

No.MCI-5(3)/2007-Med./**MEDICAL COUNCIL OF INDIA****EXECUTIVE COMMITTEE**

Minutes of the meeting of the Executive Committee held on Saturday, the 2nd February, 2008 at 3 p.m. at Nagpur (Maharashtra) 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, <u>Trivandrum (Kerala)</u>
Dr. (Mrs.) S. Kantha	Former Vice-Chancellor, Rajiv Gandhi University of Health Sciences, <u>Bangalore (Karnataka)</u> and Member, Adhoc Committee appointed by the Hon'ble Supreme Court.
Dr. Ved Prakash Mishra	Vice-Chancellor, Datta Meghe Institute of Medical Sciences University, <u>Nagpur (Maharashtra)</u>
Dr. Mukesh Kr. Sharma	Professor of General Surgery, S.M.S. Medical College, <u>Jaipur (Rajasthan)</u>
Dr. Bhanu Prakash Dubey	Prof. & Head of Department of Forensic Medicine, Gandhi Medical College, <u>Bhopal (Madhya Pradesh)</u>
Dr. S.D. Dalvi	Prof. & Head, Department of PSM, Govt. Medical College, <u>Nanded (Maharashtra)</u>

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

Apologies for absence were received from Dr. P.N. Tandon, Member, Adhoc Committee and Dr. Ketan Desai, Dr. K.P. Mathur, Dr. P.K. Das, Dr. G.K. Thakur, Dr. V.N. Jindal, Members, Executive Committee.

At the outset, Dr. Ved Prakash Mishra welcomed all the members of the Adhoc Committee & Executive Committee to the Orange City of Nagpur. He expressed that he is happy that the President (Acting) has kindly consented for the meeting at Nagpur for the first time.

President (Acting) thanked Dr. Ved Prakash Mishra and his staff for such an arrangement.

1. Minutes of the Executive Committee Meeting held on 29th December, 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 29th December, 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 noted the action taken by the office on the various items included in the agenda of the Executive Committee meeting held on 29th December, 2007 with the following amendments/modifications:-.

Item No. 4. Belgaum Institute of Medical Sciences, Belgaum – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Item No. 5. Mandya Institute of Medical Sciences, Mandya – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Item No. 6. Hassan Institute of Medical Sciences, Hassan – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Item No. 7. Shimoga Institute of Medical Sciences, Shimoga – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

The decision of the Adhoc Committee & Executive Committee has also been communicated to the Institute concerned vide letter dated 21.1.2008.

Item No. 10. Continuance of recognition of MBBS degree granted by Sardar Patel University in respect of students being trained at Pramukhswami Medical College, Karamsad- Consideration of compliance verification inspection report – Regarding.

Item No.12. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rajiv Gandhi Medical College, Chhatrapati Shivaji Maharaj Hospital, Thane - Consideration of compliance verification inspection report – Regarding.

Item No.45. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at J.J.M. Medical College, Davangere- Consideration of compliance verification inspection report – regarding.

Item No.46. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at M.S. Ramaiah Medical College, Bangalore -Consideration of compliance verification inspection report – regarding.

Item No.47. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at B.M. Patil Medical College, Bijapur - Consideration of compliance verification inspection report – regarding.

The decision of the Adhoc Committee & Executive Committee has also been communicated to the Vice Chancellor of the concerned University and Director of Medical Education of the concerned State vide letter dated 27.01.2008.

Item No.20. Consideration of Govt. General Hospital and Govt. Maternity Hospital as the functional hospitals attached to the Perunthalaivar Kamaraj Medical College & Research Institute(PKMC & RI).

The 3rd line in the Action Taken Report may please be read corrected as “Chief Minister” instead of “Chief Ministry”.

Item No.23. Registration in Indian Medical Register – Requirement for State Medical Council.

The meeting of all the State Medical Councils is planned to be held in the month of March, 2008.

Item No. 24. Use of animals in the laboratory & others research oriented experiments in Medical Colleges.

The meeting of the Sub-Committee was held on 30.1.2008 and the report of the Sub-Committee is placed before the Executive Committee in this meeting.

Item No.32. Celebration of Platinum Jubilee Year of the Medical Council of India in 2008.

The President (Acting) has constituted Platinum Jubilee Year Celebration Committee comprising of Dr. Ketan Desai as Chairman and Dr. Ved Prakash Mishra, Dr. Indrajit Ray, Dr.(Mrs.) Sneh Bhargava, Dr. D.S. Rana, Dr. T.K. Parthasarathy and Dr. S. Bijwe as members and Lt.Col.(Retd.) Dr. A.R.N. Setalvad as member Secretary. The first such meeting of the Sub-Committee of PJYCC was held in the office of the Council on 10.1.2008 wherein it was decided to celebrate the Platinum Jubilee year by way of organizing scientific seminar on the identified subjects every month. 4-5 workshop and CME programmes to be conducted in different centers throughout India and a final workshop coinciding with the General Body meeting of the Council to be held in Delhi at the end of the celebration year. A circular dated 24.1.2008 has been issued to all the Medical Institutes, DME's of all States, Vice Chancellors of Health Universities and member of MCI for organizing CME programmes of various topics of contemporary relevance and importance. The first such programme is being organized by Dutta Meghe Institute of Medical Sciences University, Nagpur as one day zonal workshop on “Role and Relevance of Medical Education Unit in Effective Faculty Development” on 3rd February, 2008 at Nagpur. The second such programme has been planned to be held in Kerala in March, 2008.

Item No.35. Reformative and remedial programmes for medical practitioners convicted of professional misconduct by Medical Council.

The meeting of the Sub-Committee was held on 30.1.2008 and the report of the Sub-Committee will be placed before the next meeting of the Executive Committee.

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. Chettinad Hospital & Research Institute, Kanchiuram - Renewal of permission for admission of 3rd batch of students for the academic session 2008-2009.

Read: The Council Inspectors report (11th & 12th January, 2008) for renewal of permission for admission of 3rd batch of students for the academic session 2008-2009 at Chettinad Hospital & Research Institute, Kanchipuram.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (11th & 12th January, 2008) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of 150 (One Hundred Fifty) MBBS students at Chettinad Hospital & Research Institute, Kanchipuram for the academic session 2008-09.

5. Recognition of M.M. Institute of Medical Sciences & Research, Mullana, Ambala for the award of MBBS degree granted by Kurushetra University, Kurushetra.

Read: The Council Inspectors report (4th & 5th January, 2008) for recognition of M.M. Institute of Medical Sciences & Research, Mullana, Ambala for the award of MBBS degree granted by Kurushetra University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (4th & 5th January, 2008) and decided to recommend that M.M. Institute of Medical Sciences & Research, Mullana, Ambala be recognised for the award of MBBS degree granted by Kurushetra University with an annual intake of 150 (One Hundred Fifty) students.

6. Approval of Govt. Medical College, Akola for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik.

Read: The Council Inspectors report (30th & 31st December, 2007) for approval of Govt. Medical College, Akola for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik alongwith letter dated 1.2.2008 from the Dean, Govt. Medical College, Akola and the letter dated 15.7.2004 from the Joint Secretary, Government 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 Council Inspectors report (30th & 31st December, 2007) alongwith letter dated 1.2.2008 from the Dean, Govt. Medical College, Akola and the letter dated 15.7.2004 from the Joint Secretary, Government of India, Ministry of Health & F.W. and decided to recommend that Govt. Medical College, Akola be approved for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik with an annual intake of 100 (One hundred) students.

7. Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Read: The compliance verification inspection report (11th & 12th January, 2008) for renewal of permission for admission of 2nd batch of MBBS students at Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala for the 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 compliance verification inspection report (11th & 12th January, 2008) and noted the following:-

1. The shortage of teaching staff is 5.1% (i.e. 5 out of 97) as under:-
 Professor-2 (Forensic Medicine-1, Radiology-1)
 Assoc. Professor-1 (Physiology-1)
 Asstt. Professor-1 (TB & Chest-1)
 Tutor-1 (Physiology-1)
2. Most of the laboratories are yet to be made functional. Deficiency remains as it is.
3. RHTC, Bishramganj is under the administrative & financial control of the Department of Health & Family Welfare, Govt. of Tripura which is not as per Council norms. No hostel facility is available at the RHTC. Lecture hall cum seminar room is not available. Deficiency remains as it is.
4. UHC is under the administrative and financial control of the State Govt. which is not as per Council norms. Deficiency remains as it is.
5. Residents accommodation is available only 24 residents against the requirement of 75 at the stage. Deficiency remains as it is.
6. Accommodation is available for 48 nurses which is inadequate as per Regulations. Deficiency remains as it is.
7. Only 12 quarters are available within the campus for the teaching faculty against the requirement of 90 at the stage. There is no accommodation available for the non-teaching staff. Deficiency remains as it is.
8. Medical Record Section has a computer but the data is not fully computerized. Indoor registration counter is not cross linked with outdoor registration numbers. Deficiency remains as it is.
9. Separate Medical, Surgical, Paediatrics & Obstetric ICUs are not available. Deficiency remains as it is.
10. CSSD is not available. Deficiency remains as it is.
11. In Biochemistry department, Gas cylinder has been kept in the Lab. itself which is not desirable. There was a Gas leakage from some burner points on the day of inspection. Thus, the Gas supply cannot be used. Deficiency remains as it is.
12. In Pathology Department, museum has only one catalogue available. The laboratories are not yet functional. Deficiency remains as it is.
13. In Microbiology department, the Parasitology, Virology, Serology and TB Lab. have been set up but are not yet functional. The laboratories are not yet functional. Deficiency remains as it is.
14. In Forensic Medicine Department, the mortuary is not as per Council norms. It is located in the department itself and has a single hall. There is no student's gallery and no cold chamber for dead bodies. Deficiency remains as it is.
15. Number of books in the departmental libraries are inadequate.
16. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala to rectify the above deficiencies and submit the compliance within the stipulated period.

8. Agartala Govt. Medical College, Agartala – Permission of Central Govt. for the academic year 2007-2008 – Compliance verification inspection thereof.

Read: The compliance verification inspection report (14th & 15th January, 2008) for renewal of permission for admission of 3rd batch of MBBS students at Agartala Govt. Medical College, Agartala for the 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 compliance verification inspection report (14th & 15th January, 2008) and noted the following:-

1. The shortage of teaching staff is 14.6% (i.e. 17 out of 116) as under:-

Professor-3	(Pharmacology-1, Forensic Medicine-1, Radiology-1)
Assoc.Professor-9	(Anatomy-2, Biochemistry-1, Pharmacology-1, Forensic Medicine-1, Comm. Medicine-1, Orthopaedics-1, Radio-Diagnosis-1, Dentistry-1)
Asstt. Professor-5	(Anatomy-1, Comm. Medicine-3, General Surgery-1)
2. No mechanized laundry is available. Deficiency remains as it is.
3. Nurses hostel is under construction. No nurses hostel accommodation is presently available within the college campus. Accommodation for Residents is not as per MCI norms. Deficiency remains as it is.
4. The lecture theatres are not yet furnished and hence non-functional. Deficiency remains as it is.
5. There is no seminar hall in the wards attached in the major clinical departments. Deficiency remains as it is.
6. Only ICU with 4 beds and NICU with 4 warmer are available. Surgical Obst. & Paed. ICU is not available. Deficiency remains as it is.
7. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Agartala Govt. Medical College, Agartala to rectify the above deficiencies and submit the compliance within the stipulated period.

9. Establishment of a new medical college at Barpeta, Assam by Society for Medical Education - Request received from the Trust authorities to defer the application for the next academic session.

Read: The letter dated 5.1.2008 received from the Principal Cum-Chief Superintendent, Fakhruddin Ali Ahmed Medical College, Barpeta with regard to defer the application for the next academic session 2009-2010.

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 5.1.2008 received from the Principal Cum-Chief Superintendent, Fakhruddin Ali Ahmed Medical College, Barpeta intimating that the infrastructure and other facilities required for LOI/LOP inspection of the Fakhruddin Ali Ahmed Medical College, Barpeta are not yet ready and would require some more time for completion and requested to defer the inspection of the college to the next academic session.

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 Government recommending disapproval of scheme for establishment of new medical college at Barpeta, Assam by Society for Medical Education u/s 10A of the Indian Medical Council Act, 1956 as there is no provision in the I.M.C. Act, 1956 or Regulations framed thereunder to keep the application pending with the Council for the next academic year.

10. Approval of Malankara Orthodox Syrian Church Medical College, Kolencherry for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

Read: The Council Inspectors report (17th & 18th January, 2008) for approval of Malankara Orthodox Syrian Church Medical College, Kolencherry for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (17th & 18th January, 2008) and decided to recommend that Malankara Orthodox Syrian Church Medical College, Kolencherry be approved for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam with an annual intake of 100 (One Hundred) students.

11. Establishment of new medical colleges/Increase in seats – requests received from the applicant Societies/Trusts to conduct inspection for LOI/LOP after 31st December, 2007.

Read: The Central Govt. letter dated 21st January, 2008 with regard to requests received from the applicant Societies/Trust to conduct the combined LOI/LOP inspection if received through the Central Govt. before 15th March, 2008 for the academic year 2008-2009 for establishment of new medical colleges/increase in seats.

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 21st January, 2008 with regard to requests received from the applicant Societies/Trust to conduct the combined LOI/LOP inspection if received through the Central Govt. before 15th March, 2008 for the academic year 2008-2009 for establishment of new medical colleges/increase in seats alongwith its decision taken in its meeting held on 29.12.2007. It was brought out by the President (Acting) and Secretary that they had never agreed for direct LOP inspection contrary to Regulations in a meeting taken by the Joint Secretary, as stated in the letter of the Central Government. It was also brought out that the consistent stand of the Council for the last 3 academic years is to return all the applications recommending disapproval of the scheme in all cases where the colleges have asked for the inspections for Letter of Intent after the 31st December which is the cut-off date for sending the recommendations of the Council to the Central Government for issue of Letter of Intent. Accordingly, it was decided to communicate to the Central Government to straighten its record.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that vide letter dated 26.12.2005, the Govt. of India, Ministry of Health & F.W. had requested the Council as under:-

"In this connection it is also submitted that the time schedule prepared in 1999 was primarily to process the applications received for establishment of new colleges etc. and the Govt. and the Council had not fine-tuned, the same with reference to various time schedules laid down by the Supreme Court in the Mridul Dhar judgement. It may also be appreciated that various time schedules have been set to streamline the process to ensure that they serve a means to meet the main goal for ensuring availability of institutions meeting the requirement of MCI norms in time for student for pursuing the medical education. The Govt. is separately filing a detailed affidavit in the Mridul Dhar case in which this issue is also being addressed. Pending that, the Council may kindly process various applications forwarded to it for grant of LOI and LOP so that the colleges which meet the requirement of MCI norms are not denied permission. This is in public interest."

In view of above, the decisions taken after the receipt of the letter from the Govt. of India dated 26.12.2005, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the applications of such medical colleges be processed and

the inspections be carried out and inspection reports be placed before the Adhoc Committee/Executive Committee for its consideration.

12. Continuance of recognition of MBBS degree granted by Rajasthan University in respect of students being trained at Mahatma Gandhi Medical College & Hospital, Jaipur – Compliance verification inspection thereof.

Read: The compliance verification inspection report (16th & 17th January, 2008) for continuance of recognition of MBBS degree granted by Rajasthan University in respect of students being trained at Mahatma Gandhi Medical College & Hospital, Jaipur.

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 & 17th January, 2008) and noted the following:-

- 1.(a) The shortage of teaching faculty is 6.72% (8 out of 119) as under:-

(i) Assoc.Profs.-4 (Anatomy-1, Physiology-2, Pharmacology-1)

(ii) Tutor-4 (Pharmacology-1, Pathology-2, Microbiology-1)

(b) The shortage of Residents is 15.47% as under (13 out of 84)

(i) Sr.Resident-01 (Orthopaedics-1)

(ii) Jr. Resident-12 (TB Chest-1, Psychiatry-2, Orthopaedics-4, Ophthalmology-3,Obst. & Gynae.-2)

2. Clinical material is inadequate in terms of OPD attendance and bed occupancy as under:-
- | | Daily Average | Day of Inspection |
|-------------------|---------------|-------------------|
| O.P.D. attendance | 685 | 534 |
| Bed occupancy% | 75% | 69% |
- Clinical material does not tally with the hospital records obtained from the respective registers.
 - OPD Attendance- The OPD attendance shown in the computer does not tally with the attendance shown in the respective OPD registers.
 - Admission/Discharge- 243 new admissions were done in the morning of 16.1.2008 (1st day of inspection) out of the bed occupancy of 345, which is much above the daily average of admissions (64 per day).
 - 30% of the admissions in the wards were of no clinical significance. Patients of tooth ache & cataract were kept in the Gynae.Ward, patients of corneal opacities were kept in the Paediatrics wards, patients of chronic sinus and pain abdomen were kept in the ward of Skin & VD, patients of Skin allergy were kept in the TB &Chest ward.
 - There were many bed head tickets which were blank with no diagnosis and no treatment orders. Treatent was not started in many patients who were admitted for more than 24 hours. In admissions and discharge register the address and diagnosis of the patients were not mentioned or they were incomplete.
 - Bed occupancy: Bed occupancy reported by the Medical Superintendent does not tally with the observations of the inspection team. It was found to be 69% on physical verification.
 - No. of surgeries performed daily – The register for Anaesthesia and major surgeries performed in the OTs was common. However, the number of surgeries performed daily did not match with the PAC register. There was entry of 6 surgeries performed in Orthopaedics on 15.1.2008 whereas only 3 post operative patients were found in the Orthopaedics ward on physical verification.
 - No. of normal deliveries per day – Number of normal deliveries and caesarian sections conducted in the hospital w.e.f. October, 2007 till

date as shown in the register cannot be taken as authentic as there is no record of intimation of birth submitted to the Municipal Authority.

3. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Mahatma Gandhi Medical College & Hospital, Jaipur to rectify the above deficiencies and submit the compliance within the stipulated period.

13. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sri Devraj Urs Medical College, Tamaka, Kolar- Compliance verification inspection thereof.

Read: The compliance verification inspection report (11th & 12th January, 2008) for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Sri Devraj Urs Medical College, Tamaka, Kolar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th & 12th January, 2008) and noted the following:-

1.(a) The shortage of teaching faculty is 12.16% (27 out of 222) as under:-

- (i) Professor-1 (Biochemistry-1)
- (ii) Assoc.Profs.-13 (Anatomy-1, Physiology-2, Biochemistry-2, Pharmacology-1, Forensic Medicine-2, TB & CD-1, General Surgery-1, Anaesthesia-3)
- (iii) Asstt.Prof.-12 (Anatomy-4, Physiology-1, Pharma. Chemist-1, Forensic Medicine-1, RHTC-1, UHC-1, General Medicine-2, TB & CD-1)
- (iv) Tutor-1 (Physiology-1)

(b) The shortage of Residents is 22.76% as under (28 out of 123)

- (i) Sr.Resident-27 (Medicine-4, Paediatrics-2, TB & CD-1, Dermatology-1, Psychiatry-1, General Surgery-3, Orthopaedics-2, Ophthalmology-2, Anaesthesia-7, Radio-Diagnosis-4)
- (ii) Jr. Resident-01 (Psychiatry-1,)

2. (a) Clinical material is grossly inadequate in terms of bed occupancy, operative work, number of deliveries and radiological and laboratory investigations as under:-

	Daily Average		Day of Inspection	
O.P.D. attendance	776		940	
Bed occupancy%	61%		75%	
<u>Operative work</u>				
Number of major surgical operations	7		4	
Number of minor surgical operations	5		3	
Number of normal deliveries	2		4	
Number of caesarian sections	1		0	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	29	23	20	24
Ultrasonography	11	07	06	09
Special investigations	01	02	02	00
CT Scan	07	03	01	04
<u>Laboratory Investigations</u>				
Biochemistry	116	408	136	346
Microbiology	06	18	11	21
Serology	09	29	14	36
Parasitology	11	49	05	14

<i>Haematology</i>	25	66	56	136
<i>Histopathology</i>	04	03	03	06
<i>Cytopathology</i>	01	03	03	04
<i>Others</i>	40	0.33	00	00

(b) The number of Radiological and laboratory investigations is inadequate and not commensurate with the number of patients claimed by the institute attending the outdoor and the bed occupancy.

3. Devarayasamudra has been developed as RHTC belongs to Karnataka Government and the college has allowed to use its teaching facilities which is not as per MCI norms. No Lecturer cum Medical Officer having MD (PSM) is available at RHTC.
4. Indoor registration counter is not computerized. Registration counters are neither interlinked nor connected with Medical records department.
5. Only 3 static units and 2 mobile units are available in the Radiodiagnosis department which is inadequate as per Regulations.
6. Number of books in the departmental libraries of Paediatrics, TB & Chest, Skin & V.D., Psychiatry, General Surgery, Orthopaedics, E.N.T., Ophthalmology, Anaesthesia, Radiodiagnosis, O.G. & Dentistry are inadequate.
7. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the authorities of Sri Devraj Urs Medical College, Tamaka, Kolar as to why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the I.M.C. Act, 1956 and further decided to advise the institute to respond to the show cause notice within two months on receipt of the communication. 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 MCI representing the State where the college is located.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further directed the office to place this decision also before the Postgraduate Committee for consideration and necessary action.

14. Continuance of recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Deccan Medical College, Hyderabad- Compliance verification inspection thereof.

Read: The compliance verification inspection report (11th & 12th January, 2008) for continuance of recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Deccan Medical College, Hyderabad.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (11th & 12th January, 2008) and noted the following:-

- 1.(a) The shortage of teaching faculty is 5.8% (12 out of 206) as under:-
 - (i) Assoc.Profs.-07 (Anatomy-2, Physiology-2, Microbiology-1 & Forensic Medicine-2)
 - (ii) Asstt.Prof.-05 (Anatomy-1, Community Medicine-4)

2. Clinical material is inadequate in terms of bed occupancy which is 75%.
3. The Medical Record Department is not computerized. The Registration counter in the OPD are not cross-linked with the medical record department.
4. There is no central kitchen.
5. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Deccan Medical College, Hyderabad to rectify the above deficiencies and submit the compliance within the stipulated period.

15. Continuance of recognition of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai- Compliance verification inspection thereof.

Read: The compliance verification inspection report (4th & 5th January, 2008) for continuance of recognition of MBBS degree granted by The Tamilnadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai.

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 (4th & 5th January, 2008) and noted the following:-

- 1.(a) The shortage of teaching faculty is 21.5% (45 out of 209) as under:-
 - (i) Professor-5 (Anatomy-1, Biochemistry-1, PSM-1, TB & Chest-1, Radiology-1)
 - (ii) Assoc.Profs.-21 (Anatomy-4, Physiology-4, Biochemistry-1, Pathology-4, Pharmacology-2, Forensic Medicine-2, PSM-1, TB & Chest-1, Radio-Diagn.-1, Anaesthesia-1)
 - (ii) Asstt.Prof.-19 (Anatomy-2, Physiology-3, Pathology-3, Pharmacology-2, Forensic Medicine-3, PSM-4, Paediatrics-2)
- (b) The shortage of Residents is 8.6% as under (10 out of 115)
 - (i) Sr.Resident-10 (Anaesthesiology-5, General Medicine-4, TB & Chest-1)
2. The staff as prescribed under the norms needs to be appointed at RHTC and UHC.
3. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Madurai Medical College, Madurai to rectify the above deficiencies and submit the compliance within the stipulated period.

16. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, Amritsar- Compliance verification inspection thereof.

Read: The compliance verification inspection report (17th & 18th January, 2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Govt. Medical College, 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 (17th & 18th January, 2008) and noted the following:-

1.(a) The shortage of teaching faculty is 20% (46 out of 231) as under:-

- (i) Professor-01 (Radio-Diagnosis-1)
- (ii) Assoc.Profs.-12 (Anatomy-1, Biochemistry-1, Pathology-2, Microbiology-1, Pharmacology-1, Forensic Medicine-2, Community Medicine-1, Paediatrics-3)
- (iii) Asstt.Prof.-30 (Anatomy-2, Pathology-3, Pharmacology-1, Forensic Medicine-2, Community Medicine-7, Psychiatry-1, TBCD-1, Skin & VD-1, Paediatrics-1, General Surgery-4, Obst. & Gynae.-5, Anaesthesia-2)
- (iv) Tutors-3 (Anatomy-2, Pharma. Chemist-1)

(b) The shortage of Residents is 10% as under (22 out of 115)

- (i) Sr.Resident-18 (Paediatrics-3, General Surgery-5, Orthopaedics-1, Ophthalmology-1, Obst. Gynae.-1, Radio-Diagnosis-5, Anaesthesia-2)
- (ii) Jr. Residents-5 (Paediatrics-4)

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

	Average	Day of Inspection
Bed occupancy	60%	56%

- 3. In MRD department, the Officer-Incharge is not trained in medical records. No ICD X indexing is followed.
- 4. Auditorium is still not functional. Deficiency remains as it is.
- 5. Animal House facilities continue to remain inadequate.
- 6. At RHTC, no Lecturer/Medical Officer having the qualification of MD (PSM) is posted. Hostel is not available. Deficiency remains as it is.
- 7. At UHCs, no Lecturer/Medical Officer having the qualification of MD (PSM) is available. Deficiency remains as it is.
- 8. Audiometric Technician/Speech Therapist are not available in ENT OPD. Deficiency remains as it is.
- 9. Bed strength is not as per MCI norms as under:

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
Paediatrics	90	85	5 beds
TB & Chest	30	00	30 beds

10. The Ophthalmology and ENT OT has 3 tables each which is not as per norms. They are not well equipped. The OG OT is in a very bad shape and poorly maintained. There is no CCTV in Operation theatre unit. There is no class room available in the OPD of Obst. & Gynae. & ENT Department. There are no x-ray view box in Medicine OPD. There is no dressing area in Surgery OPD. Deficiency remains as it is.
11. Septic labour room and room for eclampsia cases are not available in the labour room.
12. Only 3 static machines are available which are inadequate. Only one Colour Doppler is available in the Radio-Diagnosis deptt. No USG is provided in the Obst. & Gynae. department. CT Scan and MRI facilities are not available. Resultantly, instrumentation is inadequate.
13. There is no dispensary available for distribution of drugs to the out patients. In-patient are provided with only IV fluids and all the other drugs are prescribed to be purchased from outside.
14. There is no hospital kitchen available.
15. In Anatomy department, dissection hall is used for BDS students also which is not as per Council Regulations.
16. In Physiology department, Mammalian Laboratory is not available.
17. In Biochemistry, Pathology & Microbiology departments, the demonstration rooms are not available. Separate practical lab. for students is not available in Microbiology department.
18. In Forensic Medicine department, mortuary is very poorly maintained. There is no viewing gallery for students in the mortuary.
19. In department of PSM, practical laboratory is very small which can accommodate only 10 students. Only 2 microscopes are available. Resultantly, instrumentation is inadequate.
20. Departmental libraries of TB & Chest, Psychiatry, Anaesthesia, ENT & Radio-Diagnosis are inadequate.
21. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Govt. Medical College, Amritsar to rectify the above deficiencies and submit the compliance within the stipulated period.

17. Change of name of Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur.

Read: The letter dated 5th June, 2007 received from the Managing Trustee, India Education Trust, Jaipur with regard to change of name of Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur .

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 5th June, 2007 received from the Managing Trustee, India Education Trust, Jaipur and observed that the Executive Committee at its meeting held in June, 1988 had decided as under:-

"No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st Schedule to the I.M.C. Act, 1956 unless the Executive Committee decides otherwise."

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 approve the change of name from Mahatma Gandhi National Institute of Medical Sciences to Mahatma Gandhi Medical College & Hospital, Jaipur.

18. Change of name of Bangalore Medical College to Bangalore Medical College & Research Institute(An autonomous Institute of Govt. of Karnataka) – req.

Read: The letter dated 14th May, 2007 received from the Director Cum-Dean, Bangalore Medical College & Research Institute, Bangalore with regard to change of name of Bangalore Medical College to Bangalore Medical College & Research Institute(An autonomous Institute of Govt. of Karnataka).

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 14th May, 2007 received from the Director Cum-Dean, Bangalore Medical College & Research Institute, Bangalore and observed that the Executive Committee at its meeting held in June,1988 had decided as under:-

"No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st Schedule to the I.M.C. Act,1956 unless the Executive Committee decides otherwise."

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 approve the change of name from Bangalore Medical College to Bangalore Medical College & Research Institute (An autonomous Institute of Govt. of Karnataka).

19. Inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to the IMC Act, 1956.

Read: The Central Govt. letter dated 31.10.2007 alongwith the copy of letter dated 29.09.2007 received from the Registrar, Padmashree Dr. D.Y. Patil University, Navi Mumbai with regard to inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to 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 Central Govt. letter dated 31.10.2007 alongwith the copy of letter dated 29.09.2007 received from the Registrar, Padmashree Dr. D.Y. Patil University, Navi Mumbai with regard to inclusion of Padmashree Dr. D.Y. Patil University, Navi Mumbai in the Schedule to the IMC Act, 1956 and observed that the Executive Committee at its meeting held in June,1988 had decided as under:-

"No inspection is required where there is change of name and change of affiliation of the University or the college whose medical qualifications are already recognized and included in the 1st Schedule to the I.M.C. Act,1956 unless the Executive Committee decides otherwise."

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 that recognition/approval of medical qualifications be granted in respect of Padmashree Dr. D.Y. Patil University, Navi Mumbai in respect of those qualifications which were recognized/approved.

20. Consideration of report of the meeting held at Colombo of the Medical Councils in SEAR Countries organized by WHO.

Read: The report of the meeting of the Medical Councils in SEAR Countries organized by WHO at Colombo held on 19th – 21st December, 2007.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following report of the meeting of the Medical Councils in SEAR Countries organized by WHO at Colombo held on 19th – 21st December, 2007:-

The First Meeting of the Regional Network of Medical Councils in SEAR Countries was held in Sri Lanka on 19 – 21st December, 2007 at hotel Ceylon Continental. The meeting was organized by WHO. This was in follow-up of the meeting on 'Medical Councils in Countries of the Region' held at Thimphu, Bhutan in 17-19 October, 2006 and a subsequent meeting held at New Delhi.

In this meeting, Medical Council of India was represented by 1. Prof. (Dr.) D.J. Borah, Chairman, Ethics Committee and 2. Dr. Muruganathan, Member, MCI.

The meeting was attended by representatives of medical councils of 1. Nepal, 2. Bhutan, 3. Sri Lanka, 4. Thailand, 5. Maldives, 6. Indonesia, 7. Myanmar in addition Indian Medical Council. The countries of North Korea, Bangladesh and East Timor were not represented.

The main agendas for discussion were

1. Teaching ethics in undergraduate medical curriculum.
2. Guideline for accreditation of Medical Schools.
3. Role and responsibilities of Medical Councils in ensuring patient safety.

Medical Ethics in undergraduate level:

The representatives of MCI agreed that ethics should be taught at the undergraduate level along with lessons on doctor-patient communication. The discussion centered on a draft proposal prepared by faculty of Medicine University of Colombo and placed by WHO. The module was found to be quite exhaustive and if it is put in the UG curriculum it would be a big load on the students. The MCI representatives described how at the moment medical ethics was taught by different departments like Forensic Science, Psychiatry, Pharmacology and SPM in India and stressed the need of a Cohesive curriculum module that can be taught in pre and para clinical and clinical levels in UG course by various departments. Only the area of ethics to be covered by each department at the UG level needed to be identified and concretized. A portion of the teaching can also be during internship period. An examination for the taught course or module on ethics was also stressed which would not form a part of pass/fail in MBBS examination but clearing the ethics examination with acceptable grades (50%) would be pre registration requirement without which no graduate shall be granted permanent registration. The Indian position was clearly stated and it found good support from other countries of the group in the discussion and was very well appreciated.

Accreditation of Medical Schools.

Under WHO's initiative a core paper regarding accreditation of medical schools was prepared by N.Sirisup of Thailand with the title 'Guideline for accreditation of Medical School : Review of Existing accreditation Procedures'.

When the paper was presented immediately pointed out that this review is not acceptable to MCI representative because it does not contain a review of the very strict and evolved procedures followed by MCI for accreditation of Medical colleges in all levels of medical education in India.

It was pointed out forcefully that India produces largest number of doctors – in graduate, post graduate and post doctoral level than all other countries combine. It has over the time evolved a strict, elaborate, multilayered accreditation procedure which starts from before a medical college is or could be opened. An account of the whole procedure that MCI follows and the site inspection procedure was described in detail. The Indian procedure which takes into account human resources, physical infrastructure, curriculum & course content etc. were stated. A set of regulations which was provided to me by Secretary, MCI was placed before the meeting for records. It was also clearly said that any proposal regarding Medical accreditation that WHO or any other agency proposes would have to be accepted by EC & GB of MCI and MCI would not accept anything that changes or dilutes its regulations.

This brought the meeting into a proper perspective. There was open admiration from many member countries regarding Indian procedure and many councils openly stated that the procedure followed by MCI specially in opening new medical colleges should be followed by all and accepted by WHO. We consider this as a significant victory for all that MCI and India have stood for.

Any WHO recommendation on accreditation of Medical School including reciprocal recognition/accreditation must be closely scrutinized and examined by MCI before acceptance.

3. Role and responsibility of Medical Councils in ensuing patient safely.

In this section the MCI representatives actively participated in the discussion, deliberations and group work. It was pointed out that to ensure this role the Medical councils should not only be autonomous but should also be additionally empowered to play a leading role. Hospitals, but teaching and non teaching, should be accredited by each country and there should be self evaluation, evaluation by regulatory authorities and

also external evaluation. The patient safety factor can be enhanced by mandatory patient safety and infection control committee in medical schools and patient safety should be stressed in teaching too.

The Housing of Secretariate

The Secretariate of the 11 medical councils of the region was entrusted by all to WHO – SEARO and this was accepted by WHO for initial 2 years. From 2009 the Secretariate had to be taken over by one of the member councils. It will be complete by funded by WHO as it is a WHO initiative.

In the Bhutan meeting it was decided that this would be in Kathmandu, Nepal but in this meeting the matter was reopened and Sri Lanka Medical Council expressed its interest to host the Secretariate.

At this I had to intervene and say that as this point was not in the agenda nor was it communicated to MCI – the MCI representative could not come with a mandate to support or oppose. So from MCI and India's side we would like to reserve our rights to make an offer to host the Secretariate in India. This was accepted by WHO and the question of Secretariate is now open.

It was felt by us that India should accept a leadership role in the region and internationally. Otherwise the worth of India is not recognized. One great chance is to make an offer and get this opportunity to host this excellent infrastructure. All the costs will be borne by WHO. A separate proposal is sent alongwith for MCI to consider."

21. To update the Medical Registers of all the respective States.

Read: The letter dated 01.01.2008 from Shri T.J.S. Chawla, Under Secretary to Govt. of India, Ministry of health & F.W., New Delhi with regard to update the Medical Registers of all the respective States.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue suitable instructions to all the State Medical Councils to update their medical register actively with the recent addresses for correspondence and deletion of the names of the doctors who have since deceased within a period of three months and communicate the changes so made to the Medical Council of India for incorporation of these changes in the Indian Medical Register. It was further decided that the State Medical Councils should also continuously monitor the updating of their registers with the recent addresses and communicate the changes to the Medical Council of India immediately thereafter for incorporation of such changes in the Indian Medical Register as and when applicable.

22. Large scale irregularities and Corruption as well as violation of Medical Council of India norms during appointment of teacher in Raichur Institute of Medical Sciences (an autonomous institution of Govt. of Karnataka), Raichur, resulting in anarchy and lawlessness allegedly at the behest of Dean, Dr. M.R. Chandrashekar in connivance with Director of Medical Education(DME), Secretary(Health) and Joint Secretary(Health) of Govt. of Karnataka as well as slackness on the part of Medical Council of India(MCI).

Read: The letter dated 6.12.2007 received from Mrs. Sarojni Rawat, Section Officer, Directorate General of Health Services, Nirman Bhawan, New Delhi alongwith the complaint from Dr. J. Poornima regarding Large scale irregularities and Corruption as well as violation of Medical Council of India norms during appointment of teacher in Raichur Institute of Medical Sciences(an autonomous institution of Govt. of Karnataka), Raichur, resulting in anarchy and lawlessness allegedly at the behest of Dean, Dr. M.R. Chandrashekar in connivance with Director of Medical Education(DME), Secretary(Health) and Joint Secretary(Health) of Govt. of Karnataka as well as slackness on the part of Medical Council of India(MCI) alongwith the inspection report of the inspection carried out by Council Inspectors (14th and 15th December, 2007)

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the complaint

from Dr. J. Poornima regarding large scale irregularities and corruption as well as violation of Medical Council of India norms received through the Directorate General of Health Services, Nirman Bhawan, New Delhi vide letter dated 6.12.2007 and observed that the compliance verification inspection report was considered by the members of the Executive Committee at its meeting held on 29.12.2007 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present wherein 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 compliance verification inspection report (14th & 15th December, 2007) and noted the following:-

1. *Teaching beds are deficient by 52 beds as revealed during the present inspection as under:-*

Speciality	Required Beds/Units	Present Beds/Units	Deficiency if any
Medicine & Allied Specialities Paediatrics	30/1	24/1	6 beds
Surgery & Allied Specialities General Surgery	90/3	44/2	46 beds
Grand Total	300/12	248/11	52 beds

- There is deficiency of one clinical unit in the Department of General Surgery.*
- Paediatrics: 24 beds are there in the paediatrics ward out of which 8 have been placed in the corridor(Deficiency of 6 beds)*
- General Surgery – there are only 44 teaching beds (22 male surgical & 22 female surgical) the 46 beds in the General Surgery are non-functional (Deficiency of 4 beds).*

Thus, the institute is not fulfilling the qualifying criterion at number 2(5) of Establishment of New Medical College Regulations, 1999, which states that the applicant should own and manage a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

2. (a) *The shortage of teaching faculty is 23.63% as under:-*

i) Professor	04	(Anatomy -1, Physiology -1, Biochemistry -1, General Surgery-1)
ii) Associate Professor	07	(Anatomy-2, Physiology -2, Paediatrics -1, Orthopaedics -1, Radio Diagnosis -1)
iii) Assistant Professor	02	(Anatomy -2)

- (b) *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. He was absent on the day of inspection. Deficiency remains as it is.*

3. *Clinical material is grossly inadequate in terms of OPD attendance, bed occupancy, radiological & laboratory investigations as under:-*

	Daily Average		Day of Inspection	
O.P.D. attendance	579		445	
Bed occupancy%	70%		60%	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	49	60	35	50
Ultrasonography	14	6	18	9
<u>Laboratory Investigations</u>				
Biochemistry	22	18	28	11
Microbiology	-	-	-	-
Serology	-	-	-	-
Parasitology	20	18	40	9
Haematology	-	-	-	-
Histopathology	-	-	-	-
Cytopathology	-	-	-	-
Others				

Microbiology, Parasitology, Histopathology and Cytopathology services are not available. The clinical load in the Central laboratories is inadequate.

4. *In Central Library, total number of journals subscribed are 12 Indian & 5 Foreign which is inadequate against the requirement of 14 Indian & 6 Foreign journals at this stage. No medlar facility is available.*
5. *Hostel: 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.*
6. *There is no hostel available for resident doctors, nursing staff and non-teaching staff.*
7. *In OPD, No waiting area is available near the registration counter. Teaching facilities are not available in any of the OPD rooms. The Obst. & Gynae. OPD does not have proper examination tables, x-ray view box are not provided in some OPDs. No minor O.T. is available in the OPD area. There is no audiometry room 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.*
8. *In wards, Nurse duty room and nursing station are not provided in most of the wards. No pantries, examination room procedure room, teaching area etc. are provided in the wards. There is no seminar hall available in the wards. The roof has collapsed in paediatrics ward, NICU & General surgery ward. 46 beds in the General Surgery ward have become non-functional.*
9. *Central Casualty Service: Total 7 beds are available in casualty area against the requirement of 20 beds as per Regulations. Out of these 7 beds, 2 beds are having inadequate casualty services and equipment whereas 5 have been placed in a separate room with no casualty service and equipment. Central Oxygen supply, Central suction is not available in the casualty.*
10. *Clinical Laboratories: Technical staff is inadequate. The biochemistry section has only 1 semi auto analyzer. Hence, instrumentation is inadequate. No facility for Microbiological investigations, Parasitology, Histopathology & Cytopathology.*
11. *Operation Theatre Unit, no central suction or nitrous oxide are available. C-arm is not available. No CCTV is available.*
12. *In CSSD, there is no bowl sterilizer and no instrument washing area. Only one horizontal autoclave is available. Additional sterilization facilities are not available in operation theatre block.*
13. *Laundry: Manual washing is done by dhobis. Mechanized central laundry is not available, which is required as per Regulations. Deficiency remains as it is.*
14. *Nursing Staff is inadequate as under:-*

<i>Nursing Superintendent :</i>	<i>01</i>
<i>Deputy Nursing Superintendent:</i>	<i>02</i>
<i>Matron</i>	<i>01</i>
<i>Asst. Nursing Superintendent</i>	<i>Nil</i>
<i>Nursing Sisters & Staff Nurses</i>	<i>39</i>

Hence, deficiency remains as it is.

15. *In Anatomy Department, cadaveric injectors are not available in the embalming room.*
16. *In Physiology Department, research laboratory is equipped with no electric points for the electric equipment.*
17. *In Biochemistry Department, the research laboratory space is available and is equipped with no electric points for the electric equipment. The research room is also being used as a store.*
18. *Other deficiencies pointed out in the inspection report.*

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed 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 and decided to recommend to the Central Govt. to recall the Letter of Permission dated 13.07.2007 issued by the Central Govt. for establishment of new medical college at Raichur

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Karnataka requesting to intimate as to how the Essentiality Certificate vide letters dated 29.12.2004 & revalidated on 01.06.2005 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material have been given, when on inspection it has been found that only 248 beds are available."

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 forward the complaint for further necessary action to the Central Government, Ministry of Health & F.W. alongwith copy of the communication sent to the Central Government conveying

the decision of the Executive Committee & Adhoc Committee vide letter dated 21.1.2008 further informing that the Medical Council of India has already recommended to the Central Government to recall the Letter of Permission dated 13.7.2007 issued by the Central Government for establishment of new medical college at Raichur and the State Govt. of Karnataka has been requested to intimate as to how the Essentiality Certificate vide letters dated 20.12.2004 & revalidated on 01.06.2005 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material have been given, when on inspection it has been found that only 248 beds are available.

23. Removal of name of Dr. G.T. Bhatt from the Indian Medical Register.

Read: The letter dt. 26.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. G.T. Bhatt 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 26.12.2007 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. G.T. Bhatt bearing Regn. No. 2495, dated 10.04.1970 has expired on 20.12.2007 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.

24. Removal of name of Dr. P.K. Sethi from the Indian Medical Register.

Read: The letter dt. 7.1.2008 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of Dr. P.K. Sethi 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 07.01.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. P.K. Sethi bearing Regn. No. 481, dated 17.06.1961 has expired on 06.01.2008 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.

25. Admission of 1st year MBBS student at Bhaskar Medical College, Yenkapally after the cut off date in the academic year 2007-2008.

Read: The matter with regard to admission of 1st year MBBS student at Bhaskar Medical College, Yenkapally after the cut off date in the 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 matter and decided that action be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of 01(one) student i.e. Jatothu Vijay admitted by Bhaskar Medical College, Yenkapally after the cut off date i.e. 30th September, 2007, as prescribed under the Graduate Medical Education Regulations, 1997.

26. Admission of 1st year MBBS student made by various Medical Colleges/Institutions in the State of Karnataka in excess of its Management quota limit, for the academic year 2007-2008.

Read: The matter with regard to admission of 1st year MBBS student made by various Medical Colleges/Institutions in the State of Karnataka in excess of its Management quota limit, for the 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 matter with regard to admission made by various Medical Colleges/Institutions in Karnataka in 1st year MBBS course for the academic session 2007-2008 in excess of its Management Quota limit and noted the operative part of 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 read 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.

.....”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted that the Hon'ble Supreme Court in Writ Petition (Civil) No. 350 of 1993 – Islamic Academy of Education & Anr Vs. State of Karnataka & Ors. had directed as under:-

“..... At this juncture it is brought to our notice that several institutions, have since long had their own admission procedure and that even though they have been admitting only students of their own community no finger has ever been raised against them and no complaints have been made regarding fairness or transparency of the admission procedure adopted by them. These institutions submit that they have special features and that they stand on a different footing from other minority non-aided professional institutions. It is submitted that their cases are not based only on the right flowing from Article 30(1) but in addition they have some special features which requires that they be permitted to admit in the manner they have been doing for all these years. A reference is made to few such institutions i.e. Christian Medical College, Vellore, St. Johns Hospital, Islamic Academy of Education etc. The claim of these institutions was disputed. However, we do not think it necessary to go into those questions. We leave it open to institutions which have been established and who have had their own admission procedure for, atleast, the last 25 years to apply to the Committee set out hereinafter...”

“.....The Committee shall have power to permit an institution, which has been established and which has been permitted to adopt its own admission procedure for the last, atleast, 25 years, to adopt its own admission procedure and if the Committee feels that the needs of such an institute are genuine, to admit, students of their community, in excess of the quota allotted to them by the State Government....”

“.....It is also clarified that no institute, which has not been established and which has not followed its own admission procedure for the last, at least 25 years, shall be permitted to apply for or be granted exemption from admitting students in the manner set out hereinabove....”

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 State Government of Karnataka for the following medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2007-08, by calling upon them to correspondingly reduce the admissions in the management quota for those medical colleges for the academic year 2008-09 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2008-09 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 :-

S. No	Name of the Medical College / Institution	Total No. of admissions made	Total no. of admissions permitted under Management quota	Total No. of admissions made under Management Quota	Excess admission made under Management Quota
1	Kempegowda Instt. of Medical Sciences, Bangalore	120	72	73	01
2	Yenepoya Medical College, Mangalore	100	75	79	04
3	Basaveshwara Medical College, Chitradurga	100	60	74	14
4	A J Instt. of Medical Sciences, Mangalore	100	75	78	03
5	K V G Medical College, Sullia	100	60	63	03
6	S N Medical College, Bagalkot	100	66	60	06

27. Excess admissions in NRI/Foreign/PIO quota at J.S.S. Medical College, Mysore for the academic year 2007-2008.

Read: The matter with regard to excess admissions in NRI/Foreign/PIO quota at J.S.S. Medical College, Mysore for the 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 noted the letter dated 05.10.2007 received from the Principal of J.S.S. Medical College, Mysore and decided that J.S.S. Medical College, Mysore could not have made more than 23 admissions in the NRI category in the next academic year and therefore 07 students have been admitted in excess of their NRI quota for the academic year 2007-08. The college should be required to ensure that it shall not make more than 15 admissions in the NRI category in the next academic year i.e. 2008-09, so as to offset the undue advantage gained by admitting 07 students in the NRI category in excess of permissible 15% intake of 150 seats. A copy of the communication be sent to the Director Medical Education of Karnatka and Vice Chancellor of Rajiv Gandhi University of Health Sciences, Bangalore.

28. Admissions of 1st year MBBS students at Sri Venkateshwara Medical College, Puducherry in excess of its Management Quota limit, for the academic year 2007-2008.

Read: The matter with regard to admissions of 1st year MBBS students at Sri Venkateshwara Medical College, Puducherry in excess of its Management Quota limit, for the 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 noted that the authorities of Sri Venkateshwara Medical College, Puducherry have admitted three excess students in the management quota in Ist year of MBBS course for the academic session 2007-2008, 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.
.....”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also noted that the Hon'ble Supreme Court in Writ Petition (Civil) No. 350 of 1993 – Islamic Academy of Education & Anr Vs. State of Karnataka & Ors. had directed as under:-

“..... At this juncture it is brought to our notice that several institutions, have since long had their own admission procedure and that even though they have been admitting only students of their own community no finger has ever been raised against them and no complaints have been made regarding fairness or transparency of the admission procedure adopted by them. These institutions submit that they have special features and that they stand on a different footing from other minority non-aided professional institutions. It is submitted that their cases are not based only on the right flowing from Article 30(1) but in addition they have some special features which requires that they be permitted to admit in the manner they have been doing for all these years. A reference is made to few such institutions i.e. Christian Medical College, Vellore, St. Johns Hospital, Islamic Academy of Education etc. The claim of these institutions was disputed. However, we do not think it necessary to go into those questions. We leave it open to institutions which have been established and who have had their own admission procedure for, atleast, the last 25 years to apply to the Committee set out hereinafter...”

“.....The Committee shall have power to permit an institution, which has been established and which has been permitted to adopt its own admission procedure for the last, atleast, 25 years, to adopt its own admission procedure and if the Committee feels that the needs of such an institute are genuine, to admit, students of their community, in excess of the quota allotted to them by the State Government....”

“.....It is also clarified that no institute, which has not been established and which has not followed its own admission procedure for the last, at least 25 years, shall be permitted to apply for or be granted exemption from admitting students in the manner set out hereinabove....”

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 Puducherry for the medical colleges/institutions where the admissions have been made by them in excess of their management quota for the academic year 2007-08, by calling upon them to correspondingly reduce the three (3) admissions in the management quota for the academic year 2008-09 and for corresponding increased allocation of the free seat candidates by the concerned State Govt., for the academic year 2008-09 in respect of Sri Venkateshwara Medical College, Puducherry so as to set-off the undue advantage gained by the medical college by making excess admissions in the management quota in the academic years 2005-06, 2006-07 and 2007-08. A copy of the communication be sent to the Director Medical Education of Puducherry and Vice Chancellor of Pondicherry University.

29. Complaint against Dr. T.K. Lahiri as alleged by Mr. S.K. Ganguly.

Read: The matter with regard to complaint against Dr. T.K. Lahiri as alleged by Mr. S.K. Ganguly 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 recommendation of the Ethics Committee:-

““The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly and decided to refer this case to the Director, Institute of

Medical Sciences and S.S.Hospital, B.H.U. as well as Prof. T.K. Lahiri for their comments and observation point-wise on the queries raised by Mr. S.K. Ganguly.

Particulars of qualification and registration & residential address of Prof. T.K. Lahiri may be sought from the Director, Institute of Medical Sciences and S.S. Hospital, B.H.U."

As per above decision, the Director, Institute of Medical Sciences, Varanasi and Dr. T.K. Lahiri were requested to forward the comments in the matter and particulars of qualification and registration vide Council's letter dated 14-9-2004.

In response to above, Dr. T.K. Lahiri vide his letter dated 18-9-2004 (copy enclosed) has forward the comments and particulars of registration. On perusal of the particulars, it is noted that Dr. T.K.Lahiri is registered with West Bengal Medical Council bearing Regn. No. 28515 dated 17-5-1963. The reply of the Director, Institute of Medical Sciences and S.S. Hospital, Banaras Hindu University, Varanasi is still awaited."

The above matter was considered by the Ethics Committee at its meeting held on 27th & 28th September, 2006 and the Committee decided as under:-

"The Ethics Committee noted that Dr. T.K. Lahiri is registered with West Bengal Medical Council bearing Regn. No. 28515 dated 17-5-1963.

In view of above, the Ethics Committee decided to refer this matter to West Bengal Medical Council to take necessary action in this regard 6 months from receipt of this communication under intimation to this Council."

As per above decision, the matter was referred to the Registrar, West Bengal Medical Council to investigate and take necessary action within a period of 6 months under intimation to this Council as well as to the complainant vide Council's letter dated 11-10-2004. The same letter was also marked to the complainant. The reply was still awaited from the Registrar, West Bengal Medical Council.

Mr. S.K. Ganguly sent a letter dated 12-6-2006 and has requested the Council to take necessary action .

The matter was re-considered by the Ethics Committee at its meeting held on 15.12.2006 and the was decided as under:-

"The Ethics Committee considered the queries raised by Mr. S.K. Ganguly in respect of his complaint against Dr. T.K. Lahiri and noted that the matter was referred to the West Bengal Medical Council vide Council office letter dated 11.10.2004 and till date no response has been received from them".

"The Ethics Committee decided to write to the Registrar, West Bengal Medical Council to provide the latest status/information immediately about this case to this Council or this Council will deal/constraint this matter as per Section 8.7 & 8.8 of the "Professional Conduct, Etiquette and Ethics Regulations, 2002" as amended from time to time. A copy of the same be marked to the complainant".

As per above decision, the Registrar, West Bengal Medical Council, was requested to provide the latest status/ information vide Council's letter dated 29.12.2006 with the copy to Mr. S.K. Ganguly. The reply is still awaited from the West Bengal Medical Council.

Mr. S.K.Ganguly has sent another letter dated 03.08.2007 alongwith a letter dated 24.07.2007 of West Bengal Medical Council in which mentioned that the penal & Ethics Committee decided 'not to proceed further' in this regard.

The matter was re-considered by the Ethics Committee at its meeting held on 10th & 11th September and the was decided as under:-

"The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K.Ganguly and noted that the Ethics Committee already went into all the letters and documents pertaining to this case and decided the following:-

(i) Notice may be issued to Dr. T.K. Lahiri to be present before the Ethics Committee at its next meeting at 1.00 p.m. (ii) A letter may also be issued to the complainant to be present before the Ethics Committee in its next meeting at 11.30 a.m. (iii) The Registrar, West Bengal Medical Council may be requested to send all the papers pertaining to this case alongwith the proceedings to the Medical Council of India within 15 days from receipt of this communication. "

As per above decision, Dr. T.K. Lahiri and Mr. S.K.Ganguly were requested to appear before the Ethics Committee on 15.10.2007 vide Council's letters dated 04.10.2007.

The Registrar, West Bengal Medical Council was also to provide all the papers pertaining to this case alongwith the proceedings to the Medical Council of India within 15 days from receipt of this communication.

The matter was considered by the Ethics Committee at its meeting held on 15th & 16th October 2007 and it was decided as under:-

"The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly. Mr. S.K. Ganguly who has made a complaint to the Medical Council of India against Dr. T.K. Lahiri was asked to appear before the Ethics Committee on 15.10.2007 and he has appeared. Mr. S.K. Ganguly apprised the members of the Ethics Committee regarding the facts of the case. He has given a written submission before the Ethics Committee which is as follows:-

"15.10.2007

Statement of Mr. S.K. Ganguly

I, Mr. S.K. Ganguly s/o Late Smt. Usha Rani Ganguly residence of B1/32, Sheesh Mahal Colony, Kamachha, Varanasi- 221010 (U.P.) would like to make the following statement before the Ethics Committee for record and submitting 21 pages containing blood reports correspondences for issue of death certificate and 4 photocopy of death certificate (phase wise).

I have made already written submission alongwith all the documents pertaining to this case. My oral submission would be in addition to what have been already submitted.

After a heavy dinner my mother complaint a moderate pain below left rib on 10.12.2000 being Sunday we took her a nearby hospital i.e. R.K. Mission Hospital where after all investigations, she was diagnosed left sided Diaphragmatic Hernia.

They advised to give her food in installments (not to load the stomach) to avoid any pain in future. They also advised to take the opinion of Dr. T.K. Lahiri attached to local medical college. By taking food in installments she never complaint any abdominal pain and was doing her routine works very actively. But the second advice of the doctor to show her Dr.

T.K. Lahiri proved fetal and its costed her life. Dr. T.K. Lahiri a Cardiothoracic Surgeon of Medical College, Varanasi, who was not allowed any surgery for approx. 20 years because of his extreme behaviour, examined my mother pm 18.01.2001 and advised through his junior for a small operation of 6 to 8 inches below left rib to separate the attached portion of stomach and intestine from the Diaphragm & put a proline mesh for her better life of another 10 to 12 years. We agreed for it but once she is taken inside the OT her 32 inches abdominal area is opened and a major surgery of abdomen is conducted.

Sir, we feel it was a simple case of care and cure, which was unnecessarily conducted into a major abdominal surgery (without taking any abdominal specialist) with just two junior doctors were basically for academic purpose of his junior doctors.

Post operatively she was loaded with lethal doses of antibiotic (Gentamicin 120 mg per day + cefuroxime 2250 mg per day + pain killer injection KETANOV 90 MG PER DAY FOR 12 DAYS). This resulted A.R.F. due to drug accumulations.

On 6th day when first time her blood test was done the serum creatinine and blood urea was found critically high. Dr. Lahiri never bothered to control these rapidly rising blood urea and Sr.Cr. He also ignored written instructions of Nephro doctor advices for USG of her full abdomen and Hemodialysis. It seems that during operation some major incidents happened for which he was afraid of sending her to Nephro Department for actual line of treatment of reversible A.R.F.

As a result of it my mother developed Uremia. At the later stage (two days before her death, Dr. Lahiri asked the Nurse to open her Oxygen Mask and remove all I.V. fluids and handover the death certificate booked to him, when my mother was unconscious and struggling for survival. On our complaint to the Deputy Medical Superintendent Dr. (Capt.) V.K. Hardutt, she could be shifted to I.C.U. The incharge of the ICU said that if Nephro Department takes her admission under them and then refer the case to ICU we can operate the machine and save your mother life. But Dr. Lahiri kept all the doors closed for it. The comments of ICU incharge on 7th & 8th March, 2001 regarding my mother's admissions to ICU and regarding non-availability of H.D. machines are the vital proofs. On 8th of March at 7.15 p.m. Dr. T.K. Lahiri intered into the ICU and vigorously pressed mother's abdomens up and down (to destroy the evidences for post mortem) and at 7.40 p.m. she expired. All post operative X-ray plats which can reveals the facts are still in custody of Dr. T.K. Lahiri.

We were harassed for 9 months by Dr. T.K. Lahiri to issue her Death Certificate as we refused to give him in writing on stamp paper not to take any action against him.

Sir, I feel by going through the entire reports (treatment as well as investigations). The whole matter will be cleared that he has willfully killed her to hide his mistakes. I am fully assured that your esteemed faculty will definitely consider this serious case after my personal visit with my younger brother to your Delhi office on 15.10.2007. I am sure JUSTICE will be done in this case.

Thanking you,

Sd/-
(Mr.S.K. Ganguly)”

The Ethics Committee has observed that Dr. T.K. Lahiri was called on 15.10.2007 but he has failed to appear before the Ethics Committee and the Ethics Committee decided that Dr. T.K. Lahiri should be given a last and final chance to appear before the Ethics Committee in its next meeting at 2.00 p.m. In the meantime, the statement submitted by Sh. S.K. Ganguly may be sent to Dr. T.K. Lahiri with the request to send his parawise comments on it and also on the complaint lodged against him by Sh. S.K. Ganguly.

The Ethics Committee further decided to request the Head of the Department of Nephrology, All India Institute of Medical Sciences (AIIMS), New Delhi & HOD of Nephrology, PGI, Chandigarh to assist the Ethics Committee by giving their opinion in this case specially the diagnosed and management of the case and failure of the part of the treating doctor. The complete detail of the case be sent to them alongwith all other relevant documents requesting them to send their opinion at the earliest.”

As per above decision Dr. Tapan Kumar Lahiri has been requested to appear before Ethics Committee on 6th December 2007 at 2.00 p.m. with his parawise comments vide Council's letter dated 26/11/2007.

The Professor & HOD, Department of Nephrology, AIIMS, New Delhi & PGIMER, Chandigarh has also been requested to provide their expert opinion in this case specially the diagnosed and management of the case and failure on the part of the treating doctor vide Council's letter dated 26.11.2007.

The matter was re-considered by the Ethics Committee at its meeting held on 17th December, 2007 and the was decided as under:-

“The Ethics Committee discussed in detail the case of complaint by Mr. S.K. Ganguly against Dr. T.K. Lahiri. After going through all the documents available in this case it has also called Mr. S.K. Ganguly and the complainant and record their statements. Further, these documents have also been submitted by Mr. S. K. Ganguly which was acknowledged by the Ethics Committee.

The Ethics Committee considered the matter with regard to clarification of queries raised by Mr. S.K. Ganguly. Mr. S.K. Ganguly who has made a complaint to the Medical Council of India against Dr. T.K. Lahiri was asked to appear before the Ethics Committee on 15.10.2007 and he has appeared. Mr. S.K. Ganguly apprised the members of the Ethics Committee regarding the facts of the case. He has given a written submission before the Ethics Committee which is as follows:-

“15.10.2007

Statement of Mr. S.K. Ganguly

I, Mr. S.K. Ganguly s/o Late Smt. Usha Rani Ganguly residence of B1/32, Sheesh Mahal Colony, Kamachha, Varanasi- 221010 (U.P.) would like to make the following statement before the Ethics Committee for record and submitting 21 pages containing blood reports correspondences for issue of death certificate and 4 photocopy of death certificate (phase wise).

I have made already written submission alongwith all the documents pertaining to this case. My oral submission would be in addition to what have been already submitted.

After a heavy dinner my mother complaint a moderate pain below left rib on 10.12.2000 being Sunday we took her a nearby hospital i.e. R.K. Mission Hospital where after all investigations, she was diagnosed left sided Diaphragmatic Hernia.

They advised to give her food in installments (not to load the stomach) to avoid any pain in future. They also advised to take the opinion of Dr. T.K. Lahiri attached to local medical college. By taking food in installments she never complaint any abdominal pain and was doing her routine works very actively. But the second advice of the doctor to show her Dr. T.K. Lahiri proved fetal and its costed her life. Dr. T.K. Lahiri a Cardiothoracic Surgeon of Medical College, Varanasi, who was not allowed any surgery for approx. 20 years because of his extreme behaviour, examined my mother pm 18.01.2001 and advised through his junior for a small operation of 6 to 8 inches below left rib to separate the attached portion of stomach and intestine from the Diaphragm & put a proline mesh for her better life of another 10 to 12 years. We agreed for it but once she is taken inside the OT her 32 inches abdominal area is opened and a major surgery of abdomen is conducted.

Sir, we feel it was a simple case of care and cure, which was unnecessarily conducted into a major abdominal surgery (without taking any abdominal specialist) with just two junior doctors were basically for academic purpose of his junior doctors.

Post operatively she was loaded with lethal doses of antibiotic (Gentamicin 120 mg per day + cefuroxime 2250 mg per day + pain killer injection KETANOV 90 MG PER DAY FOR 12 DAYS). This resulted A.R.F. due to drug accumulations.

On 6th day when first time her blood test was done the serum creatinine and blood urea was found critically high. Dr. Lahiri never bothered to control these rapidly rising blood urea and Sr.Cr. He

also ignored written instructions of Nephro doctor advices for USG of her full abdomen and Hemodialysis. It seems that during operation some major incidents happened for which he was afraid of sending her to Nephro Department for actual line of treatment of reversible A.R.F.

As a result of it my mother developed Uremia. At the later stage (two days before her death, Dr. Lahiri asked the Nurse to open her Oxygen Mask and remove all I.V. fluids and handover the death certificate booked to him, when my mother was unconscious and struggling for survival. On our complaint to the Deputy Medical Superintendent Dr. (Capt.) V.K. Hardutt, she could be shifted to I.C.U. The incharge of the ICU said that if Nephro Department takes her admission under them and then refer the case to ICU we can operate the machine and save your mother life. But Dr. Lahiri kept all the doors closed for it. The comments of ICU incharge on 7th & 8th March, 2001 regarding my mother's admissions to ICU and regarding non-availability of H.D. machines are the vital proofs. On 8th of March at 7.15 p.m. Dr. T.K. Lahiri entered into the ICU and vigorously pressed mother's abdomens up and down (to destroy the evidences for post mortem) and at 7.40 p.m. she expired. All post operative X-ray plates which can reveal the facts are still in custody of Dr. T.K. Lahiri.

We were harassed for 9 months by Dr. T.K. Lahiri to issue her Death Certificate as we refused to give him in writing on stamp paper not to take any action against him.

Sir, I feel by going through the entire reports (treatment as well as investigations). The whole matter will be cleared that he has willfully killed her to hide his mistakes. I am fully assured that your esteemed faculty will definitely consider this serious case after my personal visit with my younger brother to your Delhi office on 15.10.2007. I am sure JUSTICE will be done in this case.

Thanking you,
Sd/-
(Mr.S.K. Ganguly)"

The Ethics Committee also called Dr. Tapan Kumar Lahiri in its meeting on 06/12/2007 and obtains his statement which is as follows:-

Statement of Dr. T.K.Lahiri

- "1. This is my written statement regarding the complaints made by Mr. S.K.Ganguly on 15.10.2007.
2. Paragraph No. 3 has nothing to do with complaints with which the said patient Mrs. Usha Rani Ganguli has been admitted.
3. As I was the Head of the Department in 2001, I had been asked to evaluate the patient. This patient was an old lady of 74 years who was suffering large left sided diaphragmatic hernia along with chronic respiratory distress. The investigations performed outside revealed a large diaphragmatic hernia which was confirmed by CT SCAN study of the thoraco abdominal region. The all original records of patient are with Mr. S.K. Ganguly. We advised repair for the same with high risk we discussed the difficulties of operation in this poor risk patient.
4. The patient was subsequently referred to Department of Anaesthesiology for pre operative assessment. They examined the risk of operation and induction of anaesthesia for which informed written consent was taken and signed by Mr. S.K. Ganguly.
5. The patient was operated on 17th February 2001. The patient was operated by left posterolateral thoracotomy along with midline abdominal incision because of large diaphragmatic hernia.
6. the patient was followed intensively in the post operative ward and treated with I.V. Fluid, RT aspiration, antibiotics (Cefuroxime. Gentamycin. Metronidazole) and analgesics in this case Ketorlec in safe doses). Nursing records can be verified. On 22nd February the patient developed renal failure on the 5th postoperative day and Inj. Gentamycin was withdrawn promptly other medicines are safe medicine which can be used in cases of renal failure.
7. Regular Nephrology service along with others consultation performed in this dialysis from our center.
8. The wording of the last paragraph is under estimation and distortion of the true fact because a knowledgeable doctor can not ask for removal of oxygen mask and IV. Fluid line in a serious patient.

9. *Medical certification including death certificates was issued by the Superintendent of SS Hospital, I.M.S., B.H.U. Only provisional death certificates are issued for disposal of admitted patient.*
10. *Please note that patient expired on 8th March, 2001 inspite of our whole hearted approach to save her because of sepsis along with renal failure and terminal pulmonary oedema.*
11. *All the medical records are submitted to you for your kind perusal (Date 08.10.2007 ref. No. C.Tho. Surg/07-06/180).*
12. *Mr.S.K.Ganguly has raised the question of efficiency. Please note I am F.R.C.S. (C) General surgery in 1969 and M.Ch. in Thoracic Surgery in 1972 from All India Institute of Medical Sciences, New Delhi. I was the Lecture, Reader and Professor including Head of the Department in this department. As per MCI rule no body can even apply for Cardiothoracic Surgery until MS (General Surgery)/FRCS in General Surgery.*
13. *All the original certificates have been verified by West Bengal Medical Council of India."*

After thorough discussion of the case and examination of the various documents the Ethics Committee is of the view that there was certain amount of carelessness and casual approach in handling this case by Prof. T.K. Lahiri. Moreover communication from his side with the patient and her attendants was seriously lacking. On review of the treatment given by Dr. Lahiri, it has been observed that the lack of such communication has led to such complaints as of using inappropriate drugs in inappropriate situations and in inappropriate doses. In view of the above, the Ethics Committee unanimously decided to issue a warning to Dr. T.K.Lahiri to be more careful and caring to patient in future and to maintain higher standards of Professional medical Treatment which includes proper doctor patient's communication and relationship."

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

30. Seeking expert opinion in case No.C-70/04 titled Ritu Saini & ors. Vs. Indraprastha Apollo Hospital.

Read: The matter with regard to seeking expert opinion in case No.C-70/04 titled Ritu Saini & ors. Vs. Indraprastha Apollo Hospital 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 recommendation of the Ethics Committee:-

"The matter was considered by the Ethics Committee at its meeting held on 18.06.2007 and the decision was as under :-

"The Ethics Committee considered the matter with regard to seeking expert opinion in case No. C-70/04 entitled Ritu Saini & ors. vs. Indraprastha Apollo Hospital. The Ethics Committee noted a letter dt. 23.03.2007 has been received from Mr. Y.P. Talwar, Registrar, State Consumer Disputes Redressal Commission, New Delhi on the matter in case No. C-70/04 entitled Ritu Saini & ors. against Indraprastha Apollo Hospital, Delhi. The Ethics Committee observed that the Registrar has sought an expert opinion before 15.05.2007.

Since, this matter come before the Ethics Committee only on 18.06.2007, the date of which opinion sought has already passed. Office is asked to consult with the legal section of the Council as to whether any further action is required in this case and if so this may be placed before the next meeting alongwith the opinion of the legal section and this may also be conveyed to the Registrar, State Consumer Disputes Redressal Commission, New Delhi."

As per above decision, the matter was placed before the Retainer Advocate for legal opinion and the Retainer Advocate advised to place the matter before Ethics Committee and obtain expert opinion and send the same to SCDR Commission. Retainer Advocate also advise to obtain a copy of the Order dated 19.01.2007 to place it before the Ethics Committee.

The matter was placed before the Chairman, Ethics Committee for consideration and he directed to obtain all the relevant records of the case.

Reminders dated 8.08.2007 and 23.08.2007 have also been received by this Council on 5.09. 2007 & 17.09.2007 respectively.

As per direction of the Chairman, Ethics Committee, the SCDR Commission was requested to provide the same vide this Council's letter dated 5.09.2007.

In reference to above, this Council received a copy of complaint alongwith documents from SCDR Commission, New Delhi vide their letter dated 19.09.2007 received on 1.10.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th December 2007 and the decision was as under:-

"The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007."

As per above decision Mrs. Ritu Saini (complainant), Dr. Rakesh Gupta and the Medical Director (Services) of Indraprastha Apollo Hospital, New Delhi have been requested to appear before the Ethics Committee on 17th December 2007 at 11.00 a.m. vide Council's letter dated 07.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December 2007 and the decision was as under:-

"The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007."

As per above decision, the Medical Director (Services), Inderaprastha Apollo Hospital, New Delhi was requested to appear before the Ethics Committee on 17.12.2007 at 11.00.a.m alongwith complete medical record and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini vide Council's letter dated 7.12.2007.

Dr. Rakesh Gupta was also requested to appear before the Ethics Committee on 17.12.2007 at 1.00.p.m vide Council's letter dated 7.12.2007.

Mrs. Ritu Saini was also requested to appear before the Ethics Committee on 17.12.2007 at 1.00.p.m vide Council's letter dated 7.12.2007.

The matter was considered by the Ethics Committee at its meeting held on 17th December 2007 and the decision was as under:-

"The Ethics Committee observed that the Hon'ble State Consumer Disputes Redressal Commission vide its order dated 23/03/2007 in case No. C-70/04 titled Mrs. Ritu Saini & Ors Vs. Indraprastha Apollo Hospital had asked for the expert opinion of the Medical Council of India with regard to the medical negligence, if any, on the part of the respondent Indraprastha Apollo Hospital in compliance of the order dated 19/01/2007 passed by the Hon'ble Commission.

The matter was placed before the Ethics Committee in its meeting held on 06/12/2007 wherein it was decided as under:

"The Ethics Committee perused the Medical Records/Documents supplied in this case but it is not in a position to come to a definite conclusion on the basis of it as the complete medical records have not been received even vide letter dated 19.09.2007 from SCDRC, New Delhi.

Therefore, the Ethics Committee has decided to call the Medical Director, I.P. Apollo Hospital in its next meeting on 17.12.2007 at 11.00 a.m with complete medical records and hospital case sheet pertaining to the deceased patient viz. Mr. Pradeep Kumar Saini.

It has also decided to call the treating doctor viz. Dr. Rakesh Gupta at 1.00.p.m on 17.12.2007 with all the relevant case papers.

Further, it has also been decided to call the complainant viz. Ms. Ritu Saini to appear before the Ethics Committee at 3.00.p.m on 17.12.2007."

In accordance with the above decision Mrs. Ritu Saini, the widow of the deceased Mr. P.K. Saini and the Medical Director of the Indraprastha Apollo Hospital, Dr. Rakesh Gupta, treating doctor were called to appear before the Ethics Committee on 17/12/2007.

Mrs. Ritu Saini along with her relatives appeared before the Ethics Committee on 17.12.2007. The Ethics Committee on seeing the distraught condition of Mrs. Ritu Saini also allowed her brother in law and brother of the deceased, Mr. Ashwani Saini to be present before it and give a joint statement. The statement was recorded as under:

STATEMENT OF MR. ASHWANI SAINI AND MRS. RITU SAINI

"We, Ritu Saini (wife of deceased) and Ashwani Saini (younger brother of deceased R/o R-61, Khirki Extension, Malviya Nagar, New Delhi – 110017 wanted to highlight certain points:

1. *Why MRI not done (Only CT Scan brain non contrast done).*
2. *Why CSF was not thought of?*
3. *Why EEG not done?.*
4. *Doctor must have applied their minds to the possibilities of viral encephalitis.*
5. *Was viral Encephalitis the cause of toxic hepatitis?*
6. *Why the lavage sample not sent for testing?*
7. *Why no post mortem was suggested, if there was any possibility of poisoning?*
8. *Why not MLC was made when doctor made poisoning as the initial possibility and finally diagnosed it as toxic hepatitis.*
9. *Why injection of lox was given when LFT was deranged and there was possibility of seizures.*
10. *We contacted Dr. Rakesh Gupta on his mobile phone several times between 02 p.m. to 08 p.m. to explain the condition of the patient, but he said he is OK and he will discuss once he come to the hospital. For six long hours he was nowhere around the patient.*
11. *No other doctor discussed the condition of the patient with us. It was only 07 p.m. when we visited the patient, at that time; the patient was complaining of pain in legs & burning in stomach. For that, we requested the duty Doctor and he gave tablet combiflam and digene in our presence.*
12. *At 09:30 p.m. we were called in MICU, when Dr. Gupta reached the patient and he told us that there is only 5 % chance of survival of the patient.*
13. *What measures were taken between 01 p.m. to 09 p.m. and why not any gastroenterologist consulted between this golden period.*
14. *Doctors took step after 09:30 p.m. when patient was deteriorating severely but what they had done before to diagnose the deceased.*
15. *Had prompt remedial measures been taken the chance of the deceased survival would have been possible?*
16. *Why CVP monitoring not done and IV fluids continued without monitoring?*
17. *Why RBS not checked regularly?*
18. *Why PT not crosschecked and monitored when it was deranged?*
19. *Why Non-steroidal anti-inflammatory drugs given when PT was deranged?*
20. *Why Inotrops delayed?*
21. *In view of poisoning ABG not done in the morning?*
22. *In case of nasopharyngeal bleeding why nasal packing delayed?*
23. *Lack in intensive monitoring which was very much required after hemodynamically unstable condition i.e. between 12:30 p.m. to 09:30 p.m. (golden period to save the life of the patient)*
24. *Hemoptysis not ruled out then whey bronchoscopy and BAE not done.*
25. *The day of admission of patient was on Monday, June 16, 2003.*

According to us in this case, there is lack of appreciation of medical facts and medicinal application of mind on the part of Dr. Rakesh Gupta and Apollo Hospital"

Sd-
(Ritu Saini)

The Ethics Committee took note of all the documents and the oral submission of the complainants.

“Dr. Rakesh Gupta, the treating doctor also appeared before the Ethics Committee and stated as under:-

STATEMENT OF DR. RAKESH GUPTA

I, Dr. Rakesh gupta passed my MBBS from University College of Medical Science, New Delhi in 1986 and MD Medicine from S.N. Medical College, Agra in 1991. My Registration No. is MCI/5137. My dated of birth is 07.02.1962.

Case summary of Mr. Pardeep Kumar Saini.

Date of admission 16.06.2003.

Mr. Saini got admitted at Indraprasth Apollo Hospital, Delhi at around 09:15 a.m. on June 16th, 2003 where he was brought in with the history of having been found in a drowsy state at his shop. After initial examination, Differential diagnosis of Generalized tonic clonic seizures, metabolic encephalopathy and unknown drug intake was made and patient's investigations and medical management was planned along these lines.

He had no other past history of any significant medical problems. Gastric lavage was done in the triage; he was put on IV fluids and Injection Rantac. His blood investigations were sent for and he was shifted to medical ICU. His conscious level gradually improved. His CT scan was normal, ultra sound showed fatty liver and thickened gall bladder and his liver function test showed abnormal values – AST levels – 239 U/L; ALT 383 U/L; GGTP 119 U/L; S.ALP-152 U/KL. He had 3 episodes of loose motions following which he was started on Inj. Oflox and Inj. Metrogyl. All along he was monitored closely for hemodynamic status. At around 9:00 p.m. he started bringing out blood orally and became hemodynamic unstable. Gastroenterology and ENT consultations were taken but patient's bleeding could not be controlled. His PT levels were more than 120 secs (control – 11 secs) and PTTK levels were 90.0 secs (control-32 secs). He was also given 4 units of packed red cells and 4 units of fresh frozen plasma but his bleeding continued. In spite of all efforts patient couldn't be saved and was declared dead at 03:05 a.m. on 17/06/2003.

Cause of death – Toxic hepatitis secondary to? Unknown drug intake
? Disseminated Intravascular Coagulation

I wish to state that the highest possible quality of medical care was provided to Mr. Saini in the Medical ICU and whole medical team involved with the case tried their best to save the patient's life.

Sd/-

DR. RAKESH GUPTA”

The Ethics Committee examined all the documents, the hospital records available and the statements of the treating doctors Dr. Rakesh Gupta and complainants Mrs. Ritu Saini and Mr. Ashwain Saini. The Hon'ble members of Ethics Committee had discussed in length with both the treating doctor and the complainants. After perusal of all the available documents, the Ethics Committee observed the following facts in management of the case:

1. The hospital records and also death summary showed that the patient attended the hospital at 09:15 a.m. on 16/06/2003 in a drowsy but conscious state obeying verbal commands and was shifted to MICU. The case was seen by treating doctor Dr. Rakesh Gupta and admitted under him.
2. The possibilities at first were recorded as:
 - i) TIA/Seizure – post ictal confusional state
 - ii) Cardiac Cause? Arrhythmia
 - iii) Metabolic cause
 - iv) Hypoglycemia
 - v) Poisoning

3. Same day another record put the possibilities as:
 - GTCS (General Tonic Cloni Seizure) with post ictal state
 - Metabolic encephalopathy
 - Unknown poisoning
4. Patient had nasal + oral bleed at 09:00 p.m. on 06/06/2003 with restlessness. The hospital notes stated that he had VT & VF from which he was stated to have been recovered after 4.4 360 J DC shocks (.) Severe Acidosis was recorded.
5. Although the patient was in MICU under central monitoring, no records of cardiac events and acidosis as stated in hospital records could be provided by the hospital. The available charts do not show occurrence of such events as stated in records sheets.
6. The following possible diagnoses were entertained at (this) point of time. ?
 - Septicemia? Viral
 - Unknown poisoning with hepatic involvement
 - ? Corrosive poisoning
7. Later on at 11.45 p.m., on 16.06.2003, on further evaluation, in addition to these, following possibilities were recorded:
 - Toxic Hepatitis – Viral
 - Unknown poisoning i.e. DIC
8. The possibility is unknown poisoning/corrosive poisoning was entertained by the treating doctor Dr. Rakesh Gupta and the hospital as is evident by records of various doctors in the bed head of ticket and also it was stated by Dr. Rakesh Gupta before the Ethics Committee: However,
 - a) Although Gastric leavage was performed, there is no evidence that the sample was preserved for analysis or was sent.
 - b) Gastric leavage was not repeated and samples sent for testing for poisons
 - c) Urine was also not preserved and sent for testing for poisoning.
 - d) And under these circumstances when the distinct possibility of poisoning was entertained by the hospital and treating doctor:-
 - The case was neither made MLC nor police information was sent..
 - After death no postmortem was advised/ordered and carried out.
9. The death record claims that the patient was managed on lines of unknown drug ingestion but the points enumerated in para 8 above clearly show that the available records don't bear out this claim. Further nasogastric intubation with Ryle's tube in situ was not done.
10. When the patient complained of headache and bodyache he was given Tab Combiflam orally which was possibly unwarranted in these circumstances. Rather the oral use of which might have led to severe bleeding through nose & mouth (massive heamatemes), though due to failed UGI endoscopy (due to massive bleeding) and the fact that no autopsy was carried out this cannot be substantiated. The use of Tab. Combiflam orally can be labeled as inappropriate drug usage in the circumstances. In the absence of proof of bleeding disorders and normal platelet count the cause of massive heamatemes may be attributable to it.
11. In the absence of EEG record (it was not done) and no MRI brain record the postictal confussional state can not be substantiated. The treating doctor and ICU treating team has failed to establish evidence for or against it.
12. The cause of death 'Toxic hepatitis' as given in the death summary is not borne by available facts such as;
 1. Ultrasound examination showed only changes of fatty infiltration
 2. Non reactive HAV & HEV report rules out known viral hepatitis.
 3. The rise of liver enzymes as in the reports-though high were not very much so.

In presence of these reports and the absence of liver biopsy (pre mortem & postmortem), or autopsy report, the diagnoses of toxic hepatitis as a certainty cannot be accepted as a diagnosis beyond reasonable doubts.
13. The question of DIC cannot be entertained at any stage as no laboratory investigation to prove or disprove it were done at any time.

In view of above, the Ethics Committee is of the unanimous opinion that

- a) *Medical negligence in the part of treating doctor/I.P. Apollo Hospital cannot be ruled out.*
- b) *There was total failure of communication between the attendants of the patient and the treating doctor Dr. Rakesh Gupta and also of the ICU staff of I.P. Apollo Hospital which is deplorable and should not have happened.*
- c) *The legal formalities that should have been carried out i. e. recording of Medico Legal Case in a case all along suspected to be a case of poisoning were not carried out by treating doctor and hospital administration and management of I.P. Apollo Hospital. This act of omission also can be considered as medical negligence.*
- d) *Should have been recommending to the Police authority for post mortem*
- e) *In view of the possibility of unknown/corrosive poisoning being entertained by treating doctor Dr. Rakesh Gupta, use of tablet Combiflam orally was possibly unwarranted in these circumstances. Considering all the factor together, although laxity and casual approach in treatment as discuss above in paras 1 to 12 has resulted in the unfortunate death of the patient.*

The Ethics Committee noted that it has asked the Medical Director of I.P Apollo Hospital to appear before it today with all the hospital records pertaining to this case. The Ethics Committee noted that the director of I.P Apollo Hospital has failed to appear before it today. In her place one Dr. Deepak Vats, Senior Medical Officer has come and appeared before it. But he has not come with any letter authorizing him to appear before the Ethics Committee on behalf of the Medical Director. He has however brought hospital records with him, which he was directed to submit. The Ethics Committee decided not to record any statement of Dr.Vats who was not officially authorized to appear.

The Ethics Committee was pained to notice the very casual attitude and irresponsible behavior of the Medical Director of I.P Apollo hospital, New Delhi. He has neither bothered to appear personally though he was asked to. Neither has he bothered to give any explanation or regret of he not appearing personally before the Ethics Committee which even common courtesy demands. He has not bothered even to give a covering letter/authorization letter to a very junior subordinate staff whom he has sent with the records. The Ethics Committee unanimously feels that such casual and irresponsible behavior is totally unbecoming of a doctor in such a high administrative position of a major hospital. It has further noted that his behavior is violative in the letter and spirits of section 1.1.1 and 5.1 of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 also. In view of the above, the Ethics Committee unanimously decides to record its displeasure and censure of Dr. Anupam Sibal, Medical Director, I.P. Apollo Hospital, New Delhi for such acts of irresponsibility amounting to misconduct. This may be informed to Dr. Anupam Sibal the Medical Director, I.P. Apollo Hospital.

The above observation shall be recorded in the IMR against his name.

Since this case was referred to Medical Council of India by Hon'ble State consumer redressal Commission, the minutes of this case with opinion as recorded may be submitted to the Hon'ble Commission."

Further, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in this matter, a Bailable Arrest warrant was issued against the Secretary by Hon'ble State Consumer Disputes Redressal Commission, New Delhi (hereinafter referred as Hon'ble SCDRC). The Secretary of the Council had appeared in-person before the Hon'ble SCDRC, New Delhi on 7th December, 2007.

Hon'ble SCDRC had sent the first reminder on 8.8.2007 requesting that the required report may be sent to the Commission before the next date of hearing i.e. 16.8.2007. The Hon'ble Commission vide its letter dated 23.8.2007 had once again requested that the required report may be sent to the Commission before the next date of hearing i.e. 27.9.2007. The Hon'ble Commission had once again vide its letter dated 19.9.2007 requested for immediate necessary action in view of the next date of hearing i.e. 27.9.2007.

However, from the perusal of the office record on file, it is revealed that no action was initiated with regard to the reminders of the Hon'ble Commission or for sending the required report to the Hon'ble Commission.

Perusal of the record also reveals that the reminders of the Commission dated 23.8.2007 & 19.9.2007 have not been placed before the appropriate authorities i.e. the Secretary or the Chairman, Ethics Committee.

It was also observed that the opinion of the Retainer Advocate was obtained on 6.7.2007 in which he has stated as under:-

"....In my opinion a copy of the application alongwith the summary report may kindly be placed before the Ethics Committee for their opinion/decision and the same may be sent to the Registrar, SCDRC, Delhi for further course of action to be placed before the Hon'ble Forum. Next date of hearing in CC is 9.8.2007...."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed in this regard that a Memorandum was issued to Sh. Ashok Kumar Harit, Deputy Secretary & Incharge, Ethics Section, Mr. Babu Ram Manuwal, Section Officer and Mr. Raj Kumar Dogra, Assistant, Ethics Section directing them to submit the explanation, as to why disciplinary action should not be initiated against them for the above mentioned lapse within a period of 7 days vide letter dated 6th December, 2007.

Sh. Ashok Kumar Harit, Deputy Secretary & Incharge, Ethics Section in his reply dated 14.12.2007 has stated as under:-

".....As per the prevalent practice in the Ethics Section of the Council, dak received in Ethics Section is first put up by the Section Officer before the Chairman, Ethics Committee for necessary directions. A letter dated 5.9.2007 was sent to SCDRC calling for the copy of complaint filed by Mrs. Ritu Saini so as to enable the Council to place the matter before the Ethics Committee for its consideration. In response to the said letter dated 5.9.2007, SCDRC sent a letter dated 19.9.2007 which was received in the Council office on 1.10.2007 enclosing therewith copy of complaint alongwith their earlier letters dated 23.3.2007, 8.8.2007 and 23.8.2007.

It has been observed that the reminder no.1 dated 8.8.2007, reminder no.2 dated 23.8.2007 and the letter dated 19.9.2007 of SCDRC, were not placed by the Section Officer/Assistant of Ethics Section, either before the Secretary or the Chairman, Ethics Committee, as per details given below:-

- (1) Letter dated 8.8.2007-This letter was diarised on 5.9.2007 and Section Officer on 5.9.2007 marked the same to the Assistant of Ethics Section and the same was lying pending with him.
- (2) Letter dated 23.8.2007 – This letter was diarised on 17.9.2007 and Section Officer marked the same to the Assistant on 17.9.2007 and the same was lying pending with him.
- (3) Letter dated 19.9.2007 – This letter was diarised on 1.10.2007 and Section Officer marked the same to the Assistant on 3.10.2007 and the same was lying pending with him.

As per the prevalent practice in vogue in the Ethics Section of the Council, the letters etc. received in the dak of Ethics Section are required to be put up before the Chairman, Ethics Committee. But in this case, the Section Officer has failed to put up the letters dated 23.8.2007 & 19.9.2007 before the Chairman, Ethics Committee. The matter was not placed before the Ethics Committee also."

As Shri Babu Ram Manuwal, Section Officer and Shri Raj Kumar Dogra, Assistant, Ethics Section had not submitted any explanation, another Memorandum was issued vide Council letter dated 4.1.2008 to submit the explanation immediately. Vide letter dated 15.1.2008, both Shri Babu Ram Manuwal, Section Officer and Shri Raj Kumar Dogra, Assistant, Ethics Section have submitted their explanation. Shri Babu Ram Manuwal, Section Officer, Ethics Section in his explanation has stated as under:-

".....Further, I bring to your kind notice that there is a lot of work and due to not sufficient of manpower, it is not possible for us to look every PUC to place before the Secretary or the Chairman, Ethics Committee well in time."

However, no specific and relevant answer has been given by him as to why the reminders of Hon'ble SCDRC dated 23rd August, 2007 and 19th September, 2007 were not placed before the appropriate authorities either before

the Chairman, Ethics Committee or the Ethics Committee *per se*. It was also observed that Mr. Raj Kumar Dogra, Assistant, Ethics Section in his reply has, interalia, stated as under:-

".....Further, I bring to your kind notice that there is a lot of work and due to not sufficient of manpower, it is not possible for us to look every PUC to place before the Secretary or the Chairman, Ethics Committee well in time."

It was further observed by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that no specific explanation has been given by him as to why the letter of Hon'ble SCDRC dated 8.8.2007 which was marked to the Assistant on 5.9.2007, letter of Hon'ble SCDRC dated 23.8.2007 marked to him on 17.9.2007 and letter of Hon'ble SCDRC dated 19.9.2007 and marked to him on 3.10.2007 were still lying pending with him on which no action was taken.

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 that the office is directed to obtain the reply on the relevant and specific queries of the concerned official/employee in a time bound manner. In the event of non-compliance by the concerned official/employee, appropriate action be initiated in accordance with the Regulations.

31. Approval of Pushpagiri Instt. of Medical Sciences & Research Centre, Tiruvalla, Kerala for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

Read: The Council Inspectors report (21st & 22nd January, 2008) for approval of Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla, Kerala for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (21st & 22nd January, 2008) and decided to recommend that Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla, Kerala be approved for the award of MBBS degree granted by Mahatma Gandhi University, Kottayam with an annual intake of 100 (One Hundred) students.

32. Continuance of recognition of MBBS degree granted by Saurashtra University, Rajkot in respect of students being trained at M.P. Shah Medical College, Jamnagar – Compliance verification inspection thereof.

Read: The compliance verification inspection report (23rd & 24th January, 2008) for continuance of recognition of MBBS degree granted by Saurashtra University, Rajkot in respect of students being trained at M.P. Shah Medical College, Jamnagar.

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 (23rd & 24th January, 2008) and noted the following:-

- 1.(a) The shortage of Residents is 32.3% as under (42 out of 130)
 - (i) Sr.Resident-42 (General medicine-8, Paediatrics-4, TB & Chest-1, Skin & VD-1, Psychiatry-1, General Surgery-7, Orthopaedics-4, ENT-1, Ophthalmology-1, Obst. & Gynae-4, Anaesthesia-6, Radio-Diagnosis-5)
2. Dr. A.H. Vyas shown as Medical Superintendent possessing only 6 years administrative experience against the requirement of 10 years.

3. There are only 3 static units in the department of Radio-Diagnosis which is inadequate.
4. RHTC, Aliabada is under the administrative and financial control of Director of Health Services, Govt. of Gujarat which is not as per norms of the Council.
5. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of M.P. Shah Medical College, Jamnagar to rectify the above deficiencies and submit the compliance within the stipulated period.

33. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Seth G.S. Medical College, Mumbai – Compliance verification inspection thereof.

Read: The compliance verification inspection report(23rd & 24th January, 2008) for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Seth G.S. Medical College, Mumbai.

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(23rd & 24th January, 2008) and noted the following:-

1.(a) The shortage of teaching faculty is 12.34% as under:-

- (i) Professor-04 (Physiology-1, Microbiology-1, Pharmacology-1, Dentistry-1)
- (ii) Assoc.Profs.-10 (Anatomy-1, Pharmacology-2, Surgery-4, Orthopaedics-2, Dentistry-1)
- (iii) Asstt.Prof.-17 (Anatomy-1, Pharmacology-2, Medicine-4, Psychiatry-1, Surgery-5, Orthopaedic-1, ANMO-1, MWO-1, Lecture in Epidemiology-1)
- (iv) Tutor-4 (Pathology-1, Pharmacology-3)

(b) The shortage of Residents is 21.3% as under

- (i) Sr.Resident-34 (General Medicine-8, Skin & VD-1, Psychiatry-1, General Surgery-5, Orthopaedics-2, Radiology-6, Anaesthesia-11)

2. Deficiency of teaching beds is as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
Paediatrics	120	90	30 beds
TB & Chest	42	30	12 beds

- There is shortage of 2 clinical units in General Medicine, 1 in Pediatric, 1 in TB & Chest and 2 in General Surgery.
- In Surgery department, all 6 units are having 2 senior faculty members, instead of 3 teachers.

- In Orthopaedic department, unit 1,2,3,4 & 5 are having 2 senior teachers instead of 3.
 - In Medicine department, Unit-4 is having 2 senior teachers instead of 3. Unit 5 is headed by Honorary Professor.
 - In Psychiatry department, unit 2 is having 2 senior teachers instead of 3.
 - In Obst. & Gynae. department, unit 1,2,3,4 & 6 are having 2 teachers instead of 3.
3. In OPD, most of the wards are over crowded. The space between the two cots is not adequate. Unitwise distribution of the bed is not available. Designated teaching area is not available in some of the wards.
 4. RHTC, Khardi is under the control of State Government of Maharashtra and the college utilizes its facilities for teaching purposes which is not as per Council norms. Students are not posted at RHTC. Mess facilities are not available.
 5. Audio-visual aids are not provided in the lecture hall.
 6. Some of the hostel rooms provide dormitory type of accommodation for 7-8 students in one room which is not as per norms.
 7. Outdoor and Indoor registration section are not computerized. ICD X classification of diseases is followed instead of ICD X for indexing. Follow up services are not available.
 8. There is separate labour room for septic cases. One table is designated for septic cases which is undesirable. The eclampsia room though available is not properly designed.
 9. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Seth G.S. Medical College, Mumbai to rectify the above deficiencies and submit the compliance within the stipulated period.

34. Continuance of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh – Compliance verification inspection thereof.

Read: The compliance verification inspection report(17th & 18th January, 2008) for continuance of recognition of MBBS degree granted by Punjab University in respect of students being trained at Govt. Medical College, Chandigarh.

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 & 18th January, 2008) and noted the following:-

- 1.(a) The shortage of teaching faculty is 8.1% as under:-
 - (i) Professor-01 (Physiology-1)
 - (ii) Assoc.Profs.-04 (Biochemistry-1, Comm. Medicine-1, Paediatrics-1, Radiology-1)
 - (iii) Asstt.Prof.-04 (Anatomy-1, Lecture in Pharmacology-1, Community Medicine-1, Orthopaedics-1)
- (b) The gap analysis of the staff position between the last and present inspection shows:-
 - (a) Physiology department is without Professor since 31.10.2006.
 - (b) Biochemistry deptt. is without Assoc.Prof. since 25.2.2007.
 - (c) Community Medicine was without one Asstt. Prof. for 09 months.

There is no significant gap of staff position between the last & present inspection in remaining departments.

2. Dr. N.M. Nagarkar shown as Medical Superintendent is not qualified to hold the post as he possesses only 7 years of administrative experience against the requirement of 10 years.
3. There is deficiency of one unit in Paediatrics as under which is not as per norms:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency
Paediatrics	60/2	60/1	1 unit

4. There is no ward side laboratories in any of the wards. Wards are designed in the form of cubical having 8-10 beds which is not desirable for a teaching hospital. In all the wards nursing stations are not placed properly which should be placed that nurses can see almost all the patients.
5. In the Medical Record Department, ICD X Classification of diseases is not followed for indexing.
6. Accommodation available for undergraduate boys and girls is only 88 as against the requirement of 250 which is inadequate.
7. There is no separate hostel for Interns. There is no research laboratory also
8. Facilities for animal experiments are not available.
9. In Community Medicine department, demonstration room is not available. There is no practical laboratory.
10. Accommodation is available only for 80 residents as against the requirement of 100.
11. Number of books in the departments of Skin & VD, Orthopaedics, ENT, Ophthalmology & Radio-Diagnosis are inadequate.
12. Other deficiencies as pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to give 2 months time to the authorities of Govt. Medical College, Chandigarh to rectify the above deficiencies and submit the compliance within the stipulated period.

35. Continuance of recognition of MBBS degree granted by Dr. N.T.R University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad – Compliance verification inspection thereof.

Read: The compliance verification inspection report (23rd & 24th January, 2008) for continuance of recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad.

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 (23rd & 24th January, 2008) and decided that recognition of MBBS degree granted by Dr. N.T.R. University of Health Sciences, Vijayawada in respect of students being trained at Gandhi Medical College, Secunderabad be continued restricting the number of admissions to 150 (One hundred fifty) students per year.

36. Establishment of new medical college at Srinagar, Pauri Garhwal, Uttarakhand by Govt. of Uttarakhand.

Read: The DO letter dated 16.1.2008 received from the Chief Secretary, Government of Uttarakhand with regard to conduct the inspection for LOI and LOP for establishment of new medical college at Srinagar, Pauri Garhwal, Uttarakhand anytime after 15.03.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the DO letter dated 16.1.2008 received from the Chief Secretary, Government of Uttarakhand informing to conduct the inspection for LOI and LOP for establishment of new medical college at Srinagar, Pauri Garhwal, Uttarakhand anytime after 15.03.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further noted that vide letter dated 26.12.2005, the Govt. of India, Ministry of Health & F.W. had requested the Council as under:-

"In this connection it is also submitted that the time schedule prepared in 1999 was primarily to process the applications received for establishment of new colleges etc. and the Govt. and the Council had not fine-tuned, the same with reference to various time schedules laid down by the Supreme Court in the Mridul Dhar judgement. It may also be appreciated that various time schedules have been set to streamline the process to ensure that they serve a means to meet the main goal for ensuring availability of institutions meeting the requirement of MCI norms in time for student for pursuing the medical education. The Govt. is separately filing a detailed affidavit in the Mridul Dhar case in which this issue is also being addressed. Pending that, the Council may kindly process various applications forwarded to it for grant of LOI and LOP so that the colleges which meet the requirement of MCI norms are not denied permission. This is in public interest."

In view of above, the decisions taken after the receipt of the letter from the Govt. of India dated 26.12.2005, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the application of the new medical college at Srinagar, Pauri Garhwal, Uttarakhand be processed and the inspection be carried out and inspection report be placed before the Adhoc Committee/Executive Committee for its consideration.

37. 8th Conference of the International Association of Medical Regulatory Authorities (IAMRA): Speaker Identification.

Read: The letter dated 21.1.2008 received from Adv. BM Mkhize, Registrar/CEO, Health Professional Council of South Africa with regard to 8th Conference of the International Association of Medical Regulatory Authorities (IAMRA): Speaker Identification.

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 21.1.2008 received from Adv. BM Mkhize, Registrar/CEO, Health Professional Council of South Africa and decided to authorize the President (Acting) to decide in the matter.

38. Undertaking given by Dr. Ajay Kumar Srivastava for working in more than one medical college simultaneously.

Read: The matter with regard to Undertaking given by Dr. Ajay Kumar Srivastava for working in 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 recommendation of the Ethics Committee:-

"The Ethics Committee heard Dr. Ajay Kumar Srivastava who appeared before the Ethics Committee at its meeting held on 17.12. 2007. Written statements was also taken from him which are as under: -

STATEMENT OF DR. AJAY KUMAR SRIVASTAVA

I, Dr. Ajay Kumar Srivastava, did my MBBS from M.L.N. Medical College, Allahabad in the year 1982. I did my M.D. (Radio Diagnosis) from the same institute in the year 1991. I am registered with the Uttar Pradesh Medical Council, bearing Registration No.27879. My Date of Birth is 06.12.1959.

I appeared in the Medical Council of India inspection at Karuna Medical College, Pallakkad on 29.05.2007 while I was working at Sri Manakula Vinayagar Medical College & Hospital, Pondicherry. I am working at Sri Manakula Vinayagar Medical College & Hospital, Pondicherry. I am really sorry what have happened. I request the Hon'ble Members of the Ethics Committee of Medical Council of India to excuse me for this thing will not be undertaken by myself in future.

Sd/-

(Dr. Ajay Kumar Srivastava)

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. Ajay Kumar Srivastava, 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. Ajay Kumar Srivastava 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. Ajay Kumar Srivastava 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.”

It was decided that the above decision of the Ethics Committee be placed before the General Body of the Council.

39. Complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal.

Read: The matter with regard to Complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal 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 recommendation of the Ethics Committee:-

“The matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under:-

“The Ethics Committee considered the matter with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal and noted that the letter dt. 30.05.2007 has been received from Mr. Fateh Singh, Deputy Commissioner of Police, Head Quarter, Delhi. The Ethics Committee further noted on perusal of the IMR data, there has been several entries have been made in the name of Dr. Saroj Jain. The Ethics Committee decided to write to the Deputy Commissioner of Police, Head Quarters, Delhi from where the complaint came, to provide the registration particulars and full address alongwith the telephone number of Dr. Saroj Jain.”

Dr. Saroj Jain whose address has been given i.e. C-1/41, Sector-15, Rohini, Delhi may also send the complaint letter and ask her to send her parawise comments alongwith the registration particulars.

The Medical Superintendent of Santom Hospital, D-5, Prashant Vihar, Outer Ring Road, Rohini, Delhi-85 as well as the complainant may also be asked to submit the registration particulars of Dr. Saroj Jain. “

As per above decision, the Dy. Commissioner of Police, Head Quarters, Delhi and complainant was requested to provide the registration particulars and full address alongwith the telephone number of Dr. Saroj Jain vide Council's letter dated 20.08. 2007. The reply is still awaited.

Dr. Saroj Jain was also requested to provide her parawise comments as well as registration particulars vide Council's letter dated 20.08.2007.

In response to above, Dr. Saroj Jain has sent a letter dated 30.08.2007. On perusal of the documents, it is noted that Dr. Saroj Jain is registered with Medical Council of India bearing Regn. No.6357 dated 9.04.1987.

The matter was considered by the Ethics Committee at its meeting held on 10th & 11th September, 2007 and the decision was as under :-

The Ethics Committee considered the matter with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal and decided to call Dr. Saroj Jain, Jain's Clinic Delhi to be present before the Ethics Committee at its next second meeting at 11.30 a.m."

As per above decision, Dr. Saroj Jain was requested to appear before the Ethics Committee on 6.12.2007 at 11.30.a.m vide Council's letter dated 26.11.2007.

The matter was considered by the Ethics Committee at its meeting held on 6th & 7th December, 2007 and the decision was as under:-

"The Ethics Committee considered the letter dt. 30.05.07 of ACP/C&T,HQRS, Delhi alongwith a complaint dated 10.04.07 of Mr. Sanjeev Kumar Aggarwal against Dr. Saroj Jain, Jain's Clinic, Delhi.

Dr. Saroj Jain was asked to appear before the Ethics Committee at its meeting held on 6.12.07. She has appeared and submit her deposition. The statement of Dr. Saroj Jain along with questions put to her by Hon'ble members of the Ethics Committee and her replies are as under:-

Statement of Dr. Saroj Jain alongwith questions and answers

"I, Dr. Saroj Jain did my MBBS from Medical College & Hospital, Rohtak in the year 1986 and did my MD (Obst. & Gynae.) from the same institute in 1991. My registration number is MCI- 6357 of 1987. I am also registered with Delhi Medical Council bearing registration number is 3009 of 2001.

I have already submitted written explanation against the complaint of the deceased husband to the Medical Council of India. In addition to that, I would like to say that the complaint is totally false. I did my best to save my patient and have never been negligent at any stage but unfortunately I could not save the patient.

Q. What was the Hb when the patient admitted?
Ans. It was 8.4 gm.

Q. Before admission?
Ans. It was normal.

Q. Despite the pre-operative diagnosis of central placenta praevia (type-IV) was made with ultrasound, why you have not admitted the patient. Is it not negligence on your part?
Ans. The attendants were not willing for admission for observation and I could not force them for admission.

Q. After admission how you tackle this case. How did you arrange the blood and how much blood you arranged?
Ans. Sir, we collect blood from the nearby hospital. It was not a planned surgery so it was not arranged before hand. It was an emergency. In total, 8 units of whole blood and 2 units of FFP were arranged. Out of which, 4 units of whole blood and 2 units of FFP were transfused.

Q. Do you have pulse oximeter?
Ans. Yes Sir.

Q. Did you consult any Surgeon?
Ans. Yes Surgeon was with me (Dr. D.K. Jain)

Q. On 2.4.2007, you have advised admission but refused due to house hold problem. When she refused, I believe this patient has little seriousness and she

needs to be admitted definitely. Whether you explain the seriousness of the condition?

Ans. Sir, I explained them everything. I knew this patient for 5-6 years. The lady was intelligent and educated. As far as the husband is concerned he rarely came with the patient, her mother usually used to accompany the patient. Both were well aware of her condition and seriousness. She was made aware of need of hospitalization in this condition. She alongwith her mother opted for domiciliary expectant treatment which included strict bed rest and medicines with advise to immediately report the hospital in case of any bleeding or labour pains. There was no delay at any level and within ½ hour, baby was out.

Q. Did you find that the uterus was totally atonic?

Ans. Yes Sir but it responded with usual treatment plus injection Prostidin. It was well contracted after that.

Q. When bleeding continued, why not hysterectomy contemplated at that time?

Ans. Finally there was no bleeding from the uterus after injection Prostidin and uterus was well contracted. There was no need of hysterectomy. I could have gone for it if I had failed to control the bleeding.

Q. How many units of total blood were given?

Ans. 4 units of fresh blood and 2 units of fresh frozen plazma (FFP). 4 units reached after the death of the patient and went waste.

Q. As a whole, the team was neglecting the patient?

Ans. It was not so Sir. Every member of the treating team was fully observant and competent to treat each and every type of complication.

Since the patient developed a rare and serious complication of DIC which itself carries high mortality inspite of all efforts from the treating team, the patient could not be saved. I would like to stress that it is not always possible to anticipate or prevent DIC. Mortality from DIC is very high even in best of hospitals.

Professionally speaking, there was no error of any omission or commission or any deficiency of service or negligence on the part of any of the experts in the team. The whole team felt sorry about the outcome and expressed sympathy with the bereaved family. This loss has occurred because of will of God and not due to any negligence or deficiency of services on my part or on the part of treating team."

*Sd/-
(DR. SAROJ JAIN)
6/12/2007*

The Ethics Committee considered the case with regard to complaint against Dr. Saroj Jain, Jain's Clinic, Delhi as alleged by Mr. Sanjeev Kumar Aggarwal.

The Ethics Committee examined all the documents including the case records, Hospitalization records, operation note of the case. It has further called the doctor in question Dr. Saroj Jain and recorded her oral deposition. The members of the Ethics Committee discussed all the aspects of the case in detail and members of the Ethics Committee also put some questions to Dr. Saroj Jain. After detailed deliberations the members of the Ethics Committee were of the unanimous opinion that Dr. Saroj Jain has failed to exercise sufficient care in management of the case and was found to be negligent for the following reasons:-

- (i) During the period of antenatal care, she has failed to admit the patient in hospital even when the patient had a bad obstetrical history and in this pregnancy she had placenta previa (central) making her a high risk case and further despite having an episode of bleeding.*
- (ii) Records of prenatal examination and advice were not properly maintained.*
- (iii) Reasonable care was not taken to correct the anemia of the patient in the prenatal period and the patient had low Hb level of 8.8 gm%.*
- (iv) When the patient had severe bleeding and had to be hospitalized the gravity of the situation was not explained to the patient or her attendants.*
- (v) When LSCS was performed it was observed that the uterus was atonic and greatly dilated and despite drugs given the bleeding did not stop. Under the circumstances, Dr. Saroj Jain further failed to anticipate the need to perform hysterectomy as a life saving procedure. In this aspect she has failed to show reasonable judgment and skill that was expected of her.*
- (vi) The patient bled profusely and Hb% went down as low as 4.4gm%. Dr. Saroj Jain failed to anticipate such a situation in a case of placenta praevia-percreta, in this case, and took no steps to start transfusion before. However, transfusion was given later.*

- (vii) *It is apparent that had proper antenatal care, correction of anemia, timely hospitalization etc. were done the sad outcome in this case could possible have been avoided.*

In view of the above reasons, the Ethics Committee is of the firm opinion that Dr. Saroj Jain had failed to show reasonable judgment and exercise of reasonable care, caution and skills in management of the case and therefore is negligent in her management of the patient. Therefore, the Ethics Committee decided to recommend that the name of Dr. Saroj Jain be removed from the Indian Medical Register for a period of two months from the date of confirmation of the decision by the Executive Committee and General Body of the Council. The matter may be sent to Executive Committee/General Body of the Council and the file may be treated as closed."

40. To Provide Medical Facilities to the Pensioners and their family members under CGH Scheme and CS(MA) Rules – 1944.

Read: The matter with regard to Provide Medical Facilities to the Pensioners and their family members under CGH Scheme and CS(MA) Rules – 1944.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter regarding provision of medical facilities to the Pensioners and their family members and observed that the Council at present providing the medical facilities to its serving employees in terms of clause 56 of the Standing Orders of MCI as under:-

"(1) Medical Facilities for Employees:

Employees of the Council and members of their families shall be entitled to such medical aid as is admissible to Central Government Servants of similar categories in Delhi and New Delhi and out of Delhi during leave. All employees of the Council shall be members of the Contributory Health Service Scheme of the Central Government and shall pay such contribution as is required under the scheme.

Provided that employees not residing in the area covered by the Scheme, shall not be required to contribute to the Scheme, and shall be eligible for reimbursement of Medical Expenses to self and family as applicable to Central Government employees."

Further, Clause No. 3 and 4 of Standing Orders of MCI reads as under:-

- "3. The power of interpreting, changing and amending these Standing Orders is vested in the Medical Council of India.*
- 4. In case where these Standing Orders do not make any provision, the Govt. of India Rules shall apply."*

It was also noted that the CGHS facilities to the Pensioners and their family members is also available to the following Autonomous/Semi-Govt. Organizations:

1. Central Scientific Industrial Research (CSIR)
2. National Physical Laboratory (NPL)
3. National Instt. of Science Communication & Informatics Research (NISCAIR)
4. Central Road Research Institute (CRR)
5. Indian Council of Medical Research (ICMR)
6. National Council of Education Research and Training (NCERT)
7. Indian Council of Agricultural Research (ICAR)
8. Indian Agricultural Research Institute (IARI)
9. Indian Agricultural Statistical Research Institute (IASRI)
10. National Institute of Health & Family Welfare (NIHFW)

After due deliberations on the matter, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that as the medical facilities are more frequently required after retirement due to old age and the burden of costly medicine in old age is very high causing undue hardships and as a measure obligation towards the welfare of its employees decided to extend the medical facilities to the employees and their family members after retirement also as is extended to the pensioners of their organizations mentioned above. It was

further decided to amend the clause 56 of the Standing Order of the Council by inserting the following proviso after the 2nd para of clause 51 as under:-

“The medical facilities will also be extended to its retired officials and their family members subject to such contribution/payment as required under the CGHS Scheme.”

41. Repairing & rectification of the underground laying ring line of fire hydrant around the building of the Council.

Read: The matter with regard to repairing & rectification of the underground laying ring line of fire hydrant around the building of the Council.

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 28.12.2007 in the Council Office recommending to award the work of repairing & rectification of the underground laying ring line of the fire hydrant to M/s Am-Tech Fire Systems being L-1 at a total cost of Rs. 4,50,474/-.

42. Establishment of new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad.

Read: The Central Govt. letter dated 17th Jan., 2008 alongwith copy of letter dated 24.12.2007 from the Chairman, Dr. V.R.K. Educational Society, Hyderabad with regard to consider the proposal for establishment of new medical college at Aziznagar, R.R. District, A.P. for the academic 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 of the Central Government dated 17th Jan., 2008 alongwith copy of letter dated 24.12.2007 from the Chairman, Dr. V.R.K. Educational Society, Hyderabad. It was also observed that at its earlier meeting held on 3rd November, 2007, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council had recommended disapproval of the scheme for establishment of a new medical college at Aziznagar, RR District, AP in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad for the academic year 2008-09, which is 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 application received through the Central Government for establishment of a new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 and observed that the application is deficient in terms of the following qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999:-

In the Essentiality Certificate dated 03.02.2005 issued by the State Govt. of Andhra Pradesh at point (a) It is shown that “the applicant owns 25 acres of land and where there is a building to the extent of 1,00,000 sft. within this area” and (d) It is shown that “It is further certified that in case the applicant fails to create infrastructure for the medical college as per MCI norms and fresh admission are denied by the Central Government, the State Government shall take over the responsibility of the students already admitted in the college with the permission of the Central Govt.” This is at variance with the format of the Essentiality Certificate wherein point (a) It is mentioned that the applicant owns and manages a 300 bedded hospital which was established in..... and (d) It is mentioned that Adequate clinical material as per the Medical Council of India norms is available, as per qualifying criteria laid down in the Establishment of Medical College, Regulations, 1999.

Hence, the Qualifying Criterion 2(3) pertaining to Essentiality Certificate as prescribed under the Establishment of Medical College Regulations, 1999 is not fulfilled.

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 scheme for establishment of a new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad for the academic year 2008-09."

It was further observed that even in the proposal now received from the Central Government vide its letter dated 17th January, 2008, the old Essentiality Certificate is attached in which there is no mention of ownership and affiliated teaching hospital at all and thus it is still not in format as prescribed in the Regulations and the deficiency of not fulfilling the Qualifying Criterion 2(3) of Establishment of Medical College Regulations, 1999 pertaining to owning and managing a functional hospital of not less than 300 beds remains as it is.

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 recommending to return the application to the Central Government and disapproval of scheme for establishment of a new medical college at Aziznagar, R.R. District, A.P. in the name of Dr. V.R.K. Women's Medical College, Aziznagar by Dr. VRK Educational Society, Hyderabad for the academic year 2008-09.

43. The opening of New or Higher Course of Study or Training(including Postgraduate Course of Study or Training) and Increase of Admission Capacity in any Course of Study or Training(including a Postgraduate Course of Study or Training) Regulations, 2000 – Amendment in the Regulations.

Read: The Central Govt. letter dated 11.1.2008 with regard to amendment in the Regulations for opening of New or Higher Course of Study or Training(including Postgraduate Course of Study or Training) and Increase of Admission Capacity in any Course of Study or Training(including a Postgraduate Course of Study or Training) Regulations, 2000.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the General Body of the Council at its meeting held on 10.3.2007 in the matter of inspection to be carried out by the Council for starting of postgraduate course in any of the college had decided as under:-

".....After due deliberations, it was decided unanimously that the Council should carry out inspection to ascertain and assess the facilities of teaching faculty, residents, clinical material, hostels and other infrastructure facilities etc. vis-v-vis the minimum standard requirements for the requirement of such facilities as per the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 for the number of students admitted for the undergraduate course. The Council should process the applications for increase or starting of postgraduate courses only in case if the college meets with the facilities for teaching faculty, residents, clinical material, hostels, infrastructure facilities etc. as required under the Regulations for the respective number of students admitted in undergraduate course and accordingly amendment in this regard in Postgraduate Medical Education Regulations, 2000 be sent to the Central Government for its approval....."

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that it is highly essential for an institute setting up postgraduate courses to have a complete infrastructure as required for the conduct of undergraduate courses and in the absence of which adequate instructions for postgraduate courses cannot be imparted and postgraduate students coming out of such institute would be having only half baked education which is not desirable in the over all development of the postgraduate medical education in the country. It was further observed that the deficiencies of the teaching faculty particularly in pre clinical and para clinical departments continue in such institute who tend to neglect such departments after they have acquired the recognition of MBBS degree and the

institute applies for starting of the postgraduate courses in clinical departments only. The postgraduate medical education has to be led upon a strong foundation of the entire undergraduate course. If the foundation is weak particularly in pre clinical and para clinical departments, there would always be an element of doubt in the quality of postgraduate education imparted in such an institute as even training in clinical subjects is basically integrated teaching involving pre-clinical and para clinical departments as well.

It was further observed that the most crucial and significant aspect which cannot be ignored by anyone is that the major function of a postgraduate medical institution is to teach medical students and in the absence of minimum prescribed teaching faculty, residents, clinical material, library, hostel and other infrastructural facilities which is very vital and important in medical curriculum is likely to lag behind and the students when they complete their course may not be fully conversant to have all the aspects of clinical medicine. This scenario is not desirable in a postgraduate teaching institution. Exposing the population at large for treatment by such students who have not been adequately trained because of absence of minimum statutorily prescribed teaching facilities is not conducive for good quality postgraduate medical education.

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 were firmly of the view that it is not only unjustifiable, undesirable but also unethical to permit any institution in any part of the country with the compromised teaching faculty, clinical material and infrastructural attainment, which are the three most important component of medical education to start postgraduate course. Hence, considering all the factors in totality, it was further decided to reiterate the earlier decision of the General Body of the Council held on 10th March, 2007 to process the applications for starting of postgraduate courses or for increase in intake capacity of postgraduate courses only in case if the college meets with the facilities for teaching faculty, residents, clinical material, hostels, infrastructure facilities etc. as required under the Regulations for the respective number of students admitted in undergraduate course and to carry out inspection for assessment of available teaching facilities before the applications of such postgraduate courses are processed further.

44. Health & Family Welfare Department-Admission to Medical Courses-40% marks in the entrance examination for ST students-relaxation-Reg.

Read: The letters dated 17.12.2007 and 17.1.2008 from Sh. P. Radhakrishna Pillai, Additional Secretary, Government of Kerala, Thiruvananthapuram with regard to admission to Medical Courses-40% marks in the entrance examination for ST students-relaxation.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter at length and observed that it at its earlier meeting held on 2nd April, 2007 on a similar matter had decided as under:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed as under:-

As per clause 5(ii) of the Medical Council India Regulations, on Graduate Medical Education, 1997, notified in the Gazette of India, dt. 17th May, 1997 the eligibility criteria for the selection of students for MBBS course shall be as under:-

"5 Procedure for selection to MBBS course shall be as follows:-

ii) In case of admission on the basis of competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum 50% marks taken together in Physics, Chemistry & Biology at the qualifying examination as mentioned in Clause (2) of Regulation 4 and in addition must have come in the merit

list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry & Biology taken together in the competitive examination. In respect of candidates belonging to Schedules Casts, Scheduled Tribes or other Backward Classes the marks obtained in Physics, Chemistry & Biology taken together in qualifying examination and competitive entrance examination by 40% instead of 50% as stated above.

Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he may be provisionally permitted to take up the competitive entrance examination and in case of selection for admission to the MBBS course, he shall not be admitted to that course until he fulfils the eligibility criteria under Regulation 4.”.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also observed that these Regulations being notified under Section 33 of the IMC Act, 1956 are statutory regulations, binding and mandatory in character. These Regulations have to be followed by all the authorities.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the Hon'ble Supreme Court in WP(C)No.290 of 1997 – Dr. Preeti Srivastava and Anr. Vs. State of M.P. and Ors. and also observed as under:-

“It is for the Medical Council India to prescribe any special qualifying marks for the admission of the reserved category candidates to the postgraduate medical courses. However, the difference in the qualifying marks should be at least the same as for admission to the undergraduate medical courses, if not less”.

It was also further noted that the judgement of the Hon'ble Supreme Court of India dt. 28.7.2003, the State of Madhya Pradesh & Ors. Vs. Gopal D. Tirthani & Ors. and observed as under:-

“The requirement of minimum qualifying marks cannot be lowered or relaxed contrary to Medical council of India Regulations framed in this behalf”.

In view of the above, as per Clause 5(ii) of the Regulations on Graduate Medical Education, 1997 and pronouncement of the Hon'ble Supreme Court in various judgements as shown above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that it is neither permissible nor open for the Council or any other authority to re-consider or to relax the norms and the criteria of eligibility for admission to MBBS course.”

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 2nd April, 2007.

45. Proposal of National Aids Control Society (NACO) to regulate the prescription of ARV drugs by private practitioners – req.

Read: The matter with regard to Proposal of National Aids Control Society (NACO) to regulate the prescription of ARV drugs by private practitioners 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 recommendation of the Ethics Committee:-

“The Ethics Committee discussed the letters 22.11.2007 and 15.01.2008 as well as the proposal from NACO as contained therein.

The Ethics Committee agreed that ART prescribed by the medical practitioners needs to be regulated by Law.

It therefore endorses and supports the 6 proposals of NACO which are as under:-

- (i) The Central Govt. shall notify in the Gazette the list of drugs proposed to be regulated.
- (ii) Within 30 days of such notification, MCI will frame regulations which will be followed by the medical practitioners.
- (iii) For prescribing these drugs, the registered medical practitioners shall have to undergo compulsory training about these drugs.
- (iv) Before prescribing these drugs, the medical practitioners shall counsel the patient about the proposed treatment and also take informed consent from him.

- (v) The registered medical practitioners shall assess the capacity of the patients to afford the treatment and to adhere to it.
- (vi) Non-compliance with the Regulations of MCI would constitute professional misconduct under the provision of the IMC, Act."

46. Appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha Reddy.

Read: The matter with regard to Appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha Reddy 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 recommendation of the Ethics Committee:-

"The Ethics Committee received a letter dated 31.3.2004 alongwith its enclosures from Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin with regard to appeal against the Order passed by the Andhra Pradesh Medical Council in the matter of death of Mrs. Srilatha Reddy.

The matter was considered by the Ethics Committee at its meeting held on 19th & 20th April, 2004 and it was decided as under:-

"The Ethics Committee considered the matter and decided to request Andhra Pradesh Medical Council to provide the particulars of registration and qualification as well as addresses of the concerned doctors alongwith enquiry report and all other relevant documents to this Council at the earliest. A copy of the same may be marked to the complainant."

The above decision was communicated to the Registrar, A.P. Medical Council vide Council's letter dated 6.05.2004 with a request to provide the information as desired by the Ethics Committee.

In reference to above, the Registrar, A.P. Medical Council has sent a letter dated 20.05.2004 alongwith the particulars of registration and qualification and other relevant documents.

The Registrar, A.P. Medical Council vide his letter dated 22.05.2004 has also forwarded a copy of the report of the Ethical and Malpractices Committee.

The matter was considered by the Ethics Committee at its meeting held on 2nd & 3rd September, 2004 and it was decided as under:-

"The Ethics Committee considered the matter with regard to appeal against the Order passed by the Andhra Pradesh Medical Council on the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin regarding death of Mrs. Srilatha Reddy and decided that an appeal was made against the order passed by Andhra Pradesh Medical Council. This appeal was received at the MCI office on 05.04.2004 before the Section 8.7 and 8.8 of Professional Conduct (Etiquette and Ethics) Regulations 2004 came into force. Subsequently, the Registrar of Andhra Pradesh Medical Council was requested to provide information and the Registrar, AP Medical Council had submitted all the documents pertaining to this case.

The Ethics Committee considered the documents and felt that an expert opinion from Gynecologist need to be obtained before a final decision could be arrived at. Therefore, it was decided to refer this case to Professor Neera Aggarwal, Professor and HOD, Deptt. of Gynae. & Obst., GTB Hospital, Shahdara, Delhi for her opinion in this particular case whether there was any negligence in the part of the Doctors. This case may also be referred to Dr. Rakesh Kumar, Professor of Anaesthesiology, Maulana Azad Medical College, New Delhi, for his opinion in this particular case whether there was any negligence in the part of the doctors."

The above decision was communicated to Prof. Neera Agarwal, GTB Hospital and Dr. Rakesh Kumar, MAMC, New Delhi vide Council's letter dated 20.09.2004.

The matter was considered by the Ethics Committee at its meeting held on 29th & 30th November, 2004 and it was decided as under:-

"The Ethics Committee unanimously decided that another reminder may be sent to Professor Neera Aggarwal, GTB Hospital, New Delhi and Dr. Rakesh Kumar, Professor of Anesthesiology, MAMC, New Delhi to submit their views latest by 15th December, 2004. The office may contact them personally over the telephone and make the request to submit this report at the earliest."

The above decision was communicated to Dr. Neera Agarwal and Dr. Rakesh Kumar, MAMC, New Delhi vide Council's letter dated 29.12.2004.

In response to above, Dr. Rakesh Kumar, MAMC, New Delhi has sent a letter dated 19.01.2005.

The matter was again considered by the Ethics Committee at its meeting held on 1st & 2nd April, 2005 and it was decided to call Dr. P. Malathi to appear before the Ethics Committee on 10.05.2005 at 3.00.p.m. as well as to the complainant Dr. K. Srikar Reddy to appear before the Ethics Committee on 11.05.2005 at 11.00.a.m.

The above decisions were communicated to Dr. P. Malathi as well as Dr. K. Srikar Reddy vide Council's letter dated 29.04.2005. Another letters dated 4.05.2005 were also been sent to them wherein requested to appear before the Ethics Committee on 19.05.2005 & 20.05.2005.

The matter was considered by the Ethics Committee at its meeting held on 19th & 20th May, 2005 and it was decided as under:-

"The Ethics Committee noted that complainant Dr K. Srikar Reddy was asked to appear before the Ethics Committee on 20.05.2005 but he failed to do so without any prior intimation. However, Dr. P. Malathi appeared before the Ethics Committee and submitted her statement which is as follows:-

Statement of Dr.P.Malathi

I, Dr.P.Malathi, did my MBBS from Kakatiya Medical College, Warangal in the year 1987 and did my MD (Obst. & Gynae.) in the year 1991 from Gandhi Medical College, Hyderabad. My date of birth is 3.12.1963. My registration Number is 12096 of A.P. Medical Council.

I attended on Mrs.Sreelatha Reddy w/o Dr. K.Srikar Reddy on humanitarian grounds because of the repeated requests made by Dr. Rajesh Khanna and Dr. Srikar Reddy to attend on Mrs.Sreelatha who was in labour. I never examined Mrs.Sreelatha Reddy before. I examined her for the first time only after she seeked admission to Shalini Maternity Hospital. Labour analgesia was demanded.

Epidural Analgesia was given by the Anesthetist Dr. Sudhakar only after counselling the patient, verifying the consent and after pre-anesthetic check up. Dr. Sudhakar was monitoring her continuously for all the likely complications of anaesthesia. I was monitoring the progress of labour and foetal heart with CTG monitor as well as with stethoscope.

For foetal indication caesarean section was decided and accordingly I explained it to Dr.Srikar Reddy. Mrs.Sreelatha and after convincing the need we shifted her to the theatre. She was haemodynamically stable with fetal heart 120-110 per minute before shifting to theatre. Suddenly she became breathless developed cyanosis and hypotension sudden foetal collapse occurred and foetal heart disappeared after shifting to theatre. All the team members resuscitated her to their best but unfortunately could not save her. To the best of my knowledge the clinical picture suggests Amniotic fluid Embolism.

After given the statement, the Ethics Committee put some questions to Dr.P.Malathi, which is as under:-

Q.1 Whether patient received any pre-loading of IV fluids before giving the labour analgesia.

Ans. Yes, she received 2 bottles of RL. It is also documented in the case sheet.(pg.24).

Q.2. The monitors used during labour analgesia.

Ans. I have used CTG monitor to assess the foetal heart. Other monitors were used by Anaesthetist.

Q.3. The labor pain status of the sensory level w.r.t. the top-up of epidural drug.

Ans. The patient was complaining of pain and discomfort in between. The anaesthetist was taking care of it. Regarding the sensory level w.r.t the top up of epidural drug I am not competent to comment on it.

Q.4. Position of the patient during the period of of labor analgesia.

Ans. She was lying on the lateral position with head end propped up.

Q.5. The hemodynamic status of the patient from 2.30 a.m. to 4.00 a.m.

Ans. She was haemodynamically stable conversing well.

Q.6. Whether resuscitative equipment and drugs were available or not in the area where labor analgesia was given?

Ans. I am sure that Boyles apparatus oxygen cylinders facilities for intubations defibrillator was available. But I do not know if any other further equipment is needed for resuscitation and regarding the drugs for resuscitation. Anesthetist will be in a better position to answer as they are often used by them.

Q.7. Whether precautions were taken to ascertain the position of the epidural catheter at the time of the initial injection and then subsequent top-ups of the epidural drug?

Ans. I know that he was checking for the levels above that I am not efficient to make any comments.

Q.8. What lead to the sudden deterioration in the patient's condition at 4.00 a.m.?

Ans. To the best of my knowledge and experience the sudden onset of breathlessness followed by cyanosis, hypotension sudden foetal collapse leading to foetal death, in the peripartum period resistant to the resuscitative measures make me diagnose the antecedant cause as amniotic fluid embolism.

Q.9. If any continuous monitoring was available and used anytime during resuscitation?

Ans. Yes.

Q.10. Whether defibrillator was available or not in the OT, although the rhythm mentioned during resuscitation is highly unlikely to respond to DC shock?

Ans. Defibrillator was available.

(Dr.P.Malathi)

Dated: 19th May, 2005.

The Ethics Committee also felt that it will be necessary to call Dr. Shyam Sunder, Consultant of Anesthesiology. Therefore, the Committee decided to ask Dr. Shyam Sunder to appear before the Ethics Committee on the first day of its next meeting at 3.00 p.m. Dr. K. Srikar Reddy may be asked to appear before the Ethics Committee on the second day of its next meeting at 11.00 a.m. failing which it will be presumed that he is no more interested to peruse in this matter."

Dr. Shyam Sunder, Consultant of Anesthesiology has been requested to make it convenient to appear before the Ethics Committee on 24.06.2005 at 11.30 a.m.

The Council has also received a letter dated 22.05.2005 from Dr. K. Srikar Reddy in which it is stated as under :-

"I could not appear before the Ethics Committee meeting on May 20,2005 as the above mentioned letters reached me on May 21,2005.

It is requested that my appearance before the Ethics Committee may be kindly scheduled in the month of August when I would be in India on Home leave. I cannot take leave and visit India in the months of June and July due to proposed visits of Hon'ble Foreign Minister and Hon'ble Finance Minister to Germany in June and Hon'ble Prime Minister in July.

Further it is requested that the information to me may kindly also be sent through e-mail and Fax to avoid unnecessary postal delay and to give me reasonable time to make travel arrangement to reach India. My e-mail address is srikarkoppula@yahoo.com and Fax No. is 0049-30-25795102."

The above matter was considered by the Ethics Committee at its meeting held on 23rd & 24th June, 2005 and it was decided as under:-

"The Ethics Committee noted that the letter addressed to Dr. Shyam Sundar consultant Anesthesiologist of Shalini Medical Centre was returned back undelivered

The Ethics Committee decided the following:-

1. To obtain an expert opinion from Prof. & Head, Deptt. of Anaesthesia, UCMS, New Delhi and Prof. & Head, O & G, MAMC, New Delhi – whether there was any negligence on the part of the Gynecologist or the Anesthesiologist in this particular case with the request to send their expert opinion preferably within 21 days on receipt of this communication.

2. *Dr. Neera Agarwal & Dr. Rakesh Kumar may be requested to send their expert opinion at the earliest.*
3. *A.P. Medical Council may be requested to provide the present address of Dr. Shyam Sunder and in that address, he may be asked to appear before the Ethics Committee at 11.30 a.m. on the 2nd day at its August meeting.*
4. *Dr. K. Srikar Reddy may be requested to appear before the Ethics Committee at 4.30 p.m. on the first day of August meeting."*

The above decisions were communicated to Prof. & Head, Deptt. of Anesthesia, University College of Medical Sciences, Delhi & Prof. & Head, Deptt. Obst. & Gynae. MAMC, New Delhi, Dr. Neera Agarwal and Registrar, A.P. Medical Council as well as Dr. K. Srikar Reddy and vide Council letters dated 8.07.2005.

On perusal of the documents it is noted that the reply of Dr. Rakesh Kumar has already been sent vide his letter dated 19.01.2005.

In response to above, the Registrar, A.P. Medical Council has been sent the present address of Dr. T. Shyamsunder vide letter dated 19.07.2005.

Dr. Shyamsunder has been requested to appear before the Ethics Committee on 12.08.2005 at 11.30 a.m. vide Council's letter dated 28.07.2005.

The reply of Prof. & HOD, Anesthesia, UCMS, Prof. & HOD, Gynae., MAMC and Dr. Neera Agarwal are still awaited.

The above matter was considered by the Ethics Committee at its meeting held on 11th & 12th August, 2005 and it was decided as under: -

"The Ethics Committee decided to call Dr. Shyam Sunder, Consultant of Anesthesiology at 3.30 p.m. on the first day of its next meeting on 5th September, 2005 and further decided to request two Gynecologist & two Anesthesiologist of UCMS, Delhi & LHMC, New Delhi to be present as experts at 2.30 p.m. on 5th September, 2005.

Statement of Dr. K. Srikar Reddy

I Dr. K. Srikar Reddy did my MBBS from Kakatiya Medical College, Warangal in 1996. I joined Indian Foreign Service in 2001 and at present posted as Second Secretary in Indian Embassy, Berlin.

I was not satisfied with the procedural aspects followed by the A.P. Medical Council. The APMC did not follow principles of natural justice and the Judgement was given in my absence. So I filed an appeal with the Hon'ble Medical Council of India to review the decision of APMC.

I strongly feel that doctors should be regulated by the Medical Councils rather than Courts. At the same time I feel people go to the Courts because they feel that their grievances are not properly heard by the Medical Councils. I also state that if I get satisfactory outcome from the Hon'ble MCI, I would take back the criminal proceedings against the doctors namely Dr. P. Malathi and Dr. Sudhakar.

I feel that the complications were because of High Spinal due to epidural analgesia as the patient was not properly monitored and not Amniotic fluid embolism. When the complications arose, the attending anesthetist did not attend the deceased properly and 100% oxygen by way of endotracheal intubation was not given. The deceased was put in trolley in supine position and proper dosages of resuscitation drugs were not given according to the standard protocol. In spite of repeated appeals by myself, Dr. Rajesh Khanna and Dr. Shyam Sunder, the consultant Obstetrician Dr. Malathi did not perform perimortem cesarean delivery to take out the baby which would have saved both. I would also add that excess dosages of drugs were given for inducing delivery and epidural analgesia was given without ascertaining the need by the patient.

I appeal to the Hon'ble Ethics Committee that proper decision based on the facts may be taken. The decision shall send a clear message to our colleagues in the medical profession, so that practicing doctors shall feel that there is an impartial regulator watching them and if they do not act prudently, they have to face the punishment. I feel that when India is being promoted as a destination for health tourism, the MCI should send proper and clear message that the patient's rights in India are protected."

Sd/-

(Dr. K. Srikar Reddy)

11.08.2005

The above decision has been communicated to Dr. T. Shyamsunder as well as four consultants of Anesthesia and Gynae. , UCMS & LHMC vide Council's letter dated 29.08.2005.

It is further stated that Council has received a letter dated 8.8.2005 from Prof. A.K. Sethi, UCMS, Shahdra.

The matter was considered by the Ethics Committee at its meeting held on 5th & 6th September, 2005 and it was decided as under:-

"The Ethics Committee considered the appeal against the order passed by the A.P. Medical Council on the complaint made by Dr. K. Srikar Reddy, Second Secretary in Embassy of India, Berlin with regard to death of Mrs. Srilatha

Reddy. The Ethics Committee invited Prof. & HOD, Obst.& Gynae., & Anaesthesiast of UCMS & LHMC.

The Ethics Committee discuss the matter in detail alongwith the three Prof. & HOD of UCMS & LHMC. They analyzed parawise complaints lodged by Dr. Srikar Reddy as well as the replies received and deposition submitted by the alleged doctors. After detailed deliberation, the following points emerged:-

1. The consent form was a generalized form taken during the time of admission but not taken later on prior to epidural analgesia.
2. No record for pre-anaesthetic check up was found in the case sheet.
3. No record of pre Loading was done or not could be substantiated in the records.
4. Record of Motor / Sensory level block – whether adequate or inadequate- not mention in the case sheet.
5. There is no mention whether standard doze was given before the Epidural Analgesia.
6. Fatal heart rate could not be checked regularly/monitored properly.
7. It was not understood why dopamine was given and not Nor-Epinephrine.
8. It is not found from the record whether calcium Gluconate was given or not.
9. Three obstetric drugs were administered in combination reason for which could not be explained by the experts. These drugs were also given at frequent intervals and in the higher doze.
10. Atropin was administered in a lower doze and should have been about one milligram. An effort could not be taken by administering high doze of Cortico-Steroids about 500 to 1000mm. Perhaps there was a scope of repeat epidural for effective and good spere perimotam could have been done.
11. No record was found of Pulse oximeter and oxygen Saturation and whether it was monitored or not.
12. No record was found whether two bottles of Ringer-Lactate were given.
13. Possibility of high spinal / high epidural was ruled out by the experts.
14. The cause of death in this case was very difficult to state. At this point of time however, a rare probability of Amniotic Fluid Emisolem.

After detailed deliberation, the Ethics Committee decided to direct the following doctors namely Dr. P. Malathi, Dr. B.Thejeswari, Dr. L. Sudhakar, Dr. M. Padmanabh Reddy to appear before the Ethics Committee at 2.30 p.m. on 6th October, 2005.

Ethics Committee further decided to request Dr. Neelam Bala Vid, Prof. & HOD, Obst. & Gynae. of UCMS to be present in the Ethics Committee meeting at the same time as an expert to help in this case."

As per above decisions Dr. P. Malathi, Dr. B.Thejeswari, Dr. L. Sudhakar, Dr. M. Padmanabh Reddy have been requested to appear before the Ethics Committee at 2.30 p.m. on 6th October, 2005 vide Council's letter dated 23.09.2005.. Another letter dated 23.09.2005 has been sent to Dr. Neelam Bala Vaid consultant of Obst.& Gynae of UCMS to make it convenient to attend the Ethics Committee meeting on 6th October, 2005 at 2.30.p.m. as an expert.

The following 5 doctors appeared before the Ethics Committee on 6th October, 2005 and their statements are as follows:-

Dr. M. Padmanabh Reddy

I, Dr. M. Padmanabh Reddy did my MBBS from Osmania Medical College in the year 1983 and did my D.Ch. from Kasturba Medical College, Manipal in 1987 and MD (Paed.) in 1989 from the same institute. My registration no. is 11166 of A.P Medical Council. My date of birth is 02.01.1962.

I am a practicing Neonatology's and also the owner of Shalini Maternity Hospital. This Hospital is a well-equipped maternity hospital with all the equipment needed to tackle complications arising out of labour and delivery.

The whole team of doctors namely anesthetists and obstetricians did their best to save the patient. In spite of their best efforts they could not save the patient and there was no negligence on the part of the anesthetists, obstetricians and the hospital in this case.

Sd/

(Dr. M. Padmanabh Reddy)

06.10.2005

Statement of Dr. L. Sudhakar

I, Dr. L. Sudhakar did my MBBS from Kakatiya Medical College, Warangal in 1997 and did my Diploma in Anaesthesia from Osmania Medical College in May, 2001. My registration no. is 40224 of A.P. Medical Council. My date of Birth is 25.07.1973.

Q.1 Whether patient received any pre-loading of IV fluids before giving the labour analgesia.

Ans. Yes, she received 2 bottles of RL i.e. 1000 ml.

Q.2 The monitors used during labor analgesia.

Ans.: Yes, I have connected the patient to Multi Channel monitor. It is a Criticare 8100 monitor which has SPO2, ECG, NIBP, Temp. and respiratory rate probes. I have used SPO2, ECG & NIBP for this patient.

Q.3 The labor pain status of the sensory level w.r.t. top-up of epidural drug.

Ans. Sensation to pinprick was monitored after giving the test dose. 10 minutes after the loading dose, and 10 minutes after each top-up dose.

Q.4 Position of the patient during the period of labor analgesia.

Ans. She was lying on the lateral position with head end propped up.

Q.5 The hemodynamic status of the patient from 2.30 a.m. to 4.00 a.m.

Ans. She was haemodynamically stable and was conversing well.

Q.6 Whether resuscitative equipment and drugs were available or not in the area where labor analgesia was given.

Ans. All the emergency drugs and resuscitation equipments were present in the labor room where labor analgesia was given.

Q.7 Whether precaution were taken to ascertain the position of the epidural catheter all the time of the initial dose and then subsequent top-ups of the epidural drug?

Ans. Before giving the loading dose a test dose of 3 ml of 1.5% lignocaine with adrenaline was given. I waited for 5 minutes and observed that there were no hemodynamic or sensory changes then only I administered the loading dose. Before giving each top-up, I aspirated and confirmed that there was no CSF or Blood in the epidural catheter.

Q.8 What led to the sudden deterioration in the patient's condition at 4.00 a.m?

Ans. To the best of my knowledge the sudden events which occurred in the O.T. leading to foetal collapse followed by maternal collapse and which was refractory to the aggressive treatment given make me diagnose the antecedent cause as amniotic fluid embolism.

Q.8 Why so many top-ups were given?

Ans. I followed the technique of low volume intermittent on demand boluses. It is usual practice to give 10 ml. of loading dose followed by 10 to 15 ml. per hour in intermittent technique. In this case I have given lignocaine total dose 100 mg. which was far less than the total amount i.e. 200 mgs. I have given bupivacaine 32.5 mgs. in this case. But the total amount that can be given is 2 mg. Per kg. Bodyweight, which amounts to 120 mgs. in this patient.

Q.9 No record of Pulse oxymeter and oxygen saturation was found from the case sheet whether it was monitored or not.

Ans. Oxygen saturation was monitored with pulse oxymeter continuously and it is a usual practice of our team that while patient is on automated monitors, as a safeguard vital statistics are checked manually intermittently and those measures are only documented.

Q.10 Why Atropine was given in such lower dose.

Ans. Maximum dose of atropine is 0.03 to 0.04 mgs. per kg bodyweight. In this case I have given 2.4 mgs. which is sufficient for her bodyweight.

Q.11 Why Corticosteroid was not administered.

Ans. Its role is controversial in AFE. After 4.25 a.m. my chief Dr. Shyam Sunder, who was present in the O.T. has taken over the resuscitation and I was helping him.

Q.12 Why will not take this case as a High Spinal or High epidural.

Ans. Symptoms and signs of high spinal or high epidural or high block occur immediately or they would appear not later than 10 minutes after administering

the analgesia drugs. Above mentioned events appeared well after last dose (2.30 am.) of drug administered for epidural analgesia. These events appeared at about 3.55 am. Whereas the concentration and quantity of the drugs given to the deceased during epidural analgesia is very small that the effect would last at the most for 45 minutes from 2.30 to 3.55 a.m. patient was conversing with her husband. At 3.30 a.m. she was put in lithotomy position and was asked to beardown which she has done 3 or 4 times. Which shows that motor power was intact. Hence, the possibility of above mentioned events due to local anesthetic drugs that were used on the deceased is absolutely ruled out.

Q.14 Why Lignocaine was administered.

Ans. Lignocaine is a drug which acts faster than Bupivacaine. As the patient was already in labor with 3 to 4 cms. dilatation I administered Lignocaine so that she could have immediate relief from labor pains which was observed in this case.

Q.15 Why not post-mortem was done.

Ans. Post-mortem was suggested to them by my chief Dr. Shyam Sunder, consultant Dr. Malthi and Dr. M. :Padmanabh Reddy but they refused.

Q.16 Whether you have ACLS certificate or not.

Ans. Though formally I don't have a ACLS certificate I was trained in ACLS protocols as a postgraduate and later I was working under Dr. Shyam Sunder who is an ACLS instructor and who trains not only resident doctors but even para-medical staff and he is a visiting faculty to Gulf Medical College, Ajman UAE as ACLS instructor.

As a responsible prudent anesthesiologist and as a friend of Dr. K. Srikar Reddy and Dr. Rajesh Khama I alongwith Dr. Shyam Sunder, Dr. Malthi, Dr. Tejeshwari have done every thing that was possible to save life of the deceased and we have professionally behaved as prudent doctors.

Sd/-

(Dr. L. Sudhakar)

06.10.2005

Statement of Dr. Shyam Sunder

I, Dr. Shyam Sunder did my MBBS from Gandhi Medical College, Hyderabad in the year 1993 and did my MD (Anaesthesia) from Aurangabad Medical College, Aurangabad in the year 1997. My date of birth is 9.9.1958. My Registration number is 10618 of A.P. Medical Council.

I am working as a consultant (Anaesthesia) Critical Care. In this particular case, I received a phone call on 6th March, 2003 at 4.05 a.m. from Shalini Hospital, Hyderabad saying one patient who came for Epidural Anaesthesia for labour had Cardiac arrest come for help. I reached at 4.30 a.m. and found the patient in the operation theatre of Shalini Hospital on the stretcher. She was in comatose condition and being ventilated with ET tube and Cardiac massage is being done by two Anesthetists and two Obst. & Gynaecologist who were present in the O.T. The ECG showed a straight line. I have resuscitated the patient with defibrillator and drugs like Atropine and Adrenaline. There was no change in the ECG rhythm. The patient's pupils were fixed and dilated and pulse

and BP never improved. Resuscitation was continued for one hour and the patient was declared dead at 5.30 a.m.

Q. What is the probable cause of death in this particular case.

A. The first probable cause is amniotic fluid embolism and probably high epidural anaesthesia.

Q. Why Anesthetist was given in the labour room.

A. Because it is the routine practice.

Sd/

(Dr. Shyam Sunder)

Statement of Dr. Thejeswari. B

I, Dr. Thejeswari. B did my MBBS from Kasturba Medical College, Manipal in the year 1991 and did my MD (Obst. & Gynae.) from Jawaharlal Nehru Medical College, Belgaum in the year 1996. My date of birth is 9.8.1967. My registration number is 20501 of A.P. Medical Council.

I am a Resident doctor working at Shalini Hospital, Hyderabad since 2001. My role is to take care of inpatients and out patients of Shalini Hospital and also assist the consultants who admit their patients from time to time at Shalini Hospital.

Mrs. Srilata Reddy (patient) was admitted at Shalini Hospital under care of Dr. Malathi on 5.3.2003 at 11.45 p.m. with complaints of draining P.V since morning. Patient was admitted at another hospital at 8.00 a.m. and was administered syntocinon drip. Syntocinon drip was stopped in the evening. As the husband of the patient was not happy with the facilities he met

Dr. Malathi through a common friend and shifted the patient. Patient was given epidural analgesia on demand by Anesthetist, Dr. Sudhakar. All through Dr. Malathi, Dr. Sudhakar and myself were present with the patient. At 3.40 a.m. as there was fetal distress patient was decided for emergency LSCS. In the theatre just before patient could be shifted to the OT table, patient became restless, hypotension and cynosis. At this juncture, fetal heart was absent and the same was confirmed with CTG. Cynosis improved transiently with IV Fluid and Oxygen. Immediately patient threw convulsion and had cardiac arrest.

Despite of all efforts 5.30 a.m. patient could not be revived. Looking at the events and their rapid progress and not recovered with treatment, amniotic fluid embolism diagnosis was made.

*Sd/
(Dr. Thejeswari B)*

Statement of Dr. P. Malathi

I, Dr. P. Malathi, did my MBBS from Kakatiya Medical College, Warangal in the year 1987 and I did my Postgraduation in MD (Obst. & Gynae.) in the year 1991 from Gandhi Medical College, Hyderabad. My registration No. is 12096 of Andhra Medical Council. My Date of Birth 03.12.1963.

I am working as Assistant Professor/CAS in the Government Maternity Hospital attached with the Osmamia Medical College, Hyderabad as an Obstetrician joined the service in January, 1992.

As per the previous rule of the Government any doctor who has joined after 1987 is not permitted to practice in private capacity. I took up the responsibility of this particular case on the request of a doctor's friend on humanitarian grounds without any monitory consideration.

So far as my knowledge goes Shalini Maternity Hospital, got most of the equipment to tackle emergency situation. I am not sure where ventilator or ABG is available or not.

In so far as the administration of a combination of 3 drugs namely Drotin/Epidosin/Buscopan this combination was given in labour as the labour was more than 12 hours h/o draining since 8 a.m. with partially effaced cervix. There were no side effects and optimal cervical response was observed during their usage. These drugs are routinely used at my working place at Govt. Maternity Hospital. A protocol of combination of drugs is practiced in our hospital.

Though, I have hardly attended 10 to 12 labour cases in the Shalini Maternity Hospital during the period 2001-03 and all these cases were relatives and friends of mine from whom I have not taken any monitory consideration.

However to my knowledge I am not aware of any rules and regulations prohibiting a government doctor in service from attending upon a patient who either is a relative or friend when it does not involve any monitory consideration of fees or consultancy.

On a question from the members of the Ethic Committee about whether a very experienced Anesthetist in this course of the condition of the patient could have been different or not or the treatment part is different or not I am to say that generally the approach of any anesthetist with experience always depends on the given situation exigency with minor variations as per their own individual protocols.

The foetal monitoring by me was done continuously. Two bottles of ringer lactate was given which has been recorded in the case sheet.

On the question from the Ethic Committee about the working with this particular Anesthetist earlier I am to state that I exactly do not remember if I have worked with this particular Anesthetist.

I have suggested alongwith other attending doctors regarding conduction of Post mortem but they have refused.

A question was put forwarded by the Ethics Committee regarding the probable cause of death in this particular case. I am to state that apart from AFE (Amniotic Fluid Embolism) a possibility of total spinal cannot be surely ruled out.

*Sd.
(Dr. P. Malathi)
06.10.2005*

The Ethics Committee decided to take action in this regard at its next meeting.

The Ethics Committee considered the appeal against the Order passed by Andhra Pradesh Medical Council in the complaint made by Dr. K. Srikar Reddy, Third Secretary in Embassy of India, Berlin, and after perusal of the records available and deposition of specialists mentioned in the complaints and also the experts (Gynaecologists and Anaesthesiasts) whose opinion was sought by the Ethics Committee of MCI along with all other relevant papers, documents,

files, including the documents provided by Andhra Pradesh Medical Council as well as the explanations submitted by the respective parties, which were placed before the Ethics Committee, the Ethics Committee deliberated and discussed all these in detail and came to the unanimous opinion that –

- (a) Dr. L. Sudhakar, Anaesthesiasist is found to be guilty so far as the professional negligence is concerned in the instant case. Therefore, taking this into account, the Ethics Committee of MCI recommends that his name be stuck off from the Indian Medical Register for a period of 3 months.
- (b) Negligence could not be substantiated against Dr. P. Malathi, Gynaecologist, however, she may be cautioned to be very careful in the future in treating serious patients.
- (c) With regard to the deficiencies of the equipment and monitoring of the critically ill patients in the Nursing Home, the matter may be brought to the notice of DHS, Andhra Pradesh for taking necessary action under the Clinical Establishment Act.

The above decision of the Ethics Committee was duly approved by the Executive Committee at its meeting held on 24th April, 2006.

In view of above, the matter was considered by the General Body of the Council at its meeting held on 10.03.2007 and it was approved the above recommendation of Ethics Committee/Executive Committee.

The decision was communicated to Dr. K. Srikar Reddy, Dr. L. Sudhakar, Dr. P. Malathi, the Medical Director, Directorate of Health Services, Andhra Pradesh & the Registrar, Andhra Pradesh Medical Council vide Council's letter dated 16.07.2007.

It may further be stated that the Council has received an application dated 10.09.2007 & 16.10.2007 of Dr. L. Sudhakar in which is stated as under :-

- "1. Dr. K. Srikar Reddy's (Third Secretary in Embassy of India, Berlin) appeal dated 31.03.2004 and received in your office on 5.04.2004 against the order passed by A.P. Medical Council.
- 2. Dr. Rakesh Kumar, Professor, MAMC , N. Delhi's letter copy Dt. 19.01.2005.
- 3. Deliberations copy of Ethics Committee along with the three professors & HOD of UCMS & LHMC on 5th & 6th September, 2005.

In this context, Dr. L. Sudhakar was requested to submit a bank draft for Rs. 400/- in favour of Secretary, Medical Council of India, payable at New Delhi @ of Rs. 2/- each page for 200/- pages as per rules of RTI Act, 2005.

In response to above, Dr. L. Sudhakar has submitted a bank draft for Rs. 400/-.

The Council sent a reply to Dr. L. Sudhakar vide letter dated 14.11.2007.

It may further be stated that the Council received a fax letter dated 27.09.2007 from Dr. K. Srikar Reddy in which it is stated as under :-

"Kindly refer to your letter No.MCI-211(2) (133)/2004-Ethics./12794 dated 20.09.2007 on above mentioned subject. I thank you for providing me with copies of 190 pages of the documents in the file. But the 190 pages correspond only to application I filed with MCI and the documents submitted by the opposite parties with the Andhra Pradesh Medical Council.

- 2. The other papers relating to proceeding of the MCI Ethics Committee are missing. Upon my request, Secretary, MCI has assured me that the copies of all the documents of the file will be provided to me. I think the copies of other relevant papers in the file are mistakenly not give.
- 3. I would be grateful if you kindly provide me copies of all other documents in the file, which are not already given to me.
- 4. I state that the information sought does not fall within the restrictions contained in Section 8 and 9 of the RTI Act.

5. I authorize my friend Thogaru Srinivas, Deputy Director in Railway

board (tel : 011-23304848 (O) 9911364456 (m) to deposit the fee and receive the above copies personally on my behalf or the copies may be sent to my local postal address as mentioned below :

In this context, the Council sent the copies of the documents/papers vide Council's letter dated 20.09.2007. The Council has sent another letter dated 10.10.2007 to Dr. K. Srikar Reddy to provide the complete proceeding of Ethics Committee/Executive Committee as well as General Body of the Council vide Council's letter dated 10.10.2007.

It may further be stated that the Council received a fax letter dated 22.10.2007 from Dr. K. Srikar Reddy in which it is stated as under :-

"Kindly refer to your letter with No. 211(2)(133)/2004-Ethics/14588 dated 10/10/2007 on above mentioned subject. I thank you for providing me the complete proceedings of the Ethics Committee/Executive Committee as well as General body of the Council.

2. The final decision as found in the proceeding is as follows"....the Ethics Committee deliberated and discussed all these in detail and came to the unanimous opinion that –

- (a) Dr. L. Sudhakar, Anaesthesiasist is found to be guilty so far as the professional negligence is concerned in the instant case. Therefore, taking this into account, the Ethics Committee of MCI recommends that his name be stuck off from the Indian Medical Register for a period of 3 months.
- (b) Negligence could not be substantiated against Dr. P. Malthi, Gynaecologist, however, she may be cautioned to be very careful in the future in treating serious patients.
- (c) With regard to the deficiencies of the equipment and monitoring of the critically ill patients in the Nursing Home, the matter may be brought to the notice of DHS, Andhra Pradesh for taking necessary action under the Clinical Establishment Act."

This may be placed before the Executive Committee & General Body of the Council for their approval. The above decision of the Ethics Committee was duly approved by the Executive Committee at its meeting held on 24th April, 2006.

In view of above, the matter was considered by the General Body of the Council at its meeting held on 10.03.2007 and it was approved the above recommendations of Ethics Committee/Executive Committee.

3. But in the MCI order with No. MCI-211(2)(133)/2004-Ethics./8224-8225 dated 16.07.2007 with regard to decision on Dr. Malathi, Gynecologist, the sentence, "however, she may be cautioned to be very careful in the future in treating serious patients" is missing.

4. I would be grateful if you could kindly reissue the above order with the correct decision as approved by General body of the Council."

In this context, the sentence as she may be cautioned to be very careful in the future in treating serious patients was deleted as per decision of General Body. The final part of this decision are as under :-

"The Council while approving the above recommendations of the Executive Committee/Adhoc Committee observed that as negligence could not be substantiated against Dr. P. Malathi, Gynaecologist and decided that the line in point no. (b) above "....however, she may be cautioned to be very careful in the future in treating serious patients." may be deleted from the decision of the Executive Committee /Adhoc Committee."

The Council has received a letter dated 27.12.2007 from the Central Govt., Ministry of Health & F.W., New Delhi in which it is stated as under :-

"I am directed to enclosed herewith an appeal filed by above mentioned by Dr. K. Srikar Reddy of Germany. The appeal is against the inadequate punishment awarded by the MCI to the defaulter doctors who handled the case of his wife.

2. Dr. K. Srikar Reddy has mentioned in the appeal that 'MCI's Ethics Committee heard the matter and found the doctors guilty of gross negligence, but was lenient in recommending punishment ('3months suspensions' of anesthetist's medical registration and a 'warning' to the Gynecologist). In the final orders, even the warning issued to the Gynecologist does not figure". The language used by the above appellant Dr. Srikar Reddy casts an aspersion on the impartiality of the MCI.

3. In view of above, it would be appreciated if the case of Smt. Srilatha Reddy w/o Dr. K. Srikar Reddy is reviewed/ re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to strengthen the impartial working image of MCI to send out a strong message to the doctors, the profession and the public about the unacceptable behaviour of doctors involved in such cases.

4. A detailed report on the above may be sent to this Ministry at the earliest possible."

The matter was considered by the Ethics Scrutiny Sub-Committee at its meeting held on 14.01.2008 and the recommendation of the Committee was as under :-

"The Ethics Scrutiny Committee has taken note of letter No.U-14011/1/2007-ME.P.1, dated 27th December, 2007 from the Under Secretary to the Govt. of India, Ministry of Health & F.W., ME.P.1 Unit, New Delhi addressed to the Secretary, Medical Council of India. The letter is on the subject of Appeal of Dr. K. Srikar Reddy, Consul, Consulate General of India, Munich, Germany with regard to death of his wife Smt. Srilatha Reddy due to negligence of Doctors/hospital.

It appears that an appeal has been filed by Dr. K. Srikar Reddy to the Secretary, Deptt. of Health & F.W., Ministry of Health & F.W., New Delhi and appeal is against the orders of Medical Council of India in the case with regard to death of Dr. K. Srikar Reddy's wife due to gross negligence of doctors/hospital.

It appears that Dr. K. Srikar Reddy after the death of his wife alongwith the unborn baby died on 6.3.2003 in Shalini Maternity Hospital, Hyderabad had filed the complaint in the Hon'ble A.P. Medical Council. The A.P. Medical Council had investigated the case and has acquitted the doctors. After that Dr. K. Srikar Reddy filed an appeal with MCI, MCI took up as an appeal case under section 8.7/8.8.

The Ethics Committee of the MCI investigated the case and recommended punishment of three months medical suspension against the anesthetist's in this case. The Ethics Committee could not substantiate any negligence in the part of the Gynaecologist in this case. "However, she was advised to be cautioned in future while treating serious cases." The recommendations of the MCI went before the Executive Committee & thereafter before the General Body of the Council wherein the General Body of the Council retained the punishment recommended against the anesthetist which was 3 months suspension. But the General Body of the Council recorded as there is no negligence in the part of the Gynaecologist, hence the recommendation of Ethics Committee was withdrawn.

However, Dr. K. Srikar Reddy is not satisfied with the quantum of punishment and has written to the Ministry that "the MCI sanctions are inappropriate, insufficient and do not amount to punishment at all, when compared to the amount of gross negligence resulting in loss of 2 lives. I firmly believe that permanent eraser of the names of the negligent doctors from Indian Medical Register is the only sufficient and proportionate sanction.

Therefore, I request the Ministry, GOI consider my case against MCI's decision and take appropriate action to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors. This appeal was dated 19th November, 2007."

In the affidavit that have submitted by Dr. Srikar Reddy before the Ministry of Health has disputed MCI's decision on the anesthetist's, the Gynaecologist's and also on the hospital and has stated that the accused hospital/doctors have neither demonstrated a degree of insight into their misconduct nor have demonstrated remorse.

In view of above, the decision of the MCI is not sufficient to protect the public interest. He has also requested the Ministry to consider his appeal against MCI's decision in the above case and take appropriate action to send out a strong signal to the doctors, the profession and the public about what is regarded as unacceptable behaviour of doctors.

After receipt of this appeal made before the Ministry of Health u/s 24 of the Indian Medical Council Act, 1956, the Ministry has send it to the MCI with the request that the case of Smt. Srilatha w/o Dr. K.Srikar Reddy is reviewed/re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to strengthen the impartial working image of MCI to send out a strong

message to the doctors, the profession and the public about this unacceptable behaviour of doctors involved in such cases.

It was further asked that a detailed report of the above may be sent to the Ministry at the earliest possible.

After going through the above cited letter as well as the appeal of Dr.K. Srikar Reddy, the Ethics Scrutiny Committee observed that: -

1. There is no provision of appeal against the decision taken by MCI in General Body of the Council by the appellant under the above cited letter. Section 24 of the I.M.C. Act, 1956 which reads as follows:-

"REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

24.

1. If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.
2. Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.
2. The Ethics Committee in the instant case acted as an appellate body against the decision of A.P. Medical Council.
3. The recommendations of the Ethics Committee in this case which contained recommendations of sanctioned against both the Anesthetist & Gynaecologist was examined in detail both by the Executive Committee & General Body of the Council of MCI.

The General Body of the Council had in its wisdom collectively decided to sustain the recommendations against the Anesthetist but has not agreed to the recommendations against the treating Gynaecologist. Therefore, the notification made by the office in this case reflects the decision of the General Body of the Council.

4. The language used by the Under Secretary in his above cited letter is unfortunate because it has failed to take note of the procedure of awarding punishment/sanctioned against doctors through a very detailed and exhaustive procedure and has given the impression as if apprehension/doubts exist in the public mind on the action of the MCI and the working image of MCI is weak and needs strengthening.

The Ethics Scrutiny Committee would like to state that under the Existing Act, Rules & Regulations, there is no provision of appeal by the complainant and there is no provision of Government ordering/requesting either a review or re-examination de novo of a case where a decision is already taken after following the due procedure. It has therefore decided to recommend to the Ethics Committee that this case alongwith the above observations may be sent to the Executive Committee of MCI for taking such action as it necessary at their end."

All the relevant paper are kept on the file.

The matter was considered by the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the decision was as under :-

"The Ethics Committee has taken note of letter No.U-14011/1/2007-ME.P.1, dated 27th December, 2007 from the Under Secretary to the Govt. of India, Ministry of Health & F.W., ME.P.1 Unit, New Delhi addressed to the Secretary, Medical Council of India. The letter is on the subject of Appeal of Dr. K. Srikar Reddy, Consul, Consulate General of India, Munich, Germany with regard to his wife Smt. Srilatha Reddy due to negligence of Doctors/hospital.

It appears that an appeal has been filed by Dr. K. Srikar Reddy to the Secretary, Deptt. of Health & F.W., Ministry of Health & F.W., New Delhi and appeal is against the orders of Medical Council of India in the case with regard to death of Dr. K. Srikar Reddy wife's due to gross negligence of doctors/hospital.

It appears that Dr. K. Srikar Reddy after the death of his wife alongwith the unborn baby died on 6.3.2003 in Shalini Maternity Hospital, Hyderabad had filed the complaint in the Hon'ble A.P. Medical Council. The A.P. Medical Council had investigated the case and has acquitted the doctors. After that Dr. K. Srikar Reddy filed an appeal with MCI, MCI took up as an appeal case under section 8.7/8.8.

The Ethics Committee of the MCI investigated the case and recommended punishment of three months medical suspension against the anesthetist's in this case. The Ethics Committee could not substantiate any negligence in the part of the Gynaecologist in this case. "However, she was advised to be cautioned in future while treating serious cases." The recommendations of the MCI went before the Executive Committee & thereafter before the General Body of the Council wherein the General Body of the Council retained the punishment recommended against the anesthetist which was 3 months suspension. But the General Body of the Council recorded as there is no negligence in the part of the Gynaecologist, hence the recommendation of Ethics Committee was withdrawn.

However, Dr. K. Srikar Reddy is not satisfied with the quantum of punishment and has written to the Ministry that "the MCI sanctions are inappropriate, insufficient and do not amount to punishment at all, when compared to the amount of gross negligence resulting in loss of 2 lives. I firmly believe that permanent eraser of the names of the negligent doctors from Indian Medical Register is the only sufficient and proportionate sanction.

Therefore, I request the Ministry, GOI consider my case against MCI's decision and take appropriate action to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors. This appeal was dated 19th November, 2007."

In the affidavit that have submitted by Dr. Srikar Reddy before the Ministry of Health has disputed MCI's decision on the anesthetist's, the Gynaecologist's and also on the hospital and has stated that the accused hospital/doctors have neither demonstrated a degree of insight into their misconduct nor have demonstrated remorse.

In view of above, the decision of the MCI is not sufficient to protect the public interest.

He has also requested the Ministry to consider his appeal against MCI's decision in the above case and take appropriate action to send out a strong signal to the doctors, the profession and the public about what is regarded as unacceptable behaviour of doctors.

This appeal was made before the Ministry of Health u/s 24 of the Indian Medical Council Act, 1956.

After receipt of this appeal, the Ministry has send it to the MCI with the request "that the case of Smt. Srilatha w/o Dr. K.Srikar Reddy is reviewed/re-examined de novo to set at rest such apprehensions/doubts/remarks especially from another qualified doctor turned bureaucrat as also to strengthen the impartial working image of MCI to send out a strong message to the doctors, the profession and the public about this unacceptable behaviour of doctors involved in such cases".

It was further asked that a detailed report of the above may be sent to the Ministry at the earliest possible.

After going through the above cited letter as well as the appeal of Dr.K. Srikar Reddy, the Ethics Scrutiny Committee observed t hat :-

1. *There is no provision of appeal against the decision taken by MCI in General Body of the Council by the appellant under the above cited letter. Section 24 of the I.M.C. Act, 1956 which reads as follows:-*

REMOVAL OF NAMES FROM THE INDIAN MEDICAL REGISTER

24.

- (1) *If the name of any person enrolled on a State Medical Register is removed there from in pursuance of any power conferred by or under any law relating to medical practitioners for the time being in force in any State, the Council shall direct the removal of the name of such person from the Indian Medical Register.*
- (2) *Where the name of any person has been removed from a State Medical Register on the ground of professional misconduct or any other ground except that he is not possessed of the requisite medical qualifications or where any application made by the said person for restoration of his name to the State Medical Register has been rejected, he may appeal in the prescribed manner and subject to such conditions including conditions as to the payment of a fee as may be laid down in rules made by the Central Government in this behalf, to the Central Government, whose decision, which shall be given after consulting the Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Medical Register.*

2. *The Ethics Committee in the instant case acted as an appellate body against the decision of A.P. Medical Council.*
1. *The recommendations of the Ethics Committee in this case which contained recommendations of sanction against both the Anesthetist & Gynaecologist was examined in detail both by the Executive Committee & General Body of the Council of MCI.*

The General Body of the Council had in its wisdom collectively decided to sustain the recommendations against the Anesthetist but has not agreed to the recommendations against the treating Gynaecologist. Therefore, the notification made by the office in this case reflects the decision of the General Body of the Council.

3. *The language used by the Under Secretary in his above cited letter is unfortunate because it has failed to take note of the procedure of awarding punishment/ sanction against doctors through a very detailed and exhaustive procedure and has given the impression as if apprehension/doubts exist in the public mind on the action of the MCI and the working image of MCI is weak and needs strengthening.*

The Ethics Committee would like to state that under the Existing Act, Rules & Regulations, there is no provision of appeal by the complainant and there is no provision of Government ordering/requesting either a review or re-examination de nova of a case where a decision is already taken after following due procedure."

47. Clarification as requested by Dr. Anoop Hajela.

Read: The fax letter dated 27.3.2007 with regard to clarification as requested by Dr. Anoop Hajela alongwith the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

"The Ethics Committee went through the request made by Dr. Anoop Hajela for certain clarifications which is as under:-

"This is to request you to inform me that as per the Medical Council of India Act who is the competent specialists to report CT Scan Brain & Spine.

- a. *Radiologist*
- b. *Neuro-Physician*
- c. *Neuro-Surgeon"*

The Ethics Committee after discussion has decided to reply as under:-

Radiologist – MD (Radio-Diagnosis) is the competent specialist to report CT Scan Brain & Spine."

48. Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh.

Read: The Central Govt. letter dated 11.7.2006 with regard to Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh alongwith the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following recommendation of the Ethics Committee:-

"The Ethics Committee considered the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh and decided to take few more days for come to a final decision as some of the points needs further clarification before come to conclusion and the Committee requested to the Hon'ble Member of the Ethics Committee Dr. D.J. Borah, to put up before the final recommendation by its meeting. The Ethics Committee further decided to refer the matter to the Legal Section of the Council for obtaining their views because this matter includes some legal points under different Acts. The Legal Section may be requested to submit

their reply preferably within 15 days to the Secretary of the Council under intimation to the Ethics Section."

Dr. D.J. Borah has submitted the final recommendation on 27.10.2006 and it was considered by the Ethics Committee 27.10.2006 and it was reads as under :-

"The Ethics Committee went through the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The Ethics Committee is of the opinion that manual is prepared with a good intention of helping patients and consumer of the health services. However, after going through it, the Committee feels that this manual is not really complete in nature, neither it has been prepared in consultation with the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as amended on 26th May, 2004. Further in the long list of deficiency of medical services is given wherein 28 items has been included, some of them are not entirely medically, scientifically correct. For example, the deficiency under the head of the Medical Services, Item No. 5, which states "due to administering an injection negligently if patient lost any part of his/her body, that amounts to deficiency of service". There are many such inaccuracy which may not stand serious scientifically scrutiny.

The Ethics Committee feels that the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 as amended on 26th May, 2004, exhaustively covered duties and responsibilities of physician in general (1B), 1.3, 1.4, 1.5, 1.6, 1.7, 1.9 and also duty to the physician to their patients in chapter 2, duty of the physician in consultation in chapter 3, duty of the physician to the public to the para medical professional in chapter 5, in chapter 6 it has put a list up unethical acts and in chapter 7 it has laid down the subject of misconduct of the physician. All these adequately cover the entire gamut on medical negligence. Moreover, there is already laid down procedure finding out whether the physician has been negligent towards its patient not only in a Court of Law but also in all the State Medical Councils as well as in Medical Council of India. In such a procedure, there is a thorough inquiry by the Ethics Committee in Medical Council of India and similar such committees in case of the State Medical Councils, wherein reputed doctors of good professional standing enquire regarding the complaint against the doctors. Moreover, there is a provision of calling of expert, where services of such expert to comment whether an act of negligence is committed or not is necessary. It is necessary to say that the question of medical negligence requires in depth inquiry and such should be done in pure medical and scientific basis. The Ethics Committee also observed that the Ethics Committee of Medical Council of India as well at the State Medical Councils have the power of punishment and the disciplinary action in case of such an errant and negligence medical professional. The Ethics Committee is of the opinion that the existing regulations, coupled with the established procedure of finding of negligence is not only adequate but is the actual correct scientific method to be followed. In view of the above, it feels that merely list of some procedure of negligence in a booked designed to help only consumer may create confusion as well as lead to situation, which may be un-intended. In view of the above, the Ethics Committee does not think that it can recommend the manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh.

The matter was placed before the retainer advocate for his opinion and he has given the following opinion which is as under:-

"The present case file has been referred to me by the legal section for giving the legal opinion on the aforesaid issue after the Ethics Committee decided to obtain the views on legal points under different acts.

After perusing the case file alongwith manual on medical negligence and consumer protection prepared by Secretary Consumer Affairs, Govt. of Andhra Pradesh, it has been observed by me that by the virtue of section 33 (m) and section 20 (A) of IMC Act, the IMC has incorporated (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2003 which comprehensively regulates the professional conduct, Etiquette and Ethics for registered medical practitioner. This regulations contains 8 chapter which mentions in details about the required modus operandi for medical practitioners as well as it prescribes the punishment and disciplinary action in the event of any negligence or culpable mistake on the part of any registered medical practitioner.

Apart from it, the Consumer Protection Act 1986 also covers all type of negligence in medical services u/s 2(g) which covers deficiency in services and all type of negligence or carelessness in rendering medical services, which is also the present subject matter of the manual prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The said manual is nothing but an attempt to make the objective judgement regarding cases of medical negligence or deficiency in medical services which is also completely covered by the (Professional Conduct, Etiquette & Ethics)

(Amendment) Regulations, 2003 The prime facie defect of the manual prepared by the Secretary, Consumer Affairs, Govt. of Andhra Pradesh is that there cannot be cut and

drive formula for what is the negligence or deficiency in medical services. It depends upon the facts and circumstances of each case and the objective judgment of medical negligence or deficiency in medical service is best given by the different forums or the courts. The courts while deciding the cases of medical negligence or deficiency in medical services considers the different precedent and judgments/orders/settled principle of law already settled/decided by different courts and founs.

Therefore, in my opinion, keeping in view comprehensive regulations of MCI on Professional Conduct, Etiquette & Ethics brought in the year 2002 with prior approval of Central Govt. and the efficacious remedy available under the Consumer Protection Act, 1986 there is no requirement of the proposed manual prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh and moreover, the said manual will create insurmountable difficulties and contradictions amongst the MCI Regulations and Consumer Protection Act on the one hand and the proposed manual on the other.

The said manual prepared by the Secretay, Consumer Affairs, Govt.of Andhra Pradesh will also be hit by Article 251 of the Constitution of India which read as under :-

"If provision of law made by the legislature of the State is repugnant to any provisions of law made by Parliament, the State Law shall, to the extent of repugnancy, be inoperative."

Therefore, the Consumer Protection Act, 1986 being the law legislated by the Parliament will always have primacy over the said manual prepared by the Secretary, Consumer Affairs, Govt. of Andhra Pradesh if the same takes the shape of Act/law in the future."

The Ethics Committee considered the matter with regard to Manual on medical negligence & consumer protection prepared by Secretary, Consumer Affairs, Govt. of Andhra Pradesh. The Ethics Committee has taken note of the final recommendation prepared by the Ethics Committee and also the clear opinion of the retainer advocate of the Council on the legality as well as desirability of the Act. The Ethics Committee unanimously endorses the views expressed already and also endorsed the views of retainer advocate of the Council.."

49. Digital Approach to Medical Education (DAME)

Read: The letter dated 8.1.2007 received from Dr. Hariparasad Chegu, Dean, MedRC, Edutech, Hyderabad with regard to Digital Approach to Medical Education (DAME).

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 8.1.2007 received from Dr. Hariparasad Chegu, Dean, MedRC, Edutech, Hyderabad with regard to Digital Approach to Medical Education (DAME) and decided to refer the matter to the Sub-Committee already constituted for this purpose comprising of (1) Dr. Ved Prakash Mishra and (2) Dr. B.P. Dubey for due consideration.

50. Use of animals in the laboratory & others research oriented experiments in Medical Colleges.

Read: The report of the Sub-Committee with regard to use of animals in the laboratory & others research oriented experiments in Medical Colleges.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following report of the Sub-Committee with regard to use of animals in the laboratory & others research oriented experiments in Medical Colleges :-

"The present Sub-Committee came to be constituted by the Executive Committee at its meeting held on 29.12.2007 on consideration of a communication dated 01.10.2007 from the Principal, Govt. Medical College, Agartala with regard to ban on use of animals in the laboratory & other research oriented experiments in medical colleges. The meeting was held on 30.01.2008 at 10.00 a.m. in the office of the Medical Council of India, New Delhi wherein following members were present:-

*Dr. Ved Prakash Mishra, Member, Executive Committee
Dr.(Mrs.) Kamlesh Kohli, Whole-time Inspector, MCI*

At the outset, the Committee noted that Principal, Govt. Medical College, Agartala in his communication dated 01.10.2007 amongst other things has referred to a notification issued by Tripura University dated 19.09.2007 wherein it has been brought out that the use of animals in the laboratory and other research oriented experiments has been banned by the UGC. As such, all affiliated colleges particularly the colleges having Bio-Science and Medical Colleges are requested not to use animals in their labs.

It is with reference to this notification that the Principal, Govt. Medical College, Agartala is seeking clarification from the Medical Council of India in regard to existence of animal house in a medical college including usage of animals in the laboratories for experimental purposes.

The Committee considered various aspects of the issue and is of the considered opinion that the curriculum for the undergraduate medical course has been prescribed under the Graduate Medical Education Regulations, 1997 by the Medical Council of India in terms of provisions included u/s 33 of the Indian Medical Council Act, 1956. In the said curriculum for the subjects of Human Physiology, Pharmacology and Microbiology, no specific experiments on animals have been prescribed. In the said Regulations, it has been stated that at the end of the course the students should be able to observe experiments designed for study of effects of drugs, bioassay and interpretation of the experimental data.

The syllabus for postgraduate course for M.D.(Physiology) includes the following experiments to be conducted on animals:-

Amphibian

- i) Free load and after load
- ii) Effect of repeated stimulation (study of phenomenon of Fatigue)
- iii) Properties of cardiac muscle – Long refractory period, All or None law
- iv) Extra-systole and compensatory pause, Beneficial effect.
- v) Regulation of Heart, Vagus dissection and effect of Vagal stimulation
- vi) Actions of Acetyl choline, Adrenaline and Nicotine on heart
- vii) Perfusion of isolated frog's heart-role of Sodium, Potassium, Calcium ions

Mammalian Experiments

- i) General management of mammalian experiments.
- ii) Recording of Blood pressure and Respiration on dog and also the effects of various factors.
- iii) Recording of effect of stimulation of Vagus nerve on Blood pressure and respiration in dog
- iv) Stimulation of central and peripheral end of Vagus on arterial pressure after Vagotomy
- v) Effects of drugs i.e. Adrenaline and Acetyl Choline on blood pressure and respiration in the dog
- vi) Intestinal movement and Tone
- vii) Effect of Adrenaline on intestinal movement and Tone
- viii) Effect of occlusion of carotid arteries on blood pressure and respiration
- ix) Effect of stimulation of splanchnic nerve (distal end) on arterial pressure

The curriculum for M.D.(Pharmacology) includes the following experimental pharmacology exercises and minor procedures:-

1. Frog's rectus abdomens muscle: dose response curve (DRC) and cumulative DRC of acetylcholine; potentiation of Ach by physostigmine and antagonism by tubocurarine/pancuronium
2. Study of drug action on perfused frog's heart
3. Study of drug action on isolated rabbit ileum
4. Dose-response curve of histamine on isolated guineapig ileum, Cumulative dose response curve of histamine in isolated guinea pig tracheal chain
5. Bioassay of histamine on guineapig ileum by matching method, 3 point method and 4 point (latin square design) method
6. Bioassay of Ach on frog's rectus abdominis muscle
7. Determination of ED50 and pD2 values of histamine and Ach on guineapig ileum and frog rectus abdominis muscles
8. Determination of ED50 and pA2 values of chlorphenarmine, pancuronium
9. Bio-assay of adrenaline on rabbit duodenum
10. Bio-assay of adrenaline on rat B.P.
11. Bio-assay of 5-HT on estrogen primed rat uterus
12. Demonstration of muscarinic and nicotinic actions of Ach and carbachol on the B.P. and respiration of anaesthetized dog/cat
13. Demonstration of cholinesterase activity in blood and anti-cholinesterase activity of physostigmine using B.P. and respiration of anaesthetized dog/cat
14. Demonstration of tachyphylaxis with ephedrine and vasomotor reversal phenomenon on B.P. and respiration of anaesthetized dog/cat

15. Identification of the nature of unknown drug using B.P. and nictitating membrane contractions of anaesthetized cat
16. Identification of the nature of unknown drug using B.P. and spleen volume of anaesthetized dog
17. Identification of the nature of unknown drug using B.P. and intestine in situ of anaesthetized dog
18. Study of drug action on isolated perfused rabbit heart (Langendorffs technique)
19. Study of drug action on isolated rabbit auricles
20. Demonstration of rabbit head drop with d-tubocurarine and its reversal by neostigmine
21. Study of neuromuscular blocking agents using phrenic nerve-diaphragm preparation of rat
22. Study of local anaesthetics by rabbit cornea, guineapig intradermal wheal, frog lumbar plexus
23. Study of anti-convulsant activity of drugs on maximal electroshock seizures and metrazol induced convulsions in rats
24. Study of analgesic activity of drugs using rat tail-hotwire method, hot plate method, acetic acid induced writhing
25. Study of anti-inflammatory activity of drugs against carrageenin induced rat paw oedema
26. Antagonism of histamine aerosol induced bronchospasm by anti-histaminics
27. Effect of psychopharmacological drugs on conditioned avoidance response (Cook's pole climbing)
28. Effect of psychopharmacological agents on foot shock induced aggression in rats
29. Effect of psychopharmacological agents on elevated plus maze
30. Effect of drugs on spontaneous motor activity of mice, photoactometer
31. Study of anorectic activity of amphetamine in mice
32. Potentiation of barbiturate hypnosis by chlorpromazine
33. Study of miotics and mydriatics on rabbit's eye.

Minor procedures:

- i) Mouse tail vein injection
- ii) Administration of drugs to rats by gastric cannula
- iii) Collection of blood from rat tail
- iv) Collection of blood by Cardiac puncture in rat
- v) Injection of drugs through marginal ear vein of rabbits
- vi) Intraperitoneal and subcutaneous injection to rats and mice
- vii) Intracerebroventricular injection in rat

It is pertinent to note that the Council has sent circulator dated 31.03.2007 to Deans/Principals of all the medical colleges including postgraduate institutions in India in regard to animal experiments included in the syllabus for M.D.(Physiology) & M.D.(Pharmacology) respectively.

The Regulations on Minimum Standard Requirements for a Medical College under rule A.1.9 mandate existence of an animal house. The clause is reproduced adverbim herein below:-

"A.1.9. Animal house

There shall be a Central Animal House (135 Sq.m.area) for maintenance, breeding and supply of animals and facilities for experimental etc."

These Regulations are binding in character and mandatory in effect. The Committee has not laid its hand on the UGC circular, which has been referred to by the Principal, Govt. Medical College, Agartala referring to a notification issued by Tripura University. The Committee is not going into the veracity of such a circular. The incorporation of Animal House in the Regulations has been with a subtle aim of orientation of postgraduate students in the subjects of Physiology and Pharmacology whereby the prescribed/desired standards for the same are actualized. This position has already been made known by the Council through its circular dated 31.03.2007 circulated to all the medical institutions including postgraduate institutions in the country.

As such, in view of above, the Committee is of the considered opinion that the requirements of animal experiments including existence of Animal House in medical institutions being part of binding governing Regulations of the Council cannot be waived of by the operation of a U.G.C. circular, if at all it exists. Their existence is absolutely necessary for the desired standards of the undergraduate as well as the postgraduate medical education and therefore, the conditions have been rightly stipulated."

51. Minutes of the Grievance Redressal Committee

Read: The minutes of the Grievance Redressal Committee meeting held on 29.1.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Grievance Redressal Committee meeting held on 29.1.2008 as under:-

"MINUTES OF THE GRIEVANCE REDRESSAL COMMITTEE HELD ON 29th JANUARY IN THE COUNCIL OFFICE, SECTOR 8, POCKET 14, DWARKA, NEW DELHI-110 077.

1. Mrs. P. Chitra, Private Secretary to President:

Her grievances are as follows:-

That the Executive Committee at its meeting held on 3-3-2007 approved the following recommendations of the Grievance Committee dated 09-02-2007 :-

*"1. Mrs. P.Chitra be placed in the higher pay scale of Rs.6500-10500 w.e.f. 2-10-1994 instead of 1-7-98 as recommended and approved earlier **without any further financial implications.***

2. As she has been promoted as PS w.e.f. 2-7-1998 i.e. the date of the creation of the post, she can be considered on the higher pay scale of Rs.8000-13500 from 2-7-2001 on completion of 3 years of qualifying service in the lower pay scale of Rs.6500-10500 as required for placement vide Rule 7."

Accordingly, she was placed in the scale of Rs.8000-13500 from 2-7-2001 on completion of 3 years of qualifying service in the lower pay scale of Rs.6500-10500 as required for placement vide Rule 7 which reads as under :-

"Non functional selection grade will be applicable after completing the qualifying service prescribed in the recruitment rules for respective higher promotion in the selection posts."

Further subsequently she has come to know that the scale of Rs.8000-13500 can only be granted after completing the qualifying service, i.e. 5 years, in the lower pay scale of Rs.6500-10500. As she has been placed in the scale of Rs.6500-10500 w.e.f. 2-10-1994 without any further financial implications, she has requested that the period of 5 years may be considered from 2-10-1994 instead of 2-7-1998 as recommended and approved earlier by the Executive Committee dated 03-03-2007.

She has therefore, requested to consider her case as she is eligible for the higher scale of Rs.8000-13500 w.e.f. Oct. 1999 and again on completion of 5 years qualifying service in the scale of Rs.8000-13500, she is also eligible for the scale of Rs.10000-13500 w.e.f. Oct., 2004.

She further stated that as she is retiring in April, 2008 and as these are her last earnings, she earnestly requested that her above request may be considered favourably by amending the EC decision.

Considering all the factors and the Rules & Regulations, it is submitted as under:-

- 1. Mrs. P. Chitra was promoted to the post of P.S. w.e.f. 02-07-1998 because this post was created from 02-07-1998.*
- 2. The pay scale of P.S. should be as Rs.8000-275-13500/- but she was drawing the old pay scale of Rs.6500-200-10500. As PA & PS were drawing the same scale of Rs.6500-200-10500, it may be rectified in case of P.S.*
- 3. Mrs. Chitra be entitled to get pay scale of Rs.8000-275-13500/- at the post of P.S. w.e.f. 02-07-1998.*
- 4. Also she be entitled to get the pay scale of Rs.10000-325-15200/- w.e.f. 03-07-2003 after completing 5 yrs. qualifying service in feeder scale.*

2. Mrs. Prem Lata, Personal Assistant

Her grievances is that she may be given the pay scale of Rs.8000-13500/- as has been given to Section Officers vide Central Govt. O.M. No. 10/3/2004-CS.II (Pt.I), dated 25.01.2006.

Considering all the factors and the Rules & Regulations, it is submitted as under:-

That the Central Govt. has approved the grant of scale of Rs.8000-13500/- w.e.f. 03.10.2003 to Section Officers who are in the scale of Rs.6500-10500/-. It is

recommended that as per the ratio laid down in this decision, the benefit of higher pay scale should be applied to all the employees of the Council who are placed in the scale of Rs.6500-10500/-. The Committee also observed that Shri Vineet Aggarwal whose designation is Assistant Accounts Officer has also been granted the benefit of higher pay scale.

In view of above, the Committee recommends that the following employees may also be granted the benefit of higher pay scale of Rs.8000-13500/- w.e.f. 03.10.2003:-

*Mrs. P. Chitra, Private Secretary
Mrs. Prem Lata, Personal Assistant*

However, in view of the recommendation in case of Mrs. P. Chitra vide item No.1 above, the decision should be made applicable in the case of Mrs. Prem Lata as the case of Mrs. P. Chitra has already been covered vide item No. 1 above.

3. Mrs. Saroj Bhasin, Sr. Stenographer

Her grievances are as follows:-

- 1. She joined the Council office in the post of LDC in Oct. 1989.*
- 2. She was promoted as Jr. Stenographer in Oct. 1991.*
- 3. She was further promoted as Stenographer Grade II in April, 2001 in the pay scale of Rs.5500-9000/-.*
- 4. As per recruitment rules of the Council published in the Gazette of India, 8 years regular service, as Stenographer Grade-III is required to become eligible for promotion as Stenographer Grade-II (October,1991 to October,1999).*
- 5. She has also stated that the Finance Committee at its meeting held on 07.05.2004 considered that grievances submitted by the staff of the Council and decided to give the scale of pay from back date when the candidate becomes eligible in the feeder cadre.*
- 6. She has therefore stated that as she has acquired the required eligibility as per the Recruitment Rules in October,1999 on completion of eight years service as Stenographer Grade-III, she may be placed in the pay scale of Rs.5500-9000/- w.e.f. October,1999 instead of April,2001.*

Considering all the factors and the Rules & Regulations, the Committee recommends that Mrs. Saroj Bhasin may be placed in the pay scale of Rs.5500-9000/- w.e.f. October, 1999 in place of April,2001.

The other cases may be taken up for consideration at the ensuing meeting of the Committee.”

52. Continuance of recognition of Mahatma Gandhi Mission’s Medical College, Navi Mumbai for the award of MBBS degree granted by MGM University of Health & Sciences, Navi Mumbai.

Read: The Council Inspectors report (1st February,2008) for continuance of recognition of MBBS degree granted by MGM University of Health & Sciences, Navi Mumbai in respect of students being trained at Mahatma Gandhi Mission’s 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 (1st February,2008) and noted the following:-

1. (a) The shortage of teaching faculty is 30.02% (46 out of 152) as under:-

i) Professor	:01	General Medicine-1
ii) Associate Professor	:18	Physiology-1, Biochemistry-1, Pharmacology-1, Pathology-4, Microbiology-1, Forensic Medicine-1, General Medicine-3, TB Chest-1, General Surgery-1, Orthopaedics-1, Ophthalmology-1, Anaesthesiology-1, Radio-Diagn.-1

iii) Assistant Professor	:20	Physiology-1, Community Medicine-3, General Medicine-2, Paediatric-1, TB Chest-1, Dermatology-1, Psychiatry-1, General Surgery-4, OBGY-2, Anaesthesiology-3, Radio-Diagn.-1.
iv) Tutor	:07	Physiology-1, Pathology-2, Community Medicine-4.

(b) The shortage of Residents is 38.1% (32 out of 84) as under:-

i) Sr. Resident	23	General Medicine-4, Paediatric-2, TB Chest-1, Dermatology-1, Psychiatry-1, General Surgery-4, Orthopaedics-2, ENT-1, Ophthalmology-1, OBGY-2, Anaesthesiology-2, Radio-Diagn.-2.
ii) Jr. Resident	09	TB Chest-3, Dermatology-3, Psych.-3.

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

	Day of Inspection
O.P.D. attendance	288
Casualty attendance	02
Bed occupancy %	34.7%
<u>Operative work</u>	
No. of Major surgical operation	
No. of Minor surgical operation	04
No. of normal deliveries	05
Number of caesarian sections	00
	01
<u>Radiological Investigations</u>	O.P.+IP
X-ray	
Ultrasonography	80
Special Investigations	12
C.T. Scan	01
	00
<u>Laboratory Investigations</u>	
Biochemistry	289
Microbiology	25
Serology	150
Parasitology	01
Haematology	250
Histopathology	01
Cytopathology	02
Others	

- There were only 09 beds in the casualty which is not as per MC norms.
 - The clinical data available in the computers did not tally with the records available in the wards and OPDs.
3. The institute is conducting several postgraduate courses.
 4. The bed occupancy on the day of inspection was low at 34.7%.
 5. There were no patients in the departments of TB Chest & Psychiatry.
 6. The patients admitted in the Medicine ward were of not much clinical significance.
 7. The OPDs were unattended uptill 10.30 a.m. and no faculty members were present in most of the OPDs and wards including General Medicine, General Surgery and Orthopaedics. The OPDs were manned only by Jr. Residents without any supervision.
 8. The patient load in the OPDs was very low. At 11.30 a.m. there were no patients or doctors in the General Surgery OPD.
 9. On analysis of the daily census available in the wards, it was observed that the combined daily occupancy of the wards was about 180 patients (i.e. about 35%).
 10. Other deficiencies pointed out in the inspection report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to issue a show cause notice to the authorities of Mahatma Gandhi Mission's Medical College, Navi Mumbai as to why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act, 1956 and further decided that the institute be asked to submit its compliance within a period of 2 months. The Committee further decided to place the inspection 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 MCI representing the State where the college is located.

53. Admission of students made by Index Medical College Hospital & Research Centre, Indore for the academic year 2007-08.

Read: The matter with regard to admission of students made by Index Medical College Hospital & Research Centre, Indore for the academic year 2007-08.

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 observed as under:-

1. The matter with regard to the admissions made by the Index Medical College, Indore was brought to the notice of the Executive Committee at its earlier meeting held on 3.11.2007 and the Committee decided as under:-

"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 observed as under:-

1. *The institute vide its letter dated 5.10.2007 had submitted the list of admitted candidates which was not as per the proforma sent by the Council.*
2. *As per the list submitted by the college with its letter dated 30th October, 2007 in which all the 150 students have been shown to be admitted on 5th October, 2007.*
3. *In the list of admitted students supplied by the institute alongwith the letter dated 5th October, 2007 & 30th October, 2007 annexed as **Annexure-1**, there is discrepancy in the column of marks obtained at 10+2 examination for a big majority of admitted students. Further, in respect of 66 students where the marks of both 10+2 examination and entrance examination (PMT & DMAT) have been shown, 45 candidates admitted under the General category have secured less than 50% in entrance examination. This is contrary to regulation 5(ii) of the Graduate Medical Education Regulations, 1997, which reads as under:-*

"

5(ii) In case of admission on the basis of Competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of 50% of marks taken together in Physics Chemistry and Biology at the qualifying examination as mentioned in clause (2) of regulation 4 and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology competitive examination. In respect of candidates belonging to Schedule Caste, Schedule Tribes or other Backward Class the marks obtained in Physics, Chemistry, and Biology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above.

....."

4. *For the remaining 84 students, only the marks obtained at 10+2 examination have been shown leaving the column of marks obtained at entrance examination blank.*

The members of the Adhoc Committee and of the Executive Committee further observed that the institute was granted the letter of permission by the Central Government on 29.7.2007. The institute had filed an application before the Hon'ble Supreme Court to extend the cut off date of admission bearing No. Writ Petition (Civil) No.347 of 2007. The hearing of the writ petition was adjourned to 8th October, 2007. However, the institute,

without waiting for further orders before the Hon'ble Supreme Court, completed the admission process on 30th September, 2007 and admitted all the 150 students through college level counselling. Subsequently, when the case came up before the Hon'ble Supreme Court for hearing on 8th October, 2007, the Advocate for the Institute requested the Hon'ble Court for permission to withdraw the petition stating that the admission process had been completed by the institute on 30th September, 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 as under:-

1. Action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of all the 150 students who have been admitted by the institute on 5th October, 2007 – i.e. after the cut off date of 30th September, 2007 as prescribed under the Graduate Medical Education Regulations, 1997.
 2. Further discharge notice also be issued u/s 10B of the I.M.C. Act, 1956 in respect of 77 students, who are found to be not eligible for getting admission into the medical institute as per Regulation 5(ii) of Graduate Medical Education Regulations, 1997 as shown in the accompanying table annexed as **Annexure-2**.
 3. The institute be directed to furnish the list of marks obtained by 84 students at entrance examination (DMAT/PMT) in whose cases these marks have not been shown in the list supplied by the institute for further necessary action in the matter.
 4. The Dean of the Institute be issued a show cause notice to explain the discrepancy in the marks obtained at 10+2 examination of the same students in two letters dated 5.10.2007 & 30.10.2007 and how such false and fraudulent information has been submitted to the Council without verification and further the Dean may be asked to appear before the Secretary in person alongwith all the relevant documents for further necessary action."
2. Perusal of the admission list submitted by the institute and the details provided by the institute in its letter dated 3.10.2007 and 30.10.2007 reveals that the following students are not eligible for admission into a medical institute as they have not passed 10+2 examination and PMT/DMAT examination with minimum qualifying marks (50% for General Category & 40% for SC/ST candidates) as required under Regulations 5(ii) of the Graduate Medical Education Regulations, 1997 and therefore have to be issued discharge notice as per Section 10B of the Indian Medical Council Act, 1956.

S.N.	Name of Student	Marks in 10+2 as per list submitted by the institute vide letter dated 05.10.2007	Marks in 10+2 as per list submitted by the institute vide letter dated 30.10.2007	Marks in PMT/DMAT as per list submitted by the institute vide letter dated 05.10.2007	Marks in PMT/DMAT as per list submitted by the institute vide letter dated 30.10.2007	Category
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.	Swati Mehta	227	224	98	105	Gen.
2.	Parul Dua	196	186	98	-	Gen
3.	Nidhi Mishra	234	205	96	-	Gen.
4.	Aayushri	212	199	91	100	Gen
5.	Monika Kushwah	246	207	88	100	Gen.
6.	Megha Kesharwani	152	223	44	98	Gen
7.	Neelambara Bidwai	180	196	74	98	Gen.
8.	Roshni Agarwal	209	234	-	96	Gen.
9.	Priyanaka Bhaskar Kohle	257	187	72	95	Gen.
10.	Archana Rajput	242	176	-	92	Gen.
11.	Surbhi Agustya	206	212	66	91	Gen.
12.	Harshika Singh	194	223	-	90	Gen.
13.	Kanika Sharma	171	246	66	88	Gen.
14.	Rajshree Sharma	167	152	56	44	Gen.

15	Tanvi Jain	208	272	61	80	Gen.
16	Shikh Sana	199	198	60	79	Gen.
17	Payal Vadhera	170	213	-	79	Gen.
18	Raheela Samreen Bhagwan	196	213	55	-	Gen.
19	Garvita Singh	167	253	42	-	Gen.
20	Neha .	198	191	110	75	Gen.
21	Manu Tiwari	188	180	105	74	Gen.
22	Dimond Sharma	162	190	87	73	Gen.
23	Monika Patel	221	257	-	72	Gen.
24	Piyush Khatedia	174	162	67	71	Gen.
25	Harshita Bhardwaj	233	242	-	71	Gen.
26	Ishrat Jahan	215	242	62	-	OBC/Gen.
27	Priyanka Dotsara	395	206	-	67	Gen.
28	Pratibha	239	157	-	65	Gen.
29	Priyamvada Saraf	239	171	-	66	Gen.
30	Anushtha Dubey	220	213	-	64	Gen.
31	Mitali Garg	214	185	-	64	Gen.
32	Priti Mittal	214	167	-	56.33	Gen.
33	Raviya Prasad	211	217	-	61	Gen.
34	Ruchita Magan Bhai	312	208	-	61	Gen.
35	Rimzim Singh	207	199	-	60	Gen.
36	Suhani Dubey	205	228	-	57	Gen.
37	Shabna Praveen	188	196	-	55	Gen.
38	Jasmine Khan	145	179	-	54	Gen.
39	Nandita	167	196	-	52	Gen.
40	Geeta Kori	220	220	-	44	Gen.
41	Prachi Shukla	155	167	-	42	Gen.
42	Rahul Karode	202	153	105	41	Gen.
43	Varun K Jain	186	231	-	35	Gen.
44	Subhi Tripathi	205	180	-	13	Gen.
45	Shyam Sunder Dogne	187	178	95	104.13	Gen.
46	Deepak Mishra	176	185	92	218	Gen.
47	Praveen Kuntia	223	198	90	170.34	Gen.
48	Umang Salodia	272	197	80	162.65	Gen.
49	Aditya Shrivastava	198	220	79	159.94	Gen.
50	Piyush Tiwari	213	241	19	153	Gen.
51	Sourabh Jain	220	192	44	118.9	Gen.
52	Anand Gupta	191	255	75	112.59	Gen.
53	Sachin Kumar Dubey	190	187	73	107.78	
54	Vaibhav Gupta	162	188	71	105.19	
55	Ratanesh Dwivedi	242	179	71	101.29	
56	Chamandeep Arora	172	182	-	88.69	
57	Shaliendra Goswami	157	162	65	87.49	
58	Jay Kumar Shankar	175	125	-	-	
59	Vaibhav Sadiwal	213	245	64	70.43	
60	Mohammad Imran	185	174	64	67.36	
61	Arvind Gandwal	217	233	61	-	
62	Shashi Kant Gautam	161	178	-	63.76	Gen.
63	Pankaj Neema	228	177	57	50.97	Gen.

64	Anurag Singh	214	230	-	63	Gen.
65	Abhijit singh Chauhan	179	246	54	-	Gen.
66	Abhinav Singh	196	234	52	-	Gen.
67	Manish Singh Tomar	153	239	41	-	Gen.
68	Rohan Dev	231	228	35	-	Gen.
69	Rohit singh	180	155	13	-	Gen.
70	Vikram singh	192	150	119	70.91	Gen.
71	Ashutosh Jaiswal	182	216	89	-	Gen.
72	Anand Chaurasiya	257	210	83	-	Gen.
73	Harshvardhan Lonkar	245	312	70	-	Gen.
74	Rahul Patel	178	207	64	-	Gen.
75	Abhideep Shakala	177	207	51	-	Gen.
76	Manish Kumar Dangarh	150	195	71	-	Gen.
77	Raj Kiran Sharma	193	145	-	-	Gen.

3. Subsequently, in response to the queries of the Council letter dated 3.11.2007, 14.11.2007, 23.11.2007, 29.11.2007 & 6.12.2007, the authorities of the institute visited the Council Office on 18.1.2008 and submitted a list of all the students admitted by their college for the academic year 2007-08 alongwith original marksheets and copies of the fee receipts issued by the college.
4. On comparison of the list of the students submitted by the institute to the Council vide letter dated 30.10.2007 and 18.1.2008, it was noticed that the names of the following 8 students have been newly added in the list of admitted students submitted on 18.1.2008:-
 1. Sayan Kumas Das
 2. Sourabh Mishra
 3. Shaiwal Saxena
 4. Garima Dhamnani
 5. Dyuti Dubey
 6. Prakash Bishnoi
 7. Mukesh Kumar Solanki
 8. Vivek Vyas
5. It was further observed that the names of the following students who were shown to have been admitted in the institute on 30.10.2007 have been removed from the list submitted on 18.1.2008 :-
 1. Urvashi Gangwal
 2. Ankit Gupta
 3. Mukesh Kumar Chaudhary
 4. Murli Manohar
 5. Sagar Mittal
 6. Sheikh Gufran
 7. Siddarth Banerjee
 8. Hasan Naved Khan
6. Comparison of the various list submitted by the institute reveals that the following 8 students have been included only for the first time in the list of admitted students supplied by the institute on 18.1.2008 and they have not been included in any of the list supplied by the institute either to the University or to the Council before :-
 1. Sayan Kumas Das
 2. Sourabh Mishra
 3. Shaiwal Saxena

4. Garima Dhamnani
 5. Dyuti Dubey
 6. Prakash Bishnoi
 7. Mukesh Kumar Solanki
 8. Vivek Vyas
7. It was also observed that the names of these students did not appear in the list submitted by the institute to the university on 3.10.2007 and to the Council on 5.10.2007 and 30.10.2007. Hence, the claim made by the institute in its letter dated 18.1.2008 that the above mentioned 8 students have been admitted on 30th September, 2007 is not tenable. As no admission can be made after 30th September in view of the Regulations 7 (6B) of Graduate Medical Education Regulations, 1997 which being statutory Regulations are mandatory and binding in character and in view of the directions of the Hon'ble Supreme Court, these 8 students as shown in para 5 above have to be issued discharge notices u/s 10B of the Indian Medical Council Act, 1956.
8. Perusal of the fee receipts and the copies of the demand drafts reveal that in case of the following students it has been shown that they have paid the fees by demand drafts as having been issued on or before 30.9.2007. However, the copies of the demand drafts shows that the demand drafts have been issued by the respective banks at a date after 30.9.2007 as under:-

S.N.	Name of Student	Marks in PMT/DMAT	Marks obtained other than MP-PMT/DMAT Entrance Exam.	Fee receipt no. and Date	Demand Draft No. and Date
1.	Adarsh Vishnoi	103/200	--	02/30.09.2007	608904/3.10.2007
2.	Ashish Sharma	--	478/900 (RPMT)	03/30.09.2007	552792/19.10.2007
3	Abhideep Shakalya	50.97/200	--	04/30.09.2007	249377-79/01.10.2007
4	Abhijit Singh Chauhan	54/200	101/200(ASSO-CET-2007 Mah.)	05/30.09.2007	664948/1.10.2007 664935-39/1.10.2007
5	Aditya Shrivastava	79/200	125/200 (ASSO-CET 2007 Mah.)	10/30.09.2007	107696/04.10.2007
6	Ajita Trivedi	167.84/200(PMT) 105/200 (DMAT)	--	12/30.09.2007	424429/3.10.2007 168245/13.10.2007
7	Almas Belim	159.95/200	--	13/30.09.2007	066313-314/03.10.2007
8	Amit Kumar	--	120/200 (ASSO-CET 2007 Mah.)	14/30.09.2007	918776-777/25.10.2007
9	Anand Chaurasia	83.40/200(OBC)	--	16/30.09.2007	227488-489/28.09.2007 212673-674/1.10.2007
10	Anushuman	141.61/200 (PMT) 101/200(DMAT)	--	20/30.09.2007	026858-59/1.10.2007
11	Anurag Singh Thakur	--	103/200 (Krishna AIET-2007, Karad)	21/30.09.2007	507514-517/1.10.2007 507573/15.10.2007
12	Mohammad Anwar Tigala	--	94.22/200 (PMT CG-2007)	23/30.09.2007	142961-964/28.9.2007 342044-45/11.10.2007
13	Arvind Gadwal	98.98/200 (PMT) SC 61/200(DMAT)	--	26/30.09.2007	018070/5.10.2007
14	Ashutosh Jaishwal	88.69/200(OBC)	--	29/30.09.2007	007463/3.10.2007
15	Bhanu	--	104/200 (ASSO-CET)	31/30.09.2007	409388-389/4.10.2007

			2007 Mah.)		
16	Chamandeep Singh Arora	86.82/200	110/200 (Krishna AIET-2007, Karad)	32/30.09.2007	216781-782/ 3.10.2007
17	Deepak Mishra	118.89/200 (PMT) 92/200 (DMAT)	--	33/30.09.2007	171543-544/28.9.2007 171546-47/28.9.2007 496930-31/ 10.10.2007
18	Garvita Singh	63.20/200	112/200 (ASSO-CET 2007 Mah.)	36/30.09.2007	664915-20/28.9.2007 958561/ 12.10.2007
19	Hardik Jain	--	103/200 (Krishna AIET-2007, Karad)	39/30.09.2007	529547-48/ 1.10.2007
20	Harmeet Singh Chowdhary	--	524/720 (PMT HP)	40/30.09.2007	664963-966/ 3.10.2007
21	Harshita Bhardwaj	--	--	42/30.09.2007	048783/ 3.10.2007
22	Harshwardhan Lonkar	70.43/200 (OBC)	108/200 (Krishna AIET-2007, Karad)	43/30.09.2007	017927/28.9.2007 487071-72/ 1.10.2007
23	Ishan Sanodiya	92.86/200 (OBC)	--	45/30.09.2007	066457/ 5.10.2007 711830/ 5.10.2007
24	Ishrat Jahan	--	105/200 (ASSO-CET 2007 Mah.)	46/30.09.2007	269742/ 6.10.2007
25	Jai Shankar Kumar	--	138/200 (U CEE)	48/30.09.2007	032300/27.9.2007 732986-87/ 4.10.2007 271130/ 3.10.2007 271137/ 4.10.2007
26	Jaykumar Jain	112.59/200	--	52/30.09.2007	264850-53/ 5.10.2007
27	Jyoti Mishra	--	104.13 (PMT CG - 2007)	53/30.09.2007	165413/ 11.10.2007
28	Kanika Sharma	104.06/200	--	54/30.09.2007	138670/ 16.10.2007 065593/ 5.10.2007
29	Manish Kumar Dangarh	--	102/200 (ASSO-CET 2007 Mah.)	59/30.09.2007	363439-42/ 5.10.2007
30	Manish Swami	--	490/900 (RPMT-2007)	61/30.09.2007	069086/ 069090/ 9.10.2007 665565-68/ 6.10.2007
31	Manu Tiwari	105.19/200	--	62/30.09.2007	646280/ 5.10.2007
32	Mitali Garg	89.71/200	120/200 (ASSO-CET 2007 Mah.)	65/30.09.2007	017877-78/ 3.10.2007
33	Mohd Imran	--	104/200 (ASSO-CET 2007 Mah.)	66/30.09.2007	858314/ 4.10.2007 858317/ 4.10.2007
34	Monika Kaushwaha	147.08/200 (PMT) 88/200 (DMAT)	--	67/30.09.2007	665522-23, 24-25/ 4.10.2007 365430/ 16.10.2007
35	Monika Patel	--	105/200 (ASSO-CET 2007 Mah.)	68/30.09.2007	807772/ 4.10.2007 807778/ 9.10.2007
36	Neelambara Bidwai	101/200	74/200	74/30.09.2007	942976/ 5.10.2007
37	Neha	110.18/200	--	75/30.09.2007	110271-72/ 4.10.2007
38	Nishant	--	154/200 (CPMT HP)	77/30.09.2007	227769/ 9.10.2007
39	Pankaj Nema	133.18/200	--	78/30.09.2007	664951-55/ 1.10.2007
40	Farzana Parveen	--	101/200 (Krishna AIET-2007, Karad)	80/30.09.2007	694529/ 1.10.2007 694553/ 6.10.2007
41	Praveen Kumar Khuntia	90/200 (OBC)	110.20/200 (PMT CG-2007)	81/30.09.2007	665517-20/ 4.10.2007
42	Prachi Shukla	--	101/200 (Krishna AIET-2007, Karad)	86/30.09.2007	721411/27.9.2007 609058/ 3.10.2007 609084/ 11.10.2007

43	Pratibha	--	151/200 (U CEE)	88/30.09.2007	861631/1.10.2007
44	Priyanka Dotasara	--	500/900 (OBC)(RPMT-2007)	92/30.09.2007	604070/3.10.2007
45	Rachit Bansal	--	121/200 (ASSO-CET 2007 Mah.)	95/30.09.2007	369027/13.10.2007 571252/4.10.2007
46	Rahela Samreen	55/200	111/200 (ASSO-CET 2007 Mah.)	96/30.09.2007	858291/27.9.2007 858315/4.10.2007
47	Rahul Chauda	123.65/200	--	97/30.09.2007	984963/4.10.2007
48	Rahul Karode	105/200	--	99/30.09.2007	851688-89/1.10.2007
49	Rajkiran Sharma	--	110/200 (ASSO-CET 2007 Mah.)	103/30.09.2007	556632-33/5.10.2007 366838/3.10.2007
50	Rajshree Sharma	56.53/200	102/200 (ASSO-CET 2007 Mah.)	104/30.09.2007	507522/3.10.2007
51	Ratnesh Dwivedi	71/200	110/200 (ASSO-CET 2007 Mah.)	105/30.09.2007	653165-68/3.10.2007 769315/4.10.2007
52	Ravija Prasad	--	107/200 (ASSO-CET 2007 Mah.)	106/30.09.2007	050782/1.10.2007
53	Rimjhim Singh		102/200 (Krishna AIET-2007, Karad)	108/30.09.2007	501078/11.10.2007
54	Rohan Dev Vidyarthi	--	509/900 (RPMT-2007)	109/30.09.2007	665538-41/5.10.2007
55	Roshni Agrawal	85.36/200	112/200 (Krishna AIET-2007, Karad)	111/30.09.2007	107332-33/3.10.2007
56	Sankalp Srivastava	--	528/900 (RPMT-2007) 63/200 (ASSO-CET 2007 Mah.)	119/30.09.2007	908645/15.10.07 908657/16.10.07
57	Shashi Kant Gautam	60/200	125/200 (ASSO-CET 2007 Mah.)	120/30.09.2007	664977-78, 80-81, 86/3.10.07
58	Saurabh Jain	44/200	151.50/200 (PMT CG-2007)	121/30.09.2007	583044/26.10.07 827073/25.10.07
59	Sourabh Jain	--	119/200 (ASSO-CET 2007 Mah.)	122/30.09.2007	593531-35/28.09.07 44474/1.10.07
60	Saurabh Tripathi	154.58/200	--	124/30.09.2007	665543-46/5.10.07
61	Shabana Parveen	--	105/200 (Krishna AIET-2007, Karad)	126/30.09.2007	694530-31/1.10.07
62	Sana Shaikh	60/200	102/200 (Krishna AIET-2007, Karad)	127/30.09.2007	754707/5.10.07
63	Shailendra Giri Goswami	65/200	101/200 (ASSO-CET 2007 Mah.)	128/30.09.2007	142972-73/1.10.07
64	Siddharth	--	159/200 (AICET-2007 Sumandeep Univ.)	133/30.09.2007	721412/27.9.07 534639/11.10.07
65	Shubha Mishra	110/200	--	134/30.09.2007	874706/3.10.07 874779/13.10.07
66	Surbhi Augustya	67/200	117/200 (Krishna AIET-2007, Karad)	138/30.09.2007	731808/16.10.07 731853/16.10.07
67	Tanavi Jain	86.91/200 (PMT) 61/200 (DMAT)	--	140/30.09.2007	649134-36/4.10.07

68	Vaibhav Gupta	71/200	112/200 (ASSO-CET 2007 Mah.)	143/30.09.2007	331286, 88,89/ 3.10.07
69	Vaibhav Sadiwal	64/200	119/200 (ASSO-CET 2007 Mah.)	144/30.09.2007	260400-01, 407- 408/ 1.10.07
70	Vandana Sharma	--	526/900 (RPMT-2007)	145/30.09.2007	021364/ 4.10.07
71	Varun Kumar Jain	103/200	--	146/30.09.2007	005265-67, 69/ 4.10.07
72	Vatsalya Trivedi	101.95/200 (PMT) 79/200 (DMAT)	--	148/30.09.2007	804816, 023363/ 1.10.07
73	Vikash Choudhary	--	600/900 (RPMT-2007)	149/30.09.2007	735815/ 3.10.07
74	Vikram Singh	118.89 /200	--	150/30.09.2007	138319-20/ 1.10.07

9. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that it is incomprehensible as to how the serial number of demand drafts issued by a Nationalised or Scheduled Bank on a date later than 30.9.2007 could have been known to the institute in advance so as to be included in the receipt purportedly issued by the institute on 30.9.2007. This raises a strong degree of suspicion that the admissions of these students have been made after 30.9.2007 which is the prescribed cut off date of admission as per Regulation 7 (6B) of Graduate Medical Education Regulations, 1997 which being statutory Regulations are mandatory and binding in character and also in view of the directions of the Hon'ble Supreme Court and have to be issued discharge notice as per Section 10B of the Indian Medical Council Act, 1956.
10. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the following students have been admitted who were appeared other than DMAT/PMT conducted by the State of Madhya Pradesh

Sl.No.	Name of the student	DMAT/PMT conducted other than by the State of Madhya Pradesh.
1.	Nishant	CPMT (HP)
2.	Jai Kumar Shankar	CPMT (U)
3.	Harshita Bhardwaj	CPMT (UP)
4.	Abhideep Sakla	KAIET
5.	Anand Gupta	KAIET
6.	Anurag Singh Thakur	KAIET
7.	Chamandeep Sharma	KAIET
8.	Diamond Sharma	KAIET
9.	Gambhir Shankhini	KAIET
10.	Hardik Jain	KAIET
11.	Harshvardhan Lonkar	KAIET
12.	Jasmeen Sinha	KAIET
13.	Madhusudhan Singh Rajavat	KAIET
14.	Manish Singh Tomar	KAIET
15.	Nidhi Misra	KAIET
16.	Praveen Farzana	KAIET
17.	Piyush Khatedia	KAIET
18.	Rahul Goswami	KAIET
19.	Rimzim Singh	KAIET
20.	Roshni Aggarwal	KAIET
21.	Shaiwal Saxena	KAIET
22.	Shabana Praveen	KAIET
23.	Sana Sheikh	KAIET
24.	Garima Dhamnani	KAIET
25.	Surbhi Augustya	KAIET
26.	Tanvi Jain	KAIET
27.	Ashish Aggarwal	KAIET
28.	Prachi Shukla	KAIET
29.	Dyuti Dubey	PMT (CG)
30.	Praveen Kuntia	PMT (CG)

31.	Priyesh Kedia	PMT (CG)
32.	Anwar Md. Tigala	PMT (CG)
33.	Sourabh Jain	PMT (CG)
34.	Jyoti Mishra	PMT (CG)
35.	Harmeet Choudhary	PMT (HP)
36.	Sohani Dubey	PMT (J&K)
37.	Rajender Singh	PMT (P)
38.	Ridhi Narang	PMT (P)
39.	Ashish Dwivedi	PMT (R)
40.	Prakash Bishnoi	PMT (R)
41.	Manish Joshi	PMT (R)
42.	Manish Swami	PMT (R)
43.	Mukesh Kr. Solanki	PMT (R)
44.	Priyanka Dotsara	PMT (R)
45.	Rohan Dev	PMT (R)
46.	Rupal Jain	PMT (R)
47.	Vivek Vyas	PMT (R)
48.	Vandana Sharma	PMT (R)
49.	Ashish Sharma	PMT (R)
50.	Arun Kumar Mewara	PMT (R)
51.	Sankalp Srivastav	PMT (R)
52.	Vikas Choudhary	PMT (R)
53.	Abhishekh Tripathi	PMT (U)
54.	Jai Singh	PMT (U)
55.	Pratibha	PMT (U)
56.	Siddarth Shukla	SUMANDEEP (U)

11. The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the following candidates have been identified in both the lists – i.e. the list of students who are not eligible as per Regulation 5(ii) of the Graduate Medical Education Regulations, 1997 for not fulfilling the eligibility criteria of minimum qualifying marks as shown in para 2 above and the students in respect of whom there is discrepancy in the dates of the fee receipt and date & number of demand drafts and thus showing their admissions having been made after 30th September, 2007 which is contrary to Regulation 7(6B) of the Graduate Medical Education Regulations, 1997 as shown in para 8 above:-

S.N.	Name of Student	Marks in 10+2 as per list submitted by the institute vide letter dated 05.10.2007	Marks in 10+2 as per list submitted by the institute vide letter dated 30.10.2007	Marks in PMT/DMAT as per list submitted by the institute vide letter dated 05.10.2007 (5)	Marks in PMT/DMAT as per list submitted by the institute vide letter dated 30.10.2007 (6)	Category
(1)	(2)	(3)	(4)			(7)
1.	Monika Kushwah	246	207	88	100	Gen.
2.	Neelambara Bidwai	180	196	74	98	Gen.
3.	Roshni Agarwal	209	234	-	96	Gen.
4.	Surbhi Agustya	206	212	66	91	Gen.
5.	Kanika Sharma	171	246	66	88	Gen.
6.	Rajshree Sharma	167	152	56	44	Gen.
7.	Tanvi Jain	208	272	61	80	Gen.
8.	Shikh Sana	199	198	60	79	Gen.
9.	Raheela Samreen Bhagwan	196	213	55	-	Gen.
10.	Garvita Singh	167	253	42	-	Gen.
11.	Neha.	198	191	110	75	Gen.
12.	Manu Tiwari	188	180	105	74	Gen.
13.	Monika Patel	221	257	-	72	Gen.

14.	Harshita Bhardwaj	233	242	-	71	Gen.
15.	Ishrat Jahan	215	242	62	-	OBC/Gen.
16.	Priyanka Dotsara	395	206	-	67	Gen.
17.	Pratibha	239	157	-	65	Gen.
18.	Mitali Garg	214	185	-	64	Gen.
19.	Ravija Prasad	211	217	-	61	Gen.
20.	Rimzim Singh	207	199	-	60	Gen.
21.	Shabna Praveen	188	196	-	55	Gen.
22.	Prachi Shukla	155	167	-	42	Gen.
23.	Rahul Karode	202	153	105	41	Gen.
24.	Varun K Jain	186	231	-	35	Gen.
25.	Subhi Tripathi	205	180	-	13	Gen.
26.	Deepak Mishra	176	185	92	218	Gen.
27.	Praveen Kuntia	223	198	90	170.34	Gen.
28.	Aditya Shrivastava	198	220	79	159.94	Gen.
29.	Sourabh Jain	220	192	44	118.9	Gen.
30.	Vaibhav Gupta	162	188	71	105.19	
31.	Ratanesh Dwivedi	242	179	71	101.29	
32.	Chamandeep Arora	172	182	-	88.69	
33.	Shaliendra Goswami	157	162	65	87.49	
34.	Jay Kumar Shankar	175	125	-	-	
35.	Vaibhav Sadiwal	213	245	64	70.43	
36.	Mohammad Imran	185	174	64	67.36	
37.	Arvind Gandwal	217	233	61	-	
38.	Shashi Kant Gautam	161	178	-	63.76	Gen.
39.	Pankaj Neema	228	177	57	50.97	Gen.
40.	Anurag Singh	214	230	-	63	Gen.
41.	Abhijit singh Chauhan	179	246	54	-	Gen.
42.	Rohan Dev	231	228	35	-	Gen.
43.	Vikram singh	192	150	119	70.91	Gen.
44.	Ashutosh Jaiswal	182	216	89	-	Gen.
45.	Anand Chaurasiya	257	210	83	-	Gen.
46.	Harshvardhan Lonkar	245	312	70	-	Gen.
47.	Abhideep Shakala	177	207	51	-	Gen.
48.	Manish Kumar Dangarh	150	195	71	-	Gen.
49.	Raj Kiran Sharma	193	145	-	-	Gen.

In view of above and after detailed deliberation over the issue and after considering the various records and admission lists submitted by the Institute and statements made in the letters of the institute dated 3.10.2007 and 30.10.2007, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that discharge notices u/s 10B of the Indian Medical Council Act, 1956 be issued in respect of the following 123 (One hundred & twenty three) students due to the reasons mentioned against their names as per the records submitted by the institute:-

Sl.No.	Name of Student	Reasons
1	Jasmeen Khan	Due to not having qualifying marks in PMT/DMAT and even in 10+2 examination as required as per Regulations 5(i) & ii) of the Graduate Medical Education Regulations, 1997.

2.	Kanika Sharma	Due to not having qualifying marks in PMT/DMAT of Madhya Pradesh as required as per Regulation 5(ii) of the Graduate Medical Education Regulations, 1997 and due to discrepancy in the details of the demand draft in the fee receipt purportedly issued before the date of demand draft which shows admission having actually been made after 30 th September,2007 contrary to Regulation 7(6B) of the Graduate Medical Education Regulations, 1997.
3	Rajshree Sharma	-do-
4	Raheela Samreen Bhagwan	-do-
5	Garvita Singh	-do-
6	Neha.	-do-
7	Manu Tiwari	-do-
8	Monika Patel	-do-
9	Ishrat Jahan	-do-
10	Mitali Garg	-do-
11	Ravija Prasad	-do-
12	Rahul Karode	-do-
13	Varun K Jain	-do-
14	Subhi Tripathi	-do-
15	Deepak Mishra	-do-
16	Aditya Shrivastava	-do-
17	Vaibhav Gupta	-do-
18	Ratanesh Dwivedi	-do-
19	Shaliendra Goswami	-do-
20	Vaibhav Sadiwal	-do-
21	Mohammad Imran	-do-
22	Arvind Gandwal	-do-
23	Shashi Kant Gautam	-do-
24	Pankaj Neema	-do-
25	Abhijit singh Chauhan	-do-
26	Vikram singh	-do-
27	Ashutosh Jaiswal	-do-
28	Anand Chaurasiya	-do-
29	Manish Kumar Dangarh	-do-
30	Swati Mehta	Due to not having qualifying marks in PMT/DMAT of Madhya Pradesh as required as per Regulation 5(ii) of the Graduate Medical Education Regulations, 1997 as submitted by the Institute.
31	Parul Dua	-do-
32	Aayushri	-do-
33	Megha Kesharwani	-do-
34	Priyanaka Bhaskar Kohle	-do-
35	Archna Rajput	-do-
36	Harshika Singh	-do-
37	Payal Vadhera	-do-
38	Priyamvada Saraf	-do-
39	Anushtha Dubey	-do-
40	Priti Mittal	-do-
41	Ruchita Maganbhai	-do-
42	Nandita	-do-
43	Geeta Kori	-do-
44	Shyam Sunder Dogne	-do-
45	Umang Salodia	-do-
46	Piyush Tiwari	-do-
47	Sachin Kumar Dubey	-do-
48	Abhinav Singh	-do-
49	Rohit singh	-do-
50	Rahul Patel	-do-
51	Nidhi Mishra	-do-
52	Monika Kushwaha	-do-
53	Nilambara Bidwai	-do-

54	Diamond Sharma	-do-
55	Piyush Khatedia	-do-
56	Suhani Dubey	-do-
57	Anand Gupta	-do-
58	Manish Singh Tomar	-do-
59	Sayan Kumas Das	Admissions after the cut off date prescribed under the Regulations i.e. 30 th September, 2007 contrary to Regulation 7(6B) of the Graduate Medical Education Regulations, 1997.
60	Sourabh Mishra	-do-
61	Shaiwal Saxena	-do-
62	Garima Dhamnani	-do-
63	Dyuti Dubey	-do-
64	Prakash Bishnoi	-do-
65	Mukesh Kumar Solanki	-do-
66	Vivek Vyas	-do-
67	Harshita Bhardwaj	Due to discrepancy in the details of the demand draft in the fee receipt purportedly issued before the date of demand draft which shows admission having actually been made after 30 th September,2007 contrary to Regulation 7(6B) of the Graduate Medical Education Regulations, 1997.
68	Abhideep Sakla	-do-
69	Anurag Singh Thakur	-do-
70	Chamandeep Arora	-do-
71	Harshvardhan Lonkar	-do-
72	Rimzim Singh	-do-
73	Roshni Aggarwal	-do-
74	Shabana Praveen	-do-
75	Sana Sheikh	-do-
76	Surabhi Augustya	-do-
77	Tanvi Jain	-do-
78	Prachi Shukla	-do-
79	Praveen Kuntiya	-do-
80	Sourabh Jain	-do-
81	Priyanka Dotsara	-do-
82	Rohan Dev	-do-
83	Pratibha	-do-
84	Nishant	-do-
85	Hardik Jain	-do-
86	Farzana Parveen	-do-
87	Mohammad Anwar Tigala	-do-
88	Jyoti Mishra	-do-
89	Harmeet Singh Chowdhary	-do-
90	Manish Swami	-do-
91	Vandana Sharma	-do-
92	Ashish Sharma	-do-
93	Sankalp Srivastava	-do-
94	Vikash Choudhary	-do-
95	Siddharth Shukla	-do-
96	Adarsh Vishnoi	-do-
97	Ajita Trivedi	-do-
98	Almas Belim	-do-
99	Amit Kumar	-do-
100	Anushuman	-do-
101	Bhanu	-do-
102	Ishan Sanodiya	-do-
103	Jaykumar Jain	-do-
104	Rachit Bansal	-do-
105	Rahul Chauda	-do-
106	Saurabh Jain	-do-
107	Shubha Mishra	-do-
108	Vatsalya Trivedi	-do-
109	Jai Kumar Shankar	Due to having passed entrance examination other than M.P. which is not permissible for admissions in a medical college in M.P.
110	Gambhir Shagnani	-do-

111	Jasmeen Sinha	-do-
112	Madhusudan Singh Rajavat	-do-
113	Rahul Goswami	-do-
114	Ashish Agarwal	-do-
115	Priyesh Kedia	-do-
116	Rajender Singh	-do-
117	Ridhi Narang	-do-
118	Ashish Dwivedi	-do-
119	Manish Joshi	-do-
120	Rupal Jain	-do-
121	Arun Kumar Mewara	-do-
122	Abhishekh Tripathi	-do-
123	Jai Singh	-do-

It was further decided that the above facts be placed before the Hon'ble High Court of Madhya Pradesh at Jabalpur in view of the pending writ petition on this matter before the Hon'ble Court.

54. Conversion of the post of D.G. Set Operator to Electrician

Read: The matter with regard to conversion of the post of D.G. Set Operator to Electrician.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that at its meeting held on 28.3.2004 alongwith the other posts, one post of Electrician and one post of DG Set Operator were created.

The Office has made attempts to fill the post of DG Set Operator. However, the Selection Committee for the post of DG Set Operator at its meeting held on 30.10.2007 found that none of the candidates was fulfilling the eligibility criteria required for the post of DG Set Operator as per Recruitment Rules and thus the post has remained vacant since its inception. It was also observed that with the commissioning of the new office of the Council alongwith residential quarters at Dwarka, an Electrician is required to remain present round the clock. Hence, it is desirable to have one more post of Electrician 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 also observed that as the DG Set is automatic and a very little action is required on the part of DG Set Operator whenever there is failure of electricity. Hence, considering all the factors, the post of DG Set Operator is not required.

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 convert the existing vacant post of DG Set Operator into the post of Electrician and further decided to appoint the following candidate from the waiting list as per the recommendations of the Selection Committee meeting held on 30.10.2007:-

Sl.No. Name of the Candidate

1. Shri Rajesh R.G.

55. Appointment of Director, Academic Cell.

Read: The matter with regard to appointment of Director, Academic Cell.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to appoint Dr. M. Rajalakshmi, Ph.D., FAMS, Former Professor & Head, Department of Reproductive Biology, All India Institute of Medical Sciences, (AIIMS), New Delhi as the Director of Academic & Standing Cell in the Council office in the consolidated pay of Rs. 60,000/- p.m.

56. Recognition of MBBS degree awarded by (1) Kathmandu University in respect of students being trained at Manipal College of Medical Sciences, Pokhara, Nepal and (2) Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal- u/s 12(2) of the IMC Act, 1956.

Read: The Central Government letter dated 11th January, 2007 requesting the Council to inspect (1) Manipal College of Medical Sciences, Pokhara, Nepal & (2) Universal College of Medical Sciences, Bhairahawa, Nepal to re-assess its facilities etc. and to assess the present medical education being imparted so as to students both Indian and Nepales are eligible to practice medicine in India alongwith the letter dated 19th January, 2008 received from Council Advocate with regard to Writ Petition (C) No. 8056/2007- Yash Ahuja & Ors. Vs. UOI & Ors and Writ Petition © No. 8352/2007 – Avadesh Ahuja & Ors. Vs. MCI & Ors.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government vide its letter dated 11th January, 2007 had requested the Council to inspect these two institutes to re-assess its facilities etc. and to assess the present medical education being imparted so as to students both Indian and Nepales are eligible to practice medicine in India. Accordingly, the Council had made two attempts to carry out the inspections of these two medical colleges in January, 2007 and again in February, 2007. However, the inspection could not be carried out.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the matter was placed before the Executive Committee at its earlier meeting held on 3rd March, 2007 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present wherein 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 decided to recommend to the Council the withdrawal of recognition granted to Manipal College of Medical Sciences, Pokhara, Nepal for the award of MBBS degree granted by Kathmandu University u/s 12(3) of the I.M.C. Act, 1956 and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 to any student passing from this institute and who has not passed the screening test.”

“.....the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council and decided to reiterate its earlier decision recommending to the Central Govt. to withdraw the recognition of MBBS degree granted by Tribhuvan University in respect of students being trained at Universal College of Medical Sciences, Bhairahawa, Nepal taken at its meeting held on 02.12.2006 and further decided not to grant provisional/final registration u/s 12(2) of the I.M.C. Act, 1956 to any student passing from this institute and who has not passed the screening test.”

As the registration was being denied to such students, several students have filed writ petitions before the Hon'ble Delhi High Court, at Rajasthan and other places. Writ Petition No. 8056/2007- Yash Ahuja & Ors. Vs. UOI & Ors and Writ Petition © No. 8352/2007 – Avadesh Ahuja & Ors. Vs. MCI & Ors. were listed for final hearing before the Hon'ble High Court of Delhi on 18.1.2008. The Office has received a letter from the Council Advocate dated 19th January, 2008 with regard to the proceedings in the above matter which reads as under:-

“The above mentioned matter was listed for final hearing before Hon'ble Ms. Justice Gital Mittal of the Hon'ble Delhi High Court on 18.1.2008. This case earlier had come up for hearing on 16.1.2008 when the Hon'ble Court had directed the Govt. of India to file the affidavit and have it placed on record and the case was directed to be listed for hearing on 18.1.2008.

MCI in the present case had filed its affidavit explaining the provisions of Section 12 of the Act and also the provisions of Section 13 of the Indian Medical Council Act, 1956. Whereas Section 12 provides for a scheme of reciprocity, under the provisions of Section 13 the Indian citizens with foreign qualification are eligible for registration on fulfillment of the other conditions including the passing of the screening test.

The case of the MCI is that its Executive Committee where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court had also participated, taken a view that the medical institutions abroad who are either seeking recognition under section 12 or had been granted recognition under section 12 of the Act and which had been withdrawn on account of grave deficiencies, the candidates passing out from such institutions abroad shall be granted registration by the Council only upon their qualifying the screening test. The Ministry of Health & F.W., Govt. of India filed its affidavit on 16.1.2008, copy whereof is enclosed. The Ministry of Health, Govt. of India has taken a categorical stand that the MCI is obliged to grant registration to those candidates without the condition of screening test.

When the case was taken up for final hearing on 18.1.2008, it was submitted that in the light of the affidavit of the Ministry of Health, Govt. of India, the MCI would be required to file its response affidavit thereto and for that purpose some time is required. On the other hand, Ld. Sr. Advocates appearing for the college and also for the students separately, vehemently insisted for the interim orders to the effect of grant of registration to all the candidates and another aspect of urgency had been highlighted by urging that they have also to appear in the All India Entrance Exam. for postgraduate course and for which grant of permanent registration is necessary for successful internship.

Arguments were heard. The undersigned had made a submission that in these circumstances, the candidates who are required to appear in the All India PG Course Exam. may be permitted by the Hon'ble Court without any direction for grant of registration. The Hon'ble Court had accepted this submissions and passed an order that all such candidates will be allowed to appear in the examination without there being any permanent registration. The AIIMS is directed to issue the admit card of those students who wish to appear in the examination. The result of the examination shall be kept in a sealed cover. However, it is made clear that this order is being made without prejudice to the rights and contentions of the parties and shall not create any equities in favour of the petitioners.

Under these circumstances, it would be appropriate that the competent authority of the MCI looks into this affidavit of the Govt. of India and takes its decision, in relation thereto and issue instructions to the undersigned for response affidavit, if any, to be filed on behalf of the Council and for which 2 weeks' time has been granted. No further adjournment will be granted for this purpose. The case has been directed to be listed for further final hearing on 27.2.2008."

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 give one more opportunity to these two institutions and to carry out the inspections of the above mentioned two medical colleges i.e. (1) Manipal College of Medical Sciences, Pokhara, Nepal (2) Universal College of Medical Sciences, Behariva, Nepal before the next date of hearing.

57. Admission of 1st year MBBS student at Chalmeda Anada Rao Instt. of Medical Sciences, Karimnagar (A.P.) after the cut off date in the academic year 2007-2008.

Read: The matter with regard to admission of 1st year MBBS student at Chalmeda Anada Rao Instt. of Medical Sciences, Karimnagar (A.P.) after the cut off date in the 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 matter and decided that action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of 01(one) student i.e. Rajashekhar Yeram admitted by Chalmeda Anada Rao Instt. of Medical Sciences, Karimnagar (A.P.) after the cut off date i.e. 30th September, 2007, as prescribed under the Graduate Medical Education Regulations, 1997.

58. Filling up the post of Peon in the Council Office.

Read: The matter with regard to filling up the post of Peon 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 observed that an advertisement for inviting the applications for filling up 3 posts of Peon were invited in the year 2004 and a total number of 678 applications were received. However, during the shifting of the office from old place at Kotla Road, New Delhi to new building at Dwarka, New Delhi, these applications were kept in bags which were stored at 3rd floor of the office Building at Dwarka, New Delhi. Before they could be processed further, an incident of the fire had broken out in which some of the bags containing the applications have been damaged. It was further observed that it is not feasible to process the applications after the gap of approx. 4 years, particularly as many of them have damaged before beyond recognition.

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 that the process of filling of the post of Peon pursuant to the advertisement issued in 2004 be cancelled, "*ab-initio*", and the fresh applications for filling up the post of Peon be invited, as per the number of vacancies existing on date and as per the roster point, as applicable.

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

Nagpur, dated the
2nd February, 2008

A P P R O V E D

(DR. P.C.KESAVANKUTTY NAYAR)
PRESIDENT (ACTING)