

No.MCI-5(3)/2008-Med./
MEDICAL COUNCIL OF INDIA
EXECUTIVE COMMITTEE
10th November, 2008

Minutes of the meeting of the Executive Committee held on Monday, the 10th November,2008 at 10.00 A.M. at Patna 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>Thiruvananthapuram (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 University of Medical Sciences, <u>Nagpur (Maharashtra)</u>
Dr. Mukesh Kr. Sharma	Professor of General Surgery, S.M.S. Medical College, <u>Jaipur (Rajasthan)</u>
Dr. S.D. Dalvi	Prof. & Head, Department of PSM, Govt. Medical College, <u>Nanded (Maharashtra)</u>
Dr. G.K. Thakur	Professor & Head, Department of Radiodiagnosis, S.K.Medical College, <u>Muzaffarpur</u>

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

Apologies for absence were received from Dr. Ketan Desai, Dr. P.K. Das, Dr. B.P. Dubey and Dr. K.P. Mathur.

1. Minutes of the Executive Committee Meeting held on 15th Sept.,2008 - 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 15th Sept.,2008.

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

The Secretary informed the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the action taken report of the various items included in the agenda of the Executive Committee meeting held on 15th Sept., 2008 may kindly be read amended as under:-

Item No. 10 : Adherence of regulation 5(5)(ii) of Graduate Medical Education, 1997 of the MCI for selection of 1st year MBBS students under CBSE/All India Quota – Reg.

The action taken report may be read amended as “Noted”.

Item No. 12 : Appeal against the order dated 31.08.2007 passed by Delhi Medical Council made by Mr. Arun Kumar Jha (F.No. 432/2007).

The action taken report may be read amended as under:-

“As directed by the Chairman, Ethics Committee, the matter has been placed before the Ethics Committee at its meeting held on 06.10.2008.”

Item No. 13 : Handling of children with disabilities and referral.

The action taken report may be read amended as under:-

“The decision has been placed on the website of the Council. A circular has been sent to all the medical colleges and IMA on 11.10.2008.”

Item No. 32 : Request for grant of permanent registration to Mr. Raj Kamal Ranjan u/s 13(3) of the I.M.C. Act, 1956.

The action taken report may be read amended as under:-

“As directed by the Executive Committee the matter was placed before the Chairman, Registration & Equivalence Committee for final disposal.

As per direction of the R.E.C. Chairman, a letter has been sent to the applicant on 04.11.2008.”

Item No. 44 : Annual Report of the Medical Council of India

The action taken report may be read amended as under:-

“It will be placed before the General Body of the Council.”

Item No. 45 : Approval of Minutes of the Teachers Eligibility Qualifications Sub-Committee.

The action taken report may be read amended as under:-

“Items No. 10 & 16 are referred back to TEQ Sub-Committee and will be placed at its next meeting.”

Item No. 46: Selection for the post of Additional Inspector in the office of the Medical Council of India.

The action taken report may be read amended as under:-

“Dr. Suresh C. Shah has joined his duties as Additional Inspector w.e.f. 01.10.2008.”

Item No. 50 : Establishment of new medical colleges in the various states for the academic year 2008-09 – consideration of the Hon’ble Supreme Court order dated 11.09.2008 – regarding.

The action taken report may be read amended as under:-

“The inspections in respect of the following institutes were carried out:-

(i) Establishment of new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society – W.P. (C) No. 318/2008 – Dated 22.09.2008.

New medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society - Dated 22.09.2008.

(ii) Establishment of new medical college at Kanpur, U.P. by Rama Educational Society, Kanpur, Uttar Pradesh – W.P. [C] No.305/2008.

New medical college at Kanpur, U.P. by Rama Educational Society, Kanpur, Uttar Pradesh – Dated 22.09.2008.

(iii) Establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra – W.P. [C] No. 295/2008.

New medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra – Dated 22.09.2008

(iv) Establishment of new medical college at Kadapa, Andhra Pradesh by Mohammadiya Educational Society, Kadapa, Andhra Pradesh – Permission of the Central Govt. – Regarding – W.P. [C] No. 302/2008.

New medical college at Kadapa, Andhra Pradesh by Mohammadiya Educational Society, Kadapa, Andhra Pradesh – Dated 27.09.2008.

(v) Establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the I.M.C. Act,1956 - W.P. [C] No. 311/2008.

New medical college at Noida, Uttar Pradesh by Sharda Education Trust – Dated 27.09.2008.

(vi) Establishment of new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangla Memorial Trust, Rohtas, Bihar - W.P. [C] No. 367/2008

New medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangla Memorial Trust, Rohtas, Bihar – Dated 22.09.2008.

The inspection reports were sent for decision by circulation. The decision of Adhoc Committee & Executive Committee have been communicated to the Central Govt. and are also recorded at Item No.4 of the Agenda for this meeting.

As per the decision of the Adhoc Committee/Executive Committee inspection report of proposed colleges at Kadapa and Noida are being placed before E.C. in this meeting.”

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. Information about the decisions on the matters circulated to the members of the Adhoc Committee and of the Executive Committee after the meeting of the last Executive Committee dated 15.09.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the decisions on the matters circulated to the members of the Adhoc Committee and of the Executive Committee after the meeting of the last Executive Committee dated 15.09.2008 as under:-

1. Establishment of new medical college at Jamuhar, Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar for the academic year 2008-09 – Consideration of the Hon'ble Supreme Court order dated 11.09.2008

The members of Adhoc Committee and of the Executive Committee 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 that at its meeting held on 13-14th June, 2008 while considering the matter with regard to establishment of new medical college at Jamuhar Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar had decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Jamuhar Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar u/s 10(A) of the IMC Act, 1956.

Thereafter, the Institute had filed a Writ Petition before the Hon'ble Supreme Court of India bearing Writ Petition (Civil) No. 367/2008-Deo Mangal Memorial Trust Vs. Union of India & Anr. The Hon'ble Supreme Court had passed the following Order on 11.9.2008:-

“..... In all these petitions, the petitioners seek inspection by the Medical Council of India, the MCI may conduct the inspection and submit its recommendations to the Union Government at the earliest and the Union Government may thereafter pass appropriate orders within a reasonable time.

The writ petitions are disposed of accordingly.

In any one of these cases if recommendations could be given for the year 2008-09, the MCI may endeavour to do the same.”

Accordingly, an inspection for establishment of new medical college at Jamuhar Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar was carried out by the Council Inspectors on 22nd September, 2008. A detailed item alongwith the inspection report dated 22.9.2008 was circulated to all the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court further requesting the members to send the decision.

In reference to the aforesaid circular, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council have 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 Council Inspectors report (22nd September, 2008) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Jamuhar Distt. Rohtas, Bihar by Deo Mangal Memorial Trust, Rohtas, Bihar with an annual intake of 100 (Hundred) MBBS students for the academic session 2008-09 u/s 10A of the I.M.C. Act, 1956.”

2. Establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra for the academic year 2008-09 – Consideration of the Hon'ble Supreme Court order dated 11.09.2008

The members of Adhoc Committee and of the Executive Committee 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 that at its meeting held on 13-14th June, 2008

while considering the matter with regard to establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra had decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra Trust u/s 10(A) of the IMC Act, 1956.

Thereafter, the Institute had filed a Writ Petition before the Hon'ble Supreme Court of India bearing Writ Petition (Civil) No. 295/2008-Godavari Foundation Vs. Union of India & Anr. The Hon'ble Supreme Court had passed the following Order on 11.9.2008:-

"..... In all these petitions, the petitioners seek inspection by the Medical Council of India, the MCI may conduct the inspection and submit its recommendations to the Union Government at the earliest and the Union Government may thereafter pass appropriate orders within a reasonable time.

The writ petitions are disposed of accordingly.

In any one of these cases if recommendations could be given for the year 2008-09, the MCI may endeavour to do the same."

Accordingly, an inspection for establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra was carried out by the Council Inspectors on 22nd September, 2008. A detailed item alongwith the inspection report dated 22.9.2008 was circulated to all the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court further requesting the members to send the decision.

In reference to the aforesaid circular, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council have 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 Council Inspectors report (22nd September, 2008) and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical college at Jalgaon, Maharashtra by Godavari Foundation, Jalgaon, Maharashtra with an annual intake of 100 (Hundred) MBBS students for the academic session 2008-09 u/s 10A of the I.M.C. Act, 1956.

3. **Index Medical College Hospital & Research Centre, Indore-Renewal of permission for admission of 2nd batch of students for the academic session 2008-09.**

The members of Adhoc Committee and of the Executive Committee 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 that an inspection to verify the available teaching facilities at Index Medical College, Indore was conducted by the Council Inspectors on 1st October, 2008. The inspection report was sent to the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council by circulation. I am directed to convey the decision of the members of the Adhoc Committee and of the Executive Committee of the Council which reads as under:-

"The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its meeting held on 12th May, 2008 while considering the inspection report of Index Medical College, Indore for renewal of permission for admission of 2nd batch of students for the academic session 2008-09 had decided not to renew the permission for admission of 2nd batch of MBBS students for the academic year 2008-09.

The above decision was communicated to the Central Govt. vide letter dated 12.05.2008 with a copy to college authorities.

With reference to above, the college authorities vide letter dated 20th May, 2008 had submitted the compliance on rectification of the deficiencies pointed out in the MCI inspection report.

13th & 14th June 2008

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while considering the inspection reports at its meeting held on 13th & 14th June, 2008 in view of the deficiencies of teaching faculty, clinical material etc. and in view of the teachers having been found working in more than one medical college simultaneously and teachers being found having been submitted false and forged declaration forms counter signed by the Dean of the college had decided as under:-

“....In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. not to renew the permission for admission of 2nd batch of students for the academic session 2008-2009 at Index Medical College Hospital & Research Centre, Indore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were, therefore, clearly of the view that the Council should take steps for referring the above case to the Police authorities for registration of FIR and conducting investigation in the above case. It was also observed that in the complaint to be sent to the Police authorities, it should also be clearly requested that in the above case if there is a collusion and conspiracy of such a person with the management of the college, the necessary action should also be taken against the management of the college. It was further decided that appropriate action be taken against this Doctor and the Dean/Principal in accordance with Professional Conduct (Etiquette and Ethics) Regulations 2002.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council also decided that including recommendation for not recommending the renewal of permission for admission of 2nd batch of students, the Central Government may consider debarring this college from any further consideration u/s 10A of the Act for a period of 2-3 years and for any further appropriate action by the Central Government to curb the menace of submitting false declaration forms”.

The above decision of the Executive Committee of the Council was communicated to the Central Govt. vide MCI letter dated 14.06.2008.

Government of India Letter dated 18.06.2008

With reference to above, the Council office had received a letter dated 18.06.2008 from the Central Govt. addressed to the college authorities and copy marked to this Council requested the college authorities not to admit any fresh batch of MBBS students until the permission is renewed by the Central Government.

The Central Govt. further requested the college authorities to take necessary action to rectify the deficiencies and forward the compliance report to the Ministry of Health & F.W. for consideration for next academic year 2009-10.

The Institute has filed a Writ Petition No. 313/2008 in the Hon'ble Supreme Court of India. At the hearing on 11.8.2008 it had transpired that the Hon'ble Court had left it to the wisdom of Mr. Harish Salve, Learned Senior Advocate appearing on behalf of the MCI to see in which cases the MCI would be in a position to conduct the inspection. The Council Advocate vide letter dated 14.8.2008 while conveying the above stated proceedings had further stated that Mr. Harish Salve, learned Sr. Advocate had advised the MCI to conduct inspection in those five colleges which were seeking renewal of permission for the academic year 2008-09.

Accordingly, an inspection to verify the compliance and the teaching faculty, residents, clinical material & hostels facilities available at Index Medical College Hospital & Research Center, Indore was carried out by the Council inspectors on 19th August, 2008.

25th August, 2008

The council inspectors reports was placed before the member of the Adhoc Committee and of the Executive Committee at its meeting held on 25th August, 2008 for consideration 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 considered the compliance verification inspection report (19th August, 2008) along with Council Inspectors reports (08th & 09th May, 2008 & 27th May, 2008) and observed the following:-

1.(a) The following faculty have not been considered while computing faculty for reasons given as under:

<i>S.N O.</i>	<i>Name of Faculty</i>	<i>Designation</i>	<i>Department</i>	<i>Remarks</i>
<i>1</i>	<i>Dr. Archana Tiwari</i>	<i>Asst. Prof.</i>	<i>Anatomy</i>	<i>On verification from DCI, it is confirmed that she is working as Sr. Lecturer in Uttaranchal Dental College as per online entry by the college on DCI website.</i>
<i>2</i>	<i>Dr. Sanjay Chamoli</i>	<i>Asst. Prof.</i>	<i>Anatomy</i>	<i>On verification from DCI, it is confirmed that he is working as Professor in Institute of Dental Studies & Technology, Modinagar as per online entry by the college on DCI website.</i>
<i>3</i>	<i>Dr. Dharam Veer Singh</i>	<i>Professor</i>	<i>Anatomy</i>	<i>On verification from DCI, it is confirmed that he is working as Reader in Kalka Dental College, Meerut as per online entry by the college on DCI website.</i>
<i>4</i>	<i>Dr. S.P. Mishra</i>	<i>Asso. Prof.</i>	<i>Biochemistry</i>	<i>On verification, Institute of Medical Sciences, Varanasi vide letter dt. 20.08.2008 has confirmed that he is working as Lecturer at the institute.</i>
<i>5</i>	<i>Dr. Shailesh Gupta</i>	<i>Asst. Prof.</i>	<i>Physiology</i>	<i>On verification, Institute of Medical Sciences, Varanasi vide letter dt. 20.08.2008 has confirmed that he is working as Lecturer at the institute.</i>
<i>6</i>	<i>Dr. Shail Bala</i>	<i>Professor</i>	<i>Physiology</i>	<i>On confirmation, Muzaffarnagar Medical College vide its fax dt. 23.08.2008 has informed that she is on leave from 01.06.2008 and not yet relieved.</i>

(b) In view of above, the shortage of teaching faculty for the academic year 2008-09 (i.e. 1 renewal) is more than 30 % (i.e. 39 out of 129) as under:-

- (i) Professor 02 (Pharmacology-1 & OBGY-1)
- (ii) Associate Professor 07 (Anatomy-1, Physiology-2, Forensic Medicine -2 & Pharmacology-2)
- (iii) Assistant Professor 07 (Anatomy-3, Biochemistry 1, Pharmacology -2 & TB & Chest-1)
- (iv) Tutor 23 (Anatomy-6, Physiology -3, Biochemistry-2, Pharmacology-6, Pathology-5 & Microbiology -1)

(c) The shortage of Residents is 40.7% (i.e. 31 out of 76) as under:-

- (i) Sr. Resident 02 (ENT-1 & Ophthalmology -1)
- (ii) Jr. Resident 29 (General Medicine-4, Peadiatrics.-3, Skin & VD-2, Psychiatry-2, General Surgery-9, Orthopaedics-3, ENT-2, Ophthalmology-2, Obst. & Gynae. -2).

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

	Daily Average	Day of Inspection
Bed occupancy%	50-70%	50%

3. Bed occupancy as evaluated by us on the day of inspection was approx. 50%.

General Surgery	35 occupied out of 105
Orthopaedics	12 occupied out of 40
Ophthalmology	3 occupied out of 15
ENT	8 occupied out of 15
Obst. & Gynae.	32 occupied out of 65
General Medicine	51 out of 100
Peadiatrics	20 out of 45
Total	161 out of 385

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

The deficiency with respect to teaching faculty as to the requirement for the existing students is as under:-

1. (a) The shortage of teaching faculty is 28.75 % (i.e. 19 out of 66) as under:-

- (i) Professor 01 (Anatomy 1)
- (i) Associate Professor 05 (Physiology 1, Biochemistry 1, Pharmacology – 1 & Physiology -2)
- (ii) Assistant Professor 02 (Anatomy -2)
- (iii) Tutor 11 Anatomy -6, Physiology -3 & Biochemistry -2)

(b) The shortage of Residents is 10.6% (i.e. 7 out of 43) as under:-

- (i) Sr. Resident 02 (ENT -1 & Ophthalmology -1)
- (ii) Jr. Resident 05 (ENT – 1, Ophthalmology -1 & General Surgery -3)

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 2nd batch of MBBS

students for the academic year 2008-09 at Index Medical College Hospital & Research Centre, Indore”.

The decision of the Executive Committee was communicated to the Central Govt. vide Council office letter dated 04/09/2008.

Government of India Letter dated 24.09.2008

Thereafter, a fax dated 24.09.2008 was received from the Central Govt. wherein it was stated as under :-

*Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)*

*Nirman Bhawan, New Delhi
Dated, the 24th September, 2008*

*To,
The Secretary,
Medical Council of India,
Pocket – 14, Sector – 8,
Dwarka, New Delhi.*

Sub : W.P. No. 300, 315, 420, 421 and 426 of 2008 – Santhiram Medical College Vs. Union of India – regarding.

“I am directed to enclose herewith a copy of letter dated 22.09.2008 received from Shri Gopal Subramaniam, ASG on the subject noted above and to say that with regard to the W.P. No. 420 of 2008 Index medical College, Hospital, Indore and W.P. No. 426 of 2008 Rohilkand Medical College & Hospital, Bareilly the petitioners acknowledged that there were deficiencies, but requested that the Government and the MCI may consider renewal of permission for a reduced intake of students. Shri Gopal Subramaniam, ASG submitted in the Hon’ble Supreme Court that as the deficiencies were less than 60% the Government and the MCI would consider whether renewal could be granted for a reduced intake of students.

In view of the above, Medical Council of India is requested to kindly furnish their recommendations with reduced intake in respect of the above medical colleges to this Ministry by today evening positively. These petitions are listed for hearing on 26th September, 2008”.

*N. Barik
(Under Secretary to the Govt. of India)*

Medical Council of India letter dated 24.09.2008

In light of the aforesaid letter of the Central Govt., the matter was examined in the office and a reply was sent on the same day i.e. 24.09.2008 to the Central Govt., after getting the approval from the President (Acting) on telephone. The operative part of the letter is as under :-

*“The Secretary to the Govt. of India,
Ministry of Health & F.W.,
(Department of Health),
Nirman Bhavan,
New Delhi – 110 011.*

*Subject: **W.P. No. 300, 315, 420, 421 and 426 of 2008 – Santhiram Medical College Vs. Union of India – Regarding.***

Ref. : **Your letter F.No. U.12012/231/2005-ME(P-II), dated 24th September, 2008.**

Sir,

With reference to your above cited fax letter received in the Office of the Council on 24.9.2008 at 1.30 p.m., I am directed to state that an exercise was undertaken to find out whether – with the level of deficiencies with regard to teaching faculty, residents and clinical material, etc. in respect of Index Medical College Hospital, Indore and Rohilkhand Medical College & Hospital, Bareilly – these colleges can be considered for renewal of permission for a reduced intake of students for academic year 2008-09.

It is stated that the minimum infrastructural, teaching and other facilities which are required to be provided under the statutory Regulations are for sanction of either 50 or 100 or 150 admissions in the MBBS course annually. Having regard to the provisions of the statutory Regulations, the observations, on behalf of the Council, for these 2 medical colleges, viz. (1) Index Medical College Hospital, Indore & (2) Rohilkhand Medical College & Hospital, Bareilly are as under:-

INDEX MEDICAL COLLEGE HOSPITAL, INDORE

This college has sought renewal for 150 admissions in the MBBS course. It has been found to be highly deficient for 150 admissions. As set out hereunder, on account of the existing deficiencies in the last inspection report of 19.08.2008, the college is grossly lacking even for 100 admissions and is not having the minimum required infrastructural, teaching and other facilities even for 50 admissions as shown below:

(A) Shortage of Teaching Faculty even for reduced intake of 100 students:-

The shortage of teaching faculty for reduced intake of 100 students for I renewal vis-à-vis the available teaching faculty is 26.80% as under:-

(a) Professor 3 (Pharmacology -1, Orthopaedics -1, Obst. & Gynae. -1)

(b) Associate Professor-3 (Physiology -1, Pharmacology -1, Forensic Medicine-1)

(c) Assistant Professor -4 (Anatomy -1, Biophysics-1, Pharmacology -1, ENT -1)

(d) Tutor 16 (Anatomy -6, Physiology -3, Biochemistry -2, Pharmacology -4, Microbiology-1)

(B) The shortage of Residents even for reduced intake of 100 students is 29.82% as under:-

(a) Sr. Resident -3 (ENT-1 & Orthopaedics-2)

(b) Jr. Resident – 14 (Paediatrics -3, Psychiatry -1, Surgery -3, Orthopaedics -3, ENT-2 & Ophthalmology -2)

© The shortage of the clinical material in terms of bed occupancy which would be 59.42% as against the requirement of minimum of 80 % bed occupancy.

Shortage of Teaching Faculty even for reduced intake of 50 students:

(i) The shortage of teaching faculty for reduced intake of 50 students for I renewal vis-à-vis the available teaching faculty is 32.85% as under:-

(a) Professor-3 (Pharmacology-1, Orthopaedics-1, OBGY-1)

(b) Assoc.Prof.-3 (Physiology-1, Pharmacology-1, ENT-1)

(c) Asstt.Prof.-2 (Anatomy-1, Lecturer Biophysics-1)

(d) Tutor-15 (Anatomy-6, Physiology-5, Biochemistry-2, Pharmacology-2)

(ii) The shortage of Residents even for reduced intake of 50 students is 27.45% as under:-

(a) Sr.Resident-2 (ENT-1, Ophthalmology-1)

(b) Jr.Resident-12 (Paediatric-3, Dermatology-1, Psychiatry-1, Surgery-3, ENT-2, Ophthalmology-2)

(iii) Shortage of the clinical material in terms of bed occupancy which would be 65% as against the requirement of minimum of 80% bed occupancy.

.....

I am further directed to invite your kind attention to the fact that the deficiencies with relation to crucial and critical aspects of Faculty, Residents, Clinical material, etc. have been found to be either consistent or with an upward trend with each successive inspection. In other words, on every subsequent inspection, it has been observed that the deficiencies in relation to Teaching Faculty, Residents and Clinical Material, etc. in both these private medical colleges, instead of getting removed, as claimed by the colleges, have in fact either remained constant or even got increased.

All the above mentioned inspection reports and the recommendations of the Council for declining renewal to these 2 private medical colleges for the present academic year are already available with your office. I am directed to state that with the increasing or consistent trend observed over a period of nearly 4 months of gross deficiencies, as shown above, the minimum required infrastructural, teaching and other facilities are not fulfilled even for 50 admissions. The Council in last communication has also pointed out that both these institutes are having deficiencies of teaching faculty, residents, clinical material, etc. even for existing number of students presently studying in these institutes.

The counsel for the MCI has been requested to bring these facts to the notice of Mr. Harish Salve, Senior Advocate appearing on behalf of the MCI and these aspects may also be brought to the kind notice of Mr. Gopal Subramaniam, Additional Solicitor General of India, as these colleges are found to be grossly deficient also in relation to crucial and critical aspects of Teaching Faculty, Residents, Clinical material, etc. even for 50 admissions and would not deserve renewal for the present academic year 2008-09.

Yours faithfully,

Sd/-

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

Copy to : 1. Shri Harish Salve, Senior Advocate, 42, Poorvi Marg, Vasant Vihar, New Delhi.
2. Shri Gopal Subramaniam, Learned Addl. Solicitor General of India, AB 7, Purana Qilla Road, New Delhi”.

Supreme Court order dated 26.09.2008

Subsequently, the Hon’ble Supreme Court in W.P. No. 420/2008 had passed the following orders on 26.09.2008 :-

“Mr. Gopal Subramaniam, learned Additional Solicitor General appearing for Union of India stating that the inspection was also conducted but the percentage of the teaching staff in various departments and other facilities were inadequate and petitioner – institution cannot be given permission.

The writ petitions are accordingly disposed of without prejudice to their rights and to continue to get permission in the next calendar year”.

However, the Central Govt. vide its letter dated 26.09.2008 issued the renewal for admission of 2nd batch with annual intake of 150 admissions in respect of the said college.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in a similar situation which has arisen in 2003, the Hon'ble Supreme Court in I.A. No. 5-6 & 7-14 in Civil Appeal No. 599-600 of 2002 dated 23.9.2003 had directed the Council to verify the teaching facilities etc. available in the concerned institute. In accordance with the spirit of the directions of the Hon'ble Supreme Court, an inspection of Index Medical College, Indore was conducted on 1st October, 2008 to verify the teaching facilities etc. Perusal of the inspection report reveals as under:-

1. The clinical material is grossly inadequate as under:-
- (i)

The institute submitted bed occupancy on the day of inspection to be 73%. However, the actual verification and as per ward census during inspection bed occupancy on the day of inspection was found to be 27.71%.
- (ii)

There is no patient in casualty, Paediatrics ICU and NICU on the day of inspection
- (iii)

On the day of inspection no surgeries were performed.
- (iv)

There is no delivery/LSCS after the 24th September, 2008.

Casualty & Intensive Care Units

Ward No.	Beds	Occupancy Inspection day	Ward No.	Beds	Occupancy Inspection day
ICCU	25	19	Casualty	25	Nil
ICU(Med)			NICU	4	Nil
ICU (Surg)			PICU	3	Nil
Burns	N.A		Obstetric	N.A	

Bed occupancy on 1st Oct. 2008 (date of inspection)

Specialty	Required beds	Occupancy
General Medicine	100	30
Paediatrics	45	03
Tuberculosis & Chest	15	04
Skin & VD	08	03
Psychiatry	07	02
General Surgery	105	62
Orthopaedics	40	03
Ophthalmology	15	01
ENT	15	03
OBG	65	04
TOTAL	415	115

Bed Occupancy on the day of inspection is 27.71 % (115 Out of 415)
O.P.D. Attendance (New & Old cases) on the day of Inspection 1st October 2008

Specialty	No. of patients
General Medicine	100
Paediatrics	60
Tuberculosis & Chest	15
Skin & VD	12

Psychiatry	08
General Surgery	70
Orthopaedics	60
Ophthalmology	50
ENT	50
OBG	110
TOTAL	535

SURGERIES PERFORMED - DATAS ARE FROM MANUAL RECORDS

DATE	GEN.SURG		ORTHO		ENT	OBG (excl. LSCS)		OPTHO
	Maj	Min	Maj	Min		Maj	Min	
30/09/08	2	2	1	1	1	1	1	1
1/10/08	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

BIRTHS

	NORMAL LABOUR	LSCS
19/09/08	2	2
23/09/08	1	Nil
24/09/08 on wards till to day	Nil	Nil

LABORATORY INVESTIGATIONS & RADIOLOGY WORK LOAD

DATE	PATHOLOGY, MICROBIOLOGY & BIOCHEMISTRY COMMON RECORD – No. of patients			RADIOLOGY		
	Pathology OPD & IPD	Microbiology OPD & IPD	Biochemistry OPD & IPD	X-ray & Sp. Invest	USG	CT Scan
30/09/08	100	83	150	65	40	1
01/10/08	54	42	70	40	25	1

2. (a) The shortage of teaching faculty is 65.11% as under:-
- (i) Professor07

(Anatomy-1,Biochemistry-1, Pharmacology-1, Pathology-1, Community Medicine-1, General Surgery-1, OBGY-1)

(ii) Associate Professor18

(Anatomy-3, Physiology-3, Pharmacology-2 , Pathology -4, Microbiology-2, Anaesthesia- 1, Forensic Medicine-2, OBGY-1)

(iii) Assistant Professor26

(Anatomy-4,Physiology-2, Bio-Physics-1, Pharmacology-3, Ph.Chemist-1, Pathology-5, Microbiology- 2, Forensic Medicine-2 , Community Medicine-1, RHTC-1, UHC-1, Psychiatry-1,M.W.O-1,Dentistry-1)

(iv) Tutor33

(Anatomy-6, Physiology-6, Biochemistry-1, Pharmacology-6, Pathology-9,Microbiology-2, Forensic Medicine-2,Community Medicine-1)

The shortage of Residents is 32.89% as under :-

- (i) Sr. Resident09

(General Medicine -3, Pediatrics-1, E.N.T-1, Ophthalmology-1, Anesthesia-3)
- (ii) Jr. Resident16

(General Medicine-2, Dermatology-1, Psychiatry-2, General Sugery-5, Orthopedics-1,Ophthalmology-1, OBGY-4)

3. The inspectors have also observed as under regarding the conduct of inspection and list of students admitted for 2008-09:-

“The MCI inspection team reached Indore Airport at 8.00 a.m. and contacted the Pre-paid Taxi counter just outside the exit of the Airport. The person at the counter has told whether you will go first to Hotel “Amaltas” then to Index Medical College or directly go to Index Medical College. We were surprised to hear this statement and we asked him that I am not aware of any hotel; we will directly go to the Index Medical College. We further confirmed whether you are fully aware about the location of the Index Medical College, Indore and then he showed us the bills and the list of the doctors coming from different flights in the last week of September, 2008 going first to the hotel and then to the Index Medical College, Indore.

We reached at Index Medical College, Indore on 1st October, 2008 at 9.30 a.m. and directly went to the Dean's office and contacted Dr. Sudhir Kumar Tongia. He immediately asked the authority letter from the Medical Council of India. The fax of the college was not working and he has given the fax No.0731-2542469 of city office at Indore. The MCI inspection team has requested him for the information of 1st MBBS students admitted upto 30th September, 2008 and he replied after talking to somebody on phone and no students has been admitted so far. Later on he has contacted his Chairman on phone i.e. Mr. Suresh Singh Bhadoria and accompanied me in the college. Later on as we entered in the hospital in the Obst. & Gynae. ward on the ground floor, he said that I am not interested in getting the inspection done as most of the departments were closed in the Index Medical College. He said I do not believe the authenticity of the fax and you are not having any authority to inspect without valid duly signed original letter from the Medical Council of India and his attitude was very hostile. He has denied to receive any phone call from MCI and even denied to talk to the Secretary, MCI on my Mobile Phone. At about 10.45 a.m. the Chairman came to Dean's office and introduced himself to us. The Dean was not in favour at all for any inspection at this moment. Any how, the Chairman said that you can proceed for inspection. He also categorically denied any student's admission upto 30th September, 2008 and he did not submit any statement. I repeatedly asked to give in writing for the same but he declined later on he prepared a draft in the evening at about 5.00 p.m. that 23 NRI students have been admitted and the remaining 127 from General Category has also been admitted as per rules and regulations formed by Association of Private Dental and Medical Colleges Authority of state of M.P. (APDMC). And later on he denied the above statement also and gave in writing at 6.30 p.m. that 23 NRI admissions were made till 30.09.2008 and the rest of admissions the undersigned is not aware due to holiday on 01.10.2008 (IDUL FITUR) he categorically denied to give the names of 23 NRI's admissions inspite of repeated requests. Chairman was also present after 10.45 a.m. We requested him to open the city office and give the name of the students admitted but he also denied.”

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council, on account of the above and the persisting gross deficiencies in relation to infrastructural, teaching and other facilities resolved to urge the Central Government to recall the Letter of Permission dated 26.09.2008 issued by it to Index Medical College, Indore for admission of 2nd batch of MBBS students for the academic year 2008-09”.

4. **Rohilkhand Medical College & Hospital, Pilibhit, Bareilly-Renewal of permission for admission of 3rd batch of students for the academic session 2008-09.**

The members of Adhoc Committee and of the Executive Committee 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 An inspection to verify the available teaching facilities at Rohilkhand Medical College & Hospital, Pilibhit, Bareilly was conducted by the Council Inspectors on 1st October, 2008. The inspection report was sent to the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council by circulation. I am directed to convey the decision of the members of the Adhoc Committee and of the Executive Committee of the Council which reads as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its meeting held on 14th April, 2008 while considering the inspection report of Rohilkhand Medical College & Hospital, Pilibhit, Bareilly for renewal of permission for admission of 3rd batch of students for the academic session 2008-09 had decided not to renew the permission for admission of 3rd batch of MBBS students for the academic year 2008-09.

The above decision was communicated to the Central Govt. vide letter dated 16.04.2008 with a copy to college authorities.

With reference to above, the college authorities vide letter dated 20th May, 2008 had submitted the compliance on rectification of the deficiencies pointed out in the MCI inspection report.

13th & 14th June 2008

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council while considering the inspection reports at its meeting held on 13th & 14th June, 2008 in view of the deficiencies of teaching faculty, clinical material etc. and in view of the teachers having been found working in more than one medical college simultaneously had decided as under:-

“....In view of above and Govt. of India letter dt. 15/3/2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar V/s. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and the Executive Committee of the Council decided to recommend to Central Govt. not to renew the permission for admission of 3rd batch of students for the academic session 2008-2009 at Rohilkhand Medical College & Hospital, Pilibhit, Bareilly”.

The above decision of the Executive Committee was communicated to the Central Govt. vide MCI letter dated 14.06.2008.

Government of India letter dated 19.06.2008

With reference to above, the Council office had received a letter dated 19.06.2008 from the Central Govt. addressed to the college authorities and copy marked to this Council requested the college authorities not to admit any fresh batch of MBBS students until the permission is renewed by the Central Government.

The Central Govt. further requested the college authorities to take necessary action to rectify the deficiencies and forward the compliance report to the Ministry of Health & F.W. for consideration for next academic year 2009-10.

The Institute has filed a Writ Petition No. 294/2008 in the Hon'ble Supreme Court of India. At the hearing on 11.8.2008 it had transpired that the Hon'ble Court had left it to the wisdom of Mr. Harish Salve, Learned Senior Advocate appearing on behalf of the MCI to see in which cases the MCI would be in a position to conduct the inspection. The Council Advocate vide letter dated 14.8.2008 while conveying the above stated proceedings had further stated that Mr. Harish Salve, learned Sr. Advocate had advised the MCI to conduct inspection in those five colleges which were seeking renewal of permission for the academic year 2008-09.

Accordingly, an inspection to verify the compliance and the teaching faculty, residents, clinical material & hostels facilities available at Rohilkhand Medical College & Hospital, Pilibhit Bypass Road, Bareilly was carried out by the Council inspectors on 19th August, 2008.

25th August, 2008

The Council Inspectors report was placed before the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 25th August, 2008 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 considered the compliance verification inspection report (19th August, 2008) along with Council Inspectors report (1st & 2nd April, 2008 & 20th May, 2008) and observed the following:-

1. (a) *The shortage of teaching faculty for the academic year 2008-09 (i.e. IInd renewal) is 23.68 % (Shortage of 27 out of 114) as under:-*
 - i) *Professor : 3 (1 Pediatrics, 1 Orthopedics, 1 Radiodiagnosis)*
 - ii) *Associate Prof. : 13 (1 Anatomy, 2 Physiology, 3 Pathology, 2 General Medicine, 1 Paediatrics, 1 Surgery, 1 Orthopaedics, 1 Anaesthesiology, 1 Radio-diag.)*
 - iii) *Assistant Prof.: 5 (1 PSM, 1 TB & Chest, 3 Surgery)*
 - iv) *Tutor : 6 (1 Anatomy, 2 Pharmacology, 1 Microbiology, 2 Forensic Medicine)*
- (b) *The shortage of Residents is 20.98 % (Shortage of 17 out of 81).*
 - i) *Sr. Resident : 5 (1 Medicine, 1 TB & Chest, 1 Psychiatry, 1 Radiodiagnosis, 1 Anaesthesiology)*
 - ii) *Jr. Resident : 12 (4 Medicine, 1 Dermatology, 1 Psychiatry, 3 Surgery, 2 ENT, 1 Obstetrics & Gynaecology)*
2. *Clinical material is inadequate in terms of bed occupancy (76%), number of deliveries (1 on the day of inspection), Microbiology investigations (5 on the day of inspection), Cytopathology (3) and minor surgical operation (4).*
3. *Other deficiencies/remarks pointed out in the inspection report.*

The deficiency with respect to teaching faculty as to the requirement for the existing students is as under:-

1. *The faculty shortage is 20.5% (i.e. 20 out of 97) as under:-*
 - i) *Professor 03 (Paediatrics -1, Orthopaedics -1, Radio Diagnosis-1)*
 - ii) *Assoc Prof 09 (Anatomy -1, Physiology -2, Pathology -3, Paediatrics -1, Orthopaedics -1, Radio –Diagnosis-1)*
 - iii) *Asstt. Prof 02 (TB & Chest -1, Surgery -1)*
 - iv) *Tutor 06 (Anatomy -1, Pharmacology -2, Microbiology -1, Forensic Medicine -2)*

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to renew the permission for admission of 3rd batch of MBBS students for the academic year 2008-09 at Rohilkhand Medical College & Hospital, Pilibhit Bypass Road, Bareilly."

The decision of the Executive Committee was communicated to the Central Govt. vide Council office letter dated 04/09/2008.

Government of India letter dated 24.09.2008

Thereafter, a fax dated 24.09.2008 was received from the Central Govt. wherein it was stated as under :-

*Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)*

*Nirman Bhawan, New Delhi
Dated, the 24th September, 2008*

*To,
The Secretary,
Medical Council of India,
Pocket – 14, Sector – 8,
Dwarka, New Delhi.*

Sub : W.P. No. 300, 315, 420, 421 and 426 of 2008 – Santhiram Medical College Vs. Union of India – regarding.

"I am directed to enclose herewith a copy of letter dated 22.09.2008 received from Shri Gopal Subramaniam, ASG on the subject noted above and to say that with regard to the W.P. No. 420 of 2008 Index medical College, Hospital, Indore and W.P. No. 426 of 2008 Rohilkand Medical College & Hospital, Bareilly the petitioners acknowledged that there were deficiencies, but requested that the Government and the MCI may consider renewal of permission for a reduced intake of students. Shri Gopal Subramaniam, ASG submitted in the Hon'ble Supreme Court that as the deficiencies were less than 60% the Government and the MCI would consider whether renewal could be granted for a reduced intake of students.

In view of the above, Medical Council of India is requested to kindly furnish their recommendations with reduced intake in respect of the above medical colleges to this Ministry by today evening positively. These petitions are listed for hearing on 26th September, 2008".

*N. Barik
(Under Secretary to the Govt. of India)*

Medical Council of India letter dated 24.09.2008

In light of the aforesaid letter of the Central Govt., the matter was examined in the office and a reply was sent on the same day i.e. 24.09.2008 to the Central Govt., after getting the approval from the President (Acting) on telephone. The operative part of the letter is as under:-

*"The Secretary to the Govt. of India,
Ministry of Health & F.W.,
(Department of Health),
Nirman Bhavan,
New Delhi – 110 011.*

Subject: W.P. No. 300, 315, 420, 421 and 426 of 2008 – Santhiram Medical College Vs. Union of India – Regarding.

Ref. : Your letter F.No. U.12012/231/2005-ME(P-II), dated 24th September, 2008.

Sir,

With reference to your above cited fax letter received in the Office of the Council on 24.9.2008 at 1.30 p.m., I am directed to state that an exercise was undertaken to find out whether – with the level of deficiencies with regard to teaching faculty, residents and clinical material, etc. in respect of Index Medical College Hospital, Indore and Rohilkhand Medical College & Hospital, Bareilly – these colleges can be considered for renewal of permission for a reduced intake of students for academic year 2008-09.

It is stated that the minimum infrastructural, teaching and other facilities which are required to be provided under the statutory Regulations are for sanction of either 50 or 100 or 150 admissions in the MBBS course annually. Having regard to the provisions of the statutory Regulations, the observations, on behalf of the Council, for these 2 medical colleges, viz. (1) Index Medical College Hospital, Indore & (2) Rohilkhand Medical College & Hospital, Bareilly are as under:-

.....

ROHILKHAND MEDICAL COLLEGE & HOSPITAL, BAREILLY

This college has sought renewal for 100 admissions in the MBBS course. It has been found to be highly deficient for 100 admissions. As set out hereunder, on account of the existing deficiencies in the last inspection report of 19.08.2008, the college is grossly lacking even for 50 admissions as shown below:

(A) Shortage of teaching faculty even for reduced intake of 50 students:-

(I) The shortage of teaching faculty for reduced intake of 50 students for II renewal vis-à-vis the available teaching faculty is 21.35% as under:-

- (a) Professor-3 (Orthopaedics-1, Radio-Diagnosis-1, Paediatrics-1)*
- (b) Assoc. Prof.- 10 (Anatomy-1, Physiology-2, Pathology-3, General Medicine-1, Paediatrics-1, Orthopaedics-1, Radio-Diagnosis-1)*
- (c) Asstt. Prof.- 3 (TB & Chest-1, General Surgery-2)*
- (d) Tutors - 6 (Anatomy-1, Microbiology-1, Forensic Medicine-2, Pharmacology-2)*

(II) Shortage of Residents even for reduced intake of 50 students is 11.42% as under:-

- (a) Sr. Resident- 3 (General Medicine-1, TB & Chest-1, Psychiatry-1)*
- (b) Jr. Resident- 5 (Dermatology-1, Psychiatry-1, ENT-2, OBGY-1)*

I am further directed to invite your kind attention to the fact that the deficiencies with relation to crucial and critical aspects of Faculty, Residents, Clinical material, etc. have been found to be either consistent or with an upward trend with each successive inspection. In other words, on every subsequent inspection, it has been observed that the deficiencies in relation to Teaching Faculty, Residents and Clinical Material, etc. in both these private medical colleges, instead of getting removed, as claimed by the colleges, have in fact either remained constant or even got increased.

All the above mentioned inspection reports and the recommendations of the Council for declining renewal to these 2 private medical colleges for the present academic year are already available with your office. I am directed to state that with the increasing or consistent trend observed over a period of nearly 4 months of gross deficiencies, as shown above, the minimum required infrastructural, teaching and other facilities are not fulfilled even for 50 admissions. The Council in last communication has also pointed out that both these institutes are having deficiencies of teaching faculty, residents, clinical material, etc. even for existing number of students presently studying in these institutes.

The counsel for the MCI has been requested to bring these facts to the notice of Mr. Harish Salve, Senior Advocate appearing on behalf of the MCI and these aspects may also be brought to the kind notice of Mr. Gopal Subramaniam, Additional Solicitor General of India, as these colleges are found to be grossly deficient also in relation to crucial and critical aspects of Teaching Faculty, Residents, Clinical material, etc. even for 50 admissions and would not deserve renewal for the present academic year 2008-09.

*Yours faithfully,
Sd/-
Lt.Col. (Retd.) Dr. A.R.N. Setalvad
Secretary*

*Copy to : 1. Shri Harish Salve, Senior Advocate, 42, Poorvi Marg, Vasant Vihar, New Delhi.
2. Shri Gopal Subramaniam, Learned Addl. Solicitor General of India, AB 7, Purana Qilla Road, New Delhi”.*

Supreme Court order dated 26.09.2008

Subsequently, the Hon’ble Supreme Court in W.P. No. 426/2008 had passed the following orders on 26.09.2008 :-

“Mr. Gopal Subramaniam, learned Additional Solicitor General appearing for Union of India stating that the inspection was also conducted but the percentage of the teaching staff in various departments and other facilities were inadequate and petitioner – institution cannot be given permission.

The writ petitions are accordingly disposed of without prejudice to their rights and to continue to get permission in the next calendar year”.

However, the Central Govt. vide its letter dated 26.09.2008 issued the renewal for admission of 3rd batch with annual intake of 100 admissions in respect of the said college.

Inspection by MCI on 01.10.2008

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that in a similar situation which has arisen in 2003, the Hon’ble Supreme Court in I.A. No. 5-6 & 7-14 in Civil Appeal No. 599-600 of 2002 dated 23.9.2003 had directed the Council to verify the teaching facilities etc. available in the concerned institute. In accordance with the spirit of the directions of the Hon’ble Supreme Court, an inspection of Rohilkhand Institute of Medical Sciences, Bareilly was conducted on 1st October, 2008 to verify the teaching facilities etc.

Accordingly, inspection of Rohilkhand Institute. of Medical Sciences, Bareilly was conducted on 1st October, 2008 to verify the teaching facilities and also the status of the medical institute for the academic year 2008-09. Perusal of the inspection report reveals as under:-

“1. Shortage of teaching staff required as under:-

A	Teaching Faculty		76 Out of 116	65.51 %
	I	Professor :	10	Anatomy-1,Physiology-1, Biochemistry-1, Pharmacology-1, Microbiology-1, Forensic-1, PSM-1, Pediatrics-1, Ortho-1, Radiology-1
	Ii	Associate Professor :	21	Anatomy-2,Physiology-2, Biochemistry-1,Pharmacology-1, , Pathology-3, Microbiology-1,Forensic-1, PSM-1, Medicine-3, Pediatrics-1, Surgery-2, Ortho-1, Anaesthesia-1, Radilogy-1
	iii	Assistant Professor :	22	Anatomy-3,Physiology-2,Biophysics-1 Biochemistry-1,Pharmacology-2,

				<i>Pharmacem-1, Micro-1, Forensic-1, PSM-2, Epidemio-1, Stat-1, TB-1, Psychiatry-1, Surgery-2, ANMO-1, MWO-1</i>
	<i>iv</i>	<i>Tutor :</i>	<i>23</i>	<i>Anatomy-4, Physiology-4, Biochemistry-2, Pharmacology-4, Pathology-1, Microbiology-2, Forensic-2, PSM-4,</i>

<i>B</i>	<i>Residents</i>		<i>47 Out of 82</i>	<i>57.31 %</i>
	<i>I</i>	<i>Sr. Residents</i>	<i>19</i>	<i>Med-3, Ped-2, TB-1, Surgery-3, Opth-2, Anaesthesia-5, Radiology-3</i>
	<i>Ii</i>	<i>Jr. Residents</i>	<i>28</i>	<i>Med-9, Ped-4, Derma-1, Psychiatry-1, Surgery-7, Ortho-2, ENT-1, Opth-2, OBG-1</i>

2. *Clinical material is inadequate as under:-*

<i>Clinical Material Available</i>		<i>Data Provide by Institution on</i>	<i>Day of Inspection 1-10-08 *</i>
<i>O.P.D. attendance</i>		<i>561</i>	<i>548</i>
<i>Casualty attendance</i>		<i>13</i>	<i>10</i>
<i>Bed occupancy %</i>		<i>76 %</i>	<i>67 %</i>
<i>Admission / Discharge</i>		<i>-</i>	<i>34/15</i>
<i>Operative work</i>			
<i>1</i>	<i>Major surgical operations</i>	<i>5</i>	<i>6</i>
<i>2</i>	<i>Minor surgical operations</i>	<i>10</i>	<i>1</i>
<i>3</i>	<i>Normal deliveries</i>	<i>2</i>	<i>3</i>
<i>4</i>	<i>Caesarian Sections</i>	<i>-</i>	<i>-</i>
<i>Radiological Investigations</i>			
<i>1</i>	<i>X-ray</i>	<i>75</i>	<i>47</i>
<i>2</i>	<i>Ultra-sonography</i>	<i>44</i>	<i>30</i>
<i>3</i>	<i>C.T. Scan</i>	<i>1</i>	<i>1</i>
<i>4</i>	<i>Special Investigations</i>	<i>1</i>	<i>1</i>
<i>Laboratory Investigations</i>			
<i>1</i>	<i>Biochemistry</i>	<i>256</i>	<i>227</i>
<i>2</i>	<i>Microbiology</i>	<i>10</i>	<i>14</i>
<i>3</i>	<i>Serology</i>	<i>62</i>	<i>67</i>

* *Data provided by the institute as verified by the inspectors during the hospital round.*

3. *The Total occupancy in intensive care units was 18 %.*
4. *Admission list was not provided in spite of repeated requests. The principal was requested to provide the list , but he said the staff is not available . He was requested two times during the inspection. Then Chairman of the Trust who was present was requested by the inspector to provide the list , but he also said that the office person is not available and he can not provide the list. The chairman was also requested to get his office opened, however he declined stating that he can not contact the person .”*

In view of the above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to urge the Central Government to recall the Letter of Permission dated 26.09.2008 issued by it to Rohilkhand Medical College & Hospital, Pilibhit, Bareilly for admission of 3rd batch of MBBS students for the academic year 2008-09."

5. **Establishment of new medical college at Kanpur (U.P.), by Rama Educational Society, Kanpur for the academic year 2008-09 – Consideration of the Hon'ble Supreme Court order dated 11.09.2008 – Regarding.**

The members of Adhoc Committee and of the Executive Committee 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 that at its meeting held on 13th & 14th June, 2008 while considering the matter with regard to establishment of a new medical college at Kanpur, U.P. by Rama Educational Society, Kanpur, Uttar Pradesh had decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Kanpur, U.P. by Rama Educational Society, Kanpur, Uttar Pradesh u/s 10(A) of the IMC Act, 1956 for the academic session 2008-2009.

Thereafter, the institute had filed a Writ Petition before the Hon'ble Supreme Court bearing No. 305/2008 – Rama Medical College Hospital & Research Centre, Kanpur Vs. UOI & Anr. The Hon'ble Supreme Court had passed the following order on 11.09.2008:-

"W.P. (C) No. 348/2008:

The writ petition is dismissed as having become infructuous.

Rest of the matters:

In all these petitions, the petitioners seek inspection by the Medical Council of India, the M.C.I. may conduct the inspection and submit its recommendations to the Union Government at the earliest and the Union Government may thereafter pass appropriate orders within a reasonable time.

The writ petitions are disposed of accordingly.

In any one of these cases if recommendations could be given for the year 2008-2009, the M.C.I. may endeavour to do the same."

It was observed that in the meanwhile the Central Govt. vide its letter dated 11.09.2008 had forwarded the request of Rama Education Society, Kanpur – i.e. the applicant Trust to consider the proposal for establishment of new medical college for 100 seats for the academic year 2008-2009.

Accordingly, an inspection for establishment of new medical college at Kanpur, U.P. by Rama Educational Society, Kanpur was carried out by the Council Inspectors on 22.09.2008 for consideration of the institute for 100 seats.

A detailed item along with the inspection report dated 22.09.2008 was circulated to all the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court further requesting the members to send the decision.

In reference to the aforesaid circular, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council have 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 Council Inspectors report (22nd

Sept.,2008) along with Central Govt. letter dated 11.09.2008 forwarding the request of Rama Educational Society, Kanpur – i.e. the applicant Trust to consider the proposal for establishment of new medical college for 100 seats for the academic year 2008-2009 and decided to recommend to the Central Govt. to issue Letter of Permission for establishment of new medical at Kanpur, U.P. by Rama Educational Society, Kanpur with an annual intake of 100 (Hundred) MBBS students for the academic year 2008-2009 u/s 10A of the I.M.C. Act,1956.”

6. **Establishment of new medical college at Azamgarh, U.P., by All India Children Care and Development Society for the academic year 2008-09 – Consideration of the Hon’ble Supreme Court order dated 11.09.2008 – Regarding.**

The members of Adhoc Committee and of the Executive Committee 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 that at its meeting held on 13th & 14th June,2008 while considering the matter with regard to establishment of a new medical college at Azamgarh, U.P., by All India Children Care and Development Society had decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society u/s 10A of the I.M.C. Act,1956.

Thereafter, the institute had filed a Writ Petition before the Hon’ble Supreme Court bearing No. 318/2008 – All India Children Care & Educational Development Society (Regd.) Vs. UOI & Anr. The Hon’ble Supreme Court had passed the following order on 11.09.2008:-

Accordingly, an inspection for establishment of new medical college at Azamgarh by All India Children Care and Development Society was carried out by the Council Inspectors on 22.09.2008. A detailed item along with the inspection report dated 22.09.2008 was circulated to all the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon’ble Supreme Court further requesting the members to send the decision.

In reference to the aforesaid circular, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council have 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 Council Inspectors report (22nd Sept.,2008 and observed the following:-

1. The shortage of teaching faculty is 100% as under:-

On the day of inspection all teaching faculty including Dean, Superintendent, Senior and Junior Residents did not physically appear for Faculty Verification. Their declaration forms were not submitted by the office for verification on request. Under these circumstances all are considered absent. Therefore the deficiency of the Teaching faculty as well as of Residents is 100%.

2. Clinical Material is grossly inadequate as under:-

At 11.15 a.m. a round was taken by the Inspectors and the available clinical material was as under:

1. OPD attendance was 78.
2. Casualty attendance was 5.
3. Bed occupancy was 26.75%

4. Ward-wise Bed Occupancy is as under:

Ward	Available Bed	Number of Patients on the day of Inspections
General Medicine		
Male	44	11
Female (Ward No.120)	10	2
Female (Ward No.129)	16	3
Female (Ward No.128)	10	Nil
Total	80	16
Pediatrics		
Ward (Ward No.109)	15	10
Ward (Ward No.103)	15	Nil
Total	30	10

Ward	Available Bed	Number of Patients on the day of Inspections
Surgery		
Male (Ward No.8)	40	10
Male (Ward No.7)	20	Nil
Female (Ward No.6)	30	4
Total	90	14
Orthopedics		
Male (Ward No.5)	20	15
Female (Ward No.4)	10	4
Total	30	19
Ophthalmology		
Male	5	4
Female	5	2
Total	10	6
ENT		
Male & Female (Ward No.126)	10	2
Gynecology		
Ward (Ward No.104)	10	2
Ward (Ward No.108)	25	Nil
Ward (Ward No.112)	10	Nil
PP Ward	5	2
Total	50	4
Grand Total	300	71

- 5. Major Operation – Nil
- 6. Minor Operation – Nil
- 7. Delivery – Nil
- 8. Caesarean – Nil
- 9. X-Ray – 18
- 10. Ultrasound – 5
- 11. Biochemistry – 11
- 12. Microbiology – 2
- 13. Serology – 2
- 14. Parasitology – Nil
- 15. Hematology – 9
- 16. Histopathology – Nil
- 17. Cytology - One

At 4.00 p.m. another round was taken by the Inspectors and the available clinical material was as under:

1. OPD attendance was 435.
 2. Casualty attendance was 5.
 3. Bed occupancy was 27.33%
 4. Major Operation – 3 (only Cataracts).
 5. Minor Operation – Nil
 6. Delivery – Nil
 7. Caesarean – Nil
 8. X-Ray – 41
 9. Ultrasound – 29
 10. Biochemistry – 122
 11. Microbiology – 4
 12. Serology – 32
 13. Parasitology – 7
 14. Hematology – 152
 15. Histopathology – Nil
 16. Cytology - 4
3. Although the management has claimed there is tense situation in Azamgarh which is under hot turmoil, as many as 435 patients could come to the hospital to attend OPD till 4 p.m.
 4. There is no visitor's room, warden room and recreation room in Residents' hostels.
 5. Other deficiencies/remarks 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 reiterate its earlier decision taken at its meeting held on 13th & 14th June, 2008 to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Azamgarh, U.P. by All India Children Care & Educational Development Society u/s 10A of the I.M.C. Act, 1956 for the academic year 2008-2009.

7. **Approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. 60 to 100.**

The members of Adhoc Committee and of the Executive Committee 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 that at its meeting held on 2nd July, 2008 while considering the matter with regard to approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. from 60 to 100 had decided that as the compliance was received in the office of the Council only on 12.06.2008, there was no time left for the Council to appoint the inspectors and to conduct the inspection to verify the compliance, to prepare the report, to analyze the report and place it before the Executive Committee for its consideration.

Thereafter, the institute had filed a writ petition [C] No(s) 413 of 2008 – Indira Gandhi Govt. Medical College, Nagpur & Ors. Vs. Union of India & Anr. The Hon'ble Supreme Court had passed the following order on 19.09.2008:-

“Heard learned counsel for the parties.

Learned counsel appearing for the State submits that the discrepancies which were found at the end of the year 2006 have been rectified and now the college has complete

infrastructure for the 100 students. He seeks an urgent inspection by the Medical Council of India and to take a decision in this regard.

Liberty is given to the Medical Council of India to inspect the college within a week and give appropriate recommendations to the Union of India to take a decision.

List this matter on 29th September, 2008.”

Accordingly, an inspection for approval of Indira Gandhi Govt. Medical College, Nagpur for the award of MBBS degree granted by Maharashtra University of Health Sciences, Nashik against the increased intake i.e. 60 to 100 was carried out by the Council Inspectors on 23.09.2008. It was further observed that the Secretary, Medical Education & Drugs Deptt., Govt. of Maharashtra, Mumbai, vide undertaking dated 24.09.2008 has stated that *“I hereby assure you that any infrastructure deficiency in relation to the various hostels and the teaching areas will be rectified within one year. Kindly grant the renewal of permission to increase in the admission intake capacity of MBBS course from 60 to 100 for the academic year 2008-2009”*.

A detailed item along with the inspection report dated 23.09.2008 was circulated to all the members of the Executive Committee of the Council and the Adhoc Committee appointed by the Hon'ble Supreme Court further requesting the members to send the decision.

In reference to the aforesaid circular, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council have 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 Council Inspectors report of the compliance verification inspection dated 23.09.2008 along with the undertaking dated 24.09.2008 from the Secretary, Medical Education & Drugs Deptt., Govt. of Maharashtra, Mumbai and decided to renew the permission for admission of fresh batch of MBBS students against the increased intake i.e. from 60 to 100 for the academic year 2008-2009 at Indira Gandhi Govt. Medical College, Nagpur.”

5. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at JSS Medical College, Mysore.

Read : The compliance verification inspection report (20th September, 2008) for compliance verification for continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at JSS Medical College, Mysore.

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 (20th Sept., 2008) along with compliance and Council Inspectors report (19th & 20th December, 2007) and noted the following:-

1. The shortage of teaching staff required is as under:-
 - (a) Faculty more than 10% (i.e. 25 out of 222)
 - i) Professor : 2 (TBCD and Anaesthesia)
 - ii) Associate Professors 8 (Anatomy-1, Biochemistry-1, F.M.-2, TBCD-1, Radio-Diagnosis-1 and Anaesthesia-2)
 - iii) Assistant Professors: 15, (Bio-Physics-1, Pharmacology-1, PSM-3, TBCD-1, Orthopaedics-3, Ophthalmology-1, Radio-Diagnosis-2 and Anaesthesia-3)
 - (b) Residents more than 5% (10 out of 116)
 - i) Sr. Resident: 10 (Psychiatry-1, Surgery-3, OBG-1, Radio-diagnosis-2 and Anaesthesia-3)
2. There is no examination hall.
3. There is no class room available in the OPD of Surgery and TB & CD

4. Departmental library of TB & CD and Radiology have less number of books
5. There is no hostel facility for residents.
6. 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 give 2 months time to the authorities of J.S.S. Medical College, Mysore to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

6. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University Chennai in respect of students being trained at PSG Institute of Medical Sciences & Research, Coimbatore.

Read : The compliance verification inspection report (20th September, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University, Chennai in respect of students being trained at PSG Institute of Medical Sciences & Research, Coimbatore.

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 (20th Sept.,2008) along with compliance and Council Inspectors report (20.02.2008) and noted the following:-

1. The shortage of teaching faculty is as under:-
 - (a) Faculty 6.9% (i.e. 10 out of 145)
 - (i) Assoc. Prof 6 (Anatomy-2, Physiology-2, Anaesthesia-1, Radio-diagnosis - 1)
 - (ii) Asst Prof. 4 (Lect Biophysics -1, Pharmaceutical Chemist-1, Forensic Medicine -1, Radio-diagnosis-1)
2. Available clinical material is inadequate as under as checked from the Hospital records (daily average) and on physical verification (on the day of inspection):-

	Daily Average		Day of Inspection	
O.P.D. attendance	500		364	
No. of Admissions/ Discharge	40/30		35/30	
Bed occupancy%	50%		45%	
<u>Operative work</u>				
Number of major surgical operations	6		8	
Number of minor surgical operations	6		2	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	93	60	62	44
Ultrasonography	47	22	27	17
Special Investigations	02	02	10	02
C.T. Scan	14	12	27	06

- OPD attendance and bed occupancy is grossly inadequate (daily average as well as on the day of inspection).
- The data of the clinical material submitted by the Medical Director himself is inadequate in terms of bed occupancy (daily average and on the day of inspection) and tallies with the observations of the inspection team. However, the data of clinical material in terms of OPD attendance, casualty attendance, number of admission/discharging, operative work, radiological investigations and lab investigations submitted by the Medical Director does not tally with the observations of the inspection team.
- For the above discrepancy the Medical Director refused to sign on the clinical material as observed by the inspection team.

3. 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 give 2 months time to the authorities of PSG Institute of Medical Sciences & Research, Coimbatore to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

7. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Maharashtra Institute of Medical Sciences & Research, Latur.

Read: The compliance verification inspection report (7th October, 2008) for compliance verification for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Maharashtra Institute of Medical Sciences & Research, Latur.

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 (7th October, 2008) along with compliance and Council Inspectors report (19th & 20th January, 2007) and noted the following:-

1. The shortage of teaching faculty is as under:

(a) The shortage of teaching faculty is 32.59% (i.e. 44 out of 135) as under:-

- | | | | |
|-------|---------------------|----|---|
| (i) | Professor | 04 | (Physiology -1, Pharmacology -1, Obst. & Gynae.-1 & Radio-Diagnosis-1) |
| (ii) | Associate Professor | 13 | (Anatomy -1, Physiology -2, Pharmacology -1, Pathology -1, Microbiology -1, Forensic Medicine -1, Community Medicine -1, General Surgery -2, Obst.& Gynae.-1, Anaesthesia -1 & Radio Diagnosis -1) |
| (iii) | Assistant Professor | 24 | (Lect. (Bio.)-1, Pharmacology -1, Pharmaceutical Chemist-1, Pathology -2, Microbiology -1, Community Medicine -5, Statistician -1, General Medicine -2, Psychiatry -1, General Surgery -2, Orthopaedics -2, Obst. & Gynae. -2, Anaesthesia -2 & Radio Diagnosis -1) |
| (iv) | Tutor | 03 | (Microbiology -1 & Community Medicine -2) |

(b) The shortage of Residents is 25.88% (i.e. 22 out 85) as under :-

- | | | | |
|------|--------------|----|---|
| (i) | Sr. Resident | 14 | (General Medicine -1, Paediatrics -1, TB & Chest -1, General Surgery -4, ENT -1, Obst. & Gynae.-2, Anaesthesia -2 & Radio Diagnosis -2) |
| (ii) | Jr. Resident | 8 | (Dermatology -3, Orthopaedics -2, Obst. & Gynae.-3) |

2. Available clinical material is inadequate as under :-

	Daily Average	Day of Inspection
O.P.D. attendance	724	718
Bed occupancy%	70-75	65
Operative work		
Number of major surgical operations	2-3	3
Number of minor surgical operations	3-4	2

Number of normal deliveries	0-1	-
Number of caesarian Sections	1 in 3 days.	-
<u>Radiological Investigations</u>		
X-ray	40	57
Ultrasonography	40	35
Special Investigations	5-6 per month.	-
C.T. Scan	03 per day.	01
<u>Laboratory Investigations</u>		
Biochemistry	150	140
Microbiology	30	25
Serology	70	65
Parasitology	2-3	-
Haematology	80-85	80
Histopathology	2-3	02
Cytopathology	02	02
Blood bank	01 Unit	01 Unit

- Clinical material is inadequate in terms of OPD attendance, casualty attendance, bed occupancy, operative work, radiological investigations as well as lab. investigations.
3. There is no Medical Superintendent available in the Hospital.
 4. 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 Maharashtra Institute of Medical Sciences & Research, Latur 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. Copy of the letter be also marked to Secretary (Medical Education), DME of the concerned State Govt., Registrar of the University to which the college is affiliated and also to the member of the MCI representing the State where the college is located.

8. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Maharashtra Institute of Medical Education & Research, Talegaon.

Read : The compliance verification inspection report (7th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Maharashtra Institute of Medical Education & Research, Talegaon.

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 (7th October, 2008) along with compliance and Council Inspectors report (7th & 8th January, 2005) and noted the following:-

1. (a) The shortage of teaching faculty is 14.16% as under:-
 - i) Professor 2 (Forensic Medicine-1, Radiology-1)
 - ii) Associate Professor 4 (Medicine-3, Surgery-1)
 - iii) Assistant Professor 8 (Pathology-1, Medicine-1, TB & Chest-1, Dermatology-1, Surgery-2, Radiology-2)
 - iv) Tutor 3 (Pharmacology-2, Forensic Medicine-1)
- (b) The shortage of Residents is 41.17% as under :-
 - i) Sr. Resident 20 (Medicine-4, TB & Chest-1, Dermatology-1, Psychiatry-1, Paediatrics-2, Surgery-4, Ophthalmology-1, Orthopaedics-2, Anaesthesia-4)

ii) Jr. Resident 15 (Medicine-5, Paediatrics-2,
Orthopaedics-3, ENT-2, Obgy-3)

Remarks: In Biochemistry Department Professor & Head is non-medical.
Non –Medical Teachers are more than 50%.

2. Daily OPD attendance is : 842 and Bed Occupancy is 84%. These high OPD and bed occupancy do not commensurate with other clinical data like CT Scan, Microbiological investigations and histopathology (major surgeries -15). Data reported by Medical Superintendent.
3. Bed occupancy was 81.30% at 5.00 pm as reported by the Medical Superintendent. The Inspectors Team took the round of all the wards at 7.00 pm and observed that the overall bed occupancy in all wards was 57%.
4. Casualty attendance, major surgeries, minor surgeries, microbiology investigations and parasitology investigations do not commensurate with OPD attendance and bed occupancy.
5. Total number of Journals subscribed are 17 Indian and 13 Foreign as against the requirements 70 Indian and 30 Foreign. Meddler facility is not available.
6. Auditorium is not available.
7. Examination hall is not available.
8. Common room for 50 boys in basement of the college building without toilets and for 50 girls it is on ground floor without toilet.
9. Hostel accommodation available for undergraduate boys is 200 and girls 250. Total accommodation available is 450 as against the requirement of 500.
10. The hostel for Interns Residents & Nurses are not available.
11. There are 4 lecture theaters in the college, 2 are gallery type and, 2 are level type, which is not as per norms.
12. All OPD registrations are done manually with the help of 6 clerks. Waiting area is inadequate. Teaching facilities like x-ray view box, examination tray are not provided in all rooms. There are only two teaching areas each having capacity for 25-30. These teaching areas are shared by various departments.
13. In many wards side laboratories not functional. Wards are congested, the space between the beds is not sufficient. Beds are numbered but unit wise distribution of the bed is not seen. Patients of dermatology and psychiatry are kept in the medicine ward which is not allowed.
14. There is a medical record section located in a old heritage hut. There is no medical record officer. A MBBS doctor is performing the show. There is a computer but the record is not computerized. ICD X WHO classification is not followed.
15. Total 15 beds are available in two rooms of casualty area, one room is having 7 beds with central oxygen supply. Both the rooms are without central suction, another room is not having central oxygen supply.
16. Separate ICCU, Surgical ICU, Burns ICU, Pediatric ICU, Respiratory ICU are not available.
17. Two static units of 300 mA are available as the against the requirement of 1-800 mA, 1-500 mA and 1-300 mA in the department of Radio-diagnosis.
18. Service of the dietician is not available. There is no provision to supply therapeutic diet.

19. Para Medical Staff: The specific technical paramedical staff is not provided.
20. Residential Quarters – Total 12 quarters are available for teaching faculty, which is inadequate against the requirement of 60 at this stage.
21. Anatomy Department : Toilet for staff members is inadequate. 36 students lockers are available, which is inadequate against the requirement for 100. Research Laboratory is not available. Deficiencies remain as it is.
22. Pharmacology Department: Toilet for staff members is inadequate. Research Laboratory is not available. Deficiencies remain as it is.
23. Physiology Department: toilet for staff members is inadequate. Research Laboratory is not available. Deficiencies remain as it is.
24. Pathology Department: Research Laboratory is not available. Space and toilet for staff members is inadequate. Deficiencies remain as it is.
25. Microbiology Department: Space and toilet for staff members is inadequate. Deficiencies remain as it is.
26. Forensic Medicine Department: Space and toilet for staff members is inadequate. Deficiencies remain as it is.
27. Community Medicine Department: Research Laboratory is not available. Toilet for staff members is inadequate. Deficiencies remain as it is.
28. 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 give 2 months time to the authorities of Maharashtra Institute of Medical Education & Research, Talegaon to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

9. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Shri B.M. Medical College, Bijapur.

Read : The compliance verification inspection report (7th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Shri B.M. Medical College, Bijapur.

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 (7th October, 2008) along with compliance and Council Inspectors report (19th & 20th December, 2007) and noted the following:-

1. Shortage of teaching faculty

(a) The shortage of teaching faculty is 7.07% (i.e. 15 out of 212) as under:-

- | | | | |
|-------|---------------------|---|---|
| (i) | Professor | - | 1 (Dental -1) |
| (ii) | Associate Professor | - | 9 (Anotomy-1 , Physio-1, Patho-1 , Fmt-2, TB Chest-1 , Psy-1, Anaest-1, Dental-1) |
| (iii) | Assistant Professor | - | 4 (Anotomy-1, Radio-2 , MWO-1) |
| (iv) | Tutor | - | 1 (Pharmac-1) |

- (b) The shortage of Residents is 17.39% as under (i.e. 20 out of 115)
- (i) Sr. Resident - 20 (Medicine -3, Paediatrics-2, TB & Chest-1, Psychiatry -1, Surgery -1, Orthopaedics -4, Obst. & Gynae. -1, Anaesthesia-3 , Radio diagnosis-4)
2. Bed occupancy is inadequate as under:-
- | | |
|---------------|--------------------|
| Daily Average | Day of Inspection. |
| 76 -85% | 77% |
3. 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 give 2 months time to the authorities of Shri B.M. Medical College, Bijapur to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

10. **Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rural Medical College, Loni.**

Read : The compliance verification inspection report (8th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Rural Medical College, Loni.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (8th October,2008) along with compliance and Council Inspectors report (1st & 2nd Feb., 2005) and noted the following:-

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

A	Teaching Faculty		37 Out of 199	18.59 %
	i	Associate Professor :	11	Anatomy-2, Physio-2, Biochem-1, Forensic-2, PSM-2, Medicine-1, Anaesthesia-1
	ii	Assistant Professor :	24	Anatomy-2, Physio-1, Pharmac-1, Forensic-2, Medicine-6, TB-1, Surgery-2, Ortho-1, OBG-4, Radiology-1, ANMO-1, MWO-1, Physicist-1
	iii	Tutor :	2	PSM-2

B	Residents		27 Out of 103	26.21 %
	i	Sr. Residents	21	Medicine-5, TB-1, Surgery-5, Ortho-3, Opthalomo-1, OBG-1, Radiology-2, Anaesthesia-3
	ii	Jr. Residents	6	Medicine-3, Derma-1, Psychiatry-2

2. In the department of Biochemistry, Non-Medical teachers are 57.14%, which is not as per Regulations.

3. Available clinical material is as under :-

Clinical Material Available		Daily Average 1-4-08 to 30-9-08 Provided by College		Day of Inspection 8-10-08 **
Bed occupancy %		83%		65.92 %
Operative work		OP	IP	
1	Major surgical operations	-	19	nil
2	Minor surgical operations	53	-	nil
Radiological Investigations				
1	X-ray	89		58
2	Ultra-sonography	56		19
3	C.T. Scan	5.		nil
4	Special Investigations	5.		3
Laboratory Investigations				
1	Biochemistry	482		36
2	Microbiology	143		2
3	Serology	89		9
4	Parasitology	14		5
5	Hematology	481		nil
6	Histopathology	6		nil
7	Cytopathology	5		1
8	Others	13		-

4. The following Teaching Faculty has not been considered because of the reasons mentioned below.

Sr No	Name	Department	Designation	Reason for not considering
1	Dr W M Chavan	Anatomy	Asst.Prof.	Does not possess prescribed academic qualification.
2	Dr Y V Sharma	Biochemistry	Professor	He is also working as Principal
3	Dr Raju Rane	Pathology	Asst. Prof.	Does not possess required Teaching Experience.
4	Dr D B Phalke	PSM	Professor	Do not possess required Teaching Experience.
5	Dr B N Mishra			
6	Dr R S Bangal	Forensic Medicine	Professor	Does not possess required Teaching Experience.
7	Dr G Lakshman	Medicine	Asst. Prof.	Do not possess required Teaching Experience.
8	Dr Amol Pathak			
9	Dr Kadam S S			
10	Dr Pramod Patil	Pediatrics	Professor	Does not possess required Teaching Experience.
11	Dr Anil Jadav	Orthopedics	Assoc. Prof.	Does not possess required Teaching Experience
12	Dr A Somani		Asst. Prof.	Holding DNB Qualification
13	Dr S Sathe	Ophthalmology	Professor	Does not possess required Teaching Experience
14	Dr Sigwekar		Asst. Prof.	Does not possess required Teaching Experience
15	Dr Pramila Srivastav	OBG	Assoc. Prof.	Does not possess required Teaching Experience

5. The following SR. have not been considered as they have not stated any experience as Resident in their Declaration Form , nor any certificate of experience as a Residents is attached with the declaration form.

Sr. No.	Name	Department
1	Dr M Shaikh	
2	Dr S Kasar	

3	Dr P. Rai	Medicine (working as Medical Officer)
4	Dr S Kolhe	
5	Dr M. Unitha	Dermatology (working as Medical Officer)
6	Dr N K Gupta	Anesthesia
7	Dr M Chauhan	
8	Dr V Jaiswal	
9	Dr V. Srivstav	

6. Dr N S Pawar is not considered as SR, since he is working as Medical Superintendent.
7. 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 give 2 months time to the authorities of Rural Medical College, Loni to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

11. 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.

Read : The compliance verification inspection report (7th October, 2008) for compliance verification for 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.

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 (7th October, 2008) along with compliance and Council Inspectors report (6th & 7th December, 2007) and noted the following:-

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

- (a) Faculty more than 9% (i.e. 20 out of 222)
 - (i) Professor : 1 (Biochemistry)
 - (ii) Associate Professors 6 (Biochemistry-1, Pharmacology – 1, F.M.-1, PSM – 1, TBCD-1, Psychiatry – 1).
 - (iii) Assistant Professors: 8 (Bio-Physics-1, Pharmacology-3, PSM-1, TBCD-1, Orthopaedics-1, Radio-Diagnosis-1)
 - (iv) Tutor: 5 (Pathology – 1, Microbiology – 1, Pharmacology – 2, Pharma Chemist – 1)
- (b) Residents more than 20% (25 out of 117) as under:-
 - i) Sr. Resident: 25 (Medicine – 4, TBCD – 1, Skin & VD – 1, Pediatrics-1, Surgery-5, Orthopedics – 1, ENT – 1, Ophthalmology – 1, OBG-3, Radio-diagnosis-3 and Anaesthesia-4)

2. Paramedical staff is inadequate.
3. 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 give 2 months time to the authorities of M.S. Ramaiah Medical College, Bangalore to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

12. Continuance of recognition of MBBS degree granted by Pondicherry University in respect of students being trained at Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry.

Read : The Council Inspectors report (3rd & 4th October, 2008) for Continuance of recognition of MBBS degree granted by Pondicherry University in respect of students being trained at Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (3rd & 4th October, 2008) and noted the following:-

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

Faculty	More than 40% (i.e. 77 out of 178)
a) Professor -3 :	(FM-1, TB & CD-1 & Psychiatry-1)
b) Associate Professor :	16 (Anatomy-2, Biochemistry - 1, Pathology – 2, FM - 1, TBCD – 1, Skin & VD – 1, Psychiatry – 1, Orthopaedics – 2, Ophthalmology – 1, Radiodiagnosis – 2, Dental - 1 & Anaesthesia - 1)
c) Assistant Professor :	54 (Anatomy – 4, Physiology - 3, Biochemistry -1, Pathology – 4, Microbiology – 1, Pharmacology - 2, FM – 1, P & SM – 6, Medicine – 4, Skin & VD – 2, Psychiatry – 1, Paediatrics – 3, Surgery – 5, Orthopaedics – 1, ENT – 1, Ophthalmology – 1, OBGY – 8, Radio Diagnosis – 3, Anaesthesiology – 2 and Dental - 1)
d) Tutor:	4 (Pathology – 1, FM – 2 and Dental – 1)

e) The HOD of Radio-Diagnosis is having only DMRD qualification which is not as per Regulations.

f) Dr. P.H. Ananthanarayanan, 58 yrs., MBBS(1974), M.D.(1977) with 21 years of teaching and 10 years of administrative experience is the Dean-in-Charge in the absence of Dr. K. Sathyanarayana Reddy who has gone abroad on three weeks leave.
2. 2 lecture halls of the hospital are not frequently used and not well furnished.
3. Veterinary Officer is part time.
4. No Lecturer cum Medical Officer having M.D.(P.S.M.) is available at Rural Health Centre at Ramanathapuram (13 kms.) or at U.H.C.
5. No Unit Heads are available for TB & Chest and Psychiatry. Orthopaedic department is deficient by one Unit.
6. Demonstration area is not provided for Medicine and Orthopaedics OPDs. Paediatric OPD, Skin & V.D. OPD, TB & Chest OPD and Psychiatry OP are not having class rooms.
7. There is no central laboratory available.
8. There are 12 major operation theatres having total of 14 tables which is not as per norms.
9. In Anatomy Department only 64 student lockers are available against the requirement of 100.

10. Physiology Department: There is no demonstration room available. There is no separate departmental library. Amphibian and Haematology labs are not partitioned.
11. Biochemistry Department: No separate room is available for departmental library. Demonstration room has only 25 seats.
12. Pharmacology Department: There is no seminar hall available. No catalogues are available in the museum.
13. Pathology Department: There is no demonstration room available. Only one students' laboratory is available against the requirement of two laboratories i.e. Histopathology and Clinical Pathology. Departmental library is in the HOD room. No catalogue is available in the museum.
14. No museum is available in Microbiology Department.
15. Forensic Medicine Department: There is no laboratory available. There is no departmental library available. No catalogues are available in the museum.
16. Community Medicine Department: Students lab is combined with the library. No departmental museum is available.
17. Books in departmental libraries of TB & Chest, Skin & VD, Psychiatry, ENT, Ophthalmology and Radio-Diagnosis are inadequate.
18. In Dentistry department there is only one person with MDS qualification holding a non-teaching post.
19. The HOD of Radio-Diagnosis is having only DMRD qualification which is not as per Regulations
20. Other deficiencies/remarks 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 Jawaharlal Nehru Institute of Postgraduate Medical Education and Research (JIPMER), Pondicherry to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

13. Continuance of recognition of MBBS degree granted by Delhi University in respect of students being trained at University College of Medical Sciences & GTB Hospital, New Delhi.

Read : The Council Inspectors report (3rd & 4th October, 2008) for Continuance of recognition of MBBS degree granted by Delhi University in respect of students being trained at University College of Medical Sciences & GTB Hospital, New Delhi.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (3rd & 4th October, 2008) and noted the following:-

1. The shortage of teaching faculty is 20.35%
 - i) Professor – 01 (Dermatology- 01)
 - ii) Professor/Associate Professor - 01 (T.B. & Chest - 01

- iii) Associate Professor - 04 (Biochemistry – 02, Radiology - 02)
 - iv) Assistant Professor - 19 (Anatomy – 02, Physiology – 01, Biochemistry – 02, Microbiology – 01, Pharmacology – 02, Pharmacist – 01, Community Medicine – 01, Lecturer-cum-Epidemiologist – 01, Lecturer-cum-Statistician – 01, T.B. & Chest – 01, Orthopaedics – 01, Ophthalmology – 01, Obstetrics & Gynecology – 02, A.N.M.O. – 01, M.W.O. – 01)
 - iv) Tutor - 09 (Anatomy – 02, Physiology – 1, Biochemistry – 1, Forensic Medicine – 03, Community Medicine – 02)
2. University College of Medical Sciences is under the administrative and disciplinary control of the Principal and is governed by the rules and regulations of University of Delhi and is funded by the University Grants Commission. The associated Guru Teg Bahadur hospital, which is a teaching hospital, is under the administrative control of the Medical Superintendent and is governed and funded by the Government of National Capital Territory of Delhi. The Principal is overall in-charge of academic activities, whereas the administrative and disciplinary control of the associated Guru Teg Bahadur Hospital is with the Medical Superintendent and the Government of National Capital Territory of Delhi, which is not as per Regulations.
3. Medical Education Unit: No training courses have been held till now.
4. Auditorium is not available
5. A furnished Examination Hall is available having capacity of 120 seats. Which is inadequate.
6. Veterinary Officer is not available.
7. R.H.T.C. at Loni is under the control of the Govt., of U.P., and the college is allowed to use its facilities for teaching purposes which is not as per Regulations. Lecturer cum medical officer having M.D. {P.S.M.} is not available. There is no Hostel for students and Interns. No /audiovisual aids have been provided and they are brought by the P.S.M. department at the time of the visit.
8. At U.H.C. Lecturer cum medical officer having M.D. {P.S.M.} is not posted.
9. There is no hostel for interns.
10. Distribution of teaching beds in different specialties is not as per Council recommendations. As a result of this, there is deficiency of 10 beds in Psychiatry, 4 beds in T.B. & Chest and 6 beds in General Medicine as under:-

Specialty	Required Beds/Units	Present Beds/Units	Deficiency
Medicine & Allied Specialties			
General Medicine	120/4	114/3	06
TB & Chest	20/1	16/1	09
Psychiatry	10/1	Nil	10

There is deficiency of 1 Unit in General Medicine and 1 Unit in General Surgery.

There is no unit in Psychiatry.

There is no separate Unit for T.B. & Chest. These beds are managed by the Department of Medicine which is not as per Regulations.

Teaching beds are numbered but there is no Unit-wise distribution of beds in the Hospital. Unit Distribution of Beds is on paper.

Composition of Clinical Units –

Medicine Unit – I is having shortage of one Associate Professor.

Dermatology is having deficiency of one Professor.

Paediatric Unit – I is having deficiency of one Professor and one Associate Professor.

Paediatric Unit – II is having deficiency of one Assistant Professor.

Obst. & Gynae Unit - I is having deficiency of one Professor and one Associate Professor.

Obst. & Gynae Unit-III is having shortage of one Assistant Professor.

11. O.P.D. Sitting arrangement for patients and relatives is also inadequate. Examination trays are not available in most of the rooms. Most of the examination rooms are over crowded with patients. There is no privacy to the patients during clinical examination as portable screens though available are not used. Patients are examined in presence of the other patients. Most of the specialties are not having designated teaching area or teaching areas are used for some other purpose also.
12. In Wards : Most of the Wards are not having side-laboratory and pantry. Nursing Stations are placed outside the cubicles. Nursing Stations should be placed in such a way that Nurses can keep watch on almost all patients. Wards are over-crowded. The space between the cots is not adequate. Beds are numbered but Unitwise Distribution of beds is not same. In Medicine Wards at many places, 2 patients are put on 1 cot. There are no beds for Psychiatry patients. Psychiatry Department runs OPD only. T.B. & Chest Unit is managed by Medicine Department.
13. Registration Section is out sourced.
14. Duty Roster of doctors is not available in clinical laboratories.
15. CCTV is not available in the O.T..
16. Anatomy Department: There are 2 demonstration rooms each having 40 seats. Dissection hall has 60 seats, 8 big and Nil small dissection tables against the requirement of 100.
17. Physiology Department : Experimental Laboratory and Haematology Laboratory are common. Mammalian Laboratory and Clinical Physiological Laboratory are common. It has capacity for 25. Instead of 2, there should have 4 separate Laboratories.
18. Biochemistry Department: There is 1 demonstration room with capacity of 32 seats. The practical laboratory has 48 workplaces. The Departmental library cum seminar room has 15 seats and 58 books.
19. Pharmacology Department: Experimental Pharmacology laboratory, Clinical Pharmacological Laboratory and Pharmacy Laboratory are common. Nil laminated charts and graphs are available in the museum.
20. Pathology Department : There is no demonstration room. Clinical Pathology/Haematology laboratory is not available.
21. Microbiology Department : There is no separate demonstration room. It is shared with Biochemistry Department.
22. Forensic Medicine Department: There are 2 demonstration rooms with capacity of 10 seats each.

23. Community Medicine: There is no demonstration room. The museum has 50 specimens, Nil models and Nil charts. Nil catalogues are available.
24. Departmental libraries have inadequate number of books as follows:-

Medicine – 58
 TB & Chest – Nil
 Skin & VD – 32
 Psychiatry – 58
 Paediatric – 57
 General Surgery – 40
 Orthopaedic – 34
 ENT – 64
 Radio-Diagnosis – 31

25. Other deficiencies/remarks 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 University College of Medical Sciences, Delhi to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

14. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Mysore Medical College & Research Institute, Mysore.

Read : The compliance verification inspection report (16th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Mysore Medical College & Research Institute, Mysore.

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 October, 2008) along with compliance and Council Inspectors report (8th & 9th December, 2006) and noted the following:-

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

(b)	Faculty	10 % (i.e. 15 out of 153)
	1) Professor :	2 (Microbiology & PSM)
	2) Associate Professor:	07 (Anatomy 2, Pathology 1, FM 1, Psychiatry 1, Anaesthesia-1 & Dental 1)
	3) Assistant Professor:	05 (Anatomy-3 , , PSM-1, Psychiatry-1)
	4) Tutor:	01 (Physiology-1)

2. R.H.T.C. is under the control of the Government and the college is allowed to use its facilities for teaching purposes. Mess facilities is not available. No audiovisual aids have been provided and they are brought by the P.S.M. department at the time of the visit.
3. U.H.C. is not under financial and administrative control of Principal.

4. Dr. Avadhani Geetha, 53 years, is the Medical Superintendent of K.R. Hospital, has got 4 years administrative experience as HOD and also holds the post of Professor of Surgery. Dr. Krishnamurthi B, 51 years, is the Medical superintendent of Cheluvamba Hospital having experience of 2 years. Dr. Y. Laxman, 57 years, is the Medical Superintendent of PKTB & CD Hospital having 7 years of administrative experience and is also the Professor of TB & Chest Diseases. Thus, they are not qualified to hold the post of Medical Superintendents.
5. There is no HOD available in Psychiatry.
6. In OPD registration is done manually. Class room is not available in Psychiatry OPD.
7. There are no class rooms or ward labs in the respective departments as renovation work is going on in the main building.
8. Central casualty service : No central oxygen supply and central suction are available. No ventilator, nil defibrillator & one pulse oximeters are available. No disaster trolley is available.
9. Blood Bank is under Pathology department with a license being renewed up to 31.12.2007.
10. There are 8 major O.T. against the requirement of 10 as per Regulations.
11. Radiological facilities : Only 2 static units (1 of 500 MA & 1 of 200 MA) and one mobile unit (60 MA) are available which is inadequate.
12. There is no mechanized laundry available.
13. Hostels are inadequate as under as accommodation is available for 398 students only against the requirement of 500:-

Hostels	No.	Rooms	Capacity	Furnished Yes/No	Mess Yes/No
Boys	One	131	262	Yes	Yes
Girls	One	68	136	Yes	Yes
Nurses	Two	26	26	No	No

Nurses hostel has capacity of 26 only, which is inadequate. It is not adequately furnished.

14. No CCTV Camera attachment is available.
15. Other deficiencies/remarks 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 Mysore Medical College & Research Institute, Mysore to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

15. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University Chennai in respect of students being trained at Vinayaka Missions Kirupanda Variyar Medical College, Salem.

Read : The compliance verification inspection report (16th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University Chennai in respect of students being trained at Vinayaka Missions Kirupanda Variyar Medical College, Salem.

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 October, 2008) along with compliance and Council Inspectors report (8th & 9th August, 2007) and noted the following:-

1. The total accommodation available for undergraduate students is 468 as against the requirement of 500.
2. Interns: Total accommodation is for 96. At the time of inspection all the rooms were locked. Room Allotment register of Interns and details of Furniture provided in each room was not available. There is no kitchen, Recreation Room, Warden Room and Dining room.
3. Resident Hostel: At the time of inspection all the rooms were locked. Room Allotment register of residents and details of Furniture provided in each room was not available. There is no kitchen, Recreation Room, Warden Room and Dining room.
4. Nurses Hostel: On the top floor of the Hospital, in one ward 24 Nurses are provided dormitory type of accommodation. The partitions of curtains are provided. There is no register of allotment. Except cots no other furniture is provided. There is no kitchen, Recreation Room, Warden Room and Dining room. On the second floor of the canteen building 25 rooms are available. In each room 4 Nurses are accommodated. Therefore, accommodation available is for 100. As in this building canteen and grocery store are running on ground and First floor this accommodation for Nurses is not safe.
5. Separate common room for boys and girls with attached toilets are available without any indoor games facilities and furniture.
6. Although side labs are available in wards, all of them are not functional.
7. In the mortuary, there is no electric supply. Water supply and drainage facilities are inadequate. There is no fly proof. There is no cooling cabinet.
8. Physiology Dept Mammalian and Clinical physiology laboratories are in one hall.
9. 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 give 2 months time to the authorities of Vinayaka Missions Kirupanda Variyar Medical College, Salem to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

16. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University Chennai in respect of students being trained at Christian Medical College, Vellore.

Read : The compliance verification inspection report (16th October, 2008) for compliance verification for continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical College & University Chennai in respect of students being trained at Christian Medical College, Vellore.

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 October, 2008) along with compliance and Council Inspectors report (8th & 9th August, 2007) and noted the following:-

1. (a) The shortage of teaching faculty is 17.64% (i.e. 27 out of 153) as under:-

(i)	Professor	05	(Biochemistry -1, Pathology -1, Forensic Medicine -1, Ophthalmology -1, Radio – Diagnosis -1)
(ii)	Associate Prof.	11	(Biochemistry -2, Pharmacology -1, Microbiology -1, TB & Chest -1, Psychiatry -2, Obst. & Gynae. -1, Radio-diagnosis -2 & Dentistry -1)

- (iii) Asst Professor 11 (Anatomy -1, Pathology -1, Forensic Medicine -1, Paediatrics -1, General Surgery -3, Orthopaedics -1, Obst. & Gynae.-3)
- (b) The shortage of Residents is 30.55% (i.e. 33 out 108) as under:-
- (i) Senior Resident 08 (Paediatrics -2, TB & Chest -1, Obst. & Gynae. -1 & Anaesthesia -4)
- (ii) Junior Resident 25 (General Medicine -8, Paediatrics -3, Skin & VD -1, Orthopaedics -5, ENT-1, Ophthalmology -3 & Obst. & Gynae. -4)
2. Department of Forensic Medicine: No qualified teaching staff is available. The department is managed by Pathologist. Medico-legal postmortems are not performed.
3. In Community Medicine: There is no practical lab. in the department.
4. The following DNB courses are being run in the institute which is not as per norms:-
1. General Medicine
 2. General Surgery
 3. Paediatrics
 4. Obst. & Gynae.
 5. Radiology
 6. Psychiatry
 7. Physical Medicine & Rehabilitation
 8. Ophthalmology
5. 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 give 2 months time to the authorities of Christian Medical College, Vellore to rectify the above deficiencies and submit the compliance within the stipulated period. It was further decided that the institute be directed to stop DNB courses in various departments as shown above forthwith and to submit the compliance. 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.

17. Continuance of recognition of MBBS degree granted by University of Rajasthan in respect of students being trained at Jawaharlal Nehru Medical College, Ajmer.

Read : The compliance verification inspection report (17th October, 2008) for compliance verification for Continuance of recognition of MBBS degree granted by University of Rajasthan in respect of students being trained at Jawaharlal Nehru Medical College, Ajmer.

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 October, 2008) along with compliance and Council Inspectors report (15th & 16th Sept., 2005) and noted the following:-

1. The shortage of teaching staff is as under:-
- | | | | |
|-----|-----------------------|---------------|---|
| a | Teaching Faculty | 39 Out of 158 | 24.68 % |
| i | Professor : | 4 | Physiology-1, Pediatrics-1, TB-1, Psychiatry-1 |
| ii | Associate Professor : | 6 | Biochem-1, Micro-1, Patho-2, Forensic-1, Radiology-1 |
| iii | Assistant Professor : | 20 | Pharmac-1, Pediatrics-1, Physio-1, Pharmachem-1, Surgery-4, OBG-6, ANMO-1, MWO-1, PSM-2, Radiology-1, Dentistry-1 |

iv	Tutor :	9	Physio-4, Biochem-1, Pharmac-3, Dentistry-1
b	Residents	29 Out of 94	30.85 %
i	Sr. Residents	25	Medicine-3, Pediatrics-1, Derma-1, Psychiatry-1, Surgery-3, Ortho-2, Opth-1, OBG-3, Anaesthesia-6, Radiology-4
ii	Jr. Residents	4	TB-1, OBG-3

2. Central Library : There is no librarian. Internet & Medlar facilities not available. Seating capacity for students is only 28 as against required 150 seats.
3. Hostel: Hostel for interns not available. No recreation facilities are available. General Sanitation is poor. No water cooler/Geysers are not available.
4. Central pharmacy is not available.
5. Examination has wooden chairs which are not in good condition for students.
6. Animal House: There is no Veterinary officer.
7. Health Centre (Urban) –
8. Related to JLN Hospital : The Deficiencies are pointed in the Superintendent of JLN Hospital report. Letter of Supt. is not provided by authority in spite of number of reminders.
9. Anatomy Department: No cooling Cabinets are available yet.
10. Biochemistry: No gas burner available in the laboratory.
11. Museum is over crowded
12. Microbiology: No demonstration room is available.
13. OT is not having central oxygen
14. Mechanized laundry is not available.
15. Incinerator: The hospital has made contract for Biomedical Waste disposal, however in-house segregation, transport and storage requires to be organized scientifically and more methodically. There is no incinerator available.
16. Para Medical & nursing staff inadequate.
17. 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 give 2 months time to the authorities of J.L.N. Medical College, Ajmer to rectify the above deficiencies and submit the compliance within the stipulated period. 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.

18. Continuance of recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda.

Read : The Council Inspectors report (16th & 17th October, 2008) for Continuance of recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector report (16th & 17th October 2008) and decided that recognition of MBBS degree granted by M.S. University, Baroda in respect of students being trained at Govt. Medical College, Baroda be continued restricting the number of admissions to 180 (One Hundred Eighty) students per year.

19. Continuance of recognition of MBBS degree granted by Rajasthan University, Rajasthan in respect of students being trained at RNT Medical College, Udaipur-consideration of Govt. of Rajasthan letter dated 26.09.2008.

Read : The Govt. of Rajasthan letter dated 26.09.2008 with regard to extension of time upto 30th June, 2009 to rectify the deficiencies pointed out in the Council Inspector report 25th July, 2008 for continuance of recognition of MBBS degree granted by Rajasthan University, Rajasthan in respect of students being trained at RNT Medical College, Udaipur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Govt. of Rajasthan's letter dated 26.09.2008 with regard to extension of time upto 30th June, 2009 to rectify the deficiencies pointed out in the Council Inspector report 25th July, 2008 for continuance of recognition of MBBS degree granted by Rajasthan University, Rajasthan in respect of students being trained at RNT Medical College, Udaipur and decided to give 2 months time to the authorities of RNT Medical College, Udaipur to rectify the deficiencies and submit the compliance within the stipulated period. 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.

20. Removal of name of Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra from the Indian Medical Register.

Read : The letter dated 15.09.2008 received from the Registrar, West Bengal Medical Council, Kolkata with regard to removal of names of Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra from the Indian Medical Register for the year 1981 and 1977 respectively.

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 15.09.2008 received from the Registrar, West Bengal Medical Council, Kolkata intimating that Dr. Bikas Kumar Ghosh & Dr. Debasish Mitra bearing registration No. 39887 dated 03.10.1981 & Regn. No. 36212, dated 03.08.1977 respectively have been found guilty of infamous conduct in a professional respect and their names have been removed from the register of Registered Medical Practitioners for the year 1981 and 1977 respectively, for a period of two years w.e.f. 09.09.2008 (afternoon). The Committee decided to remove the name of above-mentioned doctors from the Indian Medical Register and also give intimation in this regard to all the State Medical Councils in the country.

21. Removal of name of Dr. Deepak Vyas from the Indian Medical Register.

Read : The letter dated 15.09.2008 received from the Registrar, Rajasthan Medical Council with regard to removal of name of Dr. Deepak Vyas from the Indian Medical Register along with the following recommendation of the Executive Committee:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 15.09.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. Deepak Vyas, bearing Regn. No. 7599 dated 12.11.1979, had expired on 12.09.2008 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.

22. Removal of name of Dr. P. Ravichandran from the Indian Medical Register.

Read : The letter dated 29.08.2008 received from the Registrar, Tamilnadu Medical Council, Chennai regard to removal of name of Dr. P. Ravichandran from the Indian Medical Register as he has been suspended from the practice of medicine.

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 29.08.2008 received from the Registrar, Tamilnadu Medical Council, Chennai intimating that Dr. P. Ravichandran bearing Regn. No. 45634, dated 20.06.1989 alleged to have been involved in Kidney Transplantation racket and under detention in the criminal case and his name has been removed from the Register of Registered Medical Practitioners until further orders. 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.

23. Participation in the Commonwealth foundation and Commonwealth Medical Association "Regional Seminar on Health workers Migration" November 17th & 18th at New Delhi.

Read : The letter dated Nil received in the office on 20.10.2008 from Dr. S. Arulrhaj, President, Commonwealth Medical Association, London with regard to Participation in the Commonwealth foundation and Commonwealth Medical Association "Regional Seminar on Health workers Migration" November 17th & 18th New Delhi.

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 Nil received from Dr. S. Arulrhaj, President, Commonwealth Medical Association, UK, Sundaram Arulrhaj Hospitals, 145/5B, Jeyaraj Road, Tuticorin, Tamil Nadu addressed to the President (Acting), MCI, with regard to participation in the Commonwealth foundation and Commonwealth Medical Association "Regional Seminar on Health Workers Migration", to be held on November 17th & 18th, 2008 at Hotel Atrium, Suraj Kund NCR, New Delhi and decided to nominate Dr. P. Rajan and Dr. Ashwini Kumar to attend the Seminar.

24. Pattern of AIPMT-09 Examination

Read : The letter dated 01.09.2008 received from Shri M.C. Mishra, Controller of Examinations, CBSE, New Delhi regarding changed the pattern of AIPMT examination from one tier to two tier examination. The Preliminary stage examination is objective type while the final stage examination is non-objective type.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that in its letter dated 01.09.2008, Controller of Examinations, Central Board of Secondary Education (CBSE), New Delhi has proposed as under:-

"You are aware that the CBSE in the year 2004 has changed the pattern of AIPMT examination from one tier to two tier examination. The Preliminary stage examination is objective type while the Final stage examination is non-objective type. In last five years during the conduct of AIPMT (Final) examination the CBSE has faced the problems related to shortage of time, availability of subject experts for evaluation, the subjectivity involved in the evaluation of non-objective type answers etc.

Beside above, the time left for the counseling after declaration of the result remains very short and therefore, it becomes very difficult for DGHS to conduct both the rounds of counseling within the stipulated time limit.

In view of the problems faced by the Board, a committee of the experts of IITs, Delhi University and GGIP University was constituted to discuss the above said issues. The committee was of the opinion that no organization is conducting entrance examination in non-objective pattern. The Banaras Hindu University and Guru Gobind Singh Indraprastha University, Delhi who are conducting medical entrance examination in two tier are having non-objective type pattern even in final stage examination.

Accordingly, the Board has proposed to change the Final stage examination from non-objective type to objective type. For making this change the Board has to take the necessary action according to the decision of the Hon'ble Supreme Court of India. As

M.C.I. is one of the designated organizations for this examination, you are therefore requested to kindly communicate your consent on the above proposal so that Board may affect the change from the 2009 examination.”

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 accept the proposal of Central Board of Secondary Education (CBSE), Delhi to change the final stage examination from non-objective type to objective type as communicated by the Controller of Examinations, CBSE vide its letter dated 01.09.2008.

25. To Consider the letter received from (EPSI) Education Promotion Society for India regarding Entrance Examinations for higher education in various disciplines including Medical Education.

Read : The letter dated 20.08.2008 received from (EPSI) Education Promotion Society for India regarding Entrance Examinations for higher education in various disciplines including Medical Education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 20.08.2008 received from (EPSI) Education Promotion Society for India regarding entrance examinations for higher education in various disciplines including Medical Education and decided to constitute a Sub-Committee comprising of Dr. Ved Prakash Mishra, Member, Executive Committee & Chairman, Finance Committee and Dr. B.P. Dubey Member, Executive Committee & Postgraduate Committee to look into the matter and submit their report at the earliest.

26. Consideration of the concept and accord “in principal approval” to offer “diploma in HIV/AIDS”-regarding.

Read : The D.O. letter 03.10.2008 from Shri K. Sujatha Rao, Additional Secretary & Director General, National AIDS Control Organization, Ministry of Health & F.W., Govt. of India, New Delhi with regard to Consideration of the concept and accord “in principal approval” to offer “diploma in HIV/AIDS”-regarding.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the D.O. letter dated 03.10.2008 from Shri K. Sujatha Rao, Additional Secretary & Director General, National AIDS Control Organization, Ministry of Health & F.W., Govt. of India, New Delhi with regard to consideration of the concept and accord “in principal approval” to offer “diploma in HIV/AIDS” and decided to refer the matter to the Standing Academic Cell of the Postgraduate Committee of the Council.

27. The Palliative Care (Recognition, teaching and training) bill, 2008 by Shri C.K. Chandrappan. M.P.

Read : The letter 11.09.2008 Shri S. K. Gupta, Under Secretary, Govt. of India, Ministry of Health & F.W., New Delhi with regard to The Palliative Care (Recognition, teaching and training) bill, 2008 by Shri C.K. Chandrappan. M.P.

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 11.09.2008 from Shri S. K. Gupta, Under Secretary, Govt. of India, Ministry of Health & F.W., New Delhi with regard to The Palliative Care (Recognition, teaching and training) bill, 2008 by Shri C.K. Chandrappan. M.P. and decided to constitute a Sub-Committee comprising of Dr. D.J. Borah, Chairman, Ethics Committee; Dr. P.M. Jadhav, Member, Ethics Committee and Dr. P.K. Sur, Member to look into the matter and submit their report at the earliest.

28. Proposal and directions of the Hon'ble Supreme Court of India for starting Orientation Course for the students of SC/ST categories.

Read : The matter with regard to admission to MBBS/BDS course only on the basis of ranks secured by the candidate in the Entrance Examination of in light of the order dated 22.09.2008 of the Hon'ble Supreme Court of India in writ petition No. 393 of 2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed the order of the Hon'ble Supreme Court dated 22.09.2008 in Writ Petition No. 393 of 2008 – Vineeth Kand Others – Vs. – State of Kerala & Ors. which reads as under:-

“Heard learned counsel for the parties.

We notice that out of 51 seats reserved for scheduled castes candidates in the various Government Medical Colleges only two candidates could be admitted, as they were alone who fulfilled the qualification prescribed by the MCI. Apparently these students did not get 40% marks in the entrance examination though qualifying marks are more than 70% marks in the optional subjects. This has been experience in the previous years also and many States were unable to fill up the seats reserved for scheduled caste and scheduled tribe candidates. It is high time that the State should take up steps for giving some proper orientation course to the SC/ST students or to set up some other formula so that sufficient number of candidates should be admitted in the course. MCI and Union of India will have to suggest appropriate remedy to find out and work out the solution.

Let the States of Jharkhand, Maharashtra, Gujarat, Orissa, West Bengal, U.P., M.P. and Karnataka be impleaded. All the States may represent through their Chief Secretaries.

Issue notice to all the impleaded States.

List after 8 weeks.”

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 agreed in principle that there should be an orientation course for SC/ST students and decided to constitute a Sub-Committee comprising of Dr. Ved Prakash Mishra, Member, Executive Committee & Chairman, Finance Committee and Dr. K.H. Kenchappa, Professor of Orthopaedics, S.S. Medical College, Tumkur to examine the matter from all aspects and submit its report at the earliest.

29. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, Nashik.

Read : The compliance verification inspection report (23rd October, 2008) for compliance verification for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, Nashik.

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 October 2008) along with compliance and Council Inspectors report (13th & 14th August, 2008) and decided that recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at NDMVP Samaj's Medical College, Nashik be continued restricting the number of admissions to 120 (One Hundred Twenty) students per year.

30. Additional Inspector (Zonal Inspector South) – request for not extending further his term for the post of Additional Inspector.

Read : The letter dated 14.09.2008 received from Dr. K. Ananda Kannan, Additional Inspector (Zonal Inspector South) requesting not to extend his term further due to exigencies in his family.

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 14.09.2008 received from Dr. K. Ananda Kannan Additional Inspector (Zonal Inspector South) requesting not to extend his term further for the post of Additional Inspector due to exigencies in his family.

31. Award of Canteen contract in Medical Council of India.

Read : The matter with regard to award of canteen contract in Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to accept the recommendations of the Purchase Committee as under:-

"The Purchase Committee comprising of Sh. Ashok Kr. Harit, Deputy Secretary (Admn.); Dr. Davinder Kumar, Deputy Secretary; Mrs. Madhu Handa, Assistant Secretary & Sh. A.K. Ahluwalia, Accounts Officer, met in the Council office on 23/09/2008 at 4.00 p.m. for finalizing the award of Canteen contract.

It has been observed by the Committee that the tenders were invited for running of the Canteen and the last date for submission of the tenders was 23/09/2008 upto 3.00 p.m. and the same was to be opened at 4.00 p.m. on the same day. Two Nos. of the sealed envelopes were placed before the Purchase Committee. The same were opened by the Committee and the members of the Committee signed on the tender's sets as well as in the Tender Register. The details of the tenderers are as under: -

Sl. No.	Name & address of tenderers	License fee offered
1.	M/s Group of Kitchen RZ-F-14A, Gali No.41, Sadh Nagar, Palam Colony, New Delhi – 110045.	Rs.2,500/- per month
2.	M/s Rakesh Kumar Yadav, RZ-P-297, Raj Nagar, Part-II, Palam Colony, New Delhi – 110045.	Rs.500/- per month

It may be observed from the above that M/s Group of Kitchen has offered higher license fee amounting to Rs.2,500/- per month, as compared to M/s Rakesh Kumar Yadav, who has offered only Rs.500/- per month.

In view of above, the members of the purchase committee decided to award the contract for running canteen in the office of the Council to M/s Group of Kitchen, New Delhi for a period of 1 year."

32. Regarding documentation of Post Graduate course in Pathology as a para-clinical subject.

Read : The matter with regard to documentation of Post Graduate course in Pathology as a para-clinical subject.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the subject of Pathology is included in the para-clinical subjects of Phase-II under clause 10 pertaining to para-clinical subjects of Phase-II of Graduate Medical Education Regulations, 1997.

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 Pathology be considered as para-clinical subject in view of Graduate Medical Education Regulations, 1997 which are statutory Regulations.

33. Inspection of M.N.R. Medical College , Sangareddy to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.

Read : The compliance verification Inspection report (23.10.2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at M.N.R. Medical College, Sangareddy.

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 October 2008) along with compliance and Council Inspectors report (5th & 6th Sept.,2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

34. Extension of services of Dr. S.B. Aggarwal as Additional Inspector on consolidated salary.

Read: The matter with regard to extension of services of Dr. S.B. Aggarwal as Additional Inspector.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. S.B. Aggarwal, Additional Inspector of the Council for a further period of one year w.e.f. 30/11/2008.

35. Extension of services of Dr. C.A. Desai as Additional Inspector on consolidated salary.

Read: The matter with regard to extension of services of Dr. C.A. Desai as Additional Inspector.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. C.A. Desai, Additional Inspector of the Council for a further period of one year w.e.f. 02/11/2008.

36. Extension of services of Dr. Malti Mehra as Whole Time Inspector.

Read: The matter with regard to extension of services of Dr. Malti Mehra as Whole Time Inspector.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to extend the services of Dr. Malti Mehra, Whole Time Inspector of the Council for a further period of one year w.e.f. 14/11/2008.

37. Inspection of Medicit Institute of Medical Sciences, Ghanpur, to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.

Read : The compliance verification inspection report (23rd October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at Medicit Institute of Medical Sciences, Ghanpur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (23rd October 2008) along with compliance and Council Inspectors report (5th & 6th Sept., 2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

38. Inspection of Prathima Institute of Medical Sciences, Karimnagar, to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.

Read : The compliance verification inspection report (24th October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at Prathima Institute of Medical Sciences, Karimnagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (24th October 2008) along with compliance and Council Inspectors report (5th & 6th Sept.,2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

39. Inspection of Katuri Medical College & Hospital, Guntur, to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.

Read : The Council Inspectors report (25th October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at Katuri Medical College & Hospital, Guntur.

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 (25th October 2008) along with compliance and Council Inspectors report (5th & 6th Sept.,2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

40. Inspection of P.E.S. Institute of Medical Sciences & Research, Kuppam to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities.

Read : The Council Inspectors report (24th October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at P.E.S. Institute of Medical Sciences & Research, Kuppam.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (24th October 2008) along with compliance and Council Inspectors report (5th & 6th Sept.,2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

41. Minutes of the meeting held on 5th August, 2008 at the Ministry of Human Resource Development, New Delhi under the Chairmanship of Dr. R.K. Raghavan, Ex-Director of CBI to supervise the measures being implemented to prevent ragging and to conduct election of Students Union.

Read : The matter with regard to minutes of the meeting held on 5th August, 2008 at the Ministry of Human Resource Development, New Delhi under the Chairmanship of Dr. R.K. Raghavan, Ex-Director of CBI to supervise the measures being implemented to prevent ragging and to conduct election of Students Union along with Sub-Committee report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council perused the following report of the Sub-Committee and after due deliberations directed the office to prepare draft reply and place before the Adhoc Committee/Executive Committee at the next meeting:-

“The Committee constituted for the purposes of looking into the issues of formulation of measures for curbing the menace of ragging in various educational institutions across the country was held on 20th October, 2008 at 3.00 p.m. in the office of the Council.

The following members present:-

- (i) Dr. Ved Prakash Mishra
- (ii) Dr. B.P. Dubey

At the outset the Committee noted that the Human Resource Development Ministry has convened a meeting wherein the representatives of the Council were present. It was brought out in the meeting that Medical Council of India being a apical authority of medical education has to contribute in respect of evolution of such measures as are necessary for the purposes of controlling the ragging in various medical institutions in the country which come under its regulatory ambit. It is recorded in the meeting that the representative of the Council brought out that such measures being evoked in the form of Regulation in terms of Section 33 of the Indian Medical Council Act, 1956 may not be feasible.

However, at the meeting, it was recorded that the Council is required to prepare draft Regulation for curbing menace of ragging in the medical institutions in the country.

Accordingly, the Committee has taken a note of the fact that in terms of information sought by the Ministry of Human Resource Development in regard to the initiative taken by the Council with regard to curbing the ragging as per format provided by HRD and the response from all the medical institutions their comparative analysis has been communicated by the Council from time to time. It has also been brought out that by virtue of the said measure the reported cases of ragging have come down to the extent that in terms of information submitted by 236 medical colleges, 29 cases were reported from the medical colleges. As such, it could be construed that at 236 colleges as many as 218 colleges have been ragging free.

The Committee has also taken stock of the report of the Committee constituted by the Hon'ble Supreme Court of India in SLP No.24295 of 2006 with the Title "The Menace of Ragging in Educational Institutions and Measures to Curb it".

The Committee has also taken note of the draft regulation that has been formulated by the Ministry of Human Resource Development which is Generic in character.

It is necessary that the said generic nature of the draft prepared by the Human Resource Development needs to be interpolated appropriately. The measures that have been brought out are exhaustive, in the Committee's report that has been referred to above. The relevant portion of the report is with reference to chapter 5 Title "Recommendation" which is between page No.46 to 71."

42. Inspection of Subharati Medical College, Meerut to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.

Read : The compliance verification inspection report (23rd October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at Subharati Medical College, Meerut.

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 October, 2008) along with compliance and Council Inspectors report 5th & 6th September, 2008 and noted the following:-

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

(a) Teaching faculty : 8 out of 121 (6.61%)

i	Professor :	2	Anatomy-1, Biochem-1
ii	Associate Professor	5	Biochem-1, Forensic-1, Surgery-1, Ortho-1, OBG-1
iv	Tutor :	1	Biochem-1

(b) Residents : 5 Out of 85 (5.88 %)

i	Jr. Residents	5	ENT-1, Surgery-3, Pediatrics-1
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(c) No compliance has been submitted by the institute as regards the teachers who were working as DNB teachers at Lokpriya Hospital in Meerut city but were shown as teachers in Subharati Medical College, Meerut and hence were not included in staff position in the last inspection.

2. Library - There is a common Library both Medical and Dental Colleges. The library is located on the top floor of the Dental College building. There is no separate central library in the building of Medical College.

3. CSSD - There is no glove inspection machine.
4. Forensic Medicine - Mortuary is available but not functional.
5. Hostel - Girls students and Interns of Dental college and Girls students of Medical College are admitted in the same hostel.
6. Other deficiencies/remarks 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 ask the Subharati Medical College, Meerut to rectify the above deficiencies and submit the compliance at the earliest.

43. Conferment of Deemed – to – be University status for Mahatma Gandhi Medical College & Research Institute, Pondicherry order of disaffiliation issued.

Read : The letter dated 10th October, 2008 received from the Registrar, Pondicherry University with regard to conferment of Deemed to be University status for Mahatma Gandhi Medical College & Research Institute, Pondicherry order of disaffiliation issued.

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 10/10/2008 from the Registrar, Pondicherry University addressed to the Chairman, Sri Balaji Educational & Charitable Public Trust (Regd.) Mahatma Gandhi Medical College, Puducherry & copy sent to this office which reads as under:-

“He has stated in pursuance to the Notification issued by the M.H.R.D. and undertaking submitted by Sri Balaji Educational & Charitable Trust (Regd.) Mahatma Gandhi Medical College. He has informed that the following UG/PG courses in Mahatma Gandhi Medical College & R.I. are disaffiliated from Pondicherry University from the academic year 2008-09. However the students registered with the Pondicherry University till the academic year 2007-08 for these courses will continue with the University as students until they pass out from their courses, subject to fulfilling conditions prescribed in the regulations prescribed for the respective courses and the conditions of affiliation as well as payment of dues, if any to the University.

		UG Course	
S.No.	Name of the Course		Intake
1.	MBBS		150 (increase of intake from 100 to 150 for the academic year 2007-08)
		PG Courses	
a.	MD(General Med.)		3
b.	MD (Psychiatry)		1
c.	MD (TB & Chest Disease)		1
d.	MD (Obst. & Gynae.)		2
e.	MD (Dermatology & Venereology & Leprosy)		1
f.	MS (General Surgery)		4
g.	MS (Ortho.)		1
h.	MS (Ophthalmology)		1
i.	MS (ENT)		1
j.	MD (Paediatrics)		2
		Diploma Courses	
i)	Diploma in TB & Chest		1
ii)	DGO		2
iii)	Diploma (Dermatology & Venereology & Leprosy)		1
iv)	D. Ortho		1
v)	Dip. Ophthalmology		1
vi)	DCH		2

Further the Trust should scrupulously follow all the conditions notified by the Ministry in the notification dt. 04.08.08 and if any deviation and non-compliance found the trust along shall be responsible for all the consequences.”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that the institute be advised to approach the Council when the first batch appears for the final examination of the relevant undergraduate/postgraduate courses.

44. 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI) – Consideration of.

Read : The letter dated 22.07.2008 received from the Dr. M. Hamidullah Bhat, Director (MC), Govt. of India, Ministry of Human Resource Development, Department of Higher Education, Minority Cell, New Delhi with regard to laying before the Parliament 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI) along with legal opinion obtained from the retainer advocate.

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 22.07.2008 received from the Dr. M. Hamidullah Bhat, Director (MC), Govt. of India, Ministry of Human Resource Development, Department of Higher Education, Minority Cell, New Delhi with regard to laying before the Parliament 'Memorandum on Action Taken' by the Central Government on the recommendations of National Commission for Minority Educational Institutions (NCMEI) along with legal opinion obtained from the retainer advocate and decided to constitute a Sub-Committee comprising of Dr. Muzaffar Ahmed and Dr. Baldev Singh, Members of the Council, to look into the matter and submit their report at the earliest.

45. Establishment of new medical college by the name Fathima Institute of Medical Sciences at Kadapa, A.P. by Mohammadiya Educational Society – W.P. (C) No. 302/2008.

Read : The inspection report (27th Sept., 2008) for grant of letter of permission for establishment of new medical college by the name Fathima Institute of Medical Sciences at Kadapa, A.P. by Mohammadiya Educational Society – W.P. (C) No. 302/2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (27th Sept., 2008) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 35% (i.e. 18 out of 55) as under:-
 - (i) Professor-4 (Anatomy-1, Biochemistry-1, Surgery-1, Medicine-1)
 - (ii) Assoc.Prof.-10 (Anatomy-2, Physiology-2, Pathology-1, Pharmacology-1, Pediatric-1, Orthopaedic-1, OBGY-1, Anaesthesia-1)
 - (iii) Asstt.Prof.-03 (Physiology-1, Forensic Medicine-2)
 - (iv) Tutor-01 (Physiology-1)
 - (b) The shortage of Residents is 35% (i.e. 21 out of 43) as under:-
 - (i) Sr.Residents-17 (Medicine-4, Pediatric-1, Surgery-4, Orthopaedic-1, Ophthalmology-1, OBGY-2, Radiology-2, Anaesthesia-2)

2. Clinical material is inadequate as under:-

	Daily Average		Day of Inspection
	OP	IP	OP & IP
Operative work			
Number of major surgical operations	-	5-6	-
Number of minor surgical operations	-	6-8	-**
Number of normal deliveries	-	0-1	0
Number of caesarian Sections	-	01	0

- There is no manual register available in the OPD for cross verification of the number of OPD cases.
 - Though the no. of indoor cases is high, majority of them are not of any clinical value and the no. of cases admitted on the day of inspection was 106.
 - There was no entry of any surgery done after 16.09.2008 in the OT register.
 - Though the no. of x-rays taken is claimed to be on higher side, indent book of x-ray film shows no entry after 4/7/2008 and this has been vouched by the radiographer and radiologist by a letter.
3. Registration and Medical Record Section not organized.
4. Paraclinical & clinical departments are not established.
5. Lecture theatres are not fitted with fans and AV Aids.
6. Common room for boys and girls are not furnished and non-functional.
7. Central Library has no seating provided for the teaching faculty.
8. In Central library, no journals are available. Internet facility is not available. The college does not have Medlar facility.
9. Central Photography cum audio-visual units not provided with furniture and is non functional.
10. Hostels: Only 36 rooms for 72 students are furnished which is inadequate. Boys and Girls hostel are in a single building.
11. Residential quarters are not available.
12. Teaching hospital: Though there was person who was introduced as Medical Superintendent and accompanied us for the hospital visit and signed some of the papers, but he did not submit any declaration form for reasons best known to himself.
13. There are 10 beds deficient in General Surgery wards.
14. In OPD: There is no audiometry room (soundproof & Air-conditioned).
15. Labour room: There is no eclampsia room.
16. There is no incinerator in the hospital.
17. Sports & recreation facilities are not available.
18. In the department of Anatomy, non-medical teachers are more than 50%, which is not as per Regulations. Lecturer theaters are not yet ready. Departmental library cum seminar room 1 is having 10 seats and nil books. Dissection hall has no small dissection tables. No students lockers are provided. Museum has nil wet specimens & catalogues are not available.

19. In the department of Physiology, non-medical teachers are 50%, which is not as per Regulations. There are 2 demonstration rooms, each having 40 seats. Departmental library cum seminar room has 10 seats and nil books.
20. In the department of Biochemistry, departmental library cum seminar room has 10 seats and nil books.
21. All para medical departments are temporarily identified in the second floor of the hospital. No furniture is provided for the staff to sit and work.
22. Other deficiencies/remarks in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for establishment of new medical college by the name Fathima Institute of Medical Sciences at Kadapa, Andhra Pradesh by Mohammadiya Educational Society for the academic year 2008-09.

46. Establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the IMC Act, 1956 – W.P. (C) No. 311 of 2008.

Read : The inspection report (27th Sept., 2008) for grant of letter of permission for establishment of new medical college at Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the IMC Act, 1956 – W.P. (C) No. 311 of 2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (27th Sept., 2008) and noted the following:-

1. (a) The following faculty has not been counted because of the reasons mentioned against each:-

S.No.	Name	Department	Designation	Remarks
1.	Dr.Renu Mishra	Anatomy	Professor	Does not possess required teaching experience.
2.	Dr.Nirupama Gupta	Anatomy	Assoc. Professor	Does not possess required teaching experience.
3.	Dr.Debjani Chetterjee	Anatomy	Asstt. Professor	Does not possess required teaching experience.
4.	Dr.Kamal Prasad	Physiology	Professor	Does not possess required teaching experience. He has not produced the relieving order from previous institution.
5.	Dr.Sanjiv Gupta	Physiology	Assoc.Professor	Does not possess required teaching experience.
6.	Dr. Jayballabh Kumar	Physiology	Asstt.Professor	Does not possess required teaching experience.
7.	Dr. Mita Sarkar	Physiology	Asstt. Professor.	Does not possess required teaching experience.
8.	Dr.Rasid Ali	Biochemistry	Professor	He is having M.Sc. and Ph.D. from Science faculty.

9.	Dr.M.H. Akhtar	Pharmacology	Assoc.Prof.	Does not possess required teaching experience.
10.	Dr.M.K. Mahapatra	Medicine	Professor	Does not possess required teaching experience.
11.	Dr.Ravish Kumar Verma	Medicine	Asstt. Professor	Has not produced the Certificate for teaching experience.
12.	Dr.Ruchi Rai	Paediatrics	Asstt.Professor	Has not produced the Certificate for teaching experience.
13.	Dr.V.J.Anand	Surgery	Professor	He himself has declared that he is part time and attends the hospital 2-3 times a week.
14.	Dr.R.Srivastav	Surgery	Asstt. Professor	Does not possess required teaching experience.
15.	Dr.Shanti Singh	Obst. & Gynae.	Professor`	She herself has declared that she is part time and attends the hospital 203 times a week and has also not shown original photo-ID.
16.	Dr.Niraj Mishra	Anaesthesia	Asstt. Professor	Does not possess required teaching experience.
17.	Dr.Pradeep Tyagi	Anaesthesia	Asstt. Professor	Does not possess required teaching experience.

(b) The following SR Residents have not been considered as they have not stated any experience as Resident in their Declaration Form, nor any certificate of experience as a Residents is attached with the declaration form.

S.No.	Name	Department
1.	Dr.Satish Bawri	Medicine
2.	Dr.Amrish Dixit	Medicine
3.	Dr.Amit Bhardwaj	Medicine
4.	Dr.Prasun Bhattacharji	Paediatrics.

(c) The following Residents have not been considered because they do not stay in the hospital premises:-

S.No.	Name	Department	Designation
1.	Dr.Satish Bawri	Medicine	SR
2.	Dr.Manju Tyagi	Medicine	SR
3.	Dr.Brahmnish Sitara	Medicine	JR
4.	Dr.Ashok Sinha	Medicine	JR
5.	Dr.Mir Abdul Munif	Medicine	JR
6.	Dr.Mrinal Anand	Paediatrics	JR
7.	Dr.Zayaa Dash	Surgery	SR
8.	Dr.Vishal Gour	Surgery	SR

9.	Dr.Pravesh Singh	Surgery	JR
10.	Dr.B.N.Giri	Surgery	JR
11.	Dr.Amit Mishra	Orthopaedics	JR
12.	Dr.Nilam Goel	Ophthalmology	SR
13.	Dr.Ritvija Dixit	Ophthalmology	JR
14.	Dr.Shivani Sachdev	Gynaecology	JR
15.	Dr.Monika Gupta	Gynaecology	JR
16.	Dr.Usha	Gynaecology	JR
17.	Dr.Akhil Rohtgi	Anaesthesia	SR
18.	Dr.Anu Kaushik	Radiology	SR

(d) The following teaching staff and residents have not shown the original Photo ID:-

- | | | | |
|----|---------------------|-------------|---------|
| 1. | Dr.Soma Sen | Asstt.Prof. | OBG |
| 2. | Dr.Smita Kumari | JR | Surgery |
| 3. | Dr.Shailendra Kumar | JR | Surgery |

(e). The shortage of teaching staff required at present stage is as under:-

(a) The shortage of teaching faculty is 24.24% (i.e.16 out of 66) as under:-

- (i) Professor-3 (Biochemistry-1, Surgery-1, Medicine-1)
- (ii) Assoc.Prof.-7 (Anatomy-2, Physiology-2, Biochemistry-1, Pharmacology-1, OBGY-1)
- (iii) Asstt.Prof.-6 (Physiology-1,Pediatrics-1, Surgery-1, Anaesthesia-1, Medicine-2)

(b) The shortage of Residents is 48.83% (i.e. 21 out of 43) as under:-

- (i) Sr.Residents-12 (Medicine-4, Surgery-2, Ophthalmology-1, OBGY-2, Radiology-1, ENT-1, Pediatric-1)
- (ii) Jr.Residents-9 (Ophthalmology-1, Surgery-1, OBGY-2, Orthopaedic-1, Pediatrics-1, Medicine-3)

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

Clinical material	Daily Average		Day of Inspection
Bed occupancy%	82.99		63
Normal deliveries	-	0.95	-
Caesarian Sections	-	0.54	1

- 3. In OPD, there is only one registration counter. Each speciality is provided one room for examination of patients and accommodation for the doctors.
- 4. Operation Theatre Unit, there are 5 operation theatres having total 8 tables, which is not as per norms.
- 5. Radiological Department, 300 MA unit is not working.
- 6. CSD, no glove inspection machine and no instrument washing machine available in CSSD. No trays and nil mixers are also available.
- 7. Other deficiencies/remarks are in the main report

In view of above, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Govt. not to issue Letter of Permission for establishment of new medical college at

Noida, Uttar Pradesh by Sharda Education Trust u/s 10A of the IMC Act, 1956 for the academic year 2008-09.

47. Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala - Renewal of permission for admission of 3rd batch of students for the academic session 2008-09.

Read : The Council Inspectors report (21st October, 2008) for renewal of permission for admission of 3rd batch of students for the academic session 2008-09 at Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the joint inspection report of the inspection carried out by the Council Inspectors & Central Government Inspector (21st October, 2008) and noted the following:-

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 24.14% (i.e. 28 out of 116) as under:-
 - (i) Professor-4 (Biochemistry-1, Pathology-1, Forensic Medicine-1, Radio-Diagnosis-1)
 - (ii) Assoc.Prof.-12 (Anatomy-2, Physiology-1, Pathology-2, Forensic Medicine-1, Community Medicine-1, General Medicine-2, Paediatrics-1, Anaesthesia-2)
 - (iii) Asstt.Prof.-11 (Anatomy-3, Pathology-1, Community Medicine-3, Statistician-1, Paediatrics-1, Anaesthesia-1 and Radio-Diagnosis-1)
 - (iv) Tutor-1 (Pharmacology-1)
 - (b) The shortage of Residents is 18.29% (i.e. 15 out of 82) as under:-
 - (i) Sr.Resident-06 (Psychiatry-1, General Surgery-3, Orthopaedics-1, Anaesthesia-1)
 - (ii) Jr.Resident-09 (General Medicine-3, TB & Chest-1, Dermatology-1, Psychiatry-1, Orthopaedics-1, Obst. & Gynae-2)
2. Clinical material is grossly inadequate in terms of OPD attendance, bed occupancy, Radiological and laboratory investigations as under:-

	Day of Inspection
O.P.D. attendance	430
Casualty attendance	03
Bed occupancy%	44%
<u>Operative work</u>	
Number of major surgical operations	5
Number of minor surgical operations	8
Number of normal deliveries	Nil
Number of caesarian Sections	Nil
<u>Radiological Investigations</u>	
X-ray	80
Ultrasonography	15
Special Investigations	04
C.T. Scan	NA
<u>Laboratory Investigations</u>	
Biochemistry	40
Microbiology	40
Serology	19
Parasitology	02
Haematology	90

Histopathology	01
Cytopathology	05
Blood Bank (Unit issue)	01 unit

- There was no proper record of admissions/discharges maintained in various wards.
- The central computer in the OPD showed escalated figures of daily OPD attendance as well as admissions/discharges. These figures did not tally with the registers maintained in various OPDs/wards.
- 30% of the OPD patients were seen with the symptoms of leg ache, backache, bodyache, nausea, cough and common cold etc.
- 105 patients were admitted on the eve of the inspection day as well as on the day of inspection (forenoon) with vague symptoms, which did not warrant admission. Their case sheets were incomplete with no proper treatment orders.
- A large number of patients admitted in various clinical wards were of no academic significance. Some of the patients were admitted for investigation purposes only (like Pap smear, ultrasound, pre-anesthetic check up etc)
- Patients who were registered for surgery after one week from the day of inspection were also admitted in the wards to increase bed occupancy.
- There were no patients in Medical ICU

3. Surgical ICU and Burns ICU are not available.
4. The hostel facilities are inadequate for the nursing staff as only one hostel with total capacity of 24 is available. Deficiency not rectified.
5. Residential Quarters: Residential quarters are available for teaching faculty are only 12 which is inadequate against the requirement of 36 quarters at this stage. Deficiency not rectified.
6. RHTC, Melaghar is on lease for 5 years which is not as per norms. No lecturer cum medical officer having MD (PSM) is available. No audiovisual aids have been provided. Labour room and minor OT are not available. Deficiency not rectified.
7. Urban Health Center is on lease for 2 years which is not as per norms. No Lecturer cum Medical Officer having MD (PSM) is available. Deficiency not rectified.
8. In Radio-Diagnosis department, there is no IITV. Only 2 statistic units are available. Hence, instrumentation is inadequate. Deficiency not rectified.
9. There is no independent CSSD. Deficiency is not yet rectified.
10. Other deficiency/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 3rd batch of students for the academic session 2008-09 at Tripura Medical College & Dr. B.R.A.M. Teaching Hospital, Agartala.

48. Santhiram Medical College, Nandyal - Renewal of permission for admission of 4th batch of students for the academic session 2008-09.

Read : The Council Inspectors report (21st October, 2008) for renewal of permission for admission of 4th batch of students for the academic session 2008-09 at Santhiram Medical College, Nandyal.

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

carried out by the Council Inspectors & Central Government Inspector (21st October, 2008) and noted the following:

1. The shortage of teaching staff required at present stage is as under:-
 - (a) The shortage of teaching faculty is 13.2% (i.e. 16 out of 121) as under:-
 - (i) Professor-01 (General Medicine-1)
 - (ii) Assoc.Prof.-04 (Physiology-1, Forensic Medicine-1, Psychiatry-1 and Dentistry-1)
 - (iii) Asstt.Prof.-04 (Anatomy-2, Pathology-2)
 - (iv) Tutor-07 (Anatomy-1, Physiology-2, Pharmacology-1, Pathology-2, Dentistry-1)
 - (b) The shortage of Residents is 15.3% (i.e. 13 out of 85) as under:-
 - (i) Sr.Resident-13 (General Medicine-1, Paediatrics-2, Orthopaedics-2, ENT-1, Ophthalmology-1, Obst. & Gynae.-2, Anaesthesia-3 and Radiology-1)
2. The promotion of the Principal of the college Dr. S. Nagaraj from the post of Assoc.Prof. to Professor is not as per prescribed norms as he has been promoted as Professor with only 1 year 10 months experience as Assoc.Prof. against the requirement of 4 years as per Regulations.
3. Clinical material is grossly inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	650-998	860
Bed occupancy%	60-80%	62%
<u>Operative work</u>		
Number of major surgical operations	6-8	2
Number of minor surgical operations	8-20	4
Number of normal deliveries	0-3	-
Number of caesarian Sections	0-2	-
<u>Radiological Investigations</u>		
X-ray	50-80	70
Ultrasonography	30-40	35
Special Investigations	1-5	01
<u>C.T. Scan</u>	0-5	02
<u>Laboratory Investigations</u>		
Biochemistry	190-320	220
Microbiology	20-30	22
Serology	55-88	50
Parasitology	5-25	20
Haematology	200-330	180
Histopathology	4-8	03
Cytopathology	2-10	05

* The major surgery figures are high on operation day of Ophthalmology where cataract surgery and camp cases are included, on the rest of the operation days the figures range between 6-8.

4. The majority of patients admitted in various clinical wards were with vague complaints generally not requiring hospitalization and as such were of little clinical interest. The case sheets were not written as per medical college hospital

pattern. On the day of inspection, the case sheets of admitted patients did not have written note.

5. Most of the intensive care units had very low bed occupancy.
6. In Orthopaedics ward almost 80% cases did not have any orthopaedic problems.
7. The institution is conducting DNB courses in some clinical subjects which is not as per norms.
8. Other deficiency/remarks are in the main report.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend to the Central Government not to renew the permission for admission of 4th batch of students for the academic session 2008-09 at Santhiram Medical College, Nandyal.

49. Complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal.

Read : The complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal along with the recommendations of the Ethics Committee

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

“The Ethics Committee considered the complaint against Dr. Rajeev D. Pathak as alleged by Dr. Ajay Agarwal and noted that Dr. Rajeev D. Pathak is registered with Maharashtra Medical Council bearing registration number 5841, dated 14.4.1976, hence decided to refer this matter to Maharashtra Medical Council for taking necessary action at their end within six months of receipt of this communication under intimation to this Council. A copy of the same may be marked to the complainant. This may be recorded in the referral register and the file may be treated as closed.”

As per above decision, the matter was referred to Registrar, Maharashtra Medical Council to investigate and take necessary action in the matter under intimation to this Council as well as to the complainant within a period of six months vide council's letter dated 3/2/2007. The same letter was also sent to the complainant. The reply of Maharashtra Medical Council remained awaited.

It may further be stated that the Council had received a letter dated nil on 29/10/2007 from Dr. Ajay Agarwal in which it is stated as under:-

“I, Dr. Ajay Agrawal, had complaint against Dr. R.D. Pathak (Bilaspur, C.G.) in matter of negligence in check-up of my father.

You was decided to refer this matter, in your ethics Committee held on 5th Jan. 2007, to Maharashtra Medical Council, for taking necessary action.

A copy of which was forwarded to me (Dr. Ajay Agrawal).

Sir, in your letter you was specified a time of 6 months for taking necessary action against delinquent physician, but till date more than 6 months has been lapsed but no action has been taken. I want to know about the progress in matter and I also want to know the reason for delaying the process.”

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

“The Ethics Committee after going through the details of the case has decided to take this case under section 8.7 of Ethics Regulation.

The Ethics Committee decided to call the complainant Dr. Ajay Aggarwal in its second next meeting in the forenoon and Dr. R.D.Pathak against whom the complaint is lodged in its second next meeting in the afternoon. In the meantime the copy of the original complaint should be sent to Dr. R.D.Pathak with the request to send his para- wise comments within 15 days of the receipt of the letter.”

As per above decision, Dr. Ajay Agrawal was requested to appear before the Ethics Committee on 22.01.2008 at 11.30.a.m vide Council’s letter dated 7.01.2008. Further, Dr. R.D. Pathak was also requested to appear before the Ethics Committee on 22.01.2008 at 12.30.p.m vide Council’s letter dated 7.01.2008. The matter was considered by the Ethics Committee at it’s meeting held on 21st & 22nd January, 2008 and the decision was as under:-

“The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 22.01.2008 but they did not appear. Therefore, the Ethics Committee decided to give them another chance to appear before the Ethics Committee in its next meeting.”

As per above decision, Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 12.02.2008 and the matter was considered by the Ethics Committee on 12th & 13th February, 2008 and the decision was as under:

“The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. R. D. Pathak and Dr. Ajay Aggarwal were called on 12.2.2008 at 11.45 a.m. and 2.30 p.m. respectively. But they have failed to appear before the Ethics Committee. The Ethics Committee decided to give them one last chance to appear before the Ethics Committee. They may be called in the second next meeting of the Ethics Committee.”

As per above decision, Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested vide Council’s letter dated 26/07/2008 to appear before the Ethics Committee on 11/08/2008 at 12.30 P.M.

The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted that Dr. R.D. Pathak and Dr. Ajay Aggarwal had been asked to appear before the Ethics Committee today i.e. on 11.08.2008 but only Dr. R.D. Pathak appeared before the Ethics Committee and gave the following statement:

“Statement of Dr. R.D. Pathak

I Dr. R.D. Pathak did my MBBS from G.R. Medical College, Gwalior in 1974-75. I did my DLO and MS from MGM Medical College, Indore in the year 1979 & 84 respectively. I am now registered with Chhattisgarh Medical Council and previously I was registered with Mahakaushal Medical Council with registration no. 5841 in the year 1976. My date of birth is 08.12.1952.

The patient named Sh. Radhey Krishna Aggarwal reported as outdoor patient on 03.01.2006 with the complaints of pain in throat, heaviness and cold for one and half years. He was examined accordingly and indirect laryngoscopy was done. The patient was uncomfortable so the direct laryngoscopy was advised under local anaesthesia. During the direct laryngoscopy the tongue was tender which was confirmed by palpation otherwise. So keeping in view his complaints the initial treatment to combat the presenting problem was started in form of antibiotics, serratiowith pain killer, antiallergic, b com. & betadine gorgles with a request to report after 10 days so that he can be managed accordingly as per the symptoms. But the patient did not turn up after the stipulated period and what transpired afterwards its difficult for me to comment. The patient initially was treated as per my clinical acumen and was given only ten days

medicine. So that investigations could have been done in form of CT/MRI if deemed essential.

He was advised to come after 10 days if no significant improvement was there in the condition as the patient was related to a medico the probabilities were discussed with him and advised to inform as and when required.

Q.: Any investigations were done or advised in the first visit.

Ans.: Indirect and direct laryngoscopy was attempted.

Q.: Whether there was any advise to come back after 10 days.

Ans.: Yes.

*(Dr. R.D. Pathak)
11.08.2008”*

The Ethics Committee considering above, decided that Dr. Ajay Aggarwal may be given another chance to appear before the Ethics Committee at one of its next meetings.”

As per above decision, Dr. Ajay Aggarwal was requested vide Council's letter dated 05.09.2008 to appear before the Ethics Committee on 15.09.2008 at 10.30 A.M.

The Ethics Committee at its meeting held on 15.09.2008 (in continuation to its decision at its meeting held on 11th & 12th August, 2008) considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted:

- (I) The decision of meeting Ethics Committee at its meeting held on 6th & 7th December, 2007 (after the complainant Dr. Ajay Aggarwal informed vide his letter received on 29.10.2007 that there has been no progress on the part of Maharashtra Medical Council after earlier referral from MCI) and decided as under:

“The Ethics Committee after going through the details of the case has decided to take this case under section 8.7 of Ethics Regulation.

The Ethics Committee decided to call the complainant Dr. Ajay Aggarwal in its second next meeting in the forenoon and Dr. R.D.Pathak against whom the complaint is lodged in its second next meeting in the afternoon. In the meantime the copy of the original complaint should be sent to Dr. R.D. Pathak with the request to send his para- wise comments within 15 days of the receipt of the letter.”

- (II) Dr. R.D. Pathak and Dr. Ajay Aggarwal were asked to appear before the Ethics Committee at its meeting held on 21st & 22nd January, 2008 and the Ethics Committee decided as under:

“The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. Ajay Aggarwal & Dr. R.D. Pathak were requested to appear before the Ethics Committee on 22.01.2008 but they did not appear. Therefore, the Ethics Committee decided to give them another chance to appear before the Ethics Committee in its next meeting.”

- (III) Dr. R.D. Pathak and Dr. Ajay Aggarwal were again asked to appear before the Ethics Committee at its meeting held on 12.02.2008 and the Ethics Committee decided as under:

“The Ethics Committee considered the matter with regard to complaint against Dr. R.D. Pathak as alleged by Dr. Ajay Aggarwal and noted that Dr. R. D. Pathak and Dr. Ajay Aggarwal were called on 12.2.2008 at 11.45 a.m. and 2.30 p.m. respectively. But they have failed to appear before the Ethics Committee. The Ethics Committee decided to give them one last chance to appear before the Ethics Committee. They may be called in the second next meeting of the Ethics Committee.

- IV) The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter and decided as under:

“The Ethics Committee at its meeting held on 11th & 12th August, 2008 considered the matter of complaint against Dr. R.D. Pathak by Dr. Ajay Aggarwal and noted that Dr. R.D. Pathak and Dr. Ajay Aggarwal had been asked to appear before the Ethics Committee today i.e. on 11.08.2008 but only Dr. R.D. Pathak appeared before the Ethics Committee and gave the following statement:

“Statement of Dr. R.D. Pathak

I Dr. R.D. Pathak did my MBBS from G.R. Medical College, Gwalior in 1974-75. I did my DLO and MS from MGM Medical College, Indore in the year 1979 & 84 respectively. I am now registered with Chhattisgarh Medical Council and previously I was registered with Mahakaushal Medical Council with registration no. 5841 in the year 1976. My date of birth is 08.12.1952.

The patient named Sh. Radhey Krishna Aggarwal reported as outdoor patient on 03.01.2006 with the complaints of pain in throat, heaviness and cold for one and half years. He was examined accordingly and indirect laryngoscopy was done. The patient was uncomfortable so the direct laryngoscopy was advised under local anaesthesia. During the direct laryngoscopy the tongue was tender which was confirmed by palpation otherwise. So keeping in view his complaints the initial treatment to combat the presenting problem was started in form of antibiotics, serratio with pain killer, antiallergic, b.com. & betadine gorgles with a request to report after 10 days so that he can be managed accordingly as per the symptoms. But the patient did not turn up after the stipulated period and what transpired afterwards its difficult for me to comment. The patient initially was treated as per my clinical acumen and was given only ten days medicine. So that investigations could have been done in form of CT/MRI if deemed essential.

He was advised to come after 10 days if no significant improvement was there in the condition as the patient was related to a medico the probabilities were discussed with him and advised to inform as and when required.

Q.: Any investigations were done or advised in the first visit.

Ans.: Indirect and direct laryngoscopy was attempted.

Q.: Whether there was any advise to come back after 10 days.

Ans.: Yes.

*(Dr. R.D. Pathak)
11.08.2008”*

The Ethics Committee considering above, decided that Dr. Ajay Aggarwal may be given another chance to appear before the Ethics Committee at one of its next meetings.”

As per above decision, Dr. Ajay Aggarwal was requested vide Council's letter dated 05.09.2008 to appear before the Ethics Committee on 15.09.2008 at 10.30 A.M. and the Ethics Committee on 15.09.2008 considered the matter & decided:

The Ethics Committee noted that the complainant Dr. Ajay Aggarwal has been called thrice including today i.e. on 15.09.2008 but he has failed to appear all the three times. In view of this, the Ethics Committee after discussing all the relevant aspects of the case decided to take an ex-parte decision.

The Ethics Committee after going through all the documents including the statement given by Dr. R.D. Pathak before the Ethics Committee and also interrogation carried out by the Hon'ble Members regarding the various aspects of the treatment and investigation of the patient, the Ethics Committee is of the considered opinion that Dr. R.D. Pathak has taken a very casual approach in the management of this case and his dealing with the

case is not satisfactory. This is raising genuine doubts of negligence in dealing with this case.

Keeping the above in mind, the Ethics Committee decided to issue a strict warning to Dr. R.D. Pathak in this case. Facts shall be recorded against his name in the IMR available with the Council. The Ethics Committee pursuant to the decision already taken by the General Body of the Council prescribing remedial measures in such cases decides that a mark against his name in the IMR shall not be put during six months after confirmation of this penalty provided that Dr. R.D. Pathak attends a day long CME of minimum five hours, at his own costs, conducted at national level pertaining to the speciality concerned within six months. He may approach the Secretary, Medical Council of India with proof of attending the CME personally and the Secretary may decide not to put mark permanently against his name in the IMR."

50. Complaint against Dr. Jaspal Badpagga, Medical Jurist, Govt. Hospital, Hanumangarh (Raj.) as alleged by Mr. Prithviraj.

Read : The complaint against Dr. Jaspal Badpagga, medical Jurist, Govt. Hospital, Hanumangarh (Rajasthan) as alleged by Mr. Prithviraj along with the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the Ethics Committee at its meeting held on 15.09.2008 had decided as under:-

"The Ethics Committee at its meeting on today i.e. 15.09.2008 considered the various aspects of this case, examined all the documents available, went through the statements of Mr. Prithviraj, the complainant, as well as Dr. Jaspal Badpagga, the doctor concerned, also has taken into account the opinion given by Dr. L. Filmate, Hon'ble Member of Ethics Committee, and keeping everything in mind, the Ethics Committee is of the unanimous opinion that there is definite evidence of medical negligence by doctor Dr. Jaspal Badpagga. Since this case is also of medico-legal in nature, the charge of medical negligence becomes more serious. Therefore, the Ethics Committee has unanimously decided to recommend removal of name of Dr. Jaspal Badpagga from IMR for one year. This may be brought out to the notice of Executive Committee and General Body of the Council. The file may be treated as closed".

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 considered the recommendation of the Ethics Committee and decided to place it before the General Body of the Council.

51. Matter with regards to Dr. Madhao G. Raje for working at more than one Medical College, simultaneously – Action taken in view of Code of Medical Ethics – Appeal by Dr. Madhao G. Raje for re-consideration of the earlier decision of General Body.

Read : The appeal made by Dr. Madhao G. Raje for re-consideration of the earlier decision of General Body for working at more than one Medical College, simultaneously, action taken in view of Code of Medical Ethics, along with the recommendations of the Ethics Committee.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the following recommendation of the Ethics Committee and decided to place it before the General Body of the Council:-

"After the consideration of the matter by Ethics Committee in August, 2008; since Dr. Madhao G. Raje has supplied documents to the Ethics Committee as a proof that he was not present at the time of inspection in Dr. D.Y. Patil Pratisthan Medical College, Pune, the Ethics Committee decided to review this case.

Dr. Madhao G. Raje, has been accused of being present at MCI inspection at Dr. D.Y. Patil Medical College, Pimpri, Pune on 25.02.2005 two days after joining N.K. P

Salve of Medical Sciences, Nagpur. On the basis of information his name was forwarded to the Executive Committee with the recommendations that his name may be removed from the IMR and the Executive Committee and General Body had already approved this recommendation and action has already taken.

Dr. Madhao G. Raje subsequently made an appeal and thereafter appeared and produced 3 documentary proofs in support of his claim of being innocent. These 3 documents are :-

- (i) *A document from Coal India, WCL Headquarter, District, Nagpur which has shown that Dr. Madhao G. Raje, who was allowed to see patients after his duty hour in the hospital run by Coal India Ltd. (A Public Sector Undertakings) which states that on 25.02.2005 he examined 5 patients and was physically present there in Nagpur and not at Dr. D.Y.Patil Medical College, Pimpri, Pune*
- (ii) *A monthly Master book/attendance register of the department of Forensic Medicine of N.K. P Salve of Medical Sciences, Nagpur wherein his presence was marked on 25.02.2005.*
- (iii) *A letter from Sh. P.D. Patil, Trustee & Director of Dr. D.Y. Patil Pratishthan, dt. 28.03.2005, which is an acceptance of resignation wherein it is clearly written that Dr. Madhao G. Raje has been relieved from Dr. D.Y.Patil Medical College, Pimpri, Pune on 15.02.2005 after working hours. Lastly he has produced 2 documents, both from N.K.P. Salve of Medical Sciences, Nagpur (i) experience certificate dt. 13.04.2007 which states that on 23.02.2005 he has joined and continued as a Professor of Forensic Medicine in the said college and the (ii) a letter issued dt. 12.08.2008 by the Dean, Dr. S. Das Gupta of N.K.P. Salve of Medical Sciences, Nagpur which clearly states that Dr. Madhao G. Raje, Professor of Forensic Medicine was present at the college during the working hours from 10.00 a.m. to 4.00 p.m. on 25.02.2005.*

The Ethics Committee decided to enquire about the authenticity of the letter dt. 12.08.2008 and the Dean was asked whether the Dean has actually issued this letter or not? And the Dean vide letter dt. 15.09.2008 has confirmed by fax that the letter dt. 12.08.2008 is genuine.

The Ethics Committee after consideration of these documents is of the opinion that there is real ground to think that Dr. Madhao G.Raje was not present simultaneously in 2 medical colleges and that his case needs reconsideration."

52. Recognition of Hospital for Compulsory Rotating Internship Training – Dr. R.M.L. Associated Hospital, Lucknow.

Read : The Council Inspector's report (3rd & 4th Sept., 2008) for recognition of Dr. R.M.L. Associated Hospital, Lucknow for Compulsory Rotating Internship Training,

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspector's report (3rd & 4th Sept.,2008) and decided to recommend that Dr. R.M.L. Associated Hospital, Lucknow be recognized for Compulsory Rotating Internship Training in the following subjects with number of interns mentioned against each:-

- | | | | |
|----|-----------------|---|---------|
| 1. | Medicine | - | 2 (Two) |
| 2. | Obst. & Gynae. | - | 2 (Two) |
| 3. | General Surgery | - | 2 (Two) |
| 4. | Paediatric | - | 2 (Two) |
| 5. | Orthopaedics | - | 1 (One) |
| 6. | E.N.T. | - | 1 (One) |
| 7. | Ophthalmology | - | 1 (One) |

53. Collaboration between MCI and Healthcare Information & Management Systems Society.

Read : The email letter dated 5th Sept., 2008 received from Sh. Wendy Tan, Conference Director, HIMSS Asia Pacific, with regard to collaboration between MCI and Healthcare Information & Management Systems Society.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the e.mail letter dated 5th Sept., 2008 received from Sh. Wendy Tan, Conference Director, HIMSS Asia Pacific, with regard to collaboration between MCI and Healthcare Information & Management Systems Society and decided to authorize the President (Acting) to form a Sub-Committee of Dr. Ved Prakash Mishra and Dr. D.K. Sharma requesting them to submit the report at the earliest.

54. 5th India Health Summit held on 15th & 16th December 2008 at Hotel Hyatt Regency, New Delhi.

Read : The email letter dated 21st October, 2008 received from Shri Chandrajit Banerjee, Director-General, Confederation of Indian Industry (CII), Lodi Road, New Delhi regarding 5th India Health Summit on "Optimizing Healthcare Delivery in India:A Patient Centric Approach" on 15th & 16th December, 2008 at Hotel Hyatt Regency, New Delhi.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the e.mail letter dated 21st October, 2008 received from Shri Chandrajit Banerjee, Director-General, Confederation of Indian Industry (CII), Lodi Road, New Delhi regarding 5th India Health Summit on "Optimizing Healthcare Delivery in India:A Patient Centric Approach" on 15th & 16th December, 2008 at Hotel Hyatt Regency, New Delhi and decided to nominate Dr. Ved Prakash Mishra, Member, Executive Committee & Chairman, Finance Committee of the Council to attend the Summit.

55. Approval of Minutes of the Finance Committee held on 3rd November, 2008.

Read : The minutes of the Finance Committee meeting held on 3rd November, 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 Finance Committee meeting held on 3rd November, 2008 which read as under:-

"Minutes of the meeting of the Finance Committee held on 3rd November, 2008 at 2.30 p.m. in the Council Office at Dwarka, New Delhi.

** ** *

Present:

<i>Dr. Ved Prakash Mishra</i>	-	<i>Chairman</i>
<i>Dr. Kharangute Anant Y</i>	-	<i>Member</i>
<i>Dr. B.C. Das</i>	-	<i>Member</i>

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

1. Minutes of the last meeting - Confirmation of.

The Finance Committee confirmed the minutes of the last meeting held on 12th September,2008.

2. Minutes of last meeting of Finance Committee – Action Taken thereon.

The Finance Committee noted and approved the action taken by the Office on the various items included in the minutes of the meeting held on 12th September,2008.

3. **Enhancement of remuneration admissible to the Additional Inspectors.**

Read : The matter with regard to enhancement of remuneration admissible to the Additional Inspectors.

The Finance Committee noted that the remuneration admissible to the Additional Inspectors was last revised in the year 2006 and after that there has been substantial increase in the salary structure due to implementation of new salary structure on recommendations of the Sixth Pay Commission. The new salary structure has also been implemented in the Council office to its employees. It is therefore imperative to enhance the salary/remuneration payable to the Additional Inspectors of the Council.

Likewise the Committee is of the opinion that in order to attract good talent and employing senior Professors of repute and integrity against the post of Additional Inspectors it is necessary to work out a remuneration package, which is admissible to a Senior Professor in a Govt. run institution.

In terms of the calculation thereof it is proposed that the remuneration payable to the Additional Inspectors of Rs.39000/- (consolidated) per month be raised to Rs.65000/- (consolidated) per month keeping in view the last pay drawn by a Senior Professor in a Govt. run institution minus the amount of pension.

4. **Implementation of Revised Salary Structure as notified by the Ministry of Finance, Govt. of India for Whole-time Inspector.**

Read : The matter with regard to Implementation of Revised Salary Structure as notified by the Ministry of Finance, Govt. of India for Whole-time Inspector.

The Finance Committee noted that the Executive Committee at its meeting held on 15.09.2008 had approved the decision of the Finance Committee accepting the recommendations of Sixth Pay Commission with regard to implementation of revised salary structure in the Council office as notified by the Ministry of Finance, Govt. of India.

The Committee also noted that in terms of the notification dated 29.08.2008 issued by the Ministry of Finance the rules governing Sixth Pay Commission recommendations shall not apply to certain categories which have been listed from seriatim (1) to (8) wherein at seriatim (7) it is stated that "Persons re-employed in Govt. service after retirement".

The Committee further noted that Medical Council of India is an autonomous body under the Ministry of Health & F.W. and is governed by the Regulations framed under the Indian Medical Council Act, 1956.

The Committee also observed that O.M. No.26012/6/87-Estt.A, dated 13.04.1988 issued by the Department of Personnel & Training, Govt. of India also contemplates to continuant situation for treating a person as "re-employed" as under:-

- (1). Retention of a Govt. servant in the **parent cadre** beyond the normal age of superannuation in a post different from the one which was holding at the time of superannuation.*
- (2). Where the service of Govt. servant on deputation to an ex-cadre post or holding an ex-cadre post are required by the competent authority beyond the date of superannuation in his parent service*

The Whole-time Inspectors are appointed through a process of direct selection of recruitment by inviting applications from the eligible candidates and on conduction of the interview by the duly constituted Selection Committee constituted for the purposes of selection.

In view of above, as such, the appointment made out of this procedure amounts to a fresh selection and appointment thereto in the office of the Council and hence is not amounting to re-employment in Govt. service after retirement/superannuation.

In view of the above and considering all the factors, the Whole-time Inspectors appointed in the Council office would not be covered vide the entries incorporated in the notification dated 29.08.2008 at seriatim (7) that "Persons re-employed in Govt. service after retirement" would not be covered by the revisions under Sixth Pay Commission."

56. PMO Reference on proposal for revamping of functioning of Medical council of India – regarding.

Read : The letter dated 25th April, 2007 alongwith the report of the Sub-Committee with regard to PMO Reference on proposal for revamping of functioning of Medical council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Sub-Committee which reads as under:-

"Report in respect of Revamping of regulatory institutions including Medical Council of India

1. The Govt. of India, Ministry of Health & Family Welfare vide its letter dated 25.04.2007 has forwarded the communication from PMO dated 23.04.2007 regarding revamping of functioning of the Medical Council of India. The communication dated 23.04.2007 from the PMO reads as under:-

"The issue of revamping regulatory institutions has been under consideration of the government and was identified as an area for priority action. In this matter, one of the regulatory organizations that needed to be revisited to make its procedures respond to contemporary needs was the Medical Council of India (MCI). Over time, the Ministry would have identified several areas of reform of the procedures and rules of the MCI that need to be altered to make the regulatory framework effective and serve the interest of the society better."

2. The matter was placed before the Executive Committee at its meeting held on 13th & 14th June, 2007, wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. Upon due deliberations, the members of the Adhoc Committee and Executive Committee decided to appoint a Sub-Committee comprising of Dr. Ved Prakash Mishra, the then Chairman, Postgraduate Medical Education Committee; Dr. D.J. Borah, Chairman, Ethics Committee; Dr. K.P. Mathur and Dr. Ketan Desai, members of the Executive Committee to go into the details of the letter and submit the report before the next meeting of the Executive Committee.
3. In this regard, it may be noted that the Medical Council of India was established in 1934 under the Indian Medical Council Act, 1933, now repealed, with the main function of establishing uniform standards of higher qualifications in medicine and recognition of medical qualifications in India and abroad.
4. The number of medical colleges had increased steadily during the years after Independence. It was felt that the provisions of Indian Medical Council Act were not adequate to meet with the challenges posed by the very fast development and the progress of medical education in the country. As a result, in 1956, the said Act was repealed and the present Act was enacted, which came to be notified in 1956. It was further amended in the years 1964, 1993 and 2001 respectively.
5. As per provisions of the Act and the Rules & Regulations framed thereunder, the major objectives and the functions of the Council are as under:-

OBJECTIVES

1. Maintenance of uniform standards of medical education, both undergraduate and postgraduate.

2. Recommendation for recognition/de-recognition of medical qualifications of medical institutions of India or foreign countries.
3. Permanent registration/provisional registration of doctors with recognised medical qualifications,
4. *Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications.*

FUNCTIONS :

1. *Inspection/visitation with a view to maintain proper standard of medical education in India.*
2. *Permission to start new medical colleges, new Courses including P.G. or Higher Courses, increase of seats etc.*
3. *Recognition/de-recognition of*
 - a) *Indian Qualifications*
 - b) *Foreign qualifications*
4. *Registration*
 - a) *Permanent registration*
 - b) *Provisional registration*
 - c) *Registration of Additional Qualification.*
 - d) *Issue of Good Standing Certificates for doctors going abroad.*
6. ***Indian Medical Register:*** *Maintenance of All India Medical Register of persons who hold any of the recognised medical qualification or for the time being registered with any of the State Medical Councils or Medical Council of India.*
7. In accordance with the provisions of Section 3(1) of the Indian Medical Council Act, 1956, the Council comprises of the following members:-
 - a) *One member from each State other than a Union Territory to be nominated by the Central Government in consultation with the State Government concerned.*
 - b) *One member from each University, to be elected from amongst the members of the medical faculty of the University by members of the Senate of the University or in case the University has no senate, by members of the Court.*
 - c) *One member from each State in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Register who possess the medical qualifications included in the First and Second Schedule or in Part-II of the Third Schedule.*
 - d) *Seven members to be elected from amongst themselves be persons who possess the medical qualifications included in Part I of the Third Schedule.*
 - e) *Eight members to be nominated be the Central Govt.*

The President and Vice-President of the Council shall be elected by the members of the Council from amongst themselves.

8. Section 10 of the Act provides for the constitution of an Executive Committee as under:-

THE EXECUTIVE COMMITTEE

10. (1) *The Executive Committee, hereinafter referred to as the Committee shall consist of the President and Vice-President, who shall be members ex-officio and not less than seven and not more than ten other members who shall be elected by the Council from amongst its members.*
- (2) *The President and Vice-President shall be the President and Vice-President respectively of the Committee.*
- (3) *In addition to the powers and duties conferred and imposed upon it by this Act, the Committee shall exercise and discharge such powers and duties as the Council may confer or impose upon it by any regulations which may be made in this behalf.*

9. Section 20 of the Act provides for the constitution of Postgraduate Medical Education Committee as under:-

POST-GRADUATE MEDICAL EDUCATION COMMITTEE FOR ASSISTING COUNCIL IN MATTERS RELATING TO POST-GRADUATE MEDICAL EDUCATION.

20. (1) *The Council may prescribe standards of Postgraduate Medical Education for the guidance of Universities, and may advise Universities in the matter of securing uniform standards for Postgraduate Medical Education through out India, and for this purpose the Central Govt. may constitute from among the members of the Council a Postgraduate Medical Education Committee (hereinafter referred to as the Post-graduate Committee)*
- (2) *The Postgraduate Committee shall consist of nine members all of whom shall be persons possessing postgraduate medical qualifications and experience of teaching or examining postgraduate students of medicine.*
- (3) *Six of the members of the Postgraduate Committee shall be nominated by the Central Government and the remaining three members shall be elected by the Council from amongst its members.*
- (4) *For the purpose of considering postgraduate studies in a subject, the Postgraduate Committee may co-opt, as and when necessary, one or more members qualified to assist it in that subject.*
- (5) *The views and recommendations of the Postgraduate Committee on all matters shall be placed before the Council and if the Council does not agree with the views expressed or the recommendations made by the Postgraduate Committee on any matter, the Council shall forward them together with its observations to the Central Government for decision.*
10. Besides the above two statutory committees for the smooth functioning of the Council and to achieve the purpose of the Act and the Rules & Regulations framed thereunder, various Sub-Committees are also constituted. The important Sub-Committees functioning at present are as under:-
- i) Teachers' Eligibility Qualifications Sub-Committee
 - ii) Registration & Equivalence Committee
 - iii) Ethics Committee
 - iv) Migration Sub-Committee
 - v) Finance Committee

11. **AMENDMENTS TO THE INDIAN MEDICAL COUNCIL ACT,1956**

The Indian Medical Council Act,1956 has been amended thrice as under:-

- The IMC (Amendment) Act of 1964 was primarily for the purposes of incorporation of Section 20 in it prescribing Postgraduate Medical Education Committee, which is vested with the responsibility of monitoring and maintaining the standards of postgraduate medical education in the country.
- IMC (Amendment) Act, 1993 was in terms of insertion of Section 10A, whereby "Prior Approval" from the Govt. of India on the recommendations of MCI was made "Mandatory" for the purposes of starting of a new medical college, new postgraduate course and enhancement in annual intake capacity of the existing courses in existing medical colleges.
- The IMC (Amendment) Act, 2001 was primarily for the purposes of governing conduct of "Screening Test" in respect of Indian students who acquire Graduate Medical Qualifications from institutions/colleges located outside India. The said amendment ultimately was effected as a result of continuous pursuance by the MCI from 1994 onwards which finally ended up with the said amendment to the Act and Governing Regulations thereof titled "Screening Test Regulations, 2002"

Besides the above amendments which were passed by the Parliament, the Indian Medical Council (Amendment) Bill, 1987 was introduced in Rajya Sabha on 26.8.1987. The Bill was referred to the Joint Parliamentary Committee which submitted its report on 28th July, 1989. The Cabinet accorded approval to the recommendations of the Joint Parliamentary Committee on 23.8.1989. However, notice for consideration of the Bill in Rajya Sabha could not be given as the Govt. has changed in the meantime. Thereafter, no further approval of the Cabinet has been obtained and the Bill was still in Rajya Sabha. However, some of the provisions of this Bill pertaining to the medical education were incorporated in the Amendment Act of 1992 which was passed by the Parliament and the amendments were incorporated in the Indian Medical Council Act, 1956. Even though the 1987 Bill was pending before the Rajya Sabha for its consideration, the Ministry of Health & F.W. introduced in the Parliament the Indian Medical Council (Amendment) Bill, 2005. This Amendment Bill was referred to a Joint Parliamentary Standing Committee of Health & F.W. The Joint Parliamentary Standing Committee after multiple sittings and due deliberations delivered its report which was presented before the Parliament in July, 2006.

12. It may be noted that the Parliamentary Standing Committee in one of its deliberation had granted hearing to the Medical Council of India. In the presentation that was made by the office bearers of the Medical Council of India before the Parliamentary Standing Committee, amongst other things had brought out specifically under the title “Holistic Approach to amendments to IMC Act,” wherein it was specified that “In order to meet the “Global Expectations” and mitigate the “National Needs”, a “Holistic Approach” is called for to augment the optimal operationalisation of the present IMC Act.

13. **REVAMPING OF THE MEDICAL COUNCIL OF INDIA**

Revamping of the functioning of the Medical Council of India with reference to total and optimal fulfillment of the objectives for which it stands constituted is permissible and feasible only upon incorporation of suitable and matchable amendments, which have become the need of the day. It is for this reason instead of taking a “Piecemeal approach”, a “Holistic approach” towards incorporation of the desired and relevant amendments to the Act is not only desirable but is urgently called for as well.

The Revamping of the Council will have to be looked into in terms of the concept, which is operational vis-à-vis the “world trade in health services”. The world trade occurs in four modes which have been incorporated under “General Agreement on Trade and Tariff” (GAAT) they are:

- i) Cross border supply
- ii) Consumption abroad
- iii) Commercial presence
- iv) Movement of professionals.

It is a matter of accepted reality that India has a great potential for increasing its export of health services, so also there is a significant scope for treating foreign patients from a wider range of countries including Asia-Pacific region and also the developed countries in the West in the context of low treatment cost in India. However, the perceptible constraints in regard to these prepositions are:

- a) External Constraints which pertain to the fact that qualification of the Indian Doctors, Nurses, Paramedics and technicians etc. are not recognized in many countries as a result of which the mobility of the health service professionals from India to these countries is jeopardized.
- b) The domestic constraints are:
 - i) Infrastructural
 - ii) Technical
 - iii) Regulation of the insurance sector
 - iv) Standard of training and education.

It may be noted that it is with reference to the above stated criteria that the suitable amendments to the Indian Medical Council Act are essential and is need of the day.

14. As such, following measures are suggested towards revamping of the Council and its smooth functioning vis-à-vis the changing needs in relation with the changing time:-

1. Continuing Medical Education & Renewal of Registration:

The Parliament Committee on Subordinate Legislation (Tenth Lok Sabha) had made a recommendation for compulsory renewal of registration of medical practitioners so that the registers could be kept upto date, prescription by the MCI for compulsory renewal after every five years and the funds needed by the Council for the purpose may be obtained by charging fees for renewal. The Government of India had accepted the recommendation in principle but stated there will be administrative difficulties for renewal of registration for about 4.5 lakh practitioners and the scheme may be introduced in a phased manner and the involvement of State Governments and State Medical Councils would be necessary. Further the Parliament Committee also recommended that the MCI should frame regulations to make it compulsory to attend courses or programmes for continued medical education for every medical practitioner and that a minimum amount of credits would be necessary to renew registration of a doctor by the MCI every five years or so. The Government in their reply stated that they are in agreement with the Committee and that the “MCI is already examining the possibility of making regulations for attendance of CME programmes by doctors”.

A National workshop on Medical Education was conducted under the auspices of the Medical council of India on the 20th and 21st May, 1996. The Workshop among other recommendations made the following recommendations in regard to compulsory Continuing Medical Education Programme for medical practitioners and renewal of registration after every five years (Item 2,3,6, 8 & 9 of Session III).

- “i) In keeping with the principle of quality assurance in the delivery of health care to the people of the country, it strongly recommended Re-registration/renewal of registration/revalidation by all practitioners must be made mandatory; and for this, a period of five years is considered most suitable for renewal and validity of registration.
- ii) All medical practitioners must acquire at least 30 hours of CME credits per year for enhancing their knowledge and skill in order to qualify for renewal/revalidation of their registration.
- iii) MCI in association with representatives of State Medical Councils should develop an appropriate CME credits system for both urban and rural areas depending upon needs.
- iv) MCI should encourage State Medical councils to associate local medical colleges, IMA and professional organizations to create need-based educational programmes and authorize the organizers to award appropriate credits to participants.
- v) Suitable fee for registration/re-registration/renewal of registration should be fixed in consultation with MCI so as to have uniformity in the whole country. Certain amount of fee realized by State medical Councils should be passed to MCI.”

The Working Group on Medical Education appointed by the Planning Commission (in the context of Ninth Five Year Plan) under the chairmanship of Union Health Secretary had also recommended to the Planning Commission that a National Coordination Committee should be established in the Directorate General of Health Services for coordinating continuing medical education programmes with representatives of Central and State Governments, MCI, professional associations of various categories of health personnel etc; a special cell may be created at the DGHS for the purpose and funds may be provided to various agencies for conducting such programmes; the Committee may provide policy guidelines, identify priority areas as per professional requirements; the actual planning and conduct of the CNE programmes may be left to the Universities of Health Sciences and State Directorates of Medical Education; there should be State legal committees. The Group also recommended that re-certification of medical practitioners every five years should be made mandatory by suitably amending the IMC Act.

The Additional Secretary (Health) Ministry of Health & FW took a meeting on the 16th December 1996 had said that the undertakings given by the Government to the Parliamentary Committee have to be carried out on a time bound manner and the MCI should prepare on

action plan how to give effect to the compulsory CME programme for every medical practitioner and renewal of registration after every five years.

In this background, the General Body of the Council at its meeting held on 27.2.1997 had decided as under with regard to Continuing Medical Education and Renewal of Registration:-

“The Council considered the recommendations of the Parliament Committee on Subordinate Legislation as well as the National Workshop on Medical Education on this subject and made the following decisions:-

1. There should be renewal of registration every five years. However, those medical practitioners who have attained the age of 65 years, when they become due for renewal, may be exempted from renewal thereafter.
2. However, the renewal of registration can be started only after amending the Indian Medical Council Act since in the existing Section 15(i) there is no provision for periodical renewal of registration.
3. The State Medical Council concerned or where there is no State Medical Council, the MCI shall make re-registration.
4. The Central Govt., State Governments and the Medical Council of India/State Medical Councils may identify the bodies who will provide Continuing Medical Education. While doing so they may take into account the various authorities and organizations who are already providing such CME programmes namely Medical Council of India, State Medical Councils, Indian Medical Association & its State Chapters, National Academy of Medical Sciences, Specialists Associations, National institutions such as AIIMS & PGIMER, Govt. Health/Family Planning Training Centres, Open Universities System/IGNOU etc. such bodies may be authorized to conduct CME programmes and issue certificates of credits to medical practitioners.
5. Each doctor has to attend a minimum of 30 credit hours per year to be eligible for renewal of registration.
6. There should be structured curriculum for each CME programme.
7. The CME programmes should be arranged by the identified bodies throughout the year so as to cover all registered medical practitioners throughout the country which will include Govt. doctors, general practitioners, specialists etc.
8. The Central Govt./State Govts. should provide funds for conducting CME programmes.

The Council noted that renewal of registration after every five years will require amendment of the Indian Medical Council Act as existing Section 15(i) does not give power for periodical renewal of registration. It urged the Govt. to take immediate steps for amending the Act in this regard.”

It was also brought to the notice of the Committee that provisions for renewal of registration are already existing in the State Medical Council Act Gujarat, Maharashtra, Karnataka, Goa and Delhi.

The proposal of incorporation of the renewal ability of registration has been incorporated in the regulation on Code of Medical ethics which is a subordinate legislation”. It cannot be affected into practice without a required amendment being incorporated into the main Act. The required amendment in the Act which has been proposed by the Council is pending with the Govt. of India for its appropriate incorporation into the IMC Act, 1956.

2. Accreditation of Medical Institutions

The system of accreditation of medical institutions would not only go a long way in serving to the cause of “Quality Assurance” in the system of medical education,

but also would make it “Relevant” and “Competitive” and capable of generating a much desired effective health care delivery system for the country, as and catering to the cause of Global requirements, thereby resulting in filling in a big “void” which exists as of now

(a) The concept of accreditation of medical institutions is not provided for under the IMC Act, 1956. As of now the medical institutions are required to be recognized subject to fulfillment of the minimum prescribed conditions in the governing regulations. The students possessing the recognized qualification are entitled to register themselves with the respective State Medical Council and their names are accordingly included in the Indian Medical Register maintained by the Medical Council of India. On registration the privileges accruing thereof stand conferred on them.

(b) The Council has prepared the relevant details pertaining to the procedure and the modalities towards accreditation of medical institutions including an amendment to the IMC Act, 1956 through insertion of a new Section 11(A) and a corresponding entry under Section 33 as seriatim (mb) respectively.

Section 11 of the IMC Act confer the power of recognition of medical qualifications granted by the universities or medical institutions vide which the Central Govt. upon consulting the Council may include recognized qualifications in the First Schedule appended to the I.M.C. Act.

Section 17 deals with inspection of examinations by the Inspectors appointed by the Council for the purposes of recommending to the Central Govt. recognition of medical qualifications granted by the universities or medical institutions. Section 19 provides for withdrawal of recognition after following the procedure indicated therein. Section 19A deals with prescription of minimum standards of medical education required for according recognized medical qualifications by the universities and medical institutions in India. As such the existing Act does not provide for accreditation of institutions based on a grading system as against the provision which is included in the Act governing All India Council for Technical Education (AICTE). The said Act formulated in the year 1987 has Section 10(1)(u) which reads –

“Set up a National Board of Accreditation to periodically conduct evaluation of technical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendation to it, or to the Council (AICTE) or to the Commission (UGC) or to other bodies regarding recognition or de-recognition of the institution or the programme.”

In view of above, the Council had proposed an amendment for incorporating a new section titled as Section 11(A) which would read –

“The Council may set up a Board of Accreditation to periodically conduct evaluation of medical institutions or programmes on the basis of guidelines, norms and standards specified by it and to make recommendations to the Council regarding assessment and accreditation of medical degree programmes”.

As a result of incorporation of said clause a parallel amendment would be necessary u/s 33 of the Act to incorporate a new seriatum as m(b) which should read as under:-

“The establishment of Board of Accreditation, procedure for conduct of its business, guidelines, norms for accreditation of medical degree programmes, withdraw of accreditation etc.”

The scheme generated out of the said amendment would be regulated through issuance of a regulation vide Section 33 m(b) in order to actualize the provisions included vide Section 11(A) of the Act.

3. The Postgraduate Medical Education Committee of the Council in regard to the revamping of the Council from the point of view of postgraduate medical education in the country through the Postgraduate Medical Education Committee has suggested following desired amendments to the I.M.C. Act, 1956, which have a significant and a long term bearing of consequence and relevance:-

- (a) *By a suitable amendment it should be evolved that any person with foreign medical qualification whether is coverable u/s 12(2) or 13(3) of the Act shall be required to clear the screening test for the purposes of being eligible for registration with the MCI or a State Medical Council as the case may be.*
- (b) *By incorporation of suitable amendment to Section 20 the composition of the Postgraduate Medical Education Committee should be altered to a representative character, wherein the number of elected members should be more as compared to the nominated members preferably reversing the existing ratio which is 3 elected is to 6 nominated to 6 elected is to 3 nominated, so that the nature and composition of the Postgraduate Medical Education Committee is on par with other statutory authorities and bodies including the representative character of the Council itself.*
- (c) *The embargo in regard to registration with Indian Medical Council and State Medical Councils to the effect that only Indian citizens are eligible to register needs to be removed through an appropriate amendment, so that the scope of registration is broadened.*

4. Proposed amended Regulations under section 33 of the Act by the Council

In terms of Section 33 of the Act, the Council may, with the previous sanction of the Central Govt. make regulations generally to carry out the purposes of this Act on the various areas catalogued there under especially listed at seriatim (o), (k) and (l) which pertaining to the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in universities or medical institutions for grant of recognized medical qualifications, standards of staff, equipment, accommodation, training and other facilities for medical education, the conduct of professional examinations, qualification of examiners and the conditions of admissions to such examinations etc.

Regulations on these areas are already in vogue and are continuously updated by the Council, so as to ensure that “Challenges” generated by contemporary changes are dealt with appropriately.

The regulations on Graduate Medical Education, Postgraduate Medical Education, Minimum Standard Requirements for the Medical Colleges, Teachers’ Eligibility Qualification, along with update of required syllabi were worked-out in all their details through 3 Regional Workshops “Culminating” in a “National Workshop” in 2003 and the recommendations crystalised thereat have been incorporated under the said Regulations, which were duly approved by the General Body of the Council in its meeting held on 29.03.2004 and have been sent to the Govt. of India for approval. The Govt. of India have accorded approval to some of the proposed amendments by the Council and to some others additional conditions have been proposed by them. In addition they have brought certain new amendments that have not been proposed by the Council.

The Executive Committee of the Council has taken stock of the same and along with the specific observations in regard to each one of them the matter is pending consideration by the General Body of the Council.

5. REGULATION OF MEDICAL PRACTICE AND PROHIBITION OF TREATMENT BY UNQUALIFIED PERSONS IN MODERN MEDICINE, INDIAN SYSTEM OF MEDICINE AND HOMOEOPATHY OR THE LIKE AND THE PROHIBITION OF UNAUTHORISED SYSTEM AND INSTITUTIONS BILL 2003.

a) Quackery has not only jeopardized the health of the common people but has also become an organized industry with lots of institutions started in the name of alternative medicine which are conducting different unrecognized medical courses, awarding different degrees and diplomas and thus, producing unauthorized and untrained medical practitioners.

b) Since these unauthorized institutions and personnel fall under the ambit of medical education and practice, there is a need for “Comprehensive Legislation” covering all these spheres.

c) In view of the above, the Medical Council of India has proposed a “Comprehensive Draft Regulation” in the matter which is pending consideration. This proposal is pending consideration by the Central Govt. of India. An early issuance of the same vide its appropriate notification would result in placing a valid law in place with regulating and punitive measures incorporated therein for effectively and sumptuously tackling the hitherto uncontrolled menace of quackery “through quacks”, which is making the gullible population of the country pay a heavy price and resulting in an irreparable damage to the health of the poor needy and the unserved.

15. AUTONOMY OF THE MEDICAL COUNCIL OF INDIA

MCI is an expert body meant for objectives as included in the Parliamentary Enactment titled IMC Act 1956. Even the amendment of 1993 whereby Section 10(A) has been incorporated towards prior approval of the Council and Govt. of India for starting of a new medical college, Postgraduate course, augmentation of the existing intake of the existing courses at medical institutions/colleges augurs well with the autonomy vested with the Council.

Several pronouncements by the Courts of law have brought out that the Regulations notified by the Council under Section 33 of the IMC Act have a “Binding Character” and a “Mandatory Effect”.

A regulatory authority can dispense of its statutory tasks without any sense of fear or favour exclusively, only if it is vested with the “Required and Optimal Autonomy” without any interferences from any other authority including the Government.

It must be distinctly understood that any revamping exercise in order to fulfill its desired objectives must be carried out in such a manner that the autonomy of the Medical Council of India is augmented and is not marginalized in any manner whatsoever. The autonomy vested with regulatory medical councils in developed countries like USA, U.K., Canada, Australia, Newzealand etc. should serve as a role model for us to be emulated.

The Council had expressed its strong reservation in regard to the amendments proposed by the Govt. of India in regard to I.M.C. Act (Amendment) Bill, 2005, with reference to several incorporations therein whereby the power was getting centralised and monopolized with the Ministry, with the autonomy of the MCI being pushed into peril.

The Bill which was referred to the Parliamentary Standing Committee of the Ministry, which upon wide consultations with the various stake holders all over the country, in their report have categorically emphasized that the said Amendment Bill, 2005 was not conducive to the fair and legitimate interest of the various stakeholders of the medical education and was also marginalizing the autonomy of the regulatory body like Medical Council of India, and hence, has recommended negation of the same practically on

majority of the offending inclusions therein. The observations of the Parliamentary Standing Committee in its report has endorsed the reservations and observations that were brought about by the council in this regard.

16. **The Parity of IMC Act, 1956 with that the UGC Act, 1956:**

In the context of the fact that the scope and functioning of the Council calls for a broadening which should be in tune with Section 12 of the UGC Act, 1956 whereby the Council may allocate and disburse out of the fund of the Council, grants to medical institutions established under for the maintenance or development or both or for any other general or specified purpose.

For this very purpose, the Council shall be required to be vested with the power to have its own funds and all sums which may, from time to time, be paid to it by the Central Government and all the receipts of the Council be carried to the funds as is provided for under section 16(1) of the UGC Act, 1956.

The suggestions/amendments that have been proposed by the Council to the IMC Act, 1956 and the corresponding Regulations in the form of subordinate legislations thereto vide section 33 of the IMC Act, 1956, have taken a holistic account in this regard.

Timely and appropriate incorporation of these, in the opinion of the Council could go a long way in its revamping, which would be conducive to the desired and legitimate expectations of the stake holders all over the country in the sensible and a meaningful way.

In addition to the legislative amendments towards revamping the “Authority, Jurisdiction, Powers and Duties” of the Council, the Committee is of the considered opinion that a parallel administrative revamp is also necessary which should be periodically taken stock of by a standing mechanism being put into place for this very purpose.

This modality is necessary because in the opinion of the Committee even best of the legislative enactments worked out to achieve the highest welfare of the stake holders, stands up defeated, in case it is not matched with the desired administrative revamp, vide which the execution of the legislative intent is called for.

As such, the Committee is of the considered opinion that the proposed “**Legislative Revamp**” blended with a parallel and “**Administrative Revamp**” is the need of the day, which should be brought into place sooner than later.”

57. **Admission of Ist year MBBS students at Rama Medical College Hospital & Research Centre, Kanpur for the academic year 2008-09.**

Read : The letter dated 18.10.2008 received from the Director, Rama Medical College Hospital & Research Centre, Kanpur with regard to admission of Ist year MBBS students for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee considered the matter and noted that Rama Medical College & Hospital, Kanpur has admitted 100 students for the academic year 2008-09. However, out of 100 students 35 students have been admitted from the CPMT and remaining 65 students from UP CMET which is the examination conducted by UP Unaided Medical Colleges Welfare Association and violative of the orders of the Hon'ble Supreme Court.

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 discharge notice in respect of 65 students who have been admitted by the college through UP CMET for the academic year 2008-09.

58. **Admission of Ist year MBBS students at Kasturba Medical College, Mangalore for the academic year 2008-09.**

Read : The matter with regard to admission of Ist year MBBS students at Kasturba Medical College, Mangalore for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee considered the matter and noted that the Central Govt. vide its letter dated 29.09.2008 had directed the Deans of both the medical colleges i.e. Kasturba Medical College, Manipal & Kasturba Medical College, Mangalore as under:-

“

To recognize the MBBS degrees awarded by these two colleges after 2013, i.e. any student admitted from the academic year 2008, for intake capacity of 150 seats for KMC Manipal and 100 seats for KMC Mangalore.
.....”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee further observed that the Central Govt., Ministry of Health & FW has issued the following notification dated 15.10.2008:-

**[TO BE PUBLISHED IN PART II, SECTION 3, SUB-SECTION (ii) OF THE
GAZETTE OF INDIA]**

Government of India
Ministry of Health & Family Welfare
(Department of Health & Family Welfare)
Nirman Bhavan, New
Delhi
Dated the 15th October, 2008.

NOTIFICATION

S.O. In exercise of the powers conferred by sub-section (4) of the section 19 of the Indian Medical Council Act, 1956(102 of 1956) and in supersession of Notification dated 25th June 2008 and corrigendum dated 23rd September 2008, the Central Government, after consulting the Medical Council of India and considering the representations made by the concerned medical institutions on the notices served upon them, hereby makes the following further amendments in the First Schedule to the said Act, namely:-

In the said First Schedule against “Manipal University(Formerly known as Manipal Academy of Higher Education)(Deemed University), Manipal, Karnataka under the heading ‘Recognized Medical Qualification’ [in column (2)] and under the heading ‘Abbrevition for Registration’ [in column (3)], the following shall be inserted namely: -

(2)	(3)

-- Bachelor of Medicine and Bachelor of Surgery	M.B.B.S. This shall be a recognized medical qualification granted by Manipal University(Formerly known as Manipal Academy of Higher Education)(Deemed University) Manipal, Karnataka when granted in or before the year 2013 for intake capacity of 250 seats each at Kasturba Medical College, Manipal and Kasturba Medical College, Mangalore, Karnataka. This shall be a recognized medical qualification granted by Manipal

University(Formerly known as Manipal Academy of Higher Education)(Deemed University) Manipal, Karnataka when granted from the year 2014 for intake capacity of 150 seats at Kasturba Medical College, Manipal and 100 seats at Kasturba Medical College, Mangalore, Karnataka.

Continued recognition of MBBS degrees after the year 2014 and restoration of seats will be subject to rectification of all the deficiencies within a period of one year.

[No.U.12012/379/2006-ME(P-II)]

--Sd/--

(N. Barik)

Under Secretary to the Govt. of India

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee further observed that in the list of students admitted at Kasturba Medical College, Mangalore for 2008-09 as submitted by the Registrar, Manipal University, Manipal vide its letter dated 04.10.2008 it is seen that The Kasturba Medical College, Mangalore has admitted 250 students.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee has observed that as per the said notification, the authorities of Kasturba Medical College, Mangalore should admit 100 students for the academic year 2008-09 and decided to issue discharge notice u/s 10(B) of the IMC Act, 1956 in respect of 150 students who are lowest in merit and admitted in excess of approved sanctioned intake capacity of the college for the academic year 2008-09.

59. Admission of Ist year MBBS students at Kasturba Medical College, Manipal for the academic year 2008-09.

Read : The matter with regard to admission of Ist year MBBS students at Kasturba Medical College, Manipal for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee considered the matter and noted that the Central Govt. vide its letter dated 29.09.2008 had directed the Deans of both the medical colleges i.e. Kasturba Medical College, Manipal & Kasturba Medical College, Mangalore as under:-

“

To recognize the MBBS degrees awarded by these two colleges after 2013, i.e. any student admitted from the academic year 2008, for intake capacity of 150 seats for KMC Manipal and 100 seats for KMC Mangalore.

.....”

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee further observed that the Central Govt., Ministry of Health & FW has issued the following notification dated 15.10.2008:-

[TO BE PUBLISHED IN PART II, SECTION 3, SUB-SECTION (ii) OF THE GAZETTE OF INDIA]

Government of India

Ministry of Health & Family Welfare

(Department of Health & Family Welfare)

Nirman Bhavan, New Delhi
Dated the 15th October, 2008.

NOTIFICATION

S.O. In exercise of the powers conferred by sub-section (4) of the section 19 of the Indian Medical Council Act, 1956(102 of 1956) and in supersession of Notification dated 25th June 2008 and corrigendum dated 23rd September 2008, the Central Government, after consulting the Medical Council of India and considering the representations made by the concerned medical institutions on the notices served upon them, hereby makes the following further amendments in the First Schedule to the said Act, namely:-

In the said First Schedule against “Manipal University(Formerly known as Manipal Academy of Higher Education)(Deemed University), Manipal, Karnataka under the heading ‘Recognized Medical Qualification’ [in column (2)] and under the heading ‘Abbrevition for Registration’ [in column (3)], the following shall be inserted namely: -

(2)	(3)
--	
Bachelor of Medicine and Bachelor of Surgery	M.B.B.S. This shall be a recognized medical qualification granted by Manipal University(Formerly known as Manipal Academy of Higher Education)(Deemed University) Manipal, Karnataka when granted in or before the year 2013 for intake capacity of 250 seats each at Kasturba Medical College, Manipal and Kasturba Medical College, Mangalore, Karnataka. This shall be a recognized medical qualification granted by Manipal University(Formerly known as Manipal Academy of Higher Education)(Deemed University) Manipal, Karnataka when granted from the year 2014 for intake capacity of 150 setas at Kasturba Medical College, Manipal and 100 seats at Kasturba Medical College, Mangalore, Karnataka. Continued recognition of MBBS degrees after the year 2014 and restoration of seats will be subject to rectification of all the deficiencies within a period of one year.

[No.U.12012/379/2006-ME(P-II)]

--Sd./--

(N. Barik)

Under Secretary to the Govt. of India

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee further observed that in the list of students admitted at kasturba Medical College, Manipal for

2008-09 as submitted by the Registrar, Manipal University, Manipal vide its letter dated 04.10.2008 it is seen that The Kasturba Medical College, Manipal has admitted 250 students.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee has observed that as per the said notification, the authorities of Kasturba Medical College, Manipal should admit 150 students for the academic year 2008-09 and decided to issue discharge notice u/s 10(B) of the IMC Act, 1956 in respect of 100 students who are lowest in merit and admitted in excess of approved sanctioned intake capacity of the college for the academic year 2008-09.

60. Admission of Ist year MBBS students at Dr. B.R. Ambedkar Medical College, Bangalore for the academic year 2008-09.

Read : The matter with regard to admission of Ist year MBBS students at Dr. B.R. Ambedkar Medical College, Bangalore for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee considered the matter and noted that the Central Government vide its letter dated 22.02.2008 had requested the college to show cause as to why the recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Dr. B.R. Ambedkar Medical College, Bangalore should not to be withdrawn and also requested the college not to admit any further batch of MBBS students from the academic year 2008-09.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee had decided to issue discharge notice in respect of all 100 students who have been admitted by the Dr. B.R. Ambedkar Medical College, Bangalore for the academic year 2008-09 which is violative of the directions of the Central Government, Ministry of Health & Family Welfare, New Delhi as given in its letter dated 22.02.2008.

61. Admission of Ist year MBBS students at Index Medical College, Indore for the academic year 2008-09.

Read : The matter along with inspection report with regard to admission of Ist year MBBS students at Index Medical College, Indore for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter along with inspection report with regard to admission of Ist year MBBS students at Index Medical College, Indore for the academic year 2008-09 and decided that the Secretary should call the Dean of the Institute immediately in the office of the Council along with the details of the admitted students and the relevant supportive documents and authorized the President (Acting) to take appropriate action upon receipt of the information.

62. The declaration of the institutions as (Deemed to be University) under the de novo category – consideration of Central Govt., Ministry of HRD, New Delhi letter dt.13.08.2008.

Read : The report of the Sub-Committee with regard to the declaration of the institutions as (Deemed to be University) under the de novo category – consideration of Central Govt., Ministry of HRD, New Delhi letter dt.13.08.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Sub-Committee which reads as under:-

“MINUTES OF THE MEETING OF THE SUB-COMMITTEE TO CONSIDER THE LETTER DATED 19TH SEPTEMBER, 2008 RECEIVED FROM THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT, NEW DELHI REGARDING THE DECLARATION OF THE INSTITUTIONS AS DEEMED TO BE UNIVERSITY UNDER THE DE NOVO CATEGORY.

The meeting was held on 20.10.2008 in the Council Office at Dwarka, New Delhi. The following attended the meeting:-

1. Prof. P.N. Tandon
2. Prof. Mrs. Sneh Bhargava
3. Dr. Ved Prakash Mishra
4. Dr. Indrajit Ray

At the outset the Chairman explained the circumstances leading to the appointment of the Sub-Committee, presented the highlights of the letter received from the Government and explained the current rules regarding the declaration of an institution as Deemed to be University. He also pointed out the concerns of the Hon'ble Minister for Human Resources, as recorded in the letter sent by Shri Sunil Kumar, Joint Secretary to Chairman, U.G.C. dated August 13, 2008.

The Sub-Committee was expected to deliberate on the following two major issues and give its recommendations for consideration by the Executive Committee:-

1. *Identify apparently emerging areas of knowledge considered to be de novo programmes thereby justifying the applicant institutions to be considered in the de novo category.*
2. *To prescribe certain standards so that the advice tendered by the UGC to the Central Government is consistent with the purpose of the UGC Act.*

The Chairman also informed the Committee of the existing guidelines currently in practice in this regard (Ref. Guidelines for considering proposals for declaring an institution as Deemed to be University under section 3 of the UGC Act, 2006) which reads as under:-

- “1. *Section 3 of the UGC Act provides for declaring an institution of higher education other than a University to be a University and when such an Institution is deemed as University, the UGC Act applied on it, as a University within the meaning of Section 2(f) of the Act. Section 3 of the UGC Act reads as follows:-*

The Central Government may, on the advice of the Commission, declare, by notification in the Official Gazette, that any institution for higher education, other than a University shall be deemed recognized to be a University for the purpose of this Act and, on such a declaration being made, and all the provisions of this Act shall apply to such institution as if it were a University within the meaning of clause (f) of Section 2.

2. *This provision has been made in the Act to bring under the purview of the University Grants Commission institutions which for historical reasons or for any other circumstances are not universities and yet are doing work of a high standard in specialized academic field comparable to a university and that granting of the status of a university would enable them to further contribute to the cause of higher education which would mutually enrich the institution and the university system.*
3. *To qualify for recognition of status as a university, the institution should have among its primary objectives, postgraduate instruction and training in such branches of learning as it may deem fit, and research for the advancement and dissemination of knowledge.*

- 4(a) *For the purpose of recognition as a university an institution should generally be :-*

- (i) *Engaged in teaching programmes and research in chosen fields of specialization which are innovative and or very high academic standards at the Master's (or equivalent) and/or research levels. It should also have a greater interface with society through extra mural, extension and field action related programmes.*
- (ii) *Making in its area of specialization, distinct contribution to the objectives of the University education system through innovative programmes and on being recognized as a university capable of further enriching the university system*

- as well as strengthening teaching and research in the institution and particularly in its area of specialization.*
- (iii) *Competent to undertake application oriented programmes in emerging areas which are relevant and useful to various development sectors and to the society in general.*
 - (iv) *Institutions should have the necessary viability and a management capable of contributing to the university ideals and traditions.*
- 4(b) *Ordinarily, institutions affiliated to universities and which are offering only conventional degree programmes leading to B.A./B.Com./B.Sc., or M.A./M.Com./M.Sc. will not be considered for grant of deemed to be university status. However, such institution which is also offering innovative programmes, and which has adequate resources might be considered for recognition as a university. Supplementary assistance for innovation may be considered by the UGC only in such exceptional cases.*
- 4(c) *Institutions which are imparting routine type of instruction to full time students or offering training programmes for in-service personnel, unless of high quality, would generally, not qualify for recognition.*
- 4(d) *In selective cases, outstanding research institutions specializing in Social Sciences, Sciences and Technology can be considered for research degrees and highly specialized programmes at the Master's level.*
- 4(e) *In case the institution is offering a degree/diploma, in professional subject(s), the academic programme(s) should be recognized by the concerned statutory authority e.g. AICTE, MCI, DCI, CCH, INC etc. before it applies for a deemed to be university status under Section 3 of the UGC Act. This shall, however, not apply to de-novo institutions in the emerging areas with the promise of excellence, not yet fulfilling the prescribed guidelines of the UGC whose case will be considered for a provisional status for a deemed to be university.*

5. **Objectives**

The objectives for which the institute is established are:-

- (i) *to provide for instruction and training in such branches of learning as it may deem fit.*
- (ii) *to provide for research and for the advancement of and dissemination of knowledge.*
- (iii) *to undertake extra mural studies, extension programmes and field outreach activities to contribute to the development of society.*
- (iv) *to do all such other acts and things as may be necessary or desirable to further the objectives of the Institute."*

To arrive at the required recommendations, the Committee took special note of para 2,3,4b and 4e of the guidelines above.

It is obvious from the perusal of the above document that for an institution to be designated Deemed to be University under de novo category, it should fulfill the following broad guidelines:-

1. Should be doing work of a high standard in specialized academic field comparable to a university.
2. Should have among its primary objectives postgraduate instruction and training.
3. Engaged in teaching programmes and research in chosen field of specialization which are innovative and/or very high academic standards at the Master's (or equivalent) and/or research levels.
4. The institution to be considered for deemed university status under de novo category should not be a "teaching shop" motivated primarily as a commercial venture. It must have potential for excellence, innovation and new knowledge generation.

After a detailed discussion, the Committee arrived at the following recommendations:-

A. Emerging Areas in Medical Sciences

While making these suggestions the Committee was guided by the following important considerations:-

- (i) Emerging areas identification is a dynamic process dictated by advances in science and technology which may provide new directions for the existing disciplines or even emergence of new disciplines. Therefore, no list of emerging areas can not be exhaustive or complete. It must be open to periodic review. A discipline which may be emerging today will obviously not remain so after some years.
- (ii) The emerging area identification will also be determined by status of a given field in the country. Some discipline which “emerged” some years ago in advanced countries for any reason, may still be “emerging” for us depending upon our national need and resources.
- (iii) For an institution to be designated a deemed university the emerging area should meet the basic requirements for acquiring the status of a university. In this connection, the Committee took note of the stipulations made by Dr. Radhakrishnan Commission, where dealing with the conditions for creating new universities, the Commission observed as follows:-

“..... There are certain fundamental characteristics which should be inherent in any institution which is to call itself a university..... It should be a place of free inquiry, with its windows open to the knowledge and culture of the world. Its spirit should be that of free, sincere search for truth, not of indoctrination in any closed cult..... A university is more than a technical school. It should be a place for providing a student with opportunity for all round well proportioned education for effective living and for citizenship, in addition to preparation for a calling. It may occur that a university shall develop special strength in some particular field, as in engineering or industrial development or in teacher training or in forestry or fisheries. In fact, since no institution can be excellent in everything, it is desirable that areas of special strength be developed at least in all but perhaps the largest of our universities. However, these areas of special strength should be in addition to facilities for all round higher education, and should not be substitute for such facilities. Unless an institution is providing such all round training it should continue as a teaching institute and should not aspire to be a university.... Wide variations should be allowed and encouraged in the structure, administration, and type of service to be rendered by a university; but quality should be insisted on. Institutions doing perfunctory or mediocre work should not be dignified by university status”

- (iv) The objectives of such an institution should be broad based, preferably be multidisciplinary concerned with postgraduate instruction and training of a high standard and supported by high quality research. Thus, it must cover relevant aspects of basic sciences and other allied sciences related to the area of specialization. A standard undergraduate medical school even one with established common postgraduate departments will thus not qualify for a deemed university status under de-novo category. (A good example of such an institute granted deemed university status under de-novo category is the National Brain Research Center).
- (v) It should not just be a duplication of other such institutions already existing in the country.
- (vi) It should be capable of further enriching the university system and provide the necessary interface with the society.

The following suggestions for “Emerging Areas” are based on these considerations:-

- Comprehensive multidisciplinary centers in the area of super-specialities like Neuro Sciences, Cardiac Sciences, Liver & Biliary Sciences, Oncology Sciences etc.

- Molecular Medicine.
- Human Genetics and Genomics
- Geriatric Medicine
- Emergency Medicine and Critical Care
- Space and Aviation Medicine
- Environmental Medicine
- Sports Medicine
- Centre for Reproductive Sciences including Developmental Biology, Assisted Reproduction Technology.
- Bio-engineering/Tissue Engineering/Tissue Banking.
- Centre for Imaging Sciences.
- Robotics in Medicine/Nano-technology and Health Care.
- IT for Medical Education & Health Care
- Emerging Trends in Forensic Sciences as applicable to Medicine e.g. DNA Fingerprinting, Brain Mapping, Lie Detection.
- Public Health Sciences including Demography, molecular epidemiology, Health Economics and Nutritional Sciences.
- Cognitive Sciences
- Behavioural Sciences.
- Emerging Area in Health Care – It may be emphasized that adding just one or more of these emerging areas to a regular medical school will not entitle it to be considered for a deemed university status under de-novo category.

Another emerging area in Health Care not directly under the purview of the Medical Council of India that needs to be mentioned is “Scientific Study of Alternative Medicine”.

B. Suggestions in respect to Standard

In addition to the considerations mentioned earlier (Ai – vi) the institution should meet the following standards:-

- (i) It should be fully established and functional in all its activities commensurate with the overall objectives of higher education for at least 3 years.
- (ii) It should have an ongoing multidisciplinary programme of high standard inclusive of basic sciences appropriate to provide it a solid foundation as also ongoing research of high quality as evidenced by published work of its faculty.
- (iii) Faculty should be appropriately qualified and selected on the basis of merit and merit alone with a proven track record.
- (iv) It should be fully equipped to enable the faculty to fulfill the objectives of higher education training and research (and service if applicable)
- (v) It should have the required well trained supportive technical staff.
- (vi) It should have an autonomous status and a democratically established governing structure model on the liberal traditions of a university.

There should be a possibility of futuristic expansion and upgradation.”

63. Continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana.

Read : The compliance Verification Inspection report (16th Oct., 2008) for continuance of recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana.

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 October 2008) along with compliance and Council Inspectors report (12th & 13th January, 2007) and decided that recognition of MBBS degree granted by Baba Farid University of Health Sciences, Faridkot in respect of students being trained at Dayanand Medical College, Ludhiana be continued restricting the number of admissions to 70 (Seventy) students per year.

64. Fees to be charged for appeal under Section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

Read : The matter with regard to Fees to be charged for appeal under Section 8.7 and 8.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 along with Sub-Committee report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Sub-Committee which reads as under:-

“REPORT OF THE SUB COMMITTEE CONSTITUTED BY THE EXECUTIVE COMMITTEE TO DELIBERATE ON THE SUBJECT OF FEE TO BE CHARGED FOR APPEAL U/S 8.7 & 8.8 OF THE INDIAN MEDICAL COUNCIL (PROFESSIONAL CONDUCT, ETIQUETTE AND ETHICS) REGULATIONS, 2002.

The meeting was held on 03.11.2008 in the Council Office at Dwarka, New Delhi. The following attended the meeting:-

1. Dr. Ved Prakash Mishra
2. Dr. D.J. Borah

The Sub-Committee examined all the documents including the letter from the Government of India, Ministry of Health & F.W. No. V.11025/1/2008-ME(P-I), dated 3rd September, 2008 and also the recommendations of the Ethics Committee and decisions of the Executive Committee and General Body of the Council on the matter. After going through all the documents, the Sub-Committee observed that the Government wants the Council not to charge any kind of fee for filing appeal under section 8.7 & 8.8 of the above Regulations.

The Sub-Committee also noted that the General Body of the Council has already kept a provision for persons of Below Poverty Line (BPL) which would include common man as well, as under:-

“(C) Persons Below Poverty Line (BPL) would have to pay only 10% of the prescribed fee for the original complaints or the appeals as the case may be provided that a certificate issued by a Government Authority is attached with the complaint/appeal.”

The Sub-Committee decided to recommend to the Executive Committee and General Body of the Council that even this 10% fee for persons of Below Poverty Line (BPL) in both original complaint and appeal should be dispensed with to make the redressal mechanism for the common man easy and free. Therefore, clause (C) of the decision of the Executive Committee/General Body may accordingly be modified as under:-

“(C) Persons Below Poverty Line (BPL) shall not have to pay any fees for the original complaints or the appeals as the case may be provided that a certificate issued by a Government Authority/attested copy of the BPL Card issued by the Competent Authority is attached with the complaint/appeal.”

65. Admission of 1st year MBBS students at Aarupadi Veedu Medical College, Pondicherry for the academic year 2008-09.

Read : The matter along with inspection report with regard to admission of Ist year MBBS students at Aarupadi Veedu Medical College, Pondicherry for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter along with inspection report with regard to admission of Ist year MBBS students at Aarupadi Veedu Medical College, Pondicherry for the academic year 2008-09.

The Secretary informed the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the Registrar, Vinayaka Missions University had presented personally in the office of the Council on 06.01.2008 along with the supportive documents in respect of the admissions made at Aarupadi Veedu Medical College, Pondicherry. He has also submitted a letter dated 06.11.2008 stating as under:-

"I am to state that the admission of 1st year MBBS degree course in Vinayaka Mission's Medical College, Karaikal and Aarupadai Veedu Medical College, Puducherry have been done within the stipulated date of 30.09.2008. These lists were sent to the Deans of the respective colleges through E-mail from the Central Administrative Office of Vinayaka Missions University, Salem. We have also noticed that these dates of admissions were put in months column and the months column were put in the dates column. This has happened due to the error in the "DD-MM-YYY" format changed into "MM-DD-YYY" format in the computer.

Therefore, we are submitting herewith the original admission list and connecting records for those students of respective medical colleges both Puducherry and Karaikal.

As per your instructions, we are sending the required admission informations through the Deans of the above colleges for your kind reference."

The list of the admitted students have been verified from the available record and the supportive documents furnished by the University and are now found to be in order.

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 as the admissions made at Aarupadai Veedu Medical College, Puducherry are within the time limit prescribed under the Regulations and within the prescribed intake and the students are eligible as per the criteria of the eligibility prescribed in the Regulations, no further action is required at this stage.

66. Admission of 1st year MBBS students at Vinayaka Mission's Medical College, Pondicherry for the academic year 2008-09.

Read : The matter, along with inspection report with regard to admission of Ist year MBBS students at Vinayaka Mission's Medical College, Pondicherry for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter along with inspection report with regard to admission of Ist year MBBS students at Vinayaka Mission's Medical College, Pondicherry for the academic year 2008-09.

The Secretary informed the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the Registrar, Vinayaka Missions University had presented personally in the office of the Council on 06.01.2008 along with the supportive documents in respect of the admissions made at Vinayaka Mission's Medical College, Pondicherry. He has also submitted a letter dated 06.11.2008 stating as under:-

"I am to state that the admission of 1st year MBBS degree course in Vinayaka Mission's Medical College, Karaikal and Aarupadai Veedu Medical College, Puducherry have been done within the stipulated date of 30.09.2008. These lists were sent to the Deans of the respective colleges through E-mail from the Central Administrative Office of Vinayaka Missions University, Salem. We have also noticed that these dates of admissions were put in months column and the months column were put in the dates column. This has happened due to the error in the "DD-MM-YYY" format changed into "MM-DD-YYY" format in the computer.

Therefore, we are submitting herewith the original admission list and connecting records for those students of respective medical colleges both Puducherry and Karaikal.

As per your instructions, we are sending the required admission informations through the Deans of the above colleges for your kind reference.”

The list of the admitted students have been verified from the available record and the supportive documents furnished by the University and are now found to be in order.

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 as the admissions made at Vinayaka Mission’s Medical College, Pondicherry are within the time limit prescribed under the Regulations and within the prescribed intake and the students are eligible as per the criteria of the eligibility prescribed in the Regulations, no further action is required at this stage.

67. Inclusion of Krishna Institute of Medical Sciences University, Karad, Distt. Satara, Maharashtra.

Read : The letter dated 22.04.2008 received from the Registrar, Krishna Institute of Medical Sciences University, Karad with regard to inclusion of Krishna Institute of Medical Sciences University, Karad, Distt. Satara, Maharashtra.

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 22.04.2008 from the Registrar, Krishna Institute of Medical Sciences University, Karad for inclusion of various postgraduate qualifications under Krishna Institute of Medical Sciences University, Karad in the schedule to the I.M.C. 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 Executive Committee decided that the name of the University “Krishna Institute of Medical Sciences University, Karad” be recognized and included in the 1st Schedule to the Indian Medical Council Act, 1956 and forwarded to the Govt. of India for appropriate Notification of the same.

68. Inspection of R.D. Gardi Medical College, Ujjain to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities.

Read : The Council Inspectors report (25th October, 2008) to verify the teaching faculty, residents, clinical material, hostels and other infrastructural facilities available at R.D. Gardi Medical College, Ujjain.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (25th October 2008) and decided that the Council should process the applications for starting of postgraduate courses.

69. Appointment of Stenographer Grade – III in the Council office.

Read : The matter with regard to the appointment of Stenographer Grade – III 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 took on record the marks list of the candidates who had appeared for the examination conducted by the Council in May, 2008 and decided to call ten times the number of vacancies in order of merit for interview:-

(A) General Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	044	Rachna	38
2	055	Kiran Bala Pandey	37

3	030	Sunny Kukreja	35
4	013	Nidhi Handa	32
5	112	Rashmi	32
6	130	Santosh Kumar Mishra	32
7	090	Sita Raturi	30
8	113	Isha Gupta	30
9	136	S. Radhika	30
10	211	Hitesh Dutta	30
11	236	Laxmi	30
12	015	Naveen Kumar	29
13	141	Jitender Kumar	29
14	204	Sujeet Kumar	29
15	235	Charu Negi	29
16	036	Kiran Yadav	28
17	047	Ravindra Kumar	28
18	096	Meenakshi	28
19	046	Rekha Sharma	27
20	119	Hina	27
21	213	Preeti	27

(B) S.C. Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	283	Parul Kanojia	32
2	286	Kamlesh	32
3	358	Alka	28
4	359	Sunil Kumar Manchal	27
5	305	Pawan Kumar	26
6	337	Poonam Mehra	25
7	302	Mini	24
8	303	Uman Lata	24
9	345	Rita Kaushal	24
10	249	Kririka	23
11	277	Rashmi	23
12	295	Chanchal Rani	23

70. Appointment of Lower Division Clerks in the Council office.

Read : The matter with regard to the appointment of Lower Division Clerks 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 took on record the marks list of the candidates who had appeared for the examination conducted by the Council in May,2008 and decided to call ten times the number of vacancies in order of merit for interview:-

(A) General Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	0692	Amit	43
2	0431	Ravi Kumar	41
3	0467	Sandeep Chauhan	39
4	0441	Puneet Kumar Arora	39
5	0136	Sapna Bansal	39
6	0744	Asutosh	38
7	0712	Sandeep Kumar	38
8	0667	Babita	38
9	0872	Sunny Kukreja	37
10	0836	Rahul Kumar	37

11	0779	Narendra Kumar	37
12	0420	Deepak Prasad	37
13	0913	Rinku Giri	36
14	0912	Prakash Deep	36
15	0734	Himanshu Gaur	36
16	0279	Prakash Kumar	36
17	0097	Dimple Arora	36
18	0715	Mamta	35
19	0616	Abhishek Mondal	35
20	0493	Sujeet Kumar	35
21	0409	Bhavna Tanwar	35
22	0402	Rajendra Singh Nayal	35
23	0395	Jyoti Sharma	35
24	0155	Gaurav Kaushik	35

(B) S.C. Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	1654	Prashant Kumar	39
2	1347	Aditya Kumar	36
3	1826	Nisapati Sagaria	33
4	1721	Prashant	32
5	1538	Sunil Kumar	31
6	1740	Kiran Bala	31
7	1753	Rani Bindu	30
8	1793	Manoj Kumar	30
9	1817	Jitender	30
10	1577	Daney Kumar	29
11	1812	Krishan Kumar Nagarwal	29
12	1816	Manoj Kumar	29

(C) O.B.C. Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	1017	Deepika	38
2	1181	Ombeer	38
3	1241	Sunita	34
4	1228	Pratibha Arya	33
5	1050	Pawan Kumar	30
6	1229	Manish Kumar	32
7	1143	Sudhi Kumar	31
8	1212	Sunil	31
9	0982	Pawan Kumar	30
10	0984	Vikas Dahiya	30
11	1266	Deepika Guliya	30
12	1304	Ram Singh Yadav	30

(D) S.T. Candidates:

#	Roll #	Name of Candidate	Marks (Out of 50)
1	1893	Jitender Kumar Sah	30
2	1887	Paras Nath Singh	29
3	1899	Shaitan Singh Meena	29
4	1915	Prashant Singh Rajawat	29
5	1885	Jitender Kumar	27
6	1888	Sujata Tirkey	27
7	1930	Yogesh Pal	27
8	1966	Ghanshyam Dass Meena	27
9	1876	Dalip Kumar	26

10	1882	Pawan Kumar Meena	26
11	1912	Rakesh Kumar	26
12	1926	Sunil Kumar	26
13	1969	Santosh meena	26

71. **Appointment of Peons in the Council office.**

Read : The matter with regard to the appointment of Peons 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 approved the recommendations of the Selection Committee as under:-

“(A) General Candidates:

The Selection Committee for the post of Peon (Gen.) in the Council office consisting the following members met w.e.f. 31.05.2008 to 03.06.2008 as under:-

Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)	-	Chairman
Dr. P. Prasannaraj	-	Member
Shri Ashok Kr. Harit	-	Member
Mrs. Madhu Handa	-	Member

Three Eighty One (381) candidates were called for interview. Out of which, Two Ninety One (291) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (General):

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	112	Rajesh
2	249	Naeem Hyder

(ii) Waiting List:

#	Sr. # in the List	Name of the Candidate
1	207	Roshan
2	25	Manoj K.C.
3	105	Rishabh Jain

(B) S.C. Candidates:

The Selection Committee for the post of Peon (S.C.) in the Council office consisting the following members met w.e.f. 03.06.2008 to 06.06.2008 as under:-

Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)	-	Chairman
Dr. P. Prasannaraj	-	Member
Shri Ashok Kr. Harit	-	Member
Mrs. Madhu Handa	-	Member

Four Twenty (420) candidates were called for interview. Out of which, Three Fifty Three (353) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (SC):-

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	288	Bijender Kumar

(C) O.B.C. Candidates:

The Selection Committee for the post of Peon (OBC) in the Council office consisting the following members met w.e.f. 06.06.2008 to 07.06.2008 as under:-

Lt.Col.(Dr.) A.R.N. Setalvad (Retd.)	-	Chairman
Dr. P. Prasannaraj	-	Member
Shri Ashok Kr. Harit	-	Member
Mrs. Madhu Handa	-	Member

Two Seventy Six (276) candidates were called for interview. Out of which, Two Twenty (220) candidates attended the same.

The Committee, after interview and discussion recommends the following as selected candidates for the post of Peon (OBC):-

(i) Selected:

#	Sr. # in the List	Name of the Candidate
1	77	Gyanender Singh
2	39	Rajesh Kumar"

72. **Proposal for the faculty identification, tracking and monitoring solution.**

Read : The matter with regard to proposal for the faculty identification, tracking and monitoring solution.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its meeting held on 28.04.2007 wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present had decided to introduce the system of RIFD Faculty Smart ID Card in all the medical colleges of India. In accordance with the above decision, M/s Rasilant Technologies was awarded the task of preparing the Smart ID Card in all the medical colleges. This phase of preparation of Smart ID Card is getting almost over with the distribution of Smart ID Cards of different medical colleges across the country.

Over a period of time, it has been observed that there is significant movement of the faculty between different institutes, which at present is monitored manually.

It is further stated that the Smart ID Card Microchip contains many vital information pertaining to the personal details of the faculty like Date of Birth, Registration Number, Professional Qualifications acquired and also the details of teaching experience in different medical institutes. It would be desirable if the colleges are provided with some mechanism by which they would be able to read the information contained within this microchip embedded in the Smart ID Cards.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the project proposal for integrating cards with readers in every institute for real time data monitoring in medical colleges and directed the office to implement the project in accordance with the purchase procedure prescribed under the rules.

73. **Admissions of excess students under Management quota at various private medical colleges in the State of Kerala for the academic year 2008-09.**

Read : The matter with regard to admissions of excess students under Management quota at various private medical colleges in the State of Kerala for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following medical colleges/institutes have admitted students in excess under Management quota at various private medical colleges in the State of Kerala for the academic year 2008-09:-

Name of the College	Sanctioned Intake for the Academic Year 2008-09	Ratio fixed by the State Government for the year 2008-09	Students admitted under Government Quota	Students admitted under Management Quota	No. of Excess Admission under Management quota
Karuna Medical College, Palkkad	100	50:50	47	52	2
Sree Uthradom Thiurnal Academy of Medical Sciences, Trivandrum	100	50:50	48	52	2
MES Medical College, Malapuram, Kerala	100	50:50	47	52	2
Kannur Medical College, Kannur	100	50:50	47	53	3

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 concerned State Govt. for the respective medical colleges/institutions where the admissions have been made by them in excess for the academic year 2008-09 by calling upon them to correspondingly reduce the admissions in Management quota for such colleges for the academic year 2009-2010 and for corresponding increased allocation of the free seat candidates by the concerned State Govt. for the academic year 2009-2010 so as to set-off the undue advantage gained by such medical colleges/institutions by making excess admissions in the management quota in the academic year 2008-09.

74. **Admissions of excess students under Management quota at various private medical colleges in the State of Karnataka for the academic year 2008-09.**

Read : The matter with regard to Admissions of excess students under Management quota at various private medical colleges in the State of Karnataka for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following medical colleges/institutes have admitted students in excess under Management quota at various private medical colleges in the State of Karnataka for the academic year 2008-09:-

Name of the College	Sanctioned Intake for the Academic Year 2008-09	Ratio fixed by the State Government for the year 2008-09	Students admitted under Government Quota	Students admitted under Management Quota	No. of Excess Admission under Management quota
Basaveshwara Medical College, Chitradurga	100	40:60	38	62	2

A.J. Institute of Medical Sciences	100	25:75	23	77	2
K.V.G. Medical College, Sullia	100	40:60	38	62	2
Yenpoya Medical College, Mangalore	100	25:75	21	79	4
Al-Ameen Medical College, Bijapur	100	25:75	24	76	1

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 concerned State Govt. for the respective medical colleges/institutions where the admissions have been made by them in excess for the academic year 2008-09 by calling upon them to correspondingly reduce the admissions in Management quota for such colleges for the academic year 2009-2010 and for corresponding increased allocation of the free seat candidates by the concerned State Govt. for the academic year 2009-2010 so as to set-off the undue advantage gained by such medical colleges/institutions by making excess admissions in the management quota in the academic year 2008-09.

75. Admissions of excess students under NRI quota at various private medical colleges in the State of Karnataka for the academic year 2008-09.

Read : The matter with regard to admissions of excess students under NRI quota at various private medical colleges in the State of Karnataka for the academic year 2008-09.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that the following medical colleges/institutes have admitted students in excess under NRI quota at various private medical colleges in the State of Karnataka for the academic year 2008-09:-

S.No.	Name of the college	Sanctioned intake for the academic year 2008-09	No. of students admitted under NRI quota	No. of excess admissions under NRI quota
1.	J.N.Medical College, Belgaum	150	30	07
2.	SDM Medical College, Dharwad	100	18	03
3.	Kempegowda Institute of Medical Sciences, Bangalore	120	24	06
4.	M.S. Ramaiah Medical College, Bangalore	150	30	07

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 the respective colleges should be required to ensure that it will reduce such number of seats in the NRI quota in the next academic year i.e. 2009-10 so as to set-off the undue advantage gained by such medical colleges/institutions by admitting excess students in the NRI category in excess of permissible 15% of the sanctioned intake. A copy of the communication be sent to the Director, Medical Education of Karnataka and Vice-Chancellor to the Rajiv Gandhi University of Health Sciences, Bangalore.

76. Admission of 1st year MBBS students at various medical colleges after 30.09.2008.

Read : The matter with regard to admission of 1st year MBBS students at various medical colleges after 30.09.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the following institutes have admitted the students after 30.09.2008 – i.e. the last date prescribed under the Regulations:-

Sl. No.	Name of the College	Name of Student	Date of Admission
1.	NSCB Medical College, Jabalpur	1.Huma Afzal Mirza 2 Nigar Arzoo	04.10.2008 03.10.2008
2.	Sh. Vasantrao Naik Govt. Medical College, Yavatmal	1. Ingle Sulekha Bhagwan 2. Dingra Loveleen Vinod	10.10.2008 10.10.2008
3.	Government Medical College, Latur	1. Ramteke Robin Mukesh	09.10.2008
4.	SBKS Medical Institute & Research Centre	1. Jethva K G	03.10.2008

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 Hon'ble Supreme Court in WP (C) No. 306/2004-Mridul Dhar (Minor) & Anr. Vs. UOI & Ors (2005) 2 SCC 65, dated 12.1.2005 specifically directed as under:-

“..... 35. Having regard to the aforesaid, we issue the following directions : -

1-13.

14. Time schedule for establishment of new college or to increase intake in existing college, shall be adhered to strictly by all concerned.

15. Time schedule provided in Regulations shall be strictly adhered to by all concerned failing which defaulting party would be liable to be personally proceeded with.

.....”

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 the discharge notice u/s 6(B) as prescribed in the Graduate Medical Education Regulations, 1997 in respect of the above mentioned students who have been admitted after the last date prescribed in the Regulations and in contravention of the guidelines issued by the Hon'ble Supreme Court.

77. Change of affiliation to the University from ‘Maharashtra University of Health Sciences, Nashik to Pravara Institute of Medical Sciences, Loni’ in respect of Rural Medical College, Loni for the award of MBBS degree.

Read : The matter with regard to the change of affiliation to the University from ‘Maharashtra University of Health Sciences, Nashik’ to ‘Pravara Institute of Medical Sciences, Loni’ in respect of Rural Medical College, Loni for the award of MBBS degree.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that at its meeting held on 13th & 14th June, 2008, it was decided as under :-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Central Govt. letter dated 18.02.2008 alongwith letter dated 08.02.2008 received from the Principal, Rural Medical College, Loni with regard to change of affiliation of the University in respect of Rural Medical College, Loni and inclusion of medical qualification in the first schedule of 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.”

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 first batch of MBBS students under the aegis of Pravara Institute of Medical Sciences, Loni (Deemed University) was admitted in the year 2004-05. Under these circumstances, the first batch appearing for the final examination would be during the year 2008-09.

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 Institute be advised to approach to the Council at the relevant point of time when the first batch is appearing in the final examination, as indicated above for further necessary action.”

Accordingly, the Principal of the college was requested to apply to the Central Govt., Ministry of Health & Family Welfare, New Delhi at the time of 1st batch is appearing in the final examination of MBBS course.

In compliance to this office letter cited above, the Council office had received the dates of the examination of 3rd MBBS Part- II final examination of the 1st batch of MBBS students admitted at Rural Medical College, Loni under Pravara Institute of Medical Sciences, Loni, through the Central Govt. vide its letter dated 26th Sept., 2008.

Accordingly, the matter along with the letter of the Central Govt. was considered by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee at its meeting held on 10.11.2008 and decided as under :-

“The Executive Committee considered the matter along with the letter of the Central Govt. for change of affiliation of University of Rural Medical College, Loni and inclusion of MBBS medical qualification under Pravara Institute of Medical Sciences, Loni (Deemed University) in the schedule to the IMC Act, 1956 and observed that the Executive Committee at its meeting held on 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 Executive Committee decided that the name of the University “Pravara Institute of Medical Sciences, Loni” in respect of ‘Rural Medical College, Loni be recognized and included in the first scheduled in the IMC Act, 1956 and forwarded to the Govt. of India for appropriate notification of the same.

78. Proposal for amendment of MCI Screening Test Regulations, 2002.

Read : The matter with regard to Proposal for amendment of MCI Screening Test Regulations, 2002.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the report of the Sub-Committee which reads as under:-

“Minutes of the Meeting held on 22.09.2008 at the office of Medical Council of India, Dwarka, New Delhi.

Members Present - Dr. D. K. Sharma

Chairman, Registration & Equivalence Committee

Dr. Indrajit Ray

Chairman, Postgraduate Committee

The Sub-Committee considered the matter with regard to proposal for amendment to MCI Screening Test Regulations, 2002. It was noted that the General Body of the Council at its meeting held on 20.10.2003 approved the recommendation of the Executive Committee for amendment in Regulations 4(1) pertaining to Eligibility criteria of the Screening Test Regulations, 2002 by deleting the Provision of Institution as per World Directory of Medical School from the Eligibility Criteria.

The above amendment in Regulation 4(1) of the Screening Test Regulations, 2002 along-with justification was sent to the Central Government, Ministry of Health & Family Welfare for necessary notification. But in reference to above the Council office has received a letter dated 13.06.2008 from the Government of India, Ministry of Health & Family Welfare requesting to review all the provision of MCI Screening Test Regulations, 2002 and confirm whether any amendments are required to make it contemporary or suitable to existing demands of Medical Education in the Country.

The Sub-Committee further noted that the matter was considered by the Executive Committee at its meeting held on 02.07.2008 and 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 constitute a Sub-Committee comprising of Dr. D.K. Sharma, Chairman, Registration & Equivalence Committee and Dr. Indrajit Ray, Chairman, PG Committee to look into the matter and to submit its report at the earliest.”

Accordingly, the Sub-Committee considered/reviewed the existing section 4 of the Screening Test Regulations, 2002 with regard to Eligibility Criteria as under:-

No person shall be allowed to appear in the Screening Test unless:

- 1. he/she is a citizen of India and possesses any primary medical qualification, either whose name and the institution awarding it are included in the World Directory of Medical Schools, published by the World Health Organisation; or which is confirmed by the Indian Embassy concerned to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;*
- 2. he/she had obtained ‘Eligibility Certificate’ from the Medical Council of India as per the ‘Eligibility Requirement for taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002’. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002.*

The Sub-Committee unanimously opined and proposed the suggestions/modification in section 4 of the Screening Test Regulations, 2002 as under:-

No person shall be allowed to appear in the Screening Test unless:

- 1. he/she is a citizen of India and possesses any primary medical qualification, whose name is confirmed by the Indian Embassy concerned to be a recognised qualification for enrolment as medical practitioner in the country in which the institution awarding the said qualification is situated;*

2. *he/she had obtained 'Eligibility Certificate' from the Medical Council of India as per the 'Eligibility Requirement before taking admission in an undergraduate medical course in a Foreign Medical Institution Regulations, 2002'. This requirement shall not be necessary in respect of Indian citizens who have acquired the medical qualifications from foreign medical institutions or have obtained admission in foreign medical institution before 15th March, 2002."*

79. Minutes of the Registration & Equivalence Committee meeting held on 15.10.2008 – Approval regarding.

Read : The minutes of the Registration & Equivalence Committee meeting held on 15.10.2008.

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 Registration & Equivalence Committee meeting held on 15.10.2008 which read as under:-

"Minutes of the Registration & Equivalence Committee held on 15.10.2008 at 11.30 a.m. in the Council office at Dwarka.

Present:

1. Dr. D.K. Sharma - Chairman
2. Dr. S.N.P. Singh
3. Dr. Kothari Bhavin S.
4. Dr.(Mrs.) Malti Thapar
5. Dr. V.K.Jain
6. Dr. Surender Kashyap

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

1. Confirmation of the minutes of the last meeting of the Registration & Equivalence Committee held on 30.06.2008- Confirmation of.

The minutes of the last meeting of Registration & Equivalence Committee held on 30.06.2008 as approved by the Executive Committee held on 25.08.2008 were confirmed.

2. Minutes of the last meeting of Registration & Equivalence Committee – Action taken thereon.

The Registration & Equivalence Committee noted and approved the action taken by the office on various items included in the minutes of the Registration & Equivalence Committee meetings held on 30.06.2008 duly approved by the Executive Committee.

3. To consider the Central Govt.'s letter dated 22.08.2008 with regard to proposal for allowing foreign nationals to practicing medicine in India – Reg.

Read: the letter No.V.11025/28/2008-ME-P-I, dated 22.08.2008 of the Central Govt., Ministry of Health & F.W., New Delhi with regard to proposal for allowing foreign nationals to practicing medicine in India for their livelihood/personal gain.

The Registration & Equivalence Committee considered the letter dated 22.08.2008 of the Central Govt. The Committee also perused section 14 (1) & (2) of the IMC Act, 1956 which reads as under:-

1. *The Central Government after consultation with the Council, may, by notification in the Official Gazette, direct that medical qualifications granted by medical institutions in any country out-side India in respect of which a scheme of reciprocity for the recognition of medical qualifications is not in force, shall be*

recognised medical qualification for the purposes of this Act or shall be so only when granted after a specified date:

Provided that medical practice by persons possessing such qualifications: -

- a. shall be permitted only if such persons are enrolled as medical practitioners in accordance with the law regulating the registration of medical practitioners for the time being in force in that country;*
 - b. shall be limited to the institution to which they are attached for the time being for the purposes of teaching, research or charitable work ; and*
 - c. shall be limited to the period specified in this behalf by the Central Government by general or special order.”*
- 2. In respect of any such medical qualification the Central Government, after consultation with the Council may, by notification in the Official Gazette direct that it shall be a recognised medical qualification only when granted before a specified date.*

In view of considering the letter of Central Govt. in which the Govt. want to allow foreign nationals to practice medicine in India for their livelihood/personal gain and also noted the section 14 (1) & (2) of the IMC Act, 1956 as quoted above, the Registration & Equivalence Committee unanimously decided to inform the Central Govt. that since the matter pertains to them as per section 14 of the said Act quoted above, therefore, it is for the Central Govt. to decide the matter at their end.

4. Regarding issuance of Eligibility Certificate u/s 13(4B) of the IMC Act, 1956 to those candidates who have passed their MBBS course without obtaining Eligibility Certificate.

Read: the matter with regard to issuance of Eligibility Certificate u/s 13(4B) of the IMC Act, 1956 to those candidates who have passed their MBBS course without obtaining Eligibility Certificate.

The Registration & Equivalence Committee considered the following issues and unanimously decided as mentioned against each in the tabulated form:-

CLARIFICATION/APPROVAL REQUIRED FOR ISSUANCE OF ELIGIBILITY CERTIFICATES IN THE FOLLOWING CIRCUMSTANCES.	DECISION OF REC.
<i>1. Students who got admission in Russia before 15/03/2002 and after the preparatory/language course they completed their studies and appeared in the Screening Test but the result of such candidates has been withheld by National Board of Examination for want of Eligibility Certificate. (A letter to National Board of Examination was sent conveying that they should not insist for Eligibility Certificate from the candidates who got admission before 15/03/2002.)</i>	<i>The students who have got admission in medical course in Russia in the year 2001 and have spent the first year in the preparatory course are not required to have the Eligibility Certificate as the date of admission in medical course is prior to 15th March, 2002 when the Eligibility Regulations came into force.</i>
<i>2. The students who got admission in the Medical Colleges recognized u/s 12(2), whether Eligibility Certificate is applicable</i>	<i>The students who have got admission in the medical college recognsied u/s 12(2) of the Indian Medical Council Act,1956 after</i>

<i>to them?</i>	<i>24.9.2008 are required to possess Eligibility Certificate from the Council. This has already been placed on the website of the Council.</i>
<i>3. The candidates who got admission earlier before the year 2008 and now applying for Eligibility Certificate.</i>	<i>To issue Eligibility Certificate in accordance with the rules. But henceforth, the candidate will have to obtain eligibility certificate before admission in Medical College/Institution abroad.</i>
<i>4. The candidates who applied earlier before the year 2008 and their Eligibility Certificate is pending for want of certain documents/clarification.</i>	<i>To issue Eligibility Certificate in accordance with the rules.</i>
<i>5. (i) After getting the Eligibility Certificate, the candidate wanted to change the University/College situated in the same country and now applying for fresh Eligibility Certificate. (ii) After getting the Eligibility Certificate, the candidate wanted to change the University/College situated in other country and now applying for fresh Eligibility Certificate</i>	<i>5. (i)&(ii)The Eligibility Certificate taken afresh and it will be with reference to the admission to be taken after the issue of Eligibility Certificate.</i>
<i>6. The candidates wanted to change the University in the middle of their course and applying for fresh Eligibility Certificate, whether we may issue the Eligibility Certificate, if so, what should be mentioned in the column 'year of admission' in the Eligibility Certificate.</i>	<i>The Eligibility Certificate taken afresh and it will be with reference to the admission to be taken after the issue of Eligibility Certificate.</i>
<i>7. (i) The candidates who got admission in the non-listed colleges of China before 26/07/2007, i.e. before receiving of the list from Embassy of China, and now applying for Eligibility Certificate. (ii) The candidates who got admission in the non-listed colleges of China before 26/07/2007, i.e. before receiving of the list from Embassy of China, and applied for Eligibility Certificate before 26/07/2007 but their Eligibility Certificate is pending for want of certain documents/clarification. (iii) The candidates who got admission in the non-listed colleges before 26/07/2007 and got their Eligibility Certificate but now wanted to change the college mentioned in the recognized list of China and applying for fresh Eligibility Certificate.</i>	<i>To issue Eligibility Certificate in accordance with the rules. To issue Eligibility Certificate in accordance with the rules. The Eligibility Certificate taken afresh and it will be with reference to the admission to be taken after the issue of Eligibility Certificate.</i>
<i>8. The candidates after getting the Eligibility Certificate could not take admission in that year and admitted afterwards and now applying for fresh Eligibility Certificate.</i>	<i>With effect from the date of admission.</i>

9. The candidates studying in non-listed colleges of China but in the form of Eligibility Certificate the name of college mentioned is in the recognized list. Many candidates are complaining that the consultant/agent got their signature on the blank form of Eligibility Certificate and they mentioned the name of college which is in the recognized list of China.	As per information supplied on the form of Eligibility Certificate.
10. It should be made very clear whether a candidate has to obtain the Eligibility Certificate before getting admission in the foreign medical institution or he/she can apply for Eligibility Certificate after getting admission or a time limit should be prescribed for obtaining of the Eligibility Certificate.	The candidate will have to obtain eligibility certificate before admission in Medical College/Institution abroad.
11. Some candidates are claiming that they had applied for Eligibility Certificate and in support of the same they are showing the acknowledgement issued by the Council, but no record is available in the section.	Explanation be sought from concerned employees.

5. Registration of Mr. Kalyan Das – Reimbursement of registration fee - regarding.

Read: the matter with regard to reimbursement of registration fee to Mr. Kalyan Das who has obtained MBBS qualification from University of Kranchi, Pakistan in 1987 and applied for Permanent Registration with the Medical Council of India but he was not issued permanent registration certificate because of reason that the confirmation of authenticity of the documents was not received from the High Commission of India, Islamabad, Pakistan.

The matter has been considered by the Registration & Equivalence Committee and the Committee unanimously decided that the matter with regard to reimbursement of registration fee is an administrative matter, therefore, office has to decide in this regard.

6. Consideration of letter dated 03.06.2008 issued by Mr. Ashok K. Arora, Embassy of India, Bucharest (Romania) – verification regarding.

Read: the letter No.BUC/415/Cons/1/08, dated 03.06.2008 of the Embassy of India, Bucharest (Romania) with regard to verification of documents of those candidates who obtained Undergraduate Medical Qualification from Medical Institutions in Romania and applied for registration with the Medical Council of India.

The Registration & Equivalence Committee considered the letter dated 03.06.2008 of Embassy of India, Bucharest, Romania as under:-

“It is stated that the Embassy attested the original documents submitted by the above persons based on the stamp and signatures of Romanian Ministry of Education and Apostille.

Important: It is brought to your notice that India is one of the signatories to The Hague Apostille Convention and the scheme was implemented in India on 29.08.2007. The purpose of the Convention is to reduce the two stage authentication of public documents to one single stage. If a public document is apostilled by the country of origin, it does not require re-authentication by the authorities of the country in whose territory it has to be produced, provided both the countries are party to the Apostille Convention. Romania is

also a signatory to the Convention. In case any clarification is required on this, you may please contact: OI Section, CPV Division, Ministry of External Affairs, Patiala House Annexe, Tilak Marg, New Delhi-110 001.”

The Registration & Equivalence Committee unanimously decided to inform the Embassy of India, Bucharest, Romania that the Indian nationals submit their application for registration alongwith enclosures, with the Medical Council of India having foreign medical qualifications. It has come to the notice of the Council on receipt of verification on many occasions that some of the candidates apply for registration with the Medical Council of India and enclose therewith fake/forged documents i.e. 10+2 marksheet/degree certificates. Therefore, the Council office has decided to verify the documents of the candidates from the concerned authorities so that appropriate action may be taken against the candidate if the documents on receipt of verification from the concerned authorities are found to be fake/forged. Therefore, degree certificates of the candidates have been sending to Embassy of India Bucharest, Romania for confirmation of authenticity of the said document with the request that the said practice be continued.

7. Mr. Ghulam Abbas Zaidi – Registration regarding.

Read: Letter dated 03.06.2008 of Mr. Ghulam Abbas Zaidi for grant of registration, who submitted affidavit claiming that the time spent by him in unrecognized institution was only 04 months by making false statement.

The Registration & Equivalence Committee considered the facts of the case of Mr. Ghulam Abbas Zaidi as under:-

- “- He has done his MD Physician from Tver State Medical Academy.*
- 10+2 from U.P. Board of High School, Allahabad.*
- After prior approval from the Competent Authority Mr. Ghulam Abbas Zaidi was issued Provisional registration certificate bearing No.14595 dated 2.5.2000 for a period of 16 months for the purposes of doing internship.*
- The candidate applied to this Council for permanent registration dated 29.10.2001 after completion 16 months internship training i.e. from 29.5.2000 to 28.9.2001 as per letter dated 3.10.2001 issued by Distt. Hospital, Lucknow.*
- The candidate submitted an affidavit informed thereby that he has studied only 04 months in an unrecognized institution, but on receipt of verification of the diploma certificate from the Embassy of India, Moscow vide their letter dated 28.6.2002 it was noted that he has studied 05 years at Saratov State Medical University (which is an unrecognized institution).*
- The Council vide letter dated 10.7.2003 informed the candidate that on verification of the concerned institution in a large number of cases it was found that the statements made on oath in the affidavits by such candidates submitted with the MCI are not true and were found to be false. In fact, it was found that though the candidates has spent period between one to five years in unrecognized institutions but they submitted affidavits claiming that the time spent by them in unrecognized institutions was only between four to six months by making false statements.*

It was, thus, decided that such candidates who tried to misuse the indulgence granted by the Hon'ble Supreme Court by filing false affidavits, shall not be entitled for the benefit of the order dated 17.4.2000 passed by the Hon'ble Supreme Court and will, therefore, be not entitled for grant of registration. The applicant was informed that it is not possible to consider for grant of registration with the Medical Council of India.

- Mr. Ghulam Abbas Zaidi vide his representation dated nil forwarded through the Ministry of Health & F.W. requested to this Council for registration. The attention of the candidate was invited to the decision of the Executive Committee of this Council at its meeting held on 02.4.2007 as under:-

“The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the minutes of the Registration & Equivalence Committee held on 22nd March, 2007 with the following modifications:-

The members of the Executive Committee in its meeting held on 2.4.2007 where the members of the Ad hoc Committee appointed by the Hon'ble Supreme Court were also present while considering the minutes of meeting of Registration and Equivalence Committee dated 23.03.2007 in relation to the issue of registration of certain candidates, referred to the opinion given by the Id. Additional Solicitor General of India, the relevant portions of the legal opinion reads as under:-

"My opinion has been sought in regard to the fate of 14 candidates, who had applied for registration prior to 15th of March 2001. It has been pointed out that they were given provisional registration pending inquiry into the matter and the inquiry from the Embassy has revealed that these students had given a false declaration and had not completed their studies in the recognized colleges. Since they were covered by the judgement of the Hon'ble Supreme Court reported in (2002) 3 SCC 696, MCI Vs. Indian Doctors from Russia, therefore as far as they are concerned they were entitled to the one-time relaxation in their education in unrecognized institutions provided they carry on internship for further period to cover up for education in unrecognized institutions. It is true that these period have given false declaration. Obviously these declarations must have been made before the judgement of the Hon'ble Supreme Court. They may have been misled to give this declaration. Either they themselves may not have known these institutions be recognized and themselves be victim of cheating at the hands of unscrupulous educational shops. In view of the fact that the Supreme Court has given one-time relaxation, MCI could consider on registration after they complete the further period of internship. It would be harsh to deny them registration. The institution should take a liberal view in the matter. The case of Raj Kamal will also have to be decided on the lines of the other 14 candidates in view of the judgement of Hon'ble Supreme Court referred to above."

After perusing the orders of the Hon'ble Supreme Court and the relevant provisions of the I.M.C. Act, 1956 & the Regulations framed there under, the members of the Executive Committee & Adhoc Committee decided as under:-

i) The Hon'ble Supreme Court in its judgement dated 8.3.2002 in the case of MCI Vs. Indian Doctors from Russia Welfare Association & Ors had noticed various irregularities in the admissions of candidates in the medical courses in medical institutions in the erstwhile States of USSR. One of the category which had been considered by the Hon'ble Supreme Court was whether the candidates had either taken admission in an unrecognized medical colleges or did not undergo the complete duration of 6 years of the medicine course after undergoing language training for a period of 1 year.

*ii) It is to be observed that the Screening Test Regulation had come into force w.e.f. 13.02.2002. It has been laid down by the Hon'ble Supreme Court in its judgement dated 8.3.2002 that the candidates who had come back with their medical qualifications from the medical institutions of erstwhile States of USSR and make their applications to the MCI for grant of registration **after 15.3.2001**, they shall additionally be obliged to qualify in the Screening Test. The candidates who had applied for grant of registration before 15.3.2001, were not under any obligation to qualify the Screening Test.*

iii) Having regard to the relevant facts that some of which are mentioned above, the Hon'ble Supreme Court in para 6A(i) to 6(C) of the judgement laid down as under:-

" 6(A) The case of all persons who applied for registration to MCI prior to 15.3.2001 shall be dealt with according to the provisions of the Act as existing prior to the commencement of the IMC (Amendment) Act, 2001 subject to the following:-

(i) Those students who obtained degrees where the total duration of study in recognised institutions is less than six years (i.e. where a part of the study has been in unrecognised institutions, or the total length of study in a recognised institution is short of six years), shall be granted registration by MCI provided that the period of shortfall is covered by them by way of additional internship over and above the regular internship of one year. In other words, for such categories of students, the total duration of study in recognised institution plus the internship, would be seven years, which is the requirement even otherwise.

(ii) Where students who did not meet the minimum admission norms of MCI for joining undergraduate medical course, were admitted to foreign institutes recognised by MCI, this irregularity be condoned. In other words, the degrees of such students be treated as eligible for registration with MCI.

(B) All students who have taken admission abroad prior to 15.3.2002 and are required to qualify the Screening Test for their registration as per the provisions of the Screening Test Regulations, 2002 shall be allowed to appear in the Screening test even if they also come in the categories of circumstances contained in A(ii) above, as the relaxation contained therein would also be applicable in their case. In other words, any person at present undergoing medical education abroad, who did not conform to the minimum eligibility requirements for joining an undergraduate medical course in India laid down by MCI, seeking provisional or permanent registration on or after 15.3.2002 shall be permitted to appear in the Screening Test in relaxation of this requirement provided he had taken admission in an Institute recognised by MCI. This relaxation shall be available to only those students who had taken admission abroad prior to 15.3.2002. From 15.3.2002 and onwards all students are required to first obtain an Eligibility Certificate from MCI before proceeding abroad for studies in Medicine.

(C) The categories of students not covered in A(i) & (ii) above and whose entire period of study has been in medical college not recognised by MCI, will be allowed to appear in the Screening test for the purpose of their registration provided they fulfil and the conditions laid down in the IMC (Amendment) Act, 2001. In other words, the qualification obtained by them must be qualification recognised for enrolment as medical practitioner in the country in which the institution awarding the same is situated and they must be fulfilling the minimum eligibility qualification laid down by MCI for taking admission in an undergraduate medical course in India. They shall not be entitled for any relaxation.”

ADDITIONAL INTERNSHIP IS AN IMPERATIVE

iv) Through para 6A(i) the Hon'ble Supreme Court has clearly laid down that a candidate who had made an application for grant of registration **before 15.3.2001** but had not undergone the complete duration of 6 years of teaching and training of the medicine course in a recognized medical college, each of such candidate shall be obliged to undertake an additional internship equivalent to the period spent in an unrecognized medical college. There is no requirement under the Screening Test Regulations for any such candidate who had made an application for registration **before 15.3.2001** to qualify in the Screening Test.

v) With reference to such candidates the Id. Additional Solicitor General of India has opined that when any such candidate had made an incorrect declaration to the MCI in his application for grant of registration prior to 15.3.2001 - the candidate may be considered for grant of registration with the stipulation for additional internship i.e. over and above the prescribed internship of 12 months - equivalent to the period spent in an unrecognized medical college.

For example, if a candidate has undergone one year of teaching and training in the medicine course out of total period of 6 years, in an unrecognized medical college – such a candidate who had made an application for grant of registration **prior to 15.3.2001** – shall be obliged to undertake internship for a total period of 2 years i.e. 1 year being the period of normal internship and extra period of 1 year equivalent to the period spent in an unrecognized medical college.

vi) The Executive Committee decided that it is not permissible for the MCI to suggest any candidate who had taken admission in an unrecognized medical college apply for registration **before 15.3.2001** of being given an option to qualify the Screening Test and not to take an additional internship equivalent to the period spent in an unrecognized medical college. It is reiterated and reemphasized that as per the judgement of the Hon'ble Supreme Court dated 8.3.2002 all such candidates who had applied for grant of registration before 15.3.2001 – had not undergone the complete teaching and training for the duration of 6 years of medical course in a recognized medical college, it is absolutely obligatory for them to undergo the additional internship equivalent to the period spent in

an unrecognized medical college notwithstanding whether they have qualified in the Screening Test or not.

**ADDITIONAL INTERNSHIP IS AN IMPERATIVE NOTWITHSTANDING THE
CANDIDATE QUALIFYING IN THE SCREENING TEST**

vii) It has also been observed by the Id. Additional Solicitor General of India in his opinion that additional internship for such a candidate is a must notwithstanding that any such candidate has qualified in the Screening Test. With reference to the case of one candidate namely Raj Kamal the Id. Additional Solicitor General of India has opined that his case also be decided by the MCI on the basis that he shall be required to undergo the additional internship equivalent to the period spent in an unrecognized medical college i.e. in the same manner for which the opinion has been given for 14 other candidates.

**APPLICATIONS FOR REGISTRATION BY SUCH CANDIDATES MADE TO MCI AFTER
15.3.2001**

*viii) It was also considered in relation to similarly placed candidates i.e. who had not undergone the duration of 6 years of the medicine course in recognized medical college – had submitted their applications to the MCI for grant of registration **after 15.3.2001**, besides and in addition to the requirement of undergoing additional internship equivalent to the period spent in an unrecognized medical college, such candidates shall also be statutorily required to qualify in the Screening Test.*

*ix) In other words, a candidate who had applied for registration to the MCI **after 15.3.2001** and had spent 2 years in an unrecognized medical college, such a candidate shall be required to (i) qualify the Screening Test and also (ii) undertake a minimum of 3 years of internship i.e. one year regular internship of additional internship for a period of 2 years equivalent to the period spent in an unrecognized medical college.*

CASES WHERE REGISTRATION CANNOT BE GRANTED BY THE MCI

*x) It was also considered that there are certain candidates, members of Indian Doctors from Russia Welfare Association, who had taken admission in unrecognized medical colleges and had also made applications to the MCI **prior to 15.3.2001**. However, pursuant to the orders of the Hon'ble Supreme Court dated 17.4.2000, they had submitted false affidavits before the Hon'ble Supreme Court/Council regarding the time they had spent in an unrecognized medical colleges. These candidates were declined registration on account of filing false affidavits to the MCI / the Hon'ble Supreme Court.*

xi) They had filed an application being IA No.8/2003 in CA No.2779/2000 before the Hon'ble Supreme Court. Their applications for grant of registration by quashing the MCI letter dated 20.6.2002 had been dismissed by the Hon'ble Supreme Court by an order dated 4.4.2003. Thereafter, this association had filed writ petition being WP(C) No.426/2003 – Indian Doctors from Russia Welfare Association Vs. MCI before the Hon'ble Supreme Court for grant of relief for registration. This writ petition was dismissed by the Hon'ble Supreme Court on 15.9.2003.

xii) Thereafter, the MCI had issued communications to all such candidates informing them that in the light of the orders passed by the Hon'ble Supreme Court dismissing IA No.8 on 4.4.2003 and WP(C) No.426/2003 on 15.9.2003, it is not permissible for the MCI to grant registration to them at all. Such decision by the office of the Council is according to the orders passed by the Hon'ble Supreme Court on 4.4.2003 and 15.9.2003. These candidates are not at all entitled for grant of registration by the MCI."

The Registration & Equivalence Committee unanimously decided to re-iterate the same to the candidate as informed earlier by the Medical Council of India vide its letter dated 17-04-2008.

8. Consideration of Letter dated 18.09.2008 issued by Mr. Anand Akhouri, Assistant Counsellor Officer, Representative Office of India, Almaty, Kazakhstan – regarding.

Read: the letter No.ALM/CONS/415/MISC/2008, dated 18.09.2008 received from the Representative Office of India, Almaty, Kazakhstan with regard to verification of documents of those candidates who obtained Undergraduate Medical Qualification from Medical Institutions in Kazakhstan and applied for registration with the Medical Council of India.

The Registration & Equivalence Committee considered the letter dated 18.09.2008 of Representative Office of India, Almaty, Kazakhstan as under:-

“As per our records, the Medical Diplomas copies forwarded to us vide above references was attached with the apostille certificates with the stamp & signature from the Ministry of Education and Science of the Republic of Kazakhstan. It is certified that signature & stamp of the Ministry of Education and Science of Kazakhstan was attested by this Mission.

Upto the year 2007, Medical Diplomas issued by the Kazakh authorities are required to be authenticated (Apostilled) from the Ministry of Education and Science of the Republic of Kazakhstan. Then the stamp and signature of the above Ministry was attested/re-authenticated by this Mission. From the year 2008, the Mission has stopped the practice of re-authenticating a public document that has been apostilled by the country of origin as per Ministry of External Affairs, New Delhi’s instructions. The instruction is as below:-

“India is one of the signatories of the Hague Apostille Convention and the new scheme was implemented in India on 29.8.2007. The very purpose of the Convention is to reduce the two stage authentication of public documents to one single stage. If a public document is apostilled by the country of origin, it does not require re-authentication by the authorities of the country in whose territory it has to be produced, provided both the countries are party of the Apostille Convention. With India’s accession to the Convention the practice of re-authentication is not in line with the Convention.”

The Registration & Equivalence Committee unanimously decided to inform the Representative Office of India, Almaty, Kazakhstan that the Indian nationals submit their application for registration alongwith enclosures, with the Medical Council of India having foreign medical qualifications. It has come to the notice of the Council on receipt of verification on many occasions that some of the candidates apply for registration with the Medical Council of India and enclose therewith fake/forged documents i.e. 10+2 marksheet/degree certificates. Therefore, the Council office has decided to verify the documents of the candidates from the concerned authorities so that appropriate action may be taken against the candidate if the documents on receipt of verification from the concerned authorities are found to be fake/forged. Therefore, degree certificates of the candidates have been sending to Embassy of India Almaty, Kazakhstan for confirmation of authenticity of the said document with the request that the said practice be continued.

9. Request for grant of Permanent Registration after withdrawal of FIR lodged against Mr. Rajat Kumar Agrawal – regarding.

Read: the matter with regard to grant of permanent registration to Mr. Rajat Kumar Agrawal u/s 13(3) of the IMC Act, 1956.

The Registration & Equivalence Committee considered the facts of the case of Mr. Rajat Kumar Agrawal as under:-

- *He has done MD Physician Degree from Kharkiv State Medical University erstwhile USSR.*
- *He has done 10+2 from UP Board.*

- *After prior approval from competent authority provisional registration bearing No. 15313 dated 21.10.2000 was issued to him for purposes of doing 12 months internship training.*
- *As per policy decision documents of the candidate i.e. 10+2 marksheet and degree certificate were sent for verification to the concerned authorities.*
- *In reference to this office letter dated 9.11.2000 the council has received verification report dated 15.03.2001 from the Regional Secretary Intermediate Education Council, Merrut informing therein that the 10+2 marksheet is forged.*
- *On receipt of prior approval from the competent authority the council vide letter dated 17.4.2001 recommended to the Deputy Commissioner of Police (Crime), Police Headquarters, New Delhi to lodge an FIR against the candidate.*
- *The candidate vide this office letter dated 20.4.2001 was informed to surrender the original provisional certificate to this council as FIR has been lodged against you and the provisional registration certificate stands cancel.*
- *The candidate vide letter dated 28.4.2008 inform this council “this is to inform you that I have received my Provisional Certificate No. MCI-15313 dated 21.10.2000. After that I have received a letter from MCI regarding cancellation and withdrawal of provisional certificate due to 10+2 marksheet was faked. It is appearing that due to some mistake for confusion that the UP Board has stated the same to be incorrect. I have already submitted two application to MCI dated 8.5.2001 and 30.7.2004 mentioning that my 12th class marksheet is true, correct and persuade. Unfortunately I have not received any response from MCI. This is to request you that my 10+2 marksheet may be sent to UP Board for verification and on receipt of the verification report the undersigned should considered for permanent registration at an earliest”.*
- *The matter was placed before the competent authority and as per directions the 10+2 marksheet was sent for re-verification vide letter dated 2.6.2008.*
- *The candidate vide his application dated 2.6.2008 applied to this council for Permanent Registration.*
- *He has done internship from 14.12.2000 to 13.12.2001 from Dr. Rammanohar Lohia Hospital, New Delhi as per letter dated 26.12.2001.*
- *Degree verification has been received from Embassy of India, Kyiv vide letter No. Kyiv/327/1/00 dated 19.12.2000.*
- *The 10+2 verification has been received from Dy. Secretary, U.P. Board of High School and Intermediate Board of Education, Merrut vide letter dated 12.7.2008 by which it is stated that after proper verifications marksheet has been found correct that the candidate has obtained 286/500 marks with second division.*
- *In the meantime Council received letter No. 825/SO/DCP/C(AC-II) dated 30.7.2008 from Mr. Alok Kumar, IPS, Deputy Commissioner of Police, Central District, Delhi informing therein that “the complaint dated 17.4.2001 enquired SHO/IP Estate. On enquiry it came to notice that no case has been registered against Mr. Rajat Kumar Agrawal and no enquiry is pending against him”.*
- *The matter was placed before the competent authority and as per directions the Council Retainer Advocate was requested for the legal opinion in the matter.*
- *Mr. J. S. Basin, Council Retainer Advocate has submitted his legal opinion in the matter on 11.10.2008. The operative part of the legal opinion is reproduced as under:-*
“Therefore, in my opinion, the matter may be placed before the Registration and Equivalence Committee to take fresh decision for grant of permanent registration to the candidate in the light of the letter dated

30.7.2008 received from the office of DCP, Central District, Delhi and verification report vide letter dated 12.7.2008 from Dy. Secretary, U.P. Board of High School and Intermediate Board of Education, Merrut; by which it is stated that after proper verification of the marksheet, it has been found to be correct that the candidate has obtained 286/500 marks with second division."

The Registration & Equivalence Committee unanimously decided to grant permanent registration to Mr. Rajat Kumar Agrawal u/s 13(3) of the IMC Act, 1956."

80. Consideration of eligibility criteria – relaxation to be provided for physically handicapped persons having locomotory disability of lower limb.

Read: The letter dated 08.09.2007 from the Chief Commissioner for persons with disabilities with regard to the matter of Md. Shah Afzal along with the affidavit filed in July, 2008 by the Central Govt. in W.P. (Civil) No. 184 of 2005, Dr. Sourav Kumar Vs. Union of India and Anrs.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Council vide Circular dated 14th July, 2003 had issued detailed guidelines for filling up of reserve seats for persons having locomotive disabilities for admission in medical courses wherein it was reiterated that it is only with person of lower limbs between 50% to 70% should be allowed the benefit of reservation under the Disabilities Act for admission in all the medical courses.

The Central Govt. vide letter bearing No. F. No.U.12021/8.2002-MEC/ME III, dated 12.5.2004 sent to all States and Union Territories, bringing their notice of the above-mentioned stipulations of considering candidates for the 3% quota having regard to disability of lower limbs between 50% to 70%. By the said letter, the Central Government has inter alia directed various authorities to ensure that the admission of physically handicapped candidates would be as per MCI norms as had been provided for in the communication dated 14.7.2003 of the MCI.

On 24.08.2006 while hearing the SLP (C) Nos. 7952-53/2005 – MCI –Vs.- D.S. Rashmi Ranjan & Ors., the Hon'ble Supreme Court had observed that the Council should consider for 3% seats in the medical courses for the persons with disabilities if in the event candidates with locomotory disability of lower limbs between 50-70% did not fill up all the 3% quota, the remaining seats in the 3% quota should be made available to the persons with locomotory disability of lower limbs between 40 to 50%. The relevant part of the order dated 24.8.2006 is reproduced hereunder:-

"After some arguments, we have asked Mr. Maninder Singh, learned counsel for the Medical Council of India, as to why candidate suffering from locomotive disability of lower limb of less than fifty per cent but more than forty percent should not get permission in the medical courses in case sufficient number of candidates for three per cent quota seats with disability of seventy percent are not available. Mr. Maninder Singh prays for a short adjournment to take instructions."

In pursuance of the Hon'ble Supreme Court order dated 24.8.2006, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 7.9.2006 had decided as under:

"..... with reference to the provision of Section 2(t) of the Disabilities Act wherein it was laid down that the eligibility for persons with disabilities entitling them for consideration for benefits under the Act, should not be less than 40%, the prescription of the disability between 50% to 70% i.e. locomotory disability of lower limbs was neither arbitrary nor illegal. It was also observed that persons with really minor injury etc. were receiving the benefits of admissions in the medical courses in this 3% quota by being granted certificate of locomotory disability of lower limbs of more than 40% and therefore the General of the Council had brought this change by substituting the degree of locomotory disability of lower limbs as between 50% to 70%. It was also observed

that modification had been made out entirely for the reasons that it is the most deserving candidates belonging to this category who should get benefit of reservation under the Act.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council deliberated and discussed upon the matter at length and taking cognizance of the material on record decided as under:-

1. *The present prescription of disability between 50% to 70% i.e. locomotory disability of lower limbs for receiving the benefits of admission in the medical courses should continue subject to modifications that in the event when there are not sufficient number of candidates having locomotory disability of lower limbs of 50% to 70%, the unfilled seats should be filled up by the candidates having locomotory disability of lower limbs to the extent of 40% to 50% before they are converted into the open category seats.....”.*

The matter alongwith the above recommendation of the Executive Committee was placed to all the members of General Body of the Council by circular on 29.11.2006 for its consideration and their opinion/observation within 10 days upon receipt of the said communication.

Since, no option/observation was received from the members of the General Body, their deemed approval/ratification on the recommendations of the Executive Committee is treated.

This decision of the Council was communicated to the Central Government vide letter dated 18th January, 2007.

In this view of the matter, this issue has been placed before the Hon'ble Supreme Court for passing appropriate directions / orders in relation to the decision of the General body of the Council in terms of the order dated 24.08.2006 passed by the Hon'ble Supreme Court and communicated to the Ministry of Health, Govt. of India vide MCI's letter dated 18.01.2007 – stipulating that 3% of the total sanctioned seats in medical courses shall be filled-up by persons having locomotory disability between 50% to 70% of lower limbs and in the event any seat in this 3% quota remains vacant then the vacant seat within the quota of 3% be filled up with persons having locomotory disability of lower limbs between 40% to 50%, from the academic year 2008-09.

It was further observed that the Chief Commissioner for persons with Disabilities in the matter of Md. Shah Afzal Vs. MCI & Anr. Vide order dated 8.9.2007 had directed to extend relaxations in marks etc. at par with SCs and STs to all persons with disabilities irrespective of their vertical categories in the Delhi PMT and other such examination (if admissions is still in progress) from the current academic year”.

It was further observed that meanwhile in the matter of Dr. Kumar Sourav Vs. Union of India & Ors. in W.P. (Civil) No. 184 of 2005, the Central Government vide its affidavit filed in July, 2008 had stated that the Government is of the view that a relaxation of marks to the extent of 5% for persons with disabilities falling in the unreserved category only would serve the avowed objective of the 1995 Act and proposes to issue requisite directions in this behalf.

After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the eligibility criteria for physically handicapped candidates in the general category be also lowered to 45 % for all medical courses to serve the above objectives of the Disabilities Act, 1995 in true spirit.

81. Continuance of recognition of MBBS degree granted by Kannur University in respect of students being trained at Academy of Medical Sciences, Parriyaram, Kannur.

Read : The letter dated 05.11.2008 from the Director, Academy of Medical Sciences, Pariyaram, Kannur along with Council Inspectors report (13th & 14th August, 2008) for continuance of recognition of MBBS degree.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the letter dated 05.11.2008 from the Director, Academy of Medical Sciences, Pariyaram, Kannur requesting to extend the period of submitting the report by another six months, along with Council Inspectors report (13th & 14th August, 2008) for continuance of recognition of MBBS degree and decided to give 2 months time to the authorities of Academy of Medical Sciences, Pariyaram, Kannur to rectify the deficiencies and submit the compliance within the stipulated period. 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.

82. Regarding the disclosure of fraud made by Government of Maharashtra before Medical Council of India inspections.

Read : The matter with regard to disclosure of fraud made by Government of Maharashtra before Medical Council of India inspections along with Sub-Committee report.

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, perused all the documents and decided to approve the report of the Sub-Committee which reads as under:-

Report of the meeting of the Sub-Committee constituted by the Executive Committee with regard to disclosure of fraud made by Government of Maharashtra before Medical Council of India Inspections.

The meeting of the Sub-Committee was held on 6th November, 2008 at 12.00 noon in the Council office at Sector-8, Pocket-14, Dwarka, New Delhi-110077.

The present Sub-Committee came to be constituted by the Executive Committee of the Council at its meeting held on 15th September, 2008 for the purposes of disclosure of fraud made by Government of Maharashtra before Medical Council of India Inspections alongwith the letter dated 11.08.2008 received from the Director, Medical Education, Mumbai.

The Sub-Committee comprising of Dr.C.V. Bhirmanandham, Chairman, TEQ Committee & Dr.B.P. Dubey, member Executive Committee to looked into the matter as per MCI communication No.MCI-34(1)/CR-38/2008-Med./26203, dated 26.9.2008 .

1. *On perusal of the records available in the complaint, it has been concluded that the person by name Shri Anant K. Shingare has not made any complaint about any medical college in Maharashtra. Some unknown persons have made fictitious complaint on the name of Shri Anant K. Shingare.*
2. *The complaint sent to MCI's office through fax signed by the Secretary, Maharashtra State Govt. Lecturer Association. The signature in these complaints varies. It has been written by some unknown persons by affixing different signatures.*
3. *The Director Medical Education from Maharashtra has clearly stated that no such Association exists.*
4. *The address given by Association is found to be incorrect as address belongs to the residential address of Dr.Bhatti, Professor of Anatomy who is staying in the same premises for the last 8 years and he has denied any such office is existing. Hence the Committee concluded that the allegations are fictitious."*

83. Amendments to MCI's "Regulation on Graduate Medical Education – 1997" & Minimum Requirements for 100 MBBS Admissions Annually Regulations – 1999".

Read : The matter with regard to amendments to MCI's "Regulation on Graduate Medical Education – 1997" & Minimum Requirements for 100 MBBS Admissions Annually Regulations – 1999" and which have been notified by the Council.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the notifications dated 20.10.2008 regarding amendments in the “Regulation on Graduate Medical Education – 1997” & Minimum Requirements for 100 MBBS Admissions Annually Regulations – 1999” as published in the Gazette of India in the Extraordinary Gazette of India Part-III Section 4.

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

Patna, dated the
10th November, 2008

A P P R O V E D

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