45 years Relaxable for Government servants up to 5 years.	<u>Educational Qualification</u> Graduate from a recognised University. <u>Experience</u> 5 years regular service in the grade of 8000-275-13500 or 8 years service in the grade of 6500-200-10500 in a Public sector undertaking/statutory or autonomous organization with Knowledge of Establishment, Accounts, fundamental & supplementary rules and other Govt. rules.

<i>Whether age and educational qualification prescribed for direct recruits will apply in the case of promotees</i>	<i>Period of Probation, if any</i>	<i>Method of Rectt.; Whether by direct rectt. Or by promotion or by deputation/transfer & percentage of the vacancies to be filled by various method</i>	<i>Grade from which recruitment by promotion/deputation/transfer/short-term contract/re-employment is to be made</i>	<i>If a DPC/Selection Committee exists, what is its composition</i>
<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
No	Two years	Promotion/Transfer on deputation (including Short-term contract), failing which by Direct Recruitment <u>Note:</u> If the Departmental candidate is selected for appointment to the post, it is to be treated as having been filled by Promotion.	a) Promotion – Administrative Officer with 5 years regular service in the grade of Rs. 8000-13500/- or with 8 years combined length of regular service in the grades of administrative Officer/Section Officer; or in the event of the post of Administrative Officer remaining unfilled, Section Officer with 8 years regular service in the grade of Rs. 6500-10500/- b) Transfer on Deputation - Officials under the Central / State Governments/ Universities/ Government Medical Colleges / Hospitals/ Public Sector Undertakings /Statutory or Autonomous Organizations; and (i.) holding analogous posts on regular basis; or (ii) with	President-Chairman , Vice president-member , two members to be nominated by the Executive Committee of the Council & Secretary-member secretary. The selection will be subject to the approval of Executive Committee

			5/8 years regular service in posts in the scale of Rs. 8000-13500 / 6500-10500 respectively; and (iii) possessing educational qualification prescribed for Direct Recruits, knowledge of Government rules and having experience of dealing with establishment and accounts matters.	
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2. The DPC further noted that the following officials have completed the experience as required as per the recruitment rules as under:-

Officials in the grade of S.O.	Qualification possessed by the employee.	Experience possessed by the employee as S.O. in the scale of 6500-10500.
Sh. Lal Singh	Matriculate	9 years 1 month.

3. The DPC further noted that as per column 8 of the Recruitment Rules, age and educational qualifications prescribed for direct recruit would not apply in case of promotees.
4. The DPC further noted that as per letter No.V.11025/69/98-ME(UG), dated 12th March, 2003 of Ministry of Health & Family Welfare, it is mentioned that -
- “.....Regarding educational qualifications, these are not generally insisted upon in the case of promotion to posts of non technical nature; but for scientific and technical posts, these should be insisted upon, in the interest of the scale of Rs.3000-4500, now Rs.10,000-325-15,200 and above.”
5. The DPC further noted that the post of Assistant Secretary is neither a technical nor scientific post.
6. As regards the representation of Mr.Babu Ram, the DPC noted that Mr.Babu Ram Manuwal was appointed in the Council office as Lower Division Clerk on 3rd October, 1989. After putting in number of years of service and being promoted from time to time, he came to be promoted as Superintendent in the pay scale of Rs.5500-9000 w.e.f. 12.12.2002. Vide office order dated 25/26.2.2004, his post was redesignated as Section Officer and he was placed in the scale of Rs.6500-10500 w.e.f. 12.12.2002 i.e. the date of his promotion as Superintendent.
7. It is observed that the experience criteria as required for the post of Assistant Secretary is “Administrative Officer with 5 years regular service in the grade of Rs. 8000-13500/- or with 8 years combined length of regular service in the grades of administrative Officer/Section Officer; or in the event of the post of Administrative Officer remaining unfilled, Section Officer with 8 years regular service in the grade of Rs. 6500-10500/- 5 years regular service in the grade of Rs.5500-9000 or 8 years service in the grade of Rs.6500-10500.” As he came to be placed in the redesignated post of Section Officer having a pay scale of Rs.6500-10500 or promoted to the erstwhile post of Superintendent only on 12.12.2002, he possesses an experience of only four years five months in the grade of 6500-10500 against the requirement of 8 years service as required under the recruitment rules and is thus not eligible to be appointed/promoted as Asstt. Secretary.
8. In view of above, DPC recommends that Shri Lal Singh may be promoted to the post of Assistant Secretary considering in view the relaxation of educational qualification criteria as mentioned above.”

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 approved the recommendations of the Departmental Promotion Committee and that Shri Lal Singh may be promoted to the post of Assistant Secretary considering in view the relaxation of educational qualification criteria as recommended by DPC.

161. **Departmental Promotions to the post of Administrative Officer in the office of the Medical Council of India.**

Read: The recommendation of the Departmental Promotion Committee to the post of Administrative Officer in the office of the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council perused the minutes of the Departmental Promotion Committee Meeting held in the Council office on 12.6.2007 for promotion to the post of Administrative Officer which reads as under:-

“Minutes of the Departmental Promotion Committee meeting held in the Council office on 12.6.2007 at 4.00 p.m. for promotion to the post of Administrative Officer.

The following members were present:-

<i>Dr.P.C. Kesvankutty Nayar</i>	<i>Chairman</i>
<i>Dr.V.K. Jain</i>	<i>Member</i>
<i>Dr.J.N.Soni</i>	<i>Member</i>
<i>Dr. K.H. Kenchappa</i>	<i>Member</i>
<i>Lt. Col.(Retd.) Dr.ARN Setalvad</i>	<i>Member-Secretary</i>

1. *The DPC noted that the Recruitment Rules for the post of Administrative Officer as notified in the Gazette of India, Part III Section IV, dated 29th December, 2001 as amended by notification in the Gazette of India, Part III Section IV, dated 26.3.2003 are as under:-*

RECRUITMENT RULES FOR ADMINISTRATIVE OFFICER

<i>Name of Post</i>	<i>No. of Post</i>	<i>Scale of Pay</i>	<i>Whether Selection post or non-selection post</i>	<i>Whether benefit of added years of service admissible under rule 30 of the C.C.S. (Pension Rules) 1972</i>	<i>Age limit for direct recruits</i>	<i>Educational and other qualifications required for direct recruits</i>
<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
<i>Administrative Officer</i>	<i>1</i>	<i>8000-275-13500</i>	<i>Selection</i>	<i>Applicable</i>	<i>Between 35 to 45 years Relaxable for Government servants up to 5 years.</i>	<i><u>Qualification:</u> Graduate from a recognised University with Second Division <u>Experience:</u> 5 years experience as Section Officer in a Public/undertaking/Statutory or Autonomous organization or 8 years regular service in the grade of 5500-9000/6500-10500. <u>Desirable :</u> Knowledge of Government Rules and Regulations.</i>

<i>Whether age and educational qualification prescribed for direct recruits will apply in the case of promotees</i>	<i>Period of Probation, if any</i>	<i>Method of Rectt.; Whether by direct rectt. Or by promotion or by deputation/transfer & percentage of the vacancies to be filled by various method</i>	<i>Grade from which recruitment by promotion/deputation/transfer/short-term contract/re-employment is to be made</i>	<i>If a DPC/Selection Committee exists, what is its composition</i>
8	9	10	11	12
No	Two years	Promotion/Transfer on deputation (including Short-term contract), failing which by Direct Recruitment. <u>Note:</u> If the Departmental candidate is selected for appointment to the post, it is to be treated as having been filled by Promotion.	a) Promotion: Section Officer with 5 years regular service in the grade of Rs. 6500-10500 or with 8 years combined length of regular service in the grades of Section Officer/ Superintendent in the grade of 5500-9000/-. b) Transfer on Deputation - Officials under the Central/State Governments/Universities/Govt. Medical Colleges/Hospitals/ Public Sector Undertakings/Statutory or Autonomous Organizations; and (i.) holding analogous posts on regular basis; or (ii) with 5/8 years regular service in posts in the scale of Rs. 6500-10500/5500-9000 respectively; and (iii) possessing educational qualification prescribed for Direct Recruits, knowledge of Government rules and having experience of dealing with establishment and accounts matters.	President-Chairman Vice president-member, two members to be nominated by the Executive Committee of the Council & Secretary-member secretary. The selection will be subject to the approval of Executive Committee

2. The DPC further noted that the following candidates have completed the requisite experience as required as per recruitment rules:-

Officials in the grade of S.O.	Qualification possessed by the employee.	Experience possessed by the employee.	
		Experience as Assistant in the Scale of 5500-9000.	Experience as S.O. in the scale of 6500-10500.
Sh.Lal Singh	Matriculate	5 years.	9 years 1 month.
Sh.Bhagwan Das	B.A., LLB	6 years 8 months.	6 years 1 month.
Sh.Ramesh Chand	Graduate	6 years 8 months.	6 years 1 month.

3. The DPC further noted that as per column 8 of the Recruitment Rules, age and educational qualifications prescribed for direct recruit would not apply in case of promotees.

4. *The DPC further noted that as per letter No.V.11025/69/98-ME(UG), dated 12th March, 2003 of Ministry of Health & Family Welfare, it is mentioned that -*

“.....Regarding educational qualifications, these are not generally insisted upon in the case of promotion to posts of non technical nature; but for scientific and technical posts, these should be insisted upon, in the interest of the scale of Rs.3000-4500, now Rs.10,000-325-15,200 and above.”

5. *The DPC further noted that the post of Administrative Officer is neither a technical nor scientific post.*
6. *As regards the representation of Mr.Babu Ram Manuwal, the DPC observed that the experience criteria required for promotion to the post of Administrative Officer required is “Section Officer with 5 years regular service in the grade of Rs. 6500-10500 or with 8 years combined length of regular service in the grades of Section Officer/ Superintendent in the grade of 5500-9000/-.” It was noted that Shri Babu Ram was promoted as Head Clerk in the grade of 5000-8000 w.e.f. 3.3.1997 which he continued to hold till 11th December, 2002. He was promoted to the post of Superintendent redesignated as Section Officer) for the first time only w.e.f. 12.12.2002. He was redesignated as Section Officer w.e.f. 12.12.2002 in the scale of 6500-10500 vide office order dated 25/26.2.2004. Thus he has completed only 4 years 6 months qualifying experience in the feeder cadre of Section Officer against the requirement of 5 years experience as Section Officer required as per Recruitment Rules, hence is not eligible to be promoted to the post of Administrative Officer as per Recruitment Rules.*
7. *The DPC further observed that vide point No.2 of the office Memorandum No.A.14019/1/2007-SCT, dated 12th April, 2007 issued by the Ministry of Health & F.W. (Welfare & PG Section) has reiterated the following guidelines for maintenance of roster for reservation for SC/ST/OBCs are as under:-*
- “..... 2.The Rosters for a single post cadre is not required to be maintained, as there is no reservation on single post cadre.”*
8. *In view of above, DPC recommends that Shri Lal Singh may be promoted as Administrative Officer keeping in view the relaxation of educational criteria as stated above.*
9. *The DPC further notes that vide its earlier meeting on 12.06.2007 at 3.00 p.m. , it has recommended Shri Lal Singh for promotion to the post of Asstt. Secretary. Therefore, in view of the said recommendation, it further recommends that Shri Bhagwan Das be kept on waiting list and in case the Executive Committee accepts the recommendations of the DPC regarding promotion of Shri Lal Singh to the post of Assistant Secretary; Shri Bhagwan Das be promoted to the post of Administrative Officer.”*

In view of above, the members of the Adhoc Committee & Executive Committee approved the recommendations of the DPC that “vide its earlier meeting on 12.06.2007 at 3.00 p.m., it has recommended Shri Lal Singh for promotion to the post of Asstt. Secretary. Therefore, in view of the said recommendation, it further recommends that Shri Bhagwan Das be kept on waiting list and in case the Executive Committee accepts the recommendations of the DPC regarding promotion of Shri Lal Singh to the post of Assistant Secretary; Shri Bhagwan Das be promoted to the post of Administrative Officer” and as recommendations of the DPC regarding promotion of Shri Lal Singh to the post of Assistant Secretary has been approved, it was further decided to promote Shri Bhagwan Das to the post of Administrative Officer as per the recommendations of the DPC.

162. Procurement of DG Sets to cater the load of HVAC and Guest House Complex load also.

Read: The matter with regard to procurement of DG Sets to cater the load of HVAC and Guest House Complex load also.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the recommendations of the Purchase Committee meeting held on 12.6.2007 in the Council Office for procurement of DG Sets to cater the load of HVAC and Guest House complex load to the lowest bidder i.e. L-1 as under:-

- | | | |
|----|-------------------|---|
| 1. | DG Set of 500 KVA | M/s. Fairfield Engineers Pvt.Ltd.
Is at L1 for both the models i.e. KOEL
amounting to Rs. 31,28,625/- (inclusive tax) |
| 2. | DG Set of 125 KVA | M/s. Trading Engineers Pvt.Ltd. is at L-1
As price quoted is Rs.9,00,000/- inclusive
of VAT/CST. |

163. Establishment of new medical college at Panikahiti by Down Town Charity Trust, Guwahati.

Read: The proposal for establishment of new medical college at Panikhaiti, Assam by Down Town Charity Trust, Guwahti, Assam for the current academic year 2007-2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter No.U.12012/64/2004-ME(P-II), dated 7th June, 2007 forwarding therewith a letter dated 5.6.2007 from the Chairman and Managing Trustee, Down Town Chairty Trust, Guwahti it was decided as under:-

“The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letters dated 1st June, 2007 and 7th June, 2007 and observed that the matter was considered by the Executive Committee at its meeting held on 2.4.2007 wherein it was decided as under:-

“.....In view of above and in view of the directions of the Hon’ble Supreme Court to strictly adhere to the Time Schedule prescribed in the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return those applications to the Central Government recommending disapproval of the scheme wherein the eligibility criteria which are mandatorily required to be fulfilled under the Establishment of Medical College Regulations, 1999 are not fulfilled as the required documents in the prescribed format have not been provided for inspection for LOP after the cut-off date i.e. 15th March, 2007.....”

It was further observed that the statutory time schedule as per Regulations which is as under:-

“SCHEDULE FOR RECEIPT OF APPLICATIONS FOR ESTABLISHMENT OF NEW MEDICAL COLLEGES AND PROCESSING OF THE APPLICATIONS BY THE CENTRAL GOVERNMENT AND THE MEDICAL COUNCIL OF INDIA.

Stage of processing	Last date
.....	

6. *Receipt of Letter from Central Government
by the Medical Council of India for
consideration for issue of Letter of
Permission.*

15th March

.....”
*The members of the Adhoc Committee and of the Executive Committee also
observed the judgement dated 12.1.2005 delivered by the Hon’ble Supreme court
in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. in W.P. ©
Nos. 206 of 2004 wherein it was directed that:-*

*“14.....time schedule for establishment of new college or to increase intake in
existing college, shall be adhered to strictly by all concerned.*

*15. Time schedule provided in Regulations shall be strictly adhered to by all
concerned failing which defaulting party would be liable to be personally
proceeded with.*

Further, Central Government vide its letter dated 1.6.2007 directed as under:-

*“I am directed to refer to your letter No. MCI-34(41)/2007-Med./5154 dated 22.5.2007
on the subject noted above and to say that the matter was considered in this Ministry and
it has been decided that the proposal of the Trust for establishment of new medical
college at Panikhaiti, Assam will now be considered for next year 2008-2009, subject to
validity of Essentiality Certificate and Consent of Affiliation. You are, therefore,
requested to evaluate the proposal for 2008-2009 at appropriate time”*

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to reiterate its earlier decision of returning the application to the Central Government recommending disapproval of scheme for establishment of new Medical College at Panikahiti by Down Town Charity Trust, Guwahati u/s 10A of the I.M.C. Act, 1956 as the eligibility criteria which are mandatorily required to be fulfilled under the Establishment of Medical College Regulations, 1999 are not fulfilled as the required documents in the prescribed format have not been provided for inspection for LOP before the cut-off-date i.e. 15th March, 2007.

164. Admission of Ist year MBBS students made by Sri Guru Ram Rai Institute of Medical Sciences, Dehradun in excess of its Management Quota limit for the academic year 2006-07.

Read: The matter with regard to admission of Ist year MBBS students made by Sri Guru Ram Rai Institute of Medical Sciences, Dehradun in excess of its Management Quota limit for the academic year 2006-07 alongwith the letter from Director General, Medical Health & FW, Uttarakhand, Dehradun dated 8.6.2007.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council considered the letter no. 26P/chissi./14/2007/14915, dated 8.6.2007 received from the Director General, Medical Health & FW, Uttarakhand, Dehradun and noted that the authorities of Sri Guru Ram Rai Institute of Medical Sciences, Dehradun have admitted two excess students in the management quota in Ist year of MBBS course for the academic session 2006-2007, over & above the seats fixed by the State Government for Management Quota for the said academic year.

In this context, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further noted the directions issued by the Hon’ble Supreme Court of India in W.P. [C] No. 306 of 2004 with nos. 308 and 345 of 2004 dated 12.01.2005 (Mridul Dhar (minor) & Another Vs. Union of India & Ors. which reads as under:-

“
35. Having regard to the aforesaid, we issue the following directions:
.....

11. If any private medical college in a given academic year for any reason grants admissions in its management quota in excess of its prescribed quota, the management quota for the next academic year shall stand reduced so as to set off the effect of excess admission in the management quota in the previous academic years.

.....”

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 after detailed deliberations decided that suitable communication be sent to the Govt. of Uttarakhand for the medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2006-07 and also in previous years i.e. 2004-05 and 2005-06, by calling upon them to correspondingly reduce the admissions in the management quota for those medical colleges for the academic year 2007-08 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2007-08 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 in the academic years 2004-05, 2005-06 and 2006-07.

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

New Delhi, dated the
13th & 14th June, 2007

A P P R O V E D

(DR. P.C. KESAVANKUTTY NAYAR)
P R E S I D E N T (ACTING)