

30TH December, 2008

Minutes of the meeting of the Executive Committee held on Tuesday, the 30th December 2008 at 10.30 a.m. in the Council office at Sector 8, Pocket 14, Dwarka, New Delhi where the members of the Adhoc Committee appointed as per the Hon'ble Supreme Court order dated 20.11.2002 were also present.

Present:

Dr.P.C. Kesavankutty Nayar	President (Acting), & Former Dean, Govt. Medical College, <u>Thiruvananthapuram (Kerala)</u>
Prof. P.N.Tandon	Former Prof. & Head of Neuro- Surgery,A.I.I.M.S, <u>New Delhi</u> and Member, Adhoc Committee appointed by the Hon'ble Supreme Court
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. K.P. Mathur	Former Medical Superintendent, Ram Manohar Lohia Hospital, New Delhi, 77, Chitra Vihar, <u>Delhi-110092</u>
Dr. Ved Prakash Mishra	Vice Chancellor, Datta Meghe University of Medical Sciences, <u>Nagpur (Maharashtra)</u>
Dr. S.D. Dalvi	Prof. & Head, Department of PSM, Govt. Medical College, <u>Nanded (Maharashtra)</u>
Dr. Bhanu Prakash Dubey	Prof. & Head of Department of Forensic Medicine, Gandhi Medical College, <u>Bhopal (Madhya Pradesh)</u>
Dr. P.K. Das	Professor & Head of the Deptt. of General Medicine, S.C.B. Medical College, <u>Cuttack</u>

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

- Secretary, MCI

Apologies for absence were received from Dr. Ketan Desai, Dr. V.N. Jindal, Dr. G.K. Thakur and Dr. M.K. Sharma.

1. Minutes of the Executive Committee Meeting held on 10th November,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 10.11.2008.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the action taken report of the various items included in the agenda of the Executive Committee meeting held on 10th November,2008.

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 10.11.2008.

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 10.11.2008.

5. Establishment of new medical college at Imphal, Manipur by Jawaharlal Nehru Institute of Medical Sciences, Government of Manipur.

Read : The Council Inspectors report (26th & 27th November, 2008) for grant of Letter of Permission for Establishment of new medical college at Imphal, Manipur by Jawaharlal Nehru Institute of Medical Sciences, Government of Manipur alongwith State Govt. letter.

The members of the Adhoc Committee and of the Executive Committee considered the Council Inspectors report (26th & 27th November, 2008) along with State Govt. letter and observed as under:-

1. There is no Dean/Principal.
2. Jawahar Lal Nehru Hospital has only 122 functional beds out of which 102 beds were inaugurated by the Chief Minister on the day of inspection only and were non-functional. Thus there is deficiency of 178 beds as under:-

Speciality	Required Beds/Units	Present Beds/Units	Remarks
	Inception		
Medicine & Allied Specialities			
General Medicine	90	62	28
Paediatrics	30	27	03
TB & Chest	-	-	-
Skin & VD	-	-	-
Psychiatry	-	-	-
Total	120	89	31
Surgery & Allied Specialities	90		
	30		
General Surgery	10		
Orthopaedics	10		
Ophthalmology			
ENT	140	17	
Total			Beds of surgery and allied specialities were placed in two wards. (six in female ward and eleven in male surgical ward)
Obstetrics & Gynaecology			
Obstetrics & ANC	25		
Gynaecology	15		
Total	40	16	These beds were non-functional due to renovation work being carried out since last 15 days.
Grand Total	300	122	178

4. In OPD each speciality is not provided with teaching area.
5. Clinical material is inadequate as under:-

	Daily Average	Day of Inspection
O.P.D. attendance	300	226
Bed occupancy%	66	50
Operative work		
Number of normal deliveries	2-3	Nil
Number of caesarian Sections	1 in 2 days	nil

6. Only blood sugar estimation is being done in clinical biochemistry due to lack of reagents and equipments.
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 return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Imphal, Manipur by Jawaharlal Nehru Institute of Medical Sciences, Government of Manipur received u/s 10A of the I.M.C. Act,1956 as the institute is not fulfilling the qualifying criterion at number 2(5) of Establishment of New Medical College Regulations, 1999, which states that the applicant should own and manage a hospital of not less than 300 beds with

necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Manipur requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that Jawahar Lal Nehru Hospital has only 122 functional beds out of which 102 beds were inaugurated by the Chief Minister on the day of inspection only and were non-functional. Thus there is deficiency of 178 beds and further decided to direct the institute to submit revised Essentiality Certificate in the format prescribed in the Regulations.

6. Approval of Amala Institute of Medical Sciences, Thrissur for the award of MBBS degree granted by Calicut University.

Read : The Council Inspectors report (26th & 27th November, 2008) for Approval of Amala Institute of Medical Sciences, Thrissur for the award of MBBS degree granted by Calicut University.

The members of the Adhoc Committee and of the Executive Committee considered the Council Inspectors report (26th & 27th November, 2008) and decided to recommend that Amala Institute of Medical Sciences, Thrissur be approved for the award of MBBS degree granted by Calicut University in respect of students being trained at Amala Institute of Medical Sciences, Thrissur restricting the number of admission to 100 (One hundred) students. The Committee further decided to place the matter before the General Body of the Council for approval.

7. Approval of Jubilee Mission Medical College & Research Institute, Thrissur for the award of MBBS degree granted by Calicut University.

Read : The Council Inspectors report (26th & 27th November, 2008) for approval of Jubilee Mission Medical College & Research Institute, Thrissur for the award of MBBS degree granted by Calicut University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend that Jubilee Mission Medical College & Research Institute, Thrissur be approved for the award of MBBS degree granted by Calicut University, Kottayam with an annual intake of 100 (One hundred) students per year. The Committee further decided to place the matter before the General Body of the Council for approval.

8. Approval of Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar for the award of MBBS degree granted by Maharashtra University of Health Sciences, Ahmednagar.

Read : The Council Inspectors report (11th & 12th December, 2008) for approval of Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar for the award of MBBS degree granted by Maharashtra University of Health Sciences, Ahmednagar.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to recommend that Padmashri Dr. Vithalrao Vikhe Patil Foundation's Medical College, Ahmednagar be approved for the award of MBBS degree granted by Maharashtra University of Health Sciences, Ahmednagar with an annual intake of 100 (One hundred) students per year. The Committee further decided to place the matter before the General Body of the Council for approval.

9. Narayana Medical College, Nellore - Renewal of permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 100 to 150 for the academic session 2009-2010.

Read : The Council Inspectors report (5th & 6th December, 2008) for renewal of permission for admission of 3rd batch of MBBS students for against the increased intake i.e. from 100 to 150 for the academic session 2009-2010 at Narayana Medical College, Nellore.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (5th & 6th December, 2008) and decided to recommend to the Central Govt. to renew the permission for admission of 3rd batch of MBBS students against the increased intake i.e. from 100 to 150 at Narayana Medical College, Nellore for the academic session 2009-10.

10. Continuance of recognition of MBBS degree granted by Kerala University in respect of students being trained at Medical College, Trivandrum.

Read : The compliance verification inspection report (20th & 21st November, 2008) for Continuance of recognition of MBBS degree granted by Kerala University in respect of students being trained at Medical College, Trivandrum.

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 & 21st November, 2008) along with Council Inspectors report (31st January & February, 2007) and observed as under:-

1. The shortage of Residents is 37.09 % as under :-

i) Sr. Resident	11	(3 Gen. Medicine, 6 Anesthesia, 2 Radiology)
ii) Jr. Resident	58	(16 Gen. Medicine, 2 Pediatrics, 5 TB & Resp. Dis., 5 Dermatology, 13 Gen. Surgery, 4 Orthopedics, 8 ENT, 5 Ophthalmology)
2. Dr. A. Nizaruddeen, Medical Superintendent is having only 4 years administrative experience which is inadequate as per regulations.
3. Medical Record Department is not computerized.
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 give 2 months time to the authorities of Medical College, Trivandrum 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 Maharashtra University of Health Sciences, Nashik in respect of students being trained at Sri Bhausaheb Hire Govt. Medical College, Dhule.

Read : The compliance verification inspection report (21st November, 2008) for continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Sri Bhausaheb Hire Govt. Medical College, Dhule.

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 (21st November, 2008) along with Council Inspectors report (7th & 8th August, 2008) and observed as under:-

1. The shortage of Residents is 22.97% as under :-
 - i) Sr. Resident - 08 (Medicine-2, T.B. & Chest-1, Dermatology-1, Paediatric-1, Surgery-1, E.N.T.-1, Anaesthesia-1)
 - ii) Jr. Resident - 09 (Medicine-1, Psychiatry-2, Paediatric-2, Surgery-3, Orthopadic-1)
2. The patients of Skin & V.D. and Psychiatry are kept in one ward which is not acceptable.
3. There are no earmarked rooms for interns/residents.
4. There is no warden room, visitor room, recreation room, kitchen or mess in the hostel. The space available for OPD is grossly inadequate.
5. There is no minor O.T. and plaster room in OPD.
6. O.T. is not having central Oxygen and nitrous oxide supply and central suction. Resuscitation equipment is inadequate.
7. There are 10 operation theatres having 14 tables which is not as per norms.
8. Medical ICU is not available.
9. There is no CSSD.
10. There is no separate clinico pathology practical laboratory.
11. 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 Sri Bhausaheb Hire Govt. Medical College, Dhule to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

12. Continuance of recognition of MBBS degree granted by Rajasthan University, Jaipur in respect of students being trained at Dr. S.N. Medical College, Jodhpur.

Read : The compliance verification inspection report (21st November, 2008) for continuance of recognition of MBBS degree granted by Rajasthan University, Jaipur in respect of students being trained at Dr. S.N. Medical College, Jodhpur.

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 (21st November, 2008) along with Council Inspectors report (12-13 January, 2007) and observed as under:-

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

a	Teaching Faculty	41	Out of 184	22.28 %
i	Professor :	1		Forensic Medicine
ii	Associate Professor :	8		Anatomy-2, Physio-1, Biochem-2, Micro-1, Derma-1, Radiology-1
iii	Assistant Professor :	20		Anatomy-3, Physiology-3, Biochem-1, Pharmac-2, Pharma-chem-1, PSM-4, Epidemio-1, Stat-1, Derma-2, Ortho-1, Opth-1
iv	Tutor :	12		Anatomy-4, Physio-1, Path-1, Micro-1, Pharmac-2, PSM-3
b	Residents	30	Out of 110	27.27 %
i	Sr. Residents	23		Med-2, Ped-1, TB-1, Derma-2, Psych-1, Surgery-1, ENT-1, Opth-2, OBG-3, Anaesthesia-5, Radiology-4
ii	Jr. Residents	7		TB-1, Derma-3, Ortho-1, ENT-1, Opth-1

2. The RHTC at Banar is not under the administrative control of the college. There is no hostel available for students and interns.
3. M.R.D. is not fully computerized. Post of Medical Record Officer is not filled in any of the hospitals.
4. E.T.O. is not available in CSSD.
5. Mechanical laundry is not available in the hospital.
6. Kitchen is not functioning in Umaid Hospital.
7. In the central library, though the 24 Indian journals have been subscribed but are not yet physically available.
8. Audio-visual aids are not provided in some of the demonstration rooms.
9. In Pathology there is only one student practical laboratory.
10. There is no student laboratory in Forensic Medicine department.
11. 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 Dr. S.N. Medical College, Jodhpur to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

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

Read : The compliance verification inspection report (27th November, 2008) 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 Chengalpattu Medical College, Chengalpattu.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (27th November, 2008) along with Council Inspectors report (23rd & 24th October, 2007) and observed as under:-

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

Faculty 16.66 %

- i) Professor : 4 (Biochemistry -1, PSM – 1, Dermatology – 1 Paediatrics – 1)
 - ii) Associate Professor: 3 (Anatomy 1, Physiology 1, Radiology 1)
 - iii) Assistant Professor: 9 (Pharmachemist 1, PSM 2, Lecturer cum Epidemiologist 1, Lecturer cum statistician 1, TB/chest 1, OBG 1, MWO 1, Radiology 1)
 - iii) Tutor : 1 (Microbiology 1)
2. Dr. Subramania Barathiyar, Medical Superintendent is having only 4 years of administrative experience against the requirement of 10 years as per Regulations.
3. At RHTC no Lecturer-cum-Medical Officer having M.D.(PSM) qualification is available.
4. The teaching areas in the O.P.Ds. of major clinical specialities are not properly equipped and organized.
5. Audiometry room is air-conditioned but not sound proof.
6. Central suction is not available.
7. There is no dietician.
8. In Biochemistry practical laboratory gas cylinders need to be kept away in a separate enclosure.
9. There is no separate postgraduate hostel. Male and female postgraduates have been accommodated in the male and female students hostel respectively.
10. Nurses accommodation is grossly inadequate. Total available capacity is only 39.
11. Total 16 residential quarters are available within the campus for teaching faculty out of which 2 are occupied and the rest are not hospitable. The availability of the quarters is not adequate.
12. 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 Chengalpattu Medical College, Chengalpattu to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

14. Continuance of recognition of MBBS degree granted by The Tamil Nadu M.G.R. Medical College & University, Chennai in respect of students being trained at Thanjavur Medical College, Thanjavur

Read : The compliance verification inspection report (5th December, 2008) for Continuance of recognition of MBBS degree granted by The Tamil Nadu M.G.R. Medical

College & University, Chennai in respect of students being trained at Thanjavur Medical College, Thanjavur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (27th November, 2008) along with Council Inspectors report (23rd & 24th October, 2007) and observed as under:-

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

a	Teaching Faculty	25 Out of 220	11.36 %
i	Professor :	2	PSM-1, TB-1
ii	Associate Professor :	12	Anatomy-4, Physio-1, Forensic-2, PSM-1, Ortho-1, Opth-1, Radiology-2
iii	Assistant Professor :	11	Lect.Biophysics-1, Pharma-chem-1, PSM-3, Epidemio-1, Stat-1, Med-1, Ortho-1, Radiology-2
iv	Tutor :	Nil	Nil

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 Thanjavur Medical College, Thanjavur to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

15. Continuance of recognition of MBBS degree granted by Manipur University in respect of students being trained at Regional Institute of Medical Sciences, Imphal.

Read : The compliance verification inspection report (5th December, 2008) for Continuance of recognition of MBBS degree granted by Manipur University in respect of students being trained at Regional Institute of Medical Sciences, Imphal.

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 (5th December, 2008) along with Council Inspectors report (6th & 7th October 2006) and decided that recognition of MBBS degree granted by Manipur University in respect of students being trained at Regional Institute of Medical Sciences, Imphal be continued restricting the number of admissions to 100 (One hundred) students per year.

16. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at MGM Medical College, Wardha

Read : The compliance verification inspection report (5th December, 2008) for Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at MGM Medical College, Wardha.

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 (5th December, 2008) along with Council Inspectors report (18th July, 2008) and observed as under:-

1(a) The shortage of teaching faculty is 5.5% (i.e. 8 out of 144) as under:-

- (i) Assoc.Prof.-4 (TB & Chest-1, General Surgery-1, Radio-Diagn.-1, Dentistry-1)
- (ii) Asstt.Prof.-4 (Anatomy-1, Obst. & Gynae.-2, Dentistry-1)

(b) The shortage of residents is 15.9% as under:-

i	Sr. Residents	09	TB & Chest-1, Dermatology-1, Orthopaedics-1, Anaesthesia-3, Radio-Diagnosis-3
ii	Jr. Residents	06	General Medicine-2, Paediatrics-1, TB & Chest-1, General Surgery-2

2. There is no separate unit Head available for T.B. & Chest Diseases. It is being managed by the Department of Medicine, which is not as per Regulations.
3. The patients of TB & Chest Diseases are placed in Medicine ward and no separate ward is available which is not as per Regulations.
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 give 2 months time to the authorities of M.G.M. Medical College, Wardha to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

17. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at MGM Medical College, Aurangabad

Read : The compliance verification inspection report (5th December, 2008) for Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at MGM Medical College, Aurangabad.

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 (5th December, 2008) along with Council Inspectors report (14th & 15th July, 2008) and decided that recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at MGM Medical College, Aurangabad be continued restricting the number of admissions to 100 (One hundred) students per year.

18. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Al-Ameen Medical College, Bijapur

Read : The compliance verification inspection report (5th & 6th December, 2008) for Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at Al-Ameen 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 (5th & 6th December, 2008) along with Council Inspectors report (26th & 27th October, 2008) and observed as under:-

1. (a) The shortage of teaching faculty is 13.79% (shortage of 20 out of 145)
 - i) Professor 1 (Microbiology)
 - ii) Associate Professor 5 (1-Physiology, 1-Biochemistry, 1-Microbiology, 1-Orthopaedics, 1- Radiodiagnosis)

- iii)

Assistant Professor

12 (1 Lect (Bio),2-Pharmacology, 1- Pharm.Chemist,
For. Med.-1, Statistician- 1 RHTC-1, UHC-1, TB
& Chest-1,Psychiatry-1, 2-Orthopaedics)
- iv)

Tutor

2 (1-Physiology, 1-Comm. Med.)
- b) The shortage of Residents is 19.77% as under (shortage of 17 out of 86)
- i)

Sr. Resident 9

(2-Surgery, 1-Orthopaedic, 1-OBG, 2-Anaesthesiology,
Radiodiagnosis-3)
- ii)

Jr. Resident 8

(1-Medicine, 1-Dermatology, 1-Psychiatry, 1-Surgery,
Orthopaedics-2, 2-OBG)

2. Clinical Material:

	Daily Average		Day of Inspection	
O.P.D. attendance	560		327	
<u>Operative work</u>				
Number of normal deliveries	5		-	
Number of caesarian Sections	1		-	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
Special Investigations	-	-	-	-

Observations :

1.

Bed occupancy on the day of Inspection is 35.49%.
2.

Total OPD attendance on the day of Inspection is 345.
3.

No normal delivery and LSCS is on the day of Inspection.
3.

RHTC, Tikota belongs to State Govt. of Karnataka and the college is allowed to utilize its facilities which is not as per Regulations. No Lecturer-cum-Medical Officer having M.D. (PSM) qualification is available at RHTC, Tikota or at UHC.
4.

Only 12 quarters are available within the campus for teaching faculty against the requirement of 58 as per Regulations.
5.

CT Scan is non-functional.
6.

There is no CSSD.
7.

Number of books in the departmental libraries of Skin & V.D. and ENT are inadequate.
8.

Other deficiencies pointed out in the inspection report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the peridocal inspection to assess the teaching and training facilities available at the institute for continuance of recognition of MBBS degree was carried out on 15 and 16 November, 2006 and 26/27th October, 2007 wherein similar deficiencies of teaching faculty, inadequacy of clinical material, non-availability of functional unit of TB & Chest and other deficiencies of infrastructure have been observed.

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 Al-Ameen Medical College, Bijapur 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 1 month as the institute has failed to rectify the deficiencies of teaching faculty, clinical material, non-availability of TB & Chest unit and other deficiencies of infrastructure, inspite of repeated opportunities have been given to the institute over a period of more than two years . 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.

It was also decided to place this report before the Postgraduate Committee.

19. Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Dr. V.M. Govt. Medical College, Solapur.

Read : The compliance verification inspection report (12th December, 2008) for Continuance of recognition of MBBS degree granted by Maharashtra University of Health Sciences, Nashik in respect of students being trained at Dr. V.M. Govt. Medical College, Solapur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (12th December, 2008) along with Council Inspectors report (31st July & 1st August, 2008) and observed as under:-

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

a	Teaching Faculty	31 Out of 144	21.52 %
i	Professor :	1	Biochemistry-1
ii	Associate Professor :	5	TB-1, Psychiatry-1, Ortho-1, Radiology-2
iii	Assistant Professor :	23	Med-3, OBG-5, Ped-1, Anaesthesia-4, Surgery-4, Radiology-2, Ortho-2, Oph-1, Dentistry-1
iv	Tutor :	2	Forensic-2

2. Number of mobile x-ray units available is only 3 which is inadequate.
3. Laundry is not available.
4. CSSD is not available.
5. Examination hall is not available.
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 Dr. V.M. Govt. Medical College, Solapur to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

20. Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at St. John's Medical College, Bangalore

Read : The compliance verification inspection report (12th December, 2008) for Continuance of recognition of MBBS degree granted by Rajiv Gandhi University of Health Sciences, Bangalore in respect of students being trained at St. John's 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 (12th December, 2008) along with Council Inspectors report (11th July, 2008) and observed as under:-

1. The shortage of Residents is 14.47% as under :-
 - i) Sr. Resident 11 (Surgery 3, Radiology 2, Anaesthesia 5, OBG 1)
 - ii) Jr. Resident Nil
2. Only one common room is available for boys and girls in the college with the capacity of 40 seats with nearby toilet facilities. The college is planning to use this common room for boys only. The space earmarked for ladies common room is being used by Research Society office and Electrical Department. This arrangement is not desirable.
3. There is no central animal house. Facilities for experimental work are not available in the animal house.
4. There is no separate demonstration room in the Physiology department.
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 St. John's Medical College, Bangalore to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

21. Continuance of recognition of MBBS degree granted by Saurashtra University, Rajkot in respect of students being trained at Sh. M.P. Shah Medical College, Jamnagar

Read :The compliance verification inspection report (12th December, 2008) for Continuance of recognition of MBBS degree granted by Saurashtra University, Rajkot in respect of students being trained at Sh. M.P. Shah Medical College, Jamnagar

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (12th December, 2008) along with Council Inspectors report (23rd & 24th January, 2008) and observed as under:

1. Residents shortages are 23.8% (31 out of 130) as under:-
 - (i) Sr. Residents: 31 (7-Medicine, 3-Peadi., 1-TB Chest, 1-Skin & VD, 5-Surg., 3-Ortho., 3-OBG, 3-Anaesth., 4-Radio-diag.)
2. 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 Sh. M.P. Shah Medical College, Jamnagar to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

22. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai.

Read : The compliance verification inspection report (12th December, 2008) for Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (12th December, 2008) along with Council Inspectors report (4th & 5th January, 2008) and decided that recognition of MBBS degree granted by The Tamil Nadu Dr. M.G.R. Medical University, Chennai in respect of students being trained at Madurai Medical College, Madurai be continued restricting the number of admissions to 150 (One hundred fifty) students per year.

23. Establishment of new medical college at Shimoga, Karnataka by Tadikela Subbaiah Trust, Shimoga, Karnataka.

Read : The letter dated 12.12.2008 received from the Chairman, Tadikela Subbaiah Trust, Shimoga, Karnataka with regard to defer the Medical Council of India inspection for 2009-2010.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted the letter dated 12.12.2008 received from the Chairman, Tadikela Subbaiah Trust, Shimoga stating that the recruitment of faculty process is still going on for the establishment of new medical college at Shimoga, Karnataka by Tadikela Subbaiah Trust, Shimoga, Karnataka and requested the Council to defer the MCI inspection for 2009-2010 and further that they prefer the inspection to be conducted for the year 2010-2011 as they are not ready for the inspection.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the Scheme for establishment of new medical college at Shimoga, Karnataka by Tadikela Subbaiah Trust, Shimoga, Karnataka as there is no provision in the I.M.C. Act, 1956 or Regulations framed there under to keep the application pending with the Council for the next academic year.

24. Establishment of new medical college at Chennai, Tamil Nadu by Sri Muthukumaran Educational Trust, Chennai.

Read : The Central Govt. letter dated 26.09.2008 with regard to consider the proposal for Establishment of new medical college at Chennai, Tamil Nadu by Sri Muthukumaran Educational Trust, Chennai for the academic year 2009-2010.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the application for establishment of new medical college at Chennai, Tamil Nadu by Sri Muthukumaran Education Trust, Chennai was forwarded by the Central Government vide letter dated 5.11.2008. As per the time schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date prescribed for the Central Government to forward the application, complete in all respect to the Council is 30th September. As the application was received in the office of the Council on 6.11.2008 i.e. after the last date prescribed under the Regulations, the same was returned to the Central Government vide Council letter dated 14.11.2008.

It was further observed that the Central Government vide letter dated 26.11.2008 had once again forwarded the application for establishment of new medical college Chennai, Tamil Nadu by Sri Muthukumaran Education Trust, Chennai stating as under:-

“I am directed to refer to your letter No. 34(41)/2008-Med./32055 dated 14.11.2008 on the subject noted above and to say that the proposal for establishment of new medical college at Chennai, Tamilnadu by Sri Muthukumaran Educational Trust, Chennai, Tamilnadu was received in this Ministry in August, 2008. However, it was incomplete in terms of Consent of Affiliation, therefore, it was returned to the applicant as incomplete. Since, the Dr. MGR Medical University, Chennai, Tamil Nadu issued Consent of Affiliation dated 29.10.2008, therefore, it appears that the proposal is in order. The Chairman, Sri Muthukumaran Educational Trust, Chennai, Tamil Nadu also requested to consider their proposal for the academic year 2009-10. Hence, it was decided in this Ministry that their proposal may be considered for the academic year 2009-10 and also appears in order.

In view of the above, you are again requested to kindly consider their proposal for establishment of new medical college at Chennai, Tamil Nadu for the academic year 2009-10 and submit your recommendations to the Central Government as per MCI norms.”

However, it has been observed that Dr. M.G.R. Medical University, Chennai has issued the consent of affiliation vide its letter dated 29.10.2008 which is also after the last date prescribed in the schedule for Establishment of Medical College Regulations, 1999, for submitting the application, complete in all respects in the office of the Council i.e. 30th September.

It was further observed that vide order dated 12.01.2005 in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. (W.P. [C] No. 206 of 2004), Hon’ble Supreme Court has directed as under:-

“

35.

.....

14. Time schedule for Establishment of New Colleges or to increase intake in existing colleges 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 letter of the Govt. of India dated 15th March, 2005 and the time schedule prescribed in the Establishment of Medical College Regulations, 1999 which being statutory Regulations are mandatory and binding in character and the directions of the Hon’ble Supreme Court in Mridul Dhar’s case, 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 to return the application to the Central Govt. recommending disapproval of the Scheme for establishment of new medical college at Chennai, Tamil Nadu by Sri Muthukumaran Education Trust, Chennai.

25. Removal of name of the deceased person from the Indian Medical Register – Dr. B.C.Sangal – Regarding.

Read : The letter dated 22.10.2008 received from the Registrar, Rajasthan Medical Council, Jaipur with regard to removal of name of the deceased person from the Indian Medical Register – Dr. B.C.Sangal.

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 22.10.2008 received from the Registrar, Rajasthan Medical Council, Jaipur intimating that Dr. B.C. Sangal, bearing Regn. No. 762, dated 11.01.1962, had expired on 21.10.2008 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.

26. W.P.(c) No. 535/1998 filed by Sahara House Vs. Union of India & Ors. in the Hon'ble Supreme Court of India.

Read : The letter dated 01.12.2008 received from the Under Secretary, Govt. of India National AIDS Control Organization, Ministry of Health and Family Welfare, New Delhi with regard to W.P.(c) No. 535/1998 filed by Sahara House Vs. Union of India & Ors. in the Hon'ble Supreme Court of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that National Aids Control Organisation in its letter dated 01.12.2008 has communicated the directives issued by the Hon'ble Supreme Court for enhancing the extent and efficacy of treatment administered to PLHAs. Perusal of the directives reveals that those which pertains to and are required to be executed by the Medical Council of India are as under:-

“

9. *All Doctors and nurses in the public sector and the private sector are directed to immediately familiarize themselves and comply with the protocols and policies as prepared by NACO. The Medical Council of India, Dental Council of India and the Nursing Council of India shall take steps to disseminate the NACO protocols and policies on their respective websites as well as on the websites of the State Medical and Nursing Councils. Further, the Medical Council of India as well as the Nursing Council of India shall ensure that these protocols are made part of the teaching curriculum/reading material at and disseminated to all Medical and Dental Colleges as well as other institutions for training of nurses and other health care professionals. The Medical Council of India, Dental Council of India and the Nursing Council of India are directed to file a compliance report within six weeks.*

11. *Doctors in the private sector, in particular, are directed to immediately familiarize themselves with the NACO's comprehensive protocols and policies with regard to care and treatment, which are available on NACO website. NACO approved ART regimen have proven to be cost effective, safe and PLHA have shown good response to these regimen. The private practitioners should use these cost effective regimen in the first instance and other regimens should be prescribed only in cases where these cannot be used for the reasons of toxicity/failure etc. The Medical Council of India and the Consumer Courts are to take a strict view of private practitioners who take advantage of the illiteracy and poverty to prescribe wrong or unnecessary regimens of drugs or charge exorbitant amounts. Irrational prescriptions using wrong dosages/wrong combinations shall be dealt with severely and appropriate action taken.*

14. *All State Governments, Medical Council of India, Dental Council of India and Nursing Council of India shall file compliance reports as directed within six months.*

.....”

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 as under:-

1. The guidelines issued by NACO be placed on the website of the Council.
2. The guidelines should also be sent as circular to all the Universities, Health Secretaries, Directors of Medical Education, Deans/Principals of Medical Colleges, State Medical Councils for wide dissemination.
3. The Academic Cell of the Council should examine the feasibility of making the NACO protocol as a part of the curriculum and submit its report at the earliest.

27. Increase in MBBS seats from 50 to 100 at Christian Medical College at Ludhiana, Punjab.

Read : The letter dated 15.12.2008 received from the Principal, Christian Medical College, Ludhiana with regard to they are not proposing to increase seats from 50-100 for the academic year 2009-10.

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 12.05.2008, 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 noted the letter dated 24.04.2008 received from the Principal, Christian Medical College, Ludhiana stating that they are not pursuing their proposal submitted last year for enhancement of seats for this academic year 2008-2009. He further stated that they would communicate to the Council regarding the proposal for the academic year 2009-2010 when the infrastructure is ready.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the Scheme for increase of seats at Christian Medical College, Ludhiana as there is no provision in the I.M.C. Act, 1956 or Regulations framed there under to keep the application pending with the Council for the next academic year."

The above decision was communicated to the Central Government vide letter dated 02.06.2008.

In reference to above, the Central Government vide letter dated 07.07.2008 requested the Council to evaluate the proposal for the academic year 2009-10 at the appropriate time subject to the validity of Essentiality Certificate and Consent of Affiliation.

The College authorities vide MCI letter dated 06.12.2008 was requested to send their willingness for carrying out the inspection by the Medical Council of India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council now considered the letter dated 15.12.2008 received from the Principal, Christian Medical College, Ludhiana and noted that they are not proposing to increase seats from 50-100 for the academic year 2009-10.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the Scheme for increase of seats at Christian Medical College, Ludhiana as there is no provision in the I.M.C. Act, 1956 or Regulations framed there under to keep the application pending with the Council for the next academic year.

28. Continuance of recognition of MBBS degree granted by Punjab University, Chandigarh in respect of students being trained at Govt. Medical College, Chandigarh.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (18th Dec., 2008) and noted the following:-

1. The total control of Deptt. of Pediatrics is with Prof. & Head of Medicine which is not as per regulations. The Pediatrics department is supervised by 4 Asstt. Professors only.
2. Accommodation available for UG Boys and Girls is only 88 as against the requirement of 250 which is inadequate.
3. Facilities for animal experiments are not available.
4. 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 Govt. Medical College, Chandigarh to rectify the above deficiencies and submit the compliance within the stipulated period. 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 MCI representing the State where the college is located.

29. S.R.M. Medical College Hospital & Research Centre, Kettankulatur - Renewal of permission for admission of 5th batch of MBBS students for the academic session 2009-2010.

Read: the Council Inspectors report (18th & 19th December, 2008) for Renewal of permission for admission of 5th batch of MBBS students for the academic session 2009-2010 at S.R.M. Medical College, Kettankulatur.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council inspectors report (18th & 19th December, 2008) and decided to recommend to the Central Govt. to renew the permission for admission of 5th batch of 150 (One fifty) MBBS students at S.R.M. Medical College Hospital & Research Centre, Kettankulatur for the academic session 2009-10.

30. Extension of services of Dr. Kamlesh Kohli as Whole Time Inspector.

Read: the matter with regard to extension of services of Dr. Kamlesh Kohli as Whole Time Inspector.

The members of the Adoc Committee appointed by the Hon'ble Suprme Court and of the Executive Committee of the Council decided to extend the services of Dr.Kamlesh Kohli, Whole Time Inspector of the Council for a further period of one year w.e.f. 30/12/2008.

31. Recognition of Hospital for Compulsory Rotating Internship Training – Park Hospital, New Delhi.

Read: the Council Inspectors report (25th & 26th November, 2008) for Recognition of Hospital for Compulsory Rotating Internship Training – Park 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 inspection report (25th & 26th November,2008) of Park Hospital, New Delhi for recognition of hospital for Compulsory Rotating Internship Training, New Delhi and noted the following:-

1. The number of beds in the department of Surgery, Pediatrics, Obst. & Gynae., ENT, Orthopaedics & Ophthalmology are less than 30 which is inadequate.
2. Number of deliveries are only 7-8 per month which is inadequate.
3. There are no full time staff members available in the Deptt. of Pediatrics.
4. 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 not to grant recognition of Park Hospital, New Delhi for Compulsory Rotating Internship Training.

32. Establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Center, Chittoor District, Andhra Pradesh.

Read: the Central Govt. letter dated 12.12.2008 alongwith matter with regard to establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Center, Chittoor District, Andhra Pradesh.

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 (2004-2005) and observed that the Consent of Affiliation issued to NTR University of Health Sciences, Vijayawada has expired on 21.4.2007 and no fresh Consent of Affiliation has been submitted by the Institute.

In view of above and in view of the directions of the Hon'ble Supreme Court to strictly adhere to the Time Schedule prescribed in the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Arogyavaram by CSI Arogyavaram Medical Center, Chittoor District, Andhra Pradesh u/s. 10A of the I.M.C. Act, 1956.

33. Approval of Minutes of the Teachers Eligibility Qualifications Sub-committee held on 13.11.2008.

Read: the matter with regard to Approval of Minutes of the Teachers Eligibility Qualifications Sub-committee held on 13.11.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to approve the minutes of the Teachers Eligibility Qualifications Sub-Committee which reads as under:-

"Minutes of the meeting of the Teachers' Eligibility Qualifications Sub-Committee held on 13th November, 2008 at 5.00 P.M. in the Council Office, at Pocket – 14, Sector-8, Dwarka, New Delhi.

PRESENT:

Dr. C.V. Bhirmanandham - Chairman
Dr. Muzaffar Ahmed
Dr. D.K. Roy

Dr. P. Prasannaraj - Joint Secretary

Regret was received from Dr. Ashok Pangaria, member.

1. Minutes of the last meeting of the Teachers' Eligibility Qualifications Sub-Committee – Confirmation.

Minutes of the last meeting of the Teacher's Eligibility Qualifications Sub-Committee held on 30.06.2008 were confirmed.

2. Minutes of the meeting of the T.E.O. Sub-Committee held on – Action taken thereon.

The Sub-Committee noted and approved the action taken by the office on the minutes of the last meeting of the Teachers' Eligibility Qualifications Sub-Committee held on 30.06.2008.

3. **Appointment as Professor in Surgical Gastroenterology -Dr. Mahendra Bhavsar**

Read: Re-consider the matter with regard to appointment as Professor in Surgical Gastroenterology -Dr. Mahendra Bhavsar.

The TEQ Sub-Committee re-considered the matter with regard to appointment as Professor in Surgical Gastroenterology -Dr. Mahendra Bhavsar and observed that Dr. Mahendra Bhavsar has worked as Assistant Professor in the Department of Surgical Gastroenterology at B.J. Medical College, Ahmedabad from 23.02.1980 to 29.03.1989 and as Associate Professor and Head of Department from 29.03.1989 up to 08.03.2007 i.e. for 18 years and thus possesses the academic qualification required for the post of Professor of Surgical Gastroenterology i.e. MS (Surgery) with two years of special training in Surgical Gastroenterology and is thus eligible to be appointed as Professor in Surgical Gastroenterology in the medical institutions.

4. **Teachers Eligibility Qualifications – appointment of person as teacher with DNB (Maternal & Child Health) qualification – regarding.**

Read: Re-consider the matter with regard to clarification vide letter dated 3.3.2008 received from S. Tanveerul Hasan, Advocate, Manvi, Karnataka on appointment of person as teacher with DNB (Maternal & Child Health) qualification.

The TEQ Sub-Committee re-considered the matter with regard to clarification vide letter dated 3.3.2008 received from S. Tanveerul Hasan, Advocate, Manvi, Karnataka on appointment of person as teacher with DNB (Maternal & Child Health) qualification and decided to reiterate its earlier decision that it is a legal notice issued by the advocate to the Secretary, MCI on behalf of Dr. Ravi P. and decided to get the legal opinion in the matter.

5. **Declaration of MD(CHA) affiliated to University of Delhi equivalent to MD (PSM)**

Read: the matter with regard to Declaration of MD(CHA) affiliated to University of Delhi equivalent to MD (PSM).

The TEQ Sub-Committee considered the matter with regard to Declaration of MD(CHA) affiliated to University of Delhi equivalent to MD (PSM) and noted that M.D. (CHA) & M.D. (PSM) are different postgraduate courses which are included in the Schedule and decided that M.D.(CHA) is not equivalent with the M.D. (PSM).

6. **To issue a certificate that M.D. (CHA) is equivalent to M.D. in speciality of public health – Dr. Sher Singh Kashyotia**

Read: the matter with regard to issue of a certificate that M.D. (CHA) is equivalent to M.D. (PSM) to Dr. Sher Singh Kashyotia.

The TEQ Sub-Committee considered the matter with regard to issue of a certificate that M.D. (CHA) is equivalent to M.D. (PSM) to Dr. Sher Singh Kashyotia and noted that M.D. (CHA) & M.D. (PSM) are different postgraduate courses which are included in the Schedule and decided that M.D.(CHA) is not equivalent with the M.D. (PSM).

7. **Teaching Experience gained by the Medical Faculty Employed in Dental Colleges counted in Medical Colleges**

Read: the matter with regard to Teaching Experience gained by the Medical Faculty Employed in Dental Colleges to be counted in Medical Colleges.

The TEQ Sub-Committee considered the matter with regard to Teaching Experience gained by the Medical Faculty Employed in Dental Colleges to be counted in Medical Colleges and noted that the syllabus and curriculum of medicine in medical subject taught for the students of Dental College is not equivalent to curriculum and the syllabus that are being taught in the

undergraduate course in MBBS course. Thus, the teaching experience in a dental college cannot be considered as teaching experience in the MBBS course.

8. **Prospective Application of Minimum qualification for teachers in medical Institutions Regulations 1998 and Medical college teacher's eligibility with M.Sc./Ph.D. in Biochemistry as per 1971 MCI Act**

Read: the representation with regard to Prospective Application of Minimum qualification for teachers in medical Institutions Regulations 1998 and Medical college teacher's eligibility with M.Sc./Ph.D. in Biochemistry as per 1971 MCI Act.

The TEQ Sub-Committee considered the representation with regard to Prospective Application of Minimum qualification for teachers in medical Institutions Regulations 1998 and Medical college teacher's eligibility with M.Sc./Ph.D. in Biochemistry as per 1971 MCI Act and observed that the said matter has already been taken by Executive Committee wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were present and decided as under:-

"

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were firmly of the view that it is not only unjustifiable, undesirable but also unethical to permit any person who is not fulfilling the minimum requirements as prescribed under the Regulations to work as a medical teacher. Further, running the medical college/institution with such compromised teaching faculty will result into degradation of the standards of medical education as the graduates from such institute will be dealing with lives of human beings without getting adequate training from the medical teachers. Hence, considering all the factors in totality, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the letter back to the Central Govt. requesting and re-emphasising to the Central Govt. regarding non-permissibility under the provisions of the Act and statutory Regulations and the judicial pronouncements of the Hon'ble Supreme Court of any such reduction/ deletion in the minimum statutory prescribed requirements for the teaching faculty.

....."

A circular dated 02.05.2008 is issued by the office of the Council to all the medical institutions, State Governments, Vice-Chancellors, Health Universities and Deans/Principals of all the medical colleges/institutions in this regard requesting the Central Govt. to recall the cited circular. The reply is still awaited.

The Sub-Committee decided no action required till the reply is received.

9. **Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/promotion – reg.**

Read: the letter received from the Principal, Subharti medical College, Meerut with regard to Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/promotion.

The TEQ Sub-Committee considered the letter received from the Principal, Subharti medical College, Meerut with regard to Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/promotion and observed that the said matter has already been taken by Executive Committee wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were present and decided as under:-

"

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were firmly of the view that it is not only unjustifiable, undesirable but also unethical to permit any person who is not fulfilling the minimum requirements as prescribed under the Regulations to work as a medical teacher. Further, running the medical college/institution with such compromised teaching faculty will result into degradation of the standards of medical education as the graduates from such institute will be dealing with lives of human beings without getting adequate training from the medical teachers. Hence, considering all the factors in totality, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the letter back to the Central Govt. requesting and re-emphasising to the Central Govt. regarding non-permissibility under the provisions of the Act and statutory Regulations and the judicial pronouncements of the Hon'ble Supreme Court of any such reduction/deletion in the minimum statutory prescribed requirements for the teaching faculty.

A circular dated 02.05.2008 is issued by the office of the Council to all the medical institutions, State Governments, Vice-Chancellors, Health Universities and Deans/Principals of all the medical colleges/institutions in this regard requesting the Central Govt. to recall the cited circular. The reply is still awaited.

The Sub-Committee decided no action required till the reply is received.

10. MD Physical Medicine and Rahabilitation – eligibility criteria for postgraduate teaching – additional criteria inclusion

Read: the letter dated 10.7.2008 received from Dr. P. Thirunavukkarasu, Secretary, Indian Association of Physical Medicine & Rehabilitation, Chennai with regard to MD Physical Medicine and Rahabilitation – eligibility criteria for postgraduate teaching – additional criteria inclusion.

The TEQ Sub-Committee considered the letter dated 10.7.2008 received from Dr. P. Thirunavukkarasu, Secretary, Indian Association of Physical Medicine & Rehabilitation, Chennai with regard to inclusion of diploma holders as eligible criteria for postgraduate teachers for MD (Physical & Rehabilitation) and decided that the same cannot be considered because of mandatory requirement of master degree in the concerned field.

11. TEQ - Approval of academic qualifications and appointment as Associate Professor in Index Medical College, Indore – Dr. Anil Bidwai

Read: the matter with regard to approval of academic qualifications and appointment as Associate Professor in Index Medical College, Indore – Dr. Anil Bidwai.

The TEQ Sub-Committee considered the matter with regard to approval of academic qualifications and appointment of Dr. Anil Bidwai as Associate Professor in Index Medical College, Indore and observed that the qualification is not in the medical field and cannot be considered eligible as teaching faculty.

12. Illegal promotion of Dr. V.R. Shegokar, M.Sc. (Microbiology) and Ph.D. (Microbiology) in the faculty of science to the post of Associate Professor in the Department of Microbiology at Government Medical College Hospital, Nagpur.

Read: the letter dated 10.6.2008 received from Dr. R.B. Meshram, Lecturer, Department of Microbiology, Govt. Medical College & Hospital, Nagpur with regard to Illegal promotion of Dr. V.R. Shegokar, M.Sc. (Microbiology) and Ph.D. (Microbiology) in the faculty of science to the post of Associate Professor in the Department of Microbiology at Government Medical College Hospital, Nagpur.

The TEQ Sub-Committee considered the letter dated 10.6.2008 received from Dr. R.B. Meshram, Lecturer, Department of Microbiology, Govt. Medical College & Hospital, Nagpur with regard to Illegal promotion of Dr. V.R. Shegokar, M.Sc. (Microbiology) and Ph.D. (Microbiology) in the faculty of science to the post of Associate Professor in the Department of Microbiology at Government Medical College Hospital, Nagpur and noted that there is no documents submitted regarding educational qualifications/degrees & appointment letters/promotion & experience certificate of Dr. V.R. Shegokar, duly counter signed by the employees/Dean. The said documents may be obtained by the Council for further action.

13. Teachers Eligibility Qualifications – to continue as Professor of Anaesthesia Post at Dr. PSIMS Medical College – Dr. K. Abraham, Professor of Anaesthesia.

Read: the matter with regard to continue as Professor of Anaesthesia Post at Dr. PSIMS Medical College – Dr. K. Abraham, Professor of Anaesthesia.

The TEQ Sub-Committee considered the matter with regard to continue as Professor of Anaesthesia Post at Dr. PSIMS Medical College – Dr. K. Abraham, Professor of Anaesthesia and decided that the matter be deferred for its next meeting, till the receipt of clarification from DME Andhra Pradesh regarding cadre of Associate Professor/Reader/Addl. Professor/availability during 1984 to 2003 as well as a copy of recruitment Rules pertaining to this period.

14. Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/promotion-reg.

Read: the matter with regard to Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/promotion.

The TEQ Sub-Committee considered the matter with regard to Representation of medical teachers appointed on the basis of Non-medical qualifications in the pre-clinical subjects in the Medical Colleges for their continuance/ promotion and observed that the said matter has already been taken by Executive Committee wherein the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were present and decided as under:-

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council were firmly of the view that it is not only unjustifiable, undesirable but also unethical to permit any person who is not fulfilling the minimum requirements as prescribed under the Regulations to work as a medical teacher. Further, running the medical college/institution with such compromised teaching faculty will result into degradation of the standards of medical education as the graduates from such institute will be dealing with lives of human beings without getting adequate training from the medical teachers. Hence, considering all the factors in totality, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to refer the letter back to the Central Govt. requesting and re-emphasising to the Central Govt. regarding non-permissibility under the provisions of the Act and statutory Regulations and the judicial pronouncements of the Hon'ble Supreme Court of any such reduction/deletion in the minimum statutory prescribed requirements for the teaching faculty.

A circular issued by the office of the Council to all the medical institutions, State Governments, Vice-Chancellors, Health Universities and Deans/Principals of all the medical colleges/institutions in this regard. A copy of the Circular sent to the concerned authorities and to the Central Govt. to recall the cited circular. The reply is still awaited.

The Sub-Committee decided no action required till the reply is received.

15. Regarding the research experience required by DNB candidate.

Read: the matter with regard to research experience required by DNB candidate.

The TEQ Sub-Committee considered the matter with regard to research experience required by DNB candidate and decided that the office should clarify regarding exact specification of a research centre and nature of research experience at such centre to be considered as eligible to equate DNB qualification with MD/MS/DM/M.Ch.

16. Teachers Eligibility Qualifications – Eligibility to continue as Professor of Pediatrics – Dr. Ch. Ravikumar.

Read: the matter with regard to Eligibility to continue as Professor of Pediatrics – Dr. Ch. Ravikumar.

The TEQ Sub-Committee considered the matter with regard to Eligibility to continue as Professor of Pediatrics – Dr. Ch. Ravikumar and noted that the Dr. Ch. Ravi Kumar has been appointed as Tutor on 1st May, 1995 without doing any research work after completion of DNB. The Sub-Committee decided that his research work cannot be accepted.”

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

Read: the matter 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 decided to approve the report of the Sub-Committee with regard to collaboration between MCI and Healthcare Information & Management Systems Society, which is as under:-

“The present Committee came to be constituted by the Executive Committee of the Council at its meeting held on 10.11.2008, while considering an e-mail letter dated 5th September 2008 received from Shri. Wendy Tan, Conference Director, Healthcare Information & Management Systems Society, Asia Pacific in regard to possible/probable collaboration between Medical Council of India & HIMMS.

The Committee at its meeting on 22.12.2008 in the office of the Council at 12 noon wherein Dr. Ved Parkash Mishra, Member Executive Committee & Dr. D.K. Sharma, Member Postgraduate Committee were present.

The Committee perused the communication dated 5th September 2008, wherein amongst other things, it has been brought out that “the Healthcare Information & Management Systems Society (HIMSS) is the premier association for the healthcare industry exclusively focused on providing global leadership for the optimal use of healthcare information technology and management systems for the betterment of healthcare. With offices in North America, Europe and Asia Pacific, HIMSS frames and leads healthcare public policy and practices through its advocacy, educational and professional development initiatives designed to promote information and management systems contributions to ensuring quality patient care.”

The said communication also brings out that “the third event HIMMS AsiaPac09, is scheduled to be held in Kuala Lumpur from 24 – 27 February 2009, and is supported by the Malaysia Ministry of Health. This event will connect leading clinicians with health information and communication technology experts from Asia and beyond for educational sessions, vendor exhibitions, exchange of experiences and networking sessions and other development opportunities.”

The said communication seeks Medical Council of India to be a supporting organization for the said event, so that it is beneficial mutually.

In principle, the Committee is of the opinion that a meaningful association with HIMSS-AsiaPac09 would definitely be of benefit to the Council especially with reference to incorporation of Healthcare Information & Management Systems towards incorporation of desired quality for the patient care.

It would be appropriate if the Council is represented through its representatives at the third event i.e. HIMSS AsiaPac09 scheduled to be held in Kuala Lumpur from 24 – 27 February 2009, which will facilitate a better insight into the area of operation and would also render the first hand experience with reference to Council working out a meaningful association with the said society.”

In view of above, it was decided to nominate Dr.M. Rajalakshmi, Director (Academic Cell), MCI at HIMSS AsiaPac09 scheduled to be held in Kuala Lumpur, Malaysia from 24-27th February, 2009.

35. Admission of Ist year MBBS students at various medical colleges after 30.09.2008.

Read: the matter with regard to admission of Ist 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 considered the matter and decided that action may be initiated by the Council by issuing discharge notice u/s 10B of the I.M.C. Act, 1956 in respect of the following students admitted by the Institutes after the cut off date i.e. 30th September, 2008, as prescribed under the Graduate Medical Education Regulations, 1997:-

Sl. No.	Name of the College	Name of Student	Date of Admission
1.	Maulana Azad Medical College, New Delhi	1.Stanzin Spalkit 2 Gaurav Agarwal 3.Tripti Johri	15.11.2008 15.11.2008 15.11.2008
2.	Govt. Medical College, Thiruvananthapuram	1. Dony Thomson 2. Navami M.S.	19.11.2008 19.11.2008
3.	T.D. Medical College, Allapuzha	1.Ann Susan Sam 2. Leada James (ST)	19.11.2008 19.11.2008

36. Admissions of excess students under Management quota at various private medical colleges in the State of Tamilnadu 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 Tamilnadu 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 Tamilnadu 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
Melmaruvthur Adhiparasakthi Instt. Of Medical Sciences & Research, Melamaruvathur	150	65:35	85	65	12
Sree Mookambika Institute of Medical Sciences, Kulasekharm, Kanyakumari	100	50:50	43	57	7

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.

37. Discharge of Ist year MBBS students who are admitted into Ist year of MBBS course at NSCB Medical College, Jabalapur after 30.09.2008 - Re-consideration of.

Read: the matter with regard to Discharge of Ist year MBBS students who are admitted into Ist year of MBBS course at NSCB Medical College, Jabalapur 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 with regard to the admission of (i) Huma Afzal Mirza & (ii) Nigar Arzoo into Ist year of MBBS course at NSCB Medical College, Jabalpur after 30.09.2008 was placed before the Executive Committee at its meeting held on 10.11.2008 for consideration. The operative part of the decision of the Committee is as under: -

“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.”

It was further observed that the discharge notice in respect of the above mentioned students was issued to the Dean, NSCB Medical College, Jabalpur on 06.12.2008, with the request to discharge the said students immediately and submit the compliance in the matter for further action

In compliance to the aforesaid discharge notice of the Council, the Dean of the college vide its letter dated 18.12.2008 has submitted as under: -

“...the admission of two candidates namely Huma Afzal Mirza and Nigare Arzoo who were selected under Central Pool Category from the State of Jammu and Kashmir for under going MBBS course in this college was cancelled. We have taken the necessary action as mentioned in your letter and have cancelled the

aforesaid admissions. However, we have in receipt of letter from Jammu & Kashmir Board of Professional Entrance Examination and the candidate is question pointing out the difficult condition in J&K and allowance made by Hon'ble Supreme Court in this matter. We hereby request you to reconsider your order looking at the merit of the claim of candidates that it was not their fault laxity due to which they could not seek admissions by 30th of September 2008 and consider their as the extra ordinary case one time permission may be granted to these girls to continue their admission in MBBS course under Central Pool Category from the State of Jammu & Kashmir.”

On 17.09.2008, the Hon'ble Supreme Court of India had passed an order in IA Nos. 23, 24 & 25 in WP © No. 306 of 2004, the operative part of the orders of the Hon'ble Court is as under: -

“It appears that the deadline fixed in the case of Mridul Dhar (Minor) Vs. Union of India & Ors could not be adhered to because of unprecedented situation in the State of Jammu & Kashmir. In view of this as a special case, we extend the time for completing the process for admission in MBBS and BDS courses within the State of Jammu & Kashmir upto 10th October, 2008”.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to revoke the notice directing the institute 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.

38. Complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal.

Read: the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the decision of the Ethics Committee which is as under:-

“The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and perused all the documents and noted:

- i) *the following decision of the Ethics Committee taken at its meeting held on 18th & 19th September, 2006:*

“The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that Dr. Madhu Kant is registered with Maharashtra Medical Council bearing Regn. No.45680, dated 28.03.1981. In view of above, Ethics Committee 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.”

- ii) *the following decision of the Ethics Committee taken at its meeting held on 9th & 10th July, 2007:*

“The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that the case of complaint was referred to Maharashtra Medical Council for action on their end as the doctor concerned is registered with Maharashtra Medical Council. Maharashtra Medical Council has not taken any decision in this regard and the complainant has lodged an appeal dated 15.5.2007 to take up this case accordingly.

The Ethics Committee decided to take up this case u/s 8.7 of the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.

The office is instructed to take the necessary steps for obtaining the record and place it in Agenda item for the next meeting."

- iii) the following decision of the Ethics Committee taken at its meeting held on 10th & 11th September, 2007:

"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and decided to send a reminder to the Registrar, Maharashtra Medical Council asking him to send the present status of the case alongwith all the relevant documents urgently to the Medical Council of India. Dr. Madhu Kant, Orthopaedic Centre, Plot No.2, Sector 16A, Market Near Post Office, Faridabad be asked to appear before the Ethics Committee in its next meeting at 12.00 noon first day and also to request him to provide the details of his registration particulars as well as copies of his MBBS & PG certificates within 7 days of receipt of this letter failing which an appropriate step shall be initiated against him. A copy of this letter may be marked to the complainant and also to the District Magistrate & Superintendent of Police, Faridabad for further action at their end."

- iv) the following decision of the Ethics Committee taken at its meeting held on 21st & 22nd January, 2008:

*"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that Dr. Madhu Kant was asked to appear before the Ethics Committee on 21.01.2008 and he appeared and given his statement, which is as under:-
21.01.2008*

Statement of Dr. Madhu Kant

I, Dr. Madhu Kant Age 50, R/o 93, Sector-16-A, Faridabad did my MBBS from MGIMS, Sevagram in the year 1979 and I did my MS from the same institution in the year 1983. My registration No. is 45680. My Date of Birth is 20.04.1956.

I have come regarding the complaint made by Mr. Bansal. The patient came with sprain back and I asked her to tie some back support explaining it with dupatta, she had tied at that time. I explained as I tied the dupatta, which she was

wearing and because of her Kyphotic physqu. I thought belt could not hold as the belt is quite rigid. So, I asked her to put any soft cloth for support and prescribed here some medicine. She did not come back to me again.

Thanking you,

Sd/-

(Dr. Madhu Kant)

The Ethics Committee decided to call Mr. M.M. Bansal (complainant) to appear before the Ethics Committee in second day of its next meeting at 10.30 a.m."

- v) the following decision of the Ethics Committee taken at its meeting held on 28th & 29th February, 2008:

"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that Mr. M.M. Bansal was requested to appear before the Ethics Committee on 28.02.2008 but he did not turn up and the Committee decided to give him another chance and ask him to appear before the Ethics Committee on the first day in its next meeting."

- vi) the following decision of the Ethics Committee taken at its meeting held on 21.05.2008:

"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that Mr. M.M. Bansal

was requested to appear before the Ethics Committee on 12.02.2008, 28.02.2008 & also 21.05.2008 but all the times he has failed to do so. The Ethics Committee decided to give him a last and final chance to appear before Ethics Committee in its next meeting failing which the Ethics Committee will be constrained to take an ex-parte decision in this particular case."

vii) the following decision of the Ethics Committee taken at its meeting held on 7th & 8th July, 2008:

"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre Faridabad as alleged by Mr. M.M. Bansal and noted that the matter was considered by the Ethics Committee at its meeting held on 9th & 10th July, 2007 and the decision was as under :-

"The Ethics Committee considered the matter with regard to complaint against Dr. Madhu Kant, Orthopaedic Centre, Faridabad as alleged by Mr. M.M. Bansal and noted that the case of complaint was referred to Maharashtra Medical Council for action on their end as the doctor concerned is registered with Maharashtra Medical Council. Maharashtra Medical Council has not taken any decision in this regard and the complainant has lodged an appeal dated 15.5.2007 to take up this case accordingly.

The Ethics Committee decided to take up this case u/s 8.7 of the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.

The office is instructed to take the necessary steps for obtaining the record and place it in Agenda item for the next meeting."

Mr. M.M. Bansal was invited to appear before the Ethics Committee on 7th July, 2008. He appeared on 07.07.2008 before the Ethics Committee and gave the following statement:-

"Statement of Mr. M.M. Bansal

"I Mr. M.M. Bansal S/o Sh. J.P. Bansal R/o F-1/159, Sector-11, Rohini, Delhi – 110085. My statement is as under:-

"My mother Mrs. Dropdi Devi 75 years of age was taken on 21.07.2006 to Dr. Madhu Kant, Orthopaedic Centre, Faridabad. The Nursing Home is owned by Mr. Madhu Kant. My mother was suffering from acute pain from lower chest and doctor prescribed number of medicines without any proper examination. He also tied "ladies dupatta" around her chest very tightly. As it was very uncomfortable. My mother asked him can it be loosen slightly but he replied in the negative. My mother even asked for x-ray or MRI would be required but doctor very harshly behaved and said that "I am a doctor, I know better". She was again taken to the same doctor on 25.07.2006 and it was informed that there was no relief from the treatment and infact pain has increased. He has again prescribed medicines for 7 days without undertaking any x-ray or MRI. As she was not getting any relief. We phoned to the doctor on 1-2/08/2006 and informed him the position. He suggested with the same medicines for another few days.

In view of no relief her condition becomes deteriorated and on 3.08.2006 she was taken to the Jaipur Golden Hospital where after x-ray and MRI fracture was detected on D6 vertebrae alongwith number of discrepancies in her spine. She had to be operated and hospitalized for two weeks after which only she recovered to a certain extent.

Had Dr. Madhu Kant had been wise enough to give her proper treatment or referred her to some specialist or hospital where she could get prompt treatment. She would have saved from pain and complexities that did took place due to lapse of time.

I am of the opinion either Dr. Madhu Kant is not qualified as MS(Ortho.) or his approach has been very casual. On his prescription slip he has not mentioned any registration either of MCI or any State Medical Council which is very much mandatory. Dr. Madhu Kant is not sure of his treatment being given to the patients as he boldly writes on his prescription slips "Not for medicolegal purposes" this shows very clearly lack of confidence in himself."

Q.: Whether any clinical examination was undertaken.

Ans. The Surgeon did not undertook any clinical examination on the first and subsequent visits. I am also giving a copy of discharge slip, summary sheet of Jaipur Golden Hospital alongwith a report of MRI and x-ray. My mother has now recovered to some extent. He has not examined my

mother properly and neither asked for any examination also not followed any clinical procedure before prescribing medicines.

Sd/-
(Mr. M.M. Bansal)”

The Ethics Committee considered the matter in the light of documents/statements and decided that Heads of Department of Orthopaedics from MAMC, New Delhi & UCMS, New Delhi may be requested to assist the Ethics Committee by their expert opinion. All the relevant documents in this regard may be sent to them.”

The Ethics Committee noting the above considered the matter and noted that Dr. Anil Dhal, Director Professor & Head, Department of Orthopaedics, MAMC & LNJP Hospital and Dr. Sudhir Kumar, Prof. & Head, Department of Orthopaedics, UCMS, Delhi were requested to assist the Ethics Committee of the Medical Council of India in this case with their opinion. They have sent the following opinion:-

Comments/Opinion of Dr. Anil Dhal, Director Professor & Head, Department of Orthopaedics, MAMC & LNJP Hospital, New Delhi

“I have gone through the documents submitted alongwith your letter. The following are my observations on the matter.

1. *Though a binder/brace is usually prescribed for low back ache cases it is not a standard practice to do the same for the Dorsal spine pain.*
2. *A plain X-ray of the D-spine should have been prescribed during the second visit if there was no relief.*
3. *The patient was under the care of Dr. Kant barely for 5 days before shifting elsewhere for treatment which may have denied the treating surgeon enough opportunity/time to recommend relevant investigations for further treatment.*
4. *It is for the MCI to determine whether the Registration & Qualifications of Dr. M.Kant are in order or not”.*

Comments/Opinion of Dr. Sudhir Kumar, Prof. & Head, Department of Orthopaedics, UCMS, Delhi

With reference to your letter No.MCI-211(2)(248)/2007-Ethics/9033, dated 28/8/2008 on the above mentioned subject, I have examined the case file that you have sent and my comments are as follows:

1) Patient named Mrs. Dropdi Devi 75 yrs of age was seen by Dr. Madhu Kant in his clinic on 21/7/06 where a diagnosis of sprained back and osteomalacia was made and she was advised analgesics according to the available records. She was again seen on 25/07/2006 as per records and was advised the support of chest and analgesics. This patient was again admitted in Jaipur Golden Hospital, New Delhi on 3/8/06 and discharged on 19/8/06 with a diagnosis of osteoporotic compression fracture D6 vertebra where vertebroplasty of D6 was done as mentioned in the attached records.

It is not a normal practice to tie duppata around the chest of the patient however it is unlikely to have caused any deterioration in the condition of the patient. The change of doctor in a very short span has probably not given enough time to the earlier treating physician Dr. Madhu Kant to have undertaken proper investigating procedures for the back pain.

After examination of all the documents as well as the opinion of the two specialist doctors, the Ethics Committee after detailed discussion came to the unanimous opinion that treatment given by Dr. Madhu Kant to the patient was not proper and is not accordance to the normal practice following such cases. There was not only deviation to the normal practice but also the management was wanting in several respect including investigations and treatment and amounted to deficiency in service.

The Ethics Committee therefore unanimously decided that strict warning may be issued to Dr. Madhu Kant, Orthopaedic Centre Faridabad to follow the accepted procedure of treatment diligently. This fact may be recorded in the IMR against in his name. Further, Dr. Madhu Kant is to attend 5 CME programmes in Orthopaedics at the national level within 1 year and the proof of above may be submitted to the office of the Medical Council of India. After submission of proof of attending the CME programmes, the Secretary may decide to remove the remark in this case

against his name from the IMR. The matter may be brought to the notice of the Secretary, Medical Council of India for action in his end for placement before the Executive Committee & General Body.”

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 strict warning to Dr.Madhu Kant, Orthopaedic Centre, Faridabad to follow the respective procedure diligently.

39. Establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi.

Read: the letter dated 17.12.2008 received from the college authorities along with the matter with regard to establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Essentiality Certificate valid for two years from the year 2009-2010 has been submitted by the Institute vide its letter dated 17.12.2008 which is after the last date prescribed under the regulations for the Central Govt. to send the application complete in all respects to the Council i.e. 30th September, 2008.

In view of above and in view of the directions of the Hon'ble Supreme Court to strictly adhere to the Time Schedule prescribed in the Regulations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Gurgaon, Haryana by Dashmesh Educational Charitable Trust, New Delhi u/s. 10A of the I.M.C. Act, 1956.

40. Establishment of new medical college at Jadcherla, Mahaboobnagar, Andhra Pradesh by Governing Council of the Conference of the Mennonite Brethren Church of India, Mahaboobnagar, Andhra Pradesh –Reg.

Read: the Central Govt. letter dated 12.12.2008 along with the matter with regard to establishment of new medical college at Jadcherla, Mahaboobnagar, Andhra Pradesh by Governing Council of the Conference of the Mennonite Brethren Church of India, Mahaboobnagar, Andhra Pradesh.

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, 2007 while recommending to the Central Govt. not to issue Letter of Permission for Establishment of New Medical College at Jadcherla, Mahaboobnagar, Andhra Pradesh by Governing Council of the Conference of the Mennonite Brethren Church of India, Mahaboobnagar, Andhra Pradesh, it was also decided to write a letter to the State Govt. i.e. Andhra Pradesh requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 21.12.2005 certifying that the applicant owned and managed a functional hospital of 300 plus beds having adequate clinical material when on inspection it has been found that the applicant does not possess hospital with 300 beds and adequate material. It has been found that 47 beds are deficient. This decision was communicated vide Council letter dated 4.7.2007 to the Special Chief Secretary, (Health, Medical & Family Welfare) Deptt., Govt. of A.P. till date no response has been received from the State Govt.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of new medical college at Jadcherla, Mahaboobnagar, Andhra Pradesh by Governing Council of the Conference of the Mennonite Brethren Church of India, Mahaboobnagar, Andhra Pradesh.

41. Draft Indian Standard-Guidelines for Nursing Homes, Maternity Nursing Homes and for single Doctor Clinic Including Dental clinic-reg.

Read: the matter with regard to Draft Indian Standard-Guidelines for Nursing Homes, Maternity Nursing Homes and for single Doctor Clinic Including Dental clinic-reg.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to place the Draft Indian Standard-Guidelines for Nursing Homes, Maternity Nursing Homes and for single Doctor Clinic Including Dental clinic received from the Bureau of Indian Standard (BIS) before the Sub-Committee constitute to examine the provisions of the Clinical Establishment Bill and to request the Sub-Committee to submit its report at the earliest.

42. Establishment of new medical college at Chennai namely "D.D. Medical College & D.D. Hospital, Chennai, Tamil Nadu by Deen Dayal Medical & Educational Trust, Chennai, Tamil Nadu with annual intake of 150 MBBS students-reg.

Read: the Central Govt. letter dated 18.12.2008 with regard to establishment of new medical college at Chennai namely "D.D. Medical College & D.D. Hospital, Chennai, Tamil Nadu by Deen Dayal Medical & Educational Trust, Chennai, Tamil Nadu with annual intake of 150 MBBS students.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the application for establishment of new medical college at Chennai namely "D.D. Medical College & D.D. Hospital, Chennai, Tamil Nadu by Deen Dayal Medical & Educational Trust, Chennai, Tamil Nadu was forwarded by the Central Government vide letter dated 11.09.2008. As per the time schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date prescribed for the Central Government to forward the application, complete in all respect to the Council is 30th September. As the application was received in the office of the Council on 11.09.2008 i.e. after the last date prescribed under the Regulations, the same was returned to the Central Government vide Council letter dated 22.10.2008.

It was further observed that the Central Government vide letter dated 18.12.2008 had once again forwarded the application for establishment of new medical college at Chennai namely "D.D. Medical College & D.D. Hospital, Chennai, Tamil Nadu by Deen Dayal Medical & Educational Trust, Chennai, Tamil Nadu stating as under:-

"I am directed to refer to your letter No. 34(41)/2008-Med./36638 dated 08.13.2008 and to say that the proposal of Deen Dayal Medical & Educational Trust, Chennai was received in this Ministry and the same was kept pending with the Ministry on the orders dated 19.9.2005 and 17.10.2005 passed by the Hon'ble High Court of Madras. The Chairman, Deen Dayal Medical & Educational Trust, Chennai submitted the Essentiality Certificate dated 29.8.2008 and NOC dated 3.8.2007 from UGC for Deemed to be University status. Therefore the proposal was forwarded to the Council for consideration of the proposal for the academic year 2009-10. However, the Consent of Affiliation dated 29.10.2008 issued by the Tamilnadu Dr.MGR Medical University, Chennai, Tamil Nadu has also been submitted by the Trust and the same has been forwarded to the Council for necessary action in the matter.

Since the proposal was received in the Ministry in August, 2005 and the same has been forwarded to the Council in the time schedule prescribed in the MCI Regulation, 1999 and the Essentiality Certificate and Consent of Affiliation are in the prescribed format, hence, it has been decided in this Ministry that the proposal for establishment of new medical college at Chennai by Deen Dayal Medical & Educational Trust, Chennai be considered for the academic year 2009-10.

In view of the above, you are requested to consider the proposal for establishment of new medical college at Chennai, Tamilnadu for the academic year 2009-10 with annual intake of 150 MBBS students and send the recommendation of the Council as per the MCI Regulations, 1999."

However, it has been observed that Dr. M.G.R. Medical University, Chennai has issued the consent of affiliation vide its letter dated 29.10.2008 which is also after the last date prescribed in the time schedule for Establishment of Medical College Regulations, 1999, for submitting the application, complete in all respects in the office of the Council i.e. 30th September.

It was further observed that vide order dated 12.01.2005 in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. (W.P. [C] No. 206 of 2004), Hon'ble Supreme Court has directed as under:-

“
35.

.....

14. Time schedule for Establishment of New Colleges or to increase intake in existing colleges 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 letter of the Govt. of India dated 15th March, 2005 and the time schedule prescribed in the Establishment of Medical College Regulations, 1999 which being statutory Regulations are mandatory and binding in character and the directions of the Hon'ble Supreme Court in Mridul Dhar's case, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of new medical college at Chennai namely “D.D. Medical College & D.D. Hospital, Chennai, Tamil Nadu by Deen Dayal Medical & Educational Trust, Chennai, Tamil Nadu with annual intake of 150 MBBS students.

43. Establishment of new medical college at Poonambi, Vellarada, Trivendrum, Kerala by Ruckmoni Memorial Charitable Educational Health Trust, Trivendrum, Kerala.

Read: the Central Govt. letter dated 19.12.2008 with regard to establishment of new medical college at Poonambi, Vellarada, Trivendrum, Kerala by Ruckmoni Memorial Charitable Educational Health Trust, Trivendrum, Kerala.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that at its meeting held on 13-14th June, 2008 with regard to the matter of this institute, it was decided as under:-

“

In view of above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999 and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of new medical college for establishment of new medical college at Poonambi, Vellarade, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Kerala requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that the hospital was not functional and further decided to direct the institute to submit revised Essentiality Certificate in the format prescribed in the Regulations.”

The above decision was communicated to the State Govt. vide Medical Council of India letter dated 23.06.2008.

The Committee further observed that no response has been received so far from the State Govt. with regard to clarification as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that the hospital was not functional.

In view of above, the Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of new medical college at Poonambi, Vellarade, Trivandrum by Ruckmoni Memorial Charitable Educational Health Trust.

44. Establishment of new medical college at Beed by Aditya Education Trust, Beed u/s. 10(A) of the IMC Act, 1956.

Read: the Central Govt. letter dated 12.12.2008 along with matter with regard to establishment of new medical college at Beed by Aditya Education Trust, Beed u/s. 10(A) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Essentiality Certificate issued by the State Govt. of Maharashtra will expire on 31st December, 2008 and Consent of Affiliation issued by the Maharashtra University has already been expired on 30th September, 2008. Thus the Institute does not fulfill the Qualifying Criteria 2(3) pertaining to Essentiality Certificate and 2(4) pertaining to the consent of affiliation as prescribed under the Establishment of Medical College Regulations, 1999.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at Beed by Aditya Education Trust, Beed for the academic year 2009-2010.

45. Discharge of Ms. Jethwa Kanisha G. (Ist year MBBS students) from SBKS Medical Institute & Research Centre, Piparia, Vadodara – Re-consideration of.

Read: the matter with regard to Discharge of Ms. Jethwa Kanisha G. (Ist year MBBS students) from SBKS Medical Institute & Research Centre, Piparia, Vadodara.

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 10.11.2008, it was decided to issue the discharge notice u/s 6(B) to Ms. Jethwa Kanisha G into 1st year of MBBS course at SBKS Medical Institute & Research Centre, Piparia, Vadodara as the date of admission was shown as 3.10.2008, which is after the cut off date i.e. 30th September, 2008.

It was further observed that the Dean, SBKS Medical Institute & Research Centre, Piparia, Vadodara vide letter dated 15.12.2008 has submitted as under:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council after perusing the documentary evidence submitted by the college authorities observed that the candidate Ms. Jethwa Kanisha has been admitted before the cut off date prescribed under the Regulations – i.e. 30th September, 2008.

In view of above, it was decided to revoke the decision taken at its meeting held on 10.11.2008 in respect of the discharge notice issued to the candidate and intimate to all the concerned authorities accordingly.

46. Establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh.

Read: the Central Govt. letter dated 12.12.2008 along with mater with regard to establishment of new medical college at Warangal, Andhra Pradesh by Medicare Educational Trust, Warangal, Andhra Pradesh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council and noted that the applicant/institution has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999 and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court.

The Committee further observed that the consent of affiliation issued by NTR University of Health Sciences, Vijayawada has expired on 19.10.2008 and the institute does not fulfill the requisite eligibility criteria 2(5) pertaining to consent of affiliation which are mandatorily required to be fulfilled under the Establishment of Medical College Regulations, 1999 .

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at Medicare Educational Trust, Warangal, Andhra Pradesh for the academic year 2009-2010.

47. Establishment of new medical college at Kalahandi, Orissa in the name of Sardar Rajas Medical College, Hospital & Research Centre, Kalahandi by Salvam Educational & Charitable Trust.

Read: the Central Govt. letter dated 12.12.2008 along with matter with regard to establishment of new medical college at Kalahandi, Orissa in the name of Sardar Rajas Medical College, Hospital & Research Centre, Kalahandi by Salvam Educational & Charitable Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council noted that at its meeting held on 13-14th June, 2008 with regard to the matter of this institute, it was decided as under:-

“

In view of above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999 and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Kalahandi, Orissa in the name of Sardar Rajas Medical College,

Hospital & Research Centre, Kalahandi by Salvam Educational & Charitable Trust received u/s 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Orissa requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that the hospital was not functional and further decided to direct the institute to submit revised Essentiality Certificate in the format prescribed in the Regulations”.

The above decision was communicated to the State Govt. vide Council letter dated 21.06.2008.

The Committee further observed that no response has been received so far from the State Govt. with regard to clarification as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that the hospital was not functional.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at Kalahandi, Orissa in the name of Sardar Rajas Medical College, Hospital & Research Centre, Kalahandi by Salvam Educational & Charitable Trust for the academic year 2009-2010.

48. Establishment of new medical college at New Delhi by Jamia Hamdard University, New Delhi.

Read: the Central Govt. letter dated 12.12.2008 along with matter with regard to establishment of new medical college at New Delhi by Jamia Hamdard University, New Delhi.

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 29.12.2007 had decided as under:-

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

An inspection for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University was carried out by the Council Inspectors on 15th & 16th December, 2006. The inspection report was considered by the Executive Committee at its meeting held on 30.12.2006 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. The operative part of the decision is recorded as under:-

“In view of above, whereby it has been found that the applicant has failed to fulfill the mandatory and statutory precondition at Sr. No. 2(5) of the qualifying criteria of owning & managing of a functional hospital of not less than 300 beds, laid down in the Establishment of Medical College Regulations, 1999, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the file to the Central Govt. recommending disapproval of the scheme received u/s 10A of the I.M.C. Act, 1956 for establishment of a new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of NCT, Delhi requesting to intimate as to how they have issued the Essentiality Certificate vide letter dated 31st Aug., 2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, when on inspection it has been found that only 130 beds are available”.

The above decision of the Executive Committee was communicated to the Central Govt. and Health Secretary, Govt. of Delhi, vide this office letter dated 30.12.2006 and 17.1.2007 respectively. The State Govt. vide this Council letter dated 8.11.2007 was once again requested to intimate as to how they have issued the Essentiality Certificate vide letter dated 31st August, 2006 certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material. No response has been received from the State Govt. NCT, Delhi so far.

Meanwhile, the Central Govt. vide letter dated 26th Sept., 2007 has forwarded an application received from the Vice-Chancellor, Jamia Hamdard University for establishment of new medical college at Jamia Hamdard, New Delhi. On scrutiny of the application, it has been observed that the college authorities has submitted the old Essentiality Certificate dated 31st August, 2006. It has been further observed that the applicant authority has also enclosed the MoU between Jamia Hamdard and Max Healthcare Institute Ltd., Okhla Phase-III, New Delhi and MoU between Jamia Hamdard and St. Stephen's Hospital, Tis Hazari, Delhi with the application.

It was noted that criterion at Sr. No. 2(5) of the Qualifying Criteria laid down in the Establishment of Medical College Regulations, 1999, reads as under:-

“Q.C.No.2 (5) “That the person owns and manages a hospital of not less than 300 beds with necessary infrastructural facilities capable of being developed into a teaching institution in the campus of the proposed medical college”.

Thus, any MoU or tie up with any hospital regarding utilization of hospital facilities including beds for the purpose of affiliation of the hospital as a teaching hospital to a medical college is not permissible as per Establishment of Medical College Regulations, 1999.

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 proposal of the applicant authority regarding the MoU between Jamia Hamdard and Max Healthcare Institute Ltd., Okhla Phase-III, New Delhi and MOU between Jamia Hamdard and St. Stephen's Hospital, Tis Hazari, Delhi regarding utilization of hospital facilities including beds for the purpose of affiliation of the hospital as a teaching hospital to a medical college cannot be accepted being contrary to the Qualifying Criteria 2(5) laid down in the Establishment of Medical College Regulations, 1999 and decided to return the application to the Central Government recommending disapproval of scheme for establishment of new medical college at Jamia Hamdard, New Delhi (Hamdard University) by Jamia Hamdard University.”

The Committee further observed that no response has been received so far from the State Govt. with regard to clarification as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material when on inspection it has been found that the hospital was not functional.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of a new medical college at at New Delhi by Jamia Hamdard University, New Delhi for the academic year 2009-2010.

49. **Establishment of a new medical college at Jorhat, Assam by Society for Medical Education.**

Read : The Central Govt. letter dated 12.12.2008 along with letter dated 18.12.2008 received from the college authorities with regard to establishment of a new medical college at Jorhat, Assam by Society for Medical Education.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 along with letter dated 18.12.2008 received from the college authorities has requested to consider the application of new medical college at Jorhat, Assam by Society for Medical Education for the academic year 2009-10 which has been pending since 2005.

It was further observed that the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council at its meeting held on 28.4.2007 had decided to return the application of the institute for establishment of new medical college at Jorhat, Assam as the institute had requested for postponement of the inspection. This decision was communicated to the Central Government vide Council letter dated 22.5.2007. However, no response of the institute has been received in the Council Office in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Jorhat, Assam by Society for Medical Education u/s. 10A of the I.M.C. Act, 1956.

50. **Establishment of a new medical college at Calicut, Kerala in the name of Malabar Medical College Hospital & Research Centre, Modakkallur, Calicut by Sree Anjaneya Medical Trust, Calicut, Kerala.**

Read: The Council Inspectors report (22nd & 23rd December, 2008) for grant of Letter of Intent for establishment of a new medical college at Calicut, Kerala in the name of Malabar Medical College Hospital & Research Centre, Modakkallur, Calicut by Sree Anjaneya Medical Trust, Calicut, Kerala u/s 11(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (22nd & 23rd December, 2008) and observed as under:-

1. The shortage of teaching faculty required at the present stage is 18.1% as under:-

Assoc.Prof. -2 (Physiology-1, Biochemistry-1)

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

	Daily Average		Day of Inspection	
O.P.D. attendance	290		229	
Casualty attendance	21		06	
Bed occupancy%	20%		10%	
<u>Operative work</u>				
Number of normal deliveries	1		-	
Number of caesarian Sections	0.5		-	
<u>Radiological Investigations</u>	O.P.	I.P.	O.P.	I.P.
X-ray	15	5	10	3
Ultrasonography	12	2	8	1

- * Clinical material was low in terms of OPD attendance, in-patients, operative, radiological and laboratory workload.
 - * Only male and female medical wards were found to be functional. A total of 24 patients were admitted in these two wards. No other patients were admitted in any other ward. Gynae., Surgery, Orthopaedics and Medicine patients were all seen in the male and female medical wards.
3. Malabar Medical College Hospital which is the affiliated teaching hospital has only 240 teaching beds and thus there is a deficiency of 60 beds required as per Regulations as under:-

Speciality	Required Beds/Units	Present Beds/Units	Deficiency(if any)
Medicine & Allied specialities			
General Medicine	80	60	20
Surgery & Allied Specialities			
General Surgery	90	60	30
ENT	10	--	10

- * There is a deficiency of 20 beds in Medicine, 30 beds in Surgery and 10 beds in ENT. Only space is earmarked for ENT ward. It is under construction.
4. Dr. K. Sasidharan shown as the Medical Superintendent possesses only 5 years administrative experience and is thus not qualified to hold the post.
5. Para medical staff is grossly inadequate as under:-
- Laboratory Technicians

9
- Laboratory Assistant

1
6. Nursing Staff is grossly inadequate as under:-
- Nursing Superintendent

1
- Asstt.Nursing Superintendent -
- Matron

-
- Nursing Sisters

-
- Staff nurses

29

In view of above whereby it has been found that the applicant has failed to fulfill the mandatory and statutory criterion at Sr.No. 2(5) of the Qualifying Criteria of owning and managing a functional hospital of not less than 300 beds as per Establishment of Medical College Regulations,1999, the members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for establishment of new medical college at Calicut, Kerala in the name of Malabar Medical College Hospital & Research Center, Modakkallur, Calicut by Sree Anjaneya Medical Trust, Calicut, Kerala u/s. 10A of the I.M.C. Act, 1956.

The members of the Adhoc Committee appointed by the Hon’ble Supreme Court and of the Executive Committee of the Council further decided to write a letter to the State Govt. of Kerala requesting to intimate as to how they have issued the Essentiality Certificate certifying that the applicant owned and managed a functional hospital of 300 beds having adequate clinical material, when on inspection it has been found that only 240 beds are available.

51. Establishment of a new medical college at Walayar, Kerala by V.N. public Health and Educational Trust, Theni.

Read: The Council Inspectors report (23rd & 24th December, 2008) for grant of Letter of Intent for Establishment of a new medical college at Walayar, Kerala by V.N. Public Health and Educational Trust, Theni u/s 11(2) of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (23rd & 24th December, 2008) and observed as under:-

1. In the hospital premises, except for 3 ladies viz. Ms. Sunita, Ms. Mercy and Ms. Lincey, there was no one available in the hospital premises i.e. no faculty members including Dean and Medical Superintendent and other doctors, no nurses, no paramedical staff, no class IV etc. The hospital was closed and no patients were seen in and around the hospital premises.
2. The Managing Trustee vide his letter dated 25.3.2008 has stated as under:-

"I am to state that our institution is kept closed from 20th October, 2008 onwards by the Local Panchayat, Walayar. In view of the impending inspection by the respected MCI members we made an appeal to the Hon'ble Kerala High Court, Ernakulam for vacating the orders of the Panchayat Walayar. In response to our appeal the Hon'ble High Court has directed the Panchayat Walayar to keep the building open for inspection by the MCI team on 31.12.2008 or any subsequent date as requested by the petitioner. A copy of the order is enclosed for kind perusal. Since the respected MCI members have already arrived at the site on 23rd December, 2008, we are not in position to open the building. Hence we request you Sir to consider our plea of postponement of LOI inspection during the 1st week of Feb.2009 or combined LOI & LOP by May,2009".

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 institution has neither intimated to the Council about the closure of its hospital building from 20th October, 2008 onwards nor it has intimated about the order of the Hon'ble High Court of Kerala in Writ Petition (C)No. 37571 of 2008.

In view of above, it was decided to obtain legal opinion in the matter.

52. Continuance of recognition of MBBS degree granted by Dibrugarh University, Dibrugarh in respect of students being trained at Assam Medical College, Dibrugarh.

Read: The Council Inspectors report (19th & 20th December, 2008) for Continuance of recognition of MBBS degree granted by Dibrugarh University, Dibrugarh in respect of students being trained at Assam Medical College, Dibrugarh.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (19th & 20th December, 2008) and observed as under:-

1. In Biochemistry students practical laboratory, gas cylinder are not available.
2. Clinical pharmacology laboratory is not available in the medical college.
3. In the Radio-Diagnosis department, there are only two mobile units are available against the requirement of six.
4. Kitchen is non-functional.

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 Assam Medical College, Dibrugarh 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.

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

Read: The Council Inspectors report (24th December, 2008) for inspection of Subharati Medical College, Meerut to verify the teaching faculty, residence, clinical material, hostels and other infrastructural facilities

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (24th December, 2008) and decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

54. Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Madras in respect of students being trained at PSG Instt. Of Medical Sciences and Research, Coimbatore.

Read: The Council Inspectors report (26th December, 2008) for Continuance of recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Madras in respect of students being trained at PSG Instt. Of Medical Sciences and 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 (26th December, 2008) along with Council Inspectors report (20th September, 2008) and decided that recognition of MBBS degree granted by The Tamil Nadu Dr. MGR Medical University, Madras in respect of students being trained at PSG Instt. Of Medical Sciences and Research, Coimbatore be continued restricting the number of admissions to 100 (One hundred) students per year.

The Committee further decided that the Council should process the applications for starting of postgraduate courses for further necessary action.

55. 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 considered the matter with regard to the appointment of Stenographer Grade – III in the Council Office and decided to obtain legal opinion in the matter.

56. 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 considered the matter with regard to the appointment of Lower Division Clerks in the Council Office and decided to obtain legal opinion in the matter.

57. To amend the IMC Act, 1956 to enable the registered Overseas Citizens of India to register themselves with MCI and practice in India.

Read: The with regard to amend the IMC Act, 1956 to enable the registered Overseas Citizens of India to register themselves with MCI and practice in India.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to amend the IMC Act, 1956 to enable the registered Overseas Citizens of India to register themselves with MCI and practice in India and decided to approve the following legal opinion :-

“The present case file has been referred to me by the UG section for giving the legal opinion regarding registered overseas citizens of India to Register themselves with MCI and practice in India

After perusing the case file as well as the letter dated 23.6.2008 send by Joint Secretary, Ministry of Overseas, Govt. of India, it has been observed by me that there has been consisting demands from overseas Indian medical professionals particularly from North America to allow them to practice in India and the issue was raised at the Annual Pravasi Bharatiya Divas Conventions and assurance was given that the parity will be given to OCIS with NRIs in respect of all facilities available to the economic, financial and educational fields except in matters relating to the acquisition of agricultural or plantation properties.

Section 13 (1) to (3) and (4A) and (4B) of the IMC Act, 1956 is mentioned as under:-

“13 Recognition of Medical qualifications granted by certain medical institutions whose qualification are not included in the First or Second Schedule:-

(1) The medical qualifications granted by medical institutions in India which are not included in the First schedule and which are included in part I of the Third Schedule shall also be recognized medical qualifications for the purpose of this Act.

(2) The medical qualifications granted to a citizen of India—

(a) before the 15th day of August, 1947, by medical institutions in the territories now forming part of Pakistan; and

(b) before the 1st day of April, 1937, by medical institutions in the territories now forming part of Burma, Which are included in part I of the Third Schedule shall also be recognized medical qualifications for the purpose of this Act.

(3) The medical qualifications granted by medical institutions outside India (before such date as the Central Govt. may, by notification in the official Gazette specify) which are included in part II of the Third Schedule shall also be recognized medical qualification for the purpose of this Act, but no person possessing any such qualification shall be entitled to enrolment or on any State Medical Register unless he is a citizen of India and has undergone such practical training after obtaining that qualification as may be required by the rules or regulations in force in the country(XXX) granted the qualification, or if he has not undergone any practical raining in that country (XXX) he has undergone such practical training as may be prescribed.

(4A) A persons who is a citizen of India obtained medical qualification granted by any medical institution in any country outside India recognized for enrolment as medical practitioner in that country after such date as may be specified by the Central under sub section (3), shall not be entitled to be enrolled on any Medical Register maintained by a State Medical Council or to have his name entered in the Indian Medical Register unless be qualified the screening test in India prescribed for such purpose and such foreign medical qualification after such person qualifies the said screening test shall be deemed to be the recognized qualification for the purposes of this Act for that person.

(4B) A person who is a citizen of India, shall not after such date as may be specified under sub section (3) be eligible to get admission to obtain medical qualification granted by any medical institution in any foreign country without obtaining an eligibility certificate issued to him by the council and in case any such person obtain such qualification without obtaining such eligibility certificate, he shall not be appeared in the Screening Test referred to in sub section (4A)

Provided that an Indian citizen who has acquired the medical qualification from Foreign Medical Institution or has obtained admission in Foreign Institution before the commencement of Indian Medical Council (Amendment) Act, 2001 shall not be required to obtain eligibility certificate under this sub section but, he is qualified for admission to any medical course for recognized medical qualification in any medical institution in India, he shall be required to qualify only the Screening Test prescribed for enrollment on any State Medical Register or for entering in the name in Indian Medical Register.”

It will be further relevant to mention the Regulation 3 of the Screening Test Regulations-2002“ An Indian citizen possessing a primary medical qualification outside Indian who is desirous of getting provisional or permanent registration with the Medical Council of India or any State Medical Council on or after 15.3.2002 shall have to qualify a screening test conducted by the prescribed authority for that purpose as per the provisions of section 13 of the Act.

Section 25 of the IMC Act, 1956 is mentioned as under:-

(1) A citizen of India possessing medical qualification granted by a medical institution outside India included in Part II of the Third Schedule, who is required to undergo practical training as prescribed under sub section (3) of section 13, shall, on production of proper evidence that he has been selected for such practical training in an approved institution, be entitled to be registered provisionally in a State Medical Register and shall be entitled to practice medicine in the approved institution for the purposes of such training and for no other purpose.

(2) A person who has passed the qualifying examination of any University or medical institution in India for the grant of a recognized medical qualification, shall be entitled him to be engaged in employment in a resident medical capacity in any approved institution, be entitled to practice medicine in the approved instituting for the purpose of such training and for no other purpose, on production of proper evidence that he has been selected for such employment.

(3) The names of all persons provisionally registered under sub-section (1) or sub-section (2) in a State Medical Register shall be entered therein separately from the names of other persons registered therein

(4) A person registered provisionally as aforesaid who has completed practical training referred to in sub-section (1) or who has been engaged for the prescribed period in employment in a resident medical capacity in any approved institution, or in the Medical Service of the Armed Forces of the Union, as the case may be, shall be entitled to registration in the State Medical Register under section 15.

The citizenship as defined in Part II of the constitution of India is mentioned as under: -

“5. Citizenship at the commencement of the Constitution. – At the commencement of the constitution, every person who has his domicile in the territory of India and –

- (a) who was born in the territory of India; or
- (b) either of whose parents was born in the territory of India; or
- (c) who has been ordinarily resident in the territory of India for not less than five years immediately preceding such commencement,

shall be a citizen of India.”

Various provisions of the IMC Act, 1956 as mentioned above, clearly stipulate that a citizen of India possessing primary medical qualification from a medical institution/college (recognized by the Council in its First, Second and Third Schedule) are eligible for registration with the Council and can practice in India. It is not disputed that the Overseas Citizenship of India was introduced by the Ministry of Overseas Indian Affairs, Government of India in August 2005 and accordingly the Citizenship Act, 1955 was amended and Overseas Citizenship of India can be granted to all persons of Indian origin except those from Pakistan and Bangladesh, if they were eligible to be registered as citizens of India on 26th January 1950 or any time thereafter.

Therefore, in my opinion, for allowing Overseas Indian Citizen to register themselves with MCI and to practice in India, the Council has to broaden the term ‘Citizen of India’ as mentioned in the IMC Act, 1956 by making necessary amendments to include Overseas Citizens of India and to allow them to practice in India provided they fulfill the statutory requirement of the IMC Act, 1956 as well as Screening Test Regulations, 2002 as mentioned above.”

Sd/-
J.S. Bhasin
Advocate/Retainer
25.12.2008

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that a proposal for making necessary amendments to include Overseas Citizens of India and to allow them to practice in India provided they fulfill the statutory requirement of the Indian Medical Council Act, 1956 as well as Screening Test Regulations, 2002 be formulated and place before the General Body of the Council for further necessary action.

58. 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 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 elections of Students Union alongwith 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:-

“It may be noted that the Monitoring Committee under the Ministry of Human Resource and Development, Government of India, in their meeting had desired that a draft regulation is required to be proposed by the Medical Council of India for the purposes of curbing the menace of Ragging in the Medical Institutions in the country.

The Committee has perused the relevant minutes of the meeting that have been brought before it and is of the opinion that the Regulations can be prescribed by the Medical Council of India in terms of Section 33 of the IMC Act, 1956, which in terms of the governing procedure are required to be proposed by the Medical Council of India vide approval by the appropriate authorities of the Council and are notified by the Council with the prior approval of the Ministry of Health and Family Welfare, Government of India.

The Committee is not in a position to decipher as to whether the draft regulation, which is contemplated in terms of the requisition made by the monitoring committee under the Ministry of Human Resource and Development, Government of India, has to be a regulation as is required to be structured in terms of Section 33 of the IMC Act or in any other form?

The Committee is of the opinion that in terms of the recommendations of the Raghavan Committee and a draft regulation, which has been prepared by the Ministry of Human Resource and Development, the Council may formulate appropriate guidelines, which could be availed for the purposes of curbing the menace of Ragging in Medical Institutions and get them approved by the Executive Committee of the Council, which then can be forwarded to the Ministry of Human Resource and Development and University Grants Commission, respectively, for an appropriate consideration.

It is in this context the guidelines are being proposed as under:-

- (1) Every students for the purposes of his/her admission to Medical College shall furnish a Character Certificate from the institutions wherefrom he/she has passed his qualifying examination, which would mention the status of his/her behavioral pattern specially in terms as to whether he/she has displayed persistent violent or aggressive behavior or any desire to harm others.*
- (2) The admitting medical institution shall keep intense watch upon students who has a negative entry in this regard.*
- (3) An annual undertaking signed by each student, whether fresher or senior and his/her parent (s) jointly stating that each of them have read the relevant instructions/regulations against ragging, as well as punishments, and that if the ward has been found guilty he/she shall be proceeded against, shall be procured.*
- (4) Such an undertaking shall be furnished in English as well as in vernacular (mother tongue of the parent) at the beginning of each academic year by every student.*
- (5) An undertaking to the similar effect should be obtained every year from each student admitted to the hostel.*
- (6) The undertaking should be appended to the brochure containing the guidelines and other relevant instructions in regard to ragging and consequences of indulging in ragging.*
- (7) The compliance to the above effect shall be ensured by each of the affiliating university to which the concerned medical institution is affiliated and would be verified by the council annually.*
- (8) In order to ensure the ‘ragging free environment’ in the campus, each institution shall compulsorily in the ‘prospectus’ and other admission related documents, shall depict the earlier directions of the Apex court and/or of the Central or State Governments as applicable, so that candidates and their parents are sensitized in respect of the prohibition and consequences of ragging.*
- (9) Each institution should engage or seek the assistance of ‘professional counselor’ at the time of admissions to counsel ‘freshers’ in order to prepare them for the life ahead, specially for adjusting to the life in hostels.*
- (10) It should be ensured that there would be a clear gap of one to two weeks between the date of joining of ‘freshers’ and the ‘seniors’, ensuring that classes for the seniors shall commence later, so as to enable the ‘freshers’ to familiarize themselves with the campus environment and adjust to the sudden changeover from schools to higher education.*
- (11) It shall be mandatory for the institutions to inform the parents of senior students to send their wards only on the due date of commencement of the academic session and not earlier.*
- (12) All the examining Universities with which the institutions are affiliated or the deemed to be Universities shall compulsorily amend their relevant ordinances or byelaws, as the case may be, to incorporate the schedule gap of one or two weeks between the date joining of ‘freshers’ and ‘seniors’.*

- (13) *Each institution shall arrange a joint 'sensitization' programme and 'counselling' of both 'freshers' and 'seniors' to be addressed by the Principal/Head of the institution and the Convener of the Anti Ragging Committee. The inmates of the Hostel shall be addressed on this count by the Hostel Warden.*
- (14) *Each institution shall have an Anti-Ragging Committee and Anti Ragging Squad, which shall comprise of other than senior teachers of the institution, representatives of Civil & Police administration and local media.*
- (15) *Each institution shall constitute a 'Mentoring Cell' to oversee and involve senior students as 'Mentors' for the 'freshers'.*
- (16) *Such a Mentoring Cell shall be constituted at the end of every academic year, where application shall be invited from the students to join the Mentoring Cell as Mentors for the succeeding academic year.*
- (17) *An anonymous random survey shall be conducted by each institution across the entire 1st year batch of students every fortnight during the first three months of the academic session in order to verify and cross-check whether the campus is genuinely ragging free or not.*
- (18) *The methodology of such survey may be designed by the institution appropriately. However, doing so it shall be ensured that the institution does not compromise with the anonymity of the 'whistle blowers'.*
- (19) *The institution shall ensure that private commercially managed lodges or hostels outside campuses, must be registered with the local Police Authorities and permission to start such hostel or their registration must necessarily be recommended by the Heads of the Medical Institutions.*
- (20) *In case the victim of ragging his/her parent/guardian is not satisfied with the action taken by the Head of the Institution or by other institutional authorities, or where Head of the institution is of the opinion that the incident ought to be so reported, it shall be mandatory for the institution to file a First Information Report with the local police authorities.*
- (21) *It must be ensured by each of the institution that the Complaints or information in regard to ragging could be oral or written and even from third parties and the confidentiality thereof must be protected at all costs.*
- (22) *Each institution shall ensure that remedial action is initiated and completed within a week of the incident itself, so that complaints do not linger and allow either interest in pursuing the matter to wane or enable the culprits to tamper evidence or influence witnesses."*

After due deliberations, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved that the following guidelines be issued to all the medical colleges to curb the menace of ragging in medical colleges:

- (1) Every students for the purposes of his/her admission to Medical College shall furnish a Character Certificate from the institutions wherefrom he/she has passed his qualifying examination, which would mention the status of his/her behavioral pattern specially in terms as to whether he/she has displayed persistent violent or aggressive behavior or any desire to harm others.
- (2) The admitting medical institution shall keep intense watch upon students who has a negative entry in this regard.
- (3) An annual undertaking signed by each student, whether fresher or senior and his/her parent (s) jointly stating that each of them have read the relevant instructions/regulations against ragging, as well as punishments, and that if the ward has been found guilty he/she shall be proceeded against, shall be procured.
- (4) Such an undertaking shall be furnished in English as well as in vernacular (mother tongue of the parent) at the beginning of each academic year by every student.
- (5) An undertaking to the similar effect should be obtained every year from each student admitted to the hostel.
- (6) The undertaking should be appended to the brochure containing the guidelines and other relevant instructions in regard to ragging and consequences of indulging in ragging.

- (7) The compliance to the above effect shall be ensured by each of the affiliating university to which the concerned medical institution is affiliated and would be verified by the council annually.
- (8) In order to ensure the 'ragging free environment' in the campus, each institution shall compulsorily in the 'prospectus' and other admission related documents, shall depict the earlier directions of the Apex court and/or of the Central or State Governments as applicable, so that candidates and their parents are sensitized in respect of the prohibition and consequences of ragging.
- (9) Each institution should engage or seek the assistance of 'professional counselor' at the time of admissions to counsel 'freshers' in order to prepare them for the life ahead, specially for adjusting to the life in hostels.
- (10) It should be ensured that there would be a clear gap of one to two weeks between the date of joining of 'freshers' and the 'seniors', ensuring that classes for the seniors shall commence later, so as to enable the 'freshers' to familiarize themselves with the campus environment and adjust to the sudden changeover from schools to higher education.
- (11) It shall be mandatory for the institutions to inform the parents of senior students to send their wards only on the due date of commencement of the academic session and not earlier.
- (12) All the examining Universities with which the institutions are affiliated or the deemed to be Universities shall compulsorily amend their relevant ordinances or byelaws, as the case may be, to incorporate the schedule gap of one or two weeks between the date joining of 'freshers' and 'seniors'.
- (13) Each institution shall arrange a joint 'sensitization' programme and 'counselling' of both 'freshers' and 'seniors' to be addressed by the Principal/Head of the institution and the Convener of the Anti Ragging Committee. The inmates of the Hostel shall be addressed on this count by the Hostel Warden.
- (14) Each institution shall have an Anti-Ragging Committee and Anti Ragging Squad, which shall comprise of other than senior teachers of the institution, representatives of Civil & Police administration and local media.
- (15) Each institution shall constitute a 'Mentoring Cell' to oversee and involve senior students as 'Mentors' for the 'freshers'.
- (16) Such a Mentoring Cell shall be constituted at the end of every academic year, where application shall be invited from the students to join the Mentoring Cell as Mentors for the succeeding academic year.
- (17) An anonymous random survey shall be conducted by each institution across the entire 1st year batch of students every fortnight during the first three months of the academic session in order to verify and cross-check whether the campus is genuinely ragging free or not.
- (18) The methodology of such survey may be designed by the institution appropriately. However, doing so it shall be ensured that the institution does not compromise with the anonymity of the 'whistle blowers'.
- (19) The institution shall ensure that private commercially managed lodges or hostels outside campuses, must be registered with the local Police Authorities and permission to start such hostel or their registration must necessarily be recommended by the Heads of the Medical Institutions.
- (20) In case the victim of ragging his/her parent/guardian is not satisfied with the action taken by the Head of the Institution or by other institutional authorities, or where Head of the

institution is of the opinion that the incident ought to be so reported, it shall be mandatory for the institution to file a First Information Report with the local police authorities.

- (21) It must be ensured by each of the institution that the Complaints or information in regard to ragging could be oral or written and even from third parties and the confidentiality thereof must be protected at all costs.
- (22) Each institution shall ensure that remedial action is initiated and completed within a week of the incident itself, so that complaints do not linger and allow either interest in pursuing the matter to wane or enable the culprits to tamper evidence or influence witnesses.

It was further decided to communicate the above guidelines immediately to the Committee established by 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.

59. Meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA), USA to be held in March, 2009 at Washington DC.

Read: The matter with regard to meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA), USA to be held in March, 2009 at Washington DC.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council ratified the response of the Council submitted to the National Committee on Foreign Medical Education and Accreditation (NCFMEA), Office of the Secretary of Education, Accreditation of State Liaison, Govt. of USA as under:-

*“Ms. Margaret Spellings,
Office of the Secretary of Education
Accreditation & State Liaison,
1990 K Street, NW # 7126
Washington, DC 20006-8509
USA.*

Dear Madam,

With reference to your letter dated 14th April, 2008, I am pleased to inform you that the Medical Council of India would like to reapply for comparability redetermination at the March, 2009 meeting of National Committee on Foreign Medical Education and Accreditation (NCFMEA).

Further, the written response of the Council with regard to the questionnaire on Indian Standard & process for evaluation and accrediting medical schools alongwith the annexures mentioned therein, as desired by you vide your letter, is enclosed herewith.

*The current status of 284 medical colleges in India with regard to the permission/recognition status is also enclosed as **Annexure – 9**. The copies of the following Regulations prescribed by the Medical Council of India u/s 33 of the Indian Medical Council Act, 1956 which are in-force on date are also enclosed herewith for your perusal and reference.*

1. *Minimum Standard Requirement for the Medical College for 50 Admissions Annually.*
2. *Minimum Standard Requirement for the Medical College for 100 Admissions Annually.*
3. *Minimum Standard Requirement for the Medical College for 150 Admissions Annually.*
4. *Regulation on Graduate Medical Education, 1997.*
5. *Regulation on Post-Graduate Medical Education, 2000.*
6. *Minimum qualification for a Teacher in Medical Institute, 1998.*
7. *Schedule to the IMC Act, 1956.*
8. *Code of Medical Ethics.*
9. *Requirement to be fulfilled by the applicant colleges for obtaining letter of intent and letter of permission for*

Establishment of New Medical Colleges and yearly renewals under section 10-A of the IMC Act, 1956.

- 10. *Application Form for Establishment of New Medical College.*
- 11. *Application Form for Opening of Higher Course of Study or Training (including Post-Graduate course of study or training) and Increase of Admission Capacity in any course of study or Training (including a PG course of Study or Training).*

In case, if you have any question, please do not hesitate to contact the Secretary of the Council on telephone No. (91)011-25367034 (O), (91)9350812253 (Mobile) and on email amulya_set@indiatimes.com/amulya_set@rediffmail.com

Thanking you and with regards,

Yours sincerely,

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

Encl: As above.

CC:-

- 1. *Ms. Melissa Lewis, Executive Director, Office of the Secretary of Education, Accreditation & State Liasion, 1990 K Street, NW # 7126, Washington, DC 20006-8509, USA.*
- 2. *Ms. Carol Griffiths, Chief, Accreditation Agency Evaluation Unit, Office of the Secretary of Education, Accreditation & State Liasion, 1990 K Street, NW # 7126, Washington, DC 20006-8509, USA.*
- 3. *Dr. P.C. Kesvankutty Nayar, President (Acting), Medical Council of India, ‘Alaknanda’, TC1/1986 (I), Kumarapuram, Trivandrum, Kerala.*
- 4. *Dr. Ved Prakash Mishra, Member, Executive Committee & Chairman, Finance Committee, MCI, Plot No. 3, Neera Apartment, Ist Floor, Opp: NIT Telecom Garden, Ramakrishna Nagar, Nagpur-440025, Maharashtra.”*

PART 1

ENTITY RESPONSIBLE FOR THE ACCREDITATION/APPROVAL OF MEDICAL SCHOOLS

1.	<i>In your country, is there one or more governmental entities, whose consent must be obtained in order for the medical school to commence operations? If so, what is the name of each entity and to whom does each report?</i>	<i>As per the provisions of the Indian Medical Council Act,1956 Section 10A, no person can establish a medical college or open a new or higher course of study or training or increase its admission capacity in any course of study including postgraduate course except with the previous permission of the Central Govt. – (i.e. Govt. of India).</i> <i>All the applicants have to submit to the Central Govt. a detailed scheme which is referred to the Medical Council of India for its evaluation and recommendation. The Medical Council of India after carrying out the inspections evaluates its scheme and submit its recommendation to the Central Govt. who then issues the letter of permission to start the medical college after consideration of the recommendation of the Council. The detailed provisions of Section 10A of the Indian Medical Council Act,1956 are enclosed herewith as <u>Annexure-1</u>.</i>
2.	<i>Does this entity regulate the medical school's certification and/or licensure? If not who does?</i>	<i>Yes</i>
3.	<i>In your country, is there one ore more governmental entities that have the authority to force the closure of a medical school or to take away its right to operate? If so, what is the name of each entity and to whom does each report? (Please note that we have found examples where an entity that grants the licensure to commence operations lacks authority to force closure.)</i>	<i>The authority for withdrawal of recognition is the same as that for granting the permission – i.e. the Central Govt. on the recommendation of the Medical Council of India. The withdrawal of recognition is provided under Section 19 of the I.M.C. Act,1956 wherein it is provided that when it appears to the Council that the staff, accommodation, equipment, training and other facilities etc. do not conform to the minimum standards prescribed by the Council, the Council shall make recommendation for withdrawal of recognition to the Central Govt. and the Central Govt. after making further inquiry, if deemed fit, would notify in the Official Gazette of India that the</i>

		<i>medical qualification shall be a recognized medical qualification when granted before a specified date. A copy of Section 19 of the Indian Medical Council Act, 1956 is enclosed herewith as <u>Annexure-2</u>.</i>
4.	<i>In your country, is there one or more organizations which conduct an in depth on site inspection and/or audit of each medical school in order to confirm compliance with the minimum allowable standards for its operation? If so, what is the name of each entity and to whom does each report?</i>	<i>An in depth on-site inspection for verification of teaching faculty, residents doctors available, clinical material in the affiliated hospitals, teaching beds, important infrastructure like library, hostels, accommodation for the students, interns, residents, nurses & staff and other ancillary services like CSSD, kitchen, laundry etc. is carried out by the Medical Council of India from time to time. The Council has 8 Inspectors on its own pay roll. In addition, a panel of nearly 1000 senior doctors comprising of Vice-Chancellors of Health Universities, Directors of Medical Education of various States, Deans/Principals of Govt. Medical Colleges and Senior Professors from the Govt. Medical Colleges is maintained by the office of the Council. Each inspection of a medical college is undertaken by a team of 3 Inspectors one of whom – one is an employee of the Council and two others are drawn from the above mentioned panel. The inspection report is then considered by the Executive Committee of the Council, and in the cases of recognition by the General Body of the Council and the recommendations are then submitted to the Central Government for necessary action.</i>
5.	<i>In your country, is there one or more organizations which conduct an in depth evaluation of each medical school in order to confirm compliance with a defined set of standards for operation above and beyond the minimum allowable standards and if so, what is the name of the each entity and to whom does each report?</i>	<i>As explained in para 4 above, an in depth on-site inspection for verification of teaching faculty, residents, clinical material provided in the affiliated hospitals, teaching beds, important infrastructure like library, hostels, accommodation for the students, interns, residents, nurses & staff and other ancillary services like CSSD, kitchen, laundry etc. of a medical college is undertaken by the Council. The inspection report is evaluated by the Executive Committee of the Council vis-à-vis – Regulations in force – i.e. Graduate Medical Education Regulations, 1997, Establishment of Medical College Regulations, 1999, Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 and Minimum Standard Requirements for the Medical College for 50/100/150 Admissions Annually Regulations, 1999. The decision of the Executive Committee and the General Body of the Council is then submitted to the Central Govt. for further necessary action. A copy of the above stated 4 Regulations are also enclosed.</i>
<u>PART 2:</u>		
SECTION 1: MISSION AND OBJECTIVES		
1.	<i>Does the entity responsible for evaluating the quality of medical education in your country require its medical schools to have an educational mission that serves the public interest? If your answer is yes, please explain how the public is served.</i>	<i>Yes, the Medical Council of India has prescribed Regulations on Graduate Medical Education, 1997. Section 3 of the Regulations pertains to “Objective of Medical Graduate Training Programme” in which the National Goals and the Institutional Goals have been set out in detail. As per the Goals prescribed at the end of the undergraduate programme, the medical students shall endeavour to be able to :-</i> <i>(a) recognize ‘health for all’ as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal;</i> <i>(b) learn every aspect of National policies on health and devote himself/ herself to its practical implementation.</i> <i>A copy of the Regulations on Graduate Medical Education, 1997 is enclosed.</i>
2.	<i>What are your country’s requirements related to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care?</i>	<i>The various components of the curriculum and the syllabus have been prescribed in the Graduate Medical Education Regulations, 1997 described supra. Chapter 3 of the Regulations prescribes detailed curriculum for each subject included in the medical studies. The clinical subjects are included in Phase II and Phase III of the training extending over a period of 3½ years. Such</i>

		clinical subjects are taught to prepare the MBBS graduates to understand and manage the clinical problems at the level of the general practitioner. Maximum attention is paid to the diagnosis and management of the most common and important conditions encountered in general practice and is emphasized in all areas. Instructions in clinical subjects is given both in out patient and inpatient during clinical posting. Each clinical department is expected to provide integrated teaching calling on all the departments to join in exposing the students to different clinical areas of studies. The problem approach is also emphasized based upon continuation of clinical and laboratory syllabi to optimally understand and manage each clinical condition.
SECTION 2 : GOVERNANCE		
1.	Does the entity responsible for evaluating the quality of medical education in your country require medical schools to be legally authorized or licensed to provide a program of medical education? If yes, what are the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in your country?	Yes, as described above, each medical college is required to obtain the permission from the Central Government before a new medical college is established or before a new or higher course of study is opened or before its admission capacity is increased. The requirements for the medical colleges to be legally authorized is prescribed in Section 10A of the Indian Medical Council Act, 1956 which is annexed as Annexure-1 supra.
2.	In your country, are the administrators of medical schools held accountable for the operation and success of the school and its programs to an authority external and independent of the medical school? If yes, what is name of that authority and its relationship to the school and/or to the government?	Yes, at the time of the initial permission and upto the time of recognition the medical colleges are responsible to the Central Government and the MCI which is the agency for granting the initial permission, continuation of permission and recognition. Such medical colleges are also required to be affiliated to a university established by law or be a constituent of deemed university established as per the Charter of University Grants Commission. Such universities also prescribe the conditions which the medical colleges are required to fulfill for continuing their affiliation. Besides, the admission in any medical college are monitored by an Admission Committee set up under the Chairmanship of a Retired High Court Judge in each State. The fee structure to be charged to a candidate is regulated by Fee Monitoring Committee which is also set up under the Chairmanship of a Retired High Court Judge in each State. Both these Admission Committee and Fee Monitoring Committee are set up as per the directives of the Hon'ble Supreme Court of India.
SECTION 3.1: ADMINISTRATION		
1.	What are your country's requirements regarding how medical schools are to be administered?	All the medical colleges so far as their administrative hierarchy are concerned are independent units and are governed by the Rules & Regulations of the respective government in case of Govt. owned medical colleges or the Trust/society in case of private medical colleges. However, the different administrative aspects in a medical college are regulated and/or monitored by different agencies. For instance, role of the universities, the Admission Committee and the Fee Monitoring Committee has already been discussed supra. Such colleges are also monitored by the Directorate of Medical Education of the respective State in which such colleges are located.
2.	What are the criteria used to determine that the chief medical officer of the medical school has sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program?	The Head of the Medical Institution is the Director/Principal/Dean of a medical institute who is the over all incharge of the entire campus including the medical colleges, the affiliated teaching hospital and all other such constituent units. They have sufficient access to the office of the Vice Chancellor/Registrar of the University to which they are affiliated. It is also stated that every university to which a medical college is affiliated has a Faculty of Medicine comprising of various members drawn from the senior hierarchy, administrative & teaching level of medical colleges. Besides this, the University also has a system of establishing Board of Studies for different States which also oversees overall implementation of the educational programme in the affiliated medical colleges.

3.	<i>What are the criteria for determining that the medical school department heads and senior clinical faculty members have sufficient access to the resources and authority needed to effectively instruct students?</i>	<i>The departmental heads and the senior faculty members have sufficient access to the resources and authority needed to teach students in comprehensive manner. The Regulations on Graduate Medical Education, 1997 have prescribed a system of Examination in Chapter IV which comprehensively deals with all the aspects in which the students have to be assessed at various examinations throughout their period of training.</i>
SECTION 3.2: ADMINISTRATION		
1.	<i>What are the qualifications your country requires for the person who holds the position of chief academic official of a medical school?</i>	<i>As per Table 1 of the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998, the Chief Academic Officer of a medical institute is designated as Director/Dean/Principal who should possess the recognized postgraduate medical qualification and other academic qualification from a recognized institution with a minimum of ten years teaching experience as Professor/Associate Professor/Reader in a medical college/ Instt. out of which atleast five years should be as Professor in a department. A copy of the Table – 1 of Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 is annexed as <u>Annexure -3.</u></i>
SECTION 3.3: ADMINISTRATION		
1.	<i>In what way do faculty members of medical schools participate in decisions related to admissions; the hiring, retention, promotion, and discipline of faculty; and curriculum?</i>	<i>Every medical college has a college council which is comprising of the Dean and the Senior Professors and Heads of the departments which controls different aspects related with the curriculum and discipline amongst teaching staff and students. The aspects related with the hiring retention and promotion of the faculty are dealt with by the management employer – i.e. Center/respective State Govt. in respect of Govt. medical colleges and the Trust/Society in respect of private medical colleges.</i>
SECTION 3.4: ADMINISTRATION		
1.	<i>Do any of your medical schools offer all or part of the medical education program at geographically separated locations? If yes, what are the requirements you apply to the evaluation of the medical school to ensure that the quality of education at geographically-separated sites are comparable to the main campus and that students are evaluated in a comparable manner at all sites?</i>	<i>It is stated that a medical college offers its medical education programme only at a single location. However, it may have an affiliated teaching hospital which is located within a distance of 5-10 kms. from the parent college. However, such hospitals are not independent entities and are not entitled to admit the students independent of the medical college. The students are admitted under the banner of the respective medical college and are awarded degree by the university to which such colleges are affiliated in the name of the medical institution.</i> <i>All the components of a medical colleges – i.e. the medical college and its affiliated teaching hospital have to conform to the Minimum Standard Requirement for a medical college for 50/100/150 Admissions Regulations which are mandatory and binding in respect of all the facilities being offered at all the campus. Further, the 1999 Regulations prescribe that medical colleges have to be housed in a unitary campus in which all the facilities are located. However, in 2008 amendments, an exception has been made as under:-</i> <i>“..for place especially in Urban areas where the population is more than 25 lakhs, hilly areas, and notified tribal areas where the land shall not be in more than two pieces and the distance between the two pieces shall not be more than 10 kms. The hospital, college building including library and hostels for the students, interns, PGs/Regisents and nurses shall be in one piece of land which shall not be less than 10 acres. Other facilities may be housed in the other piece of land. Proper landscaping should be done.” It is stated that the Minimum Standard Requirements for a medical college for 50/100/150 Admissions Regulations are applied uniformly to all the components of a medical college located in one or more premises. The examination of all the students of a particular medical college are conducted by uniform set of examiners appointed by the university and thus are evaluated in a comparable manner at all the locations.</i>

SECTION 4.1: EDUCATIONAL PROGRAMME										
1.	What is the program length (expressed in terms of weeks and calendar years) requirement for the program of medical education leading to the M.D.degree (or equivalent)? Alternatively, if your country is a member of the European Community (EC) and, therefore, subscribes to the EC requirement of 5500 hours for the medical program, please provide documentation that your country is a member of the EC.	The total programme length of the MBBS course is 4½ years divided into 9 semester as under:- 1. Phase I – 1st MBBS - 2 semesters 2. Phase II – 2nd MBBS – 3 semesters 3. Phase III-Part-I – 2 semesters Part-II – 2 semesters Each semester comprises of approx. 120 teaching days of 8 hours each college working time i.e. a total of approx. 7560 teaching hours for the whole MBBS curriculum. Within this curriculum, during 3rd to 9 semester, clinical posting of 3 hours duration daily for total of 142 weeks in different disciplines is also prescribed								
SECTION 4.2: EDUCATIONAL PROGRAM										
1.	What are your requirements related to the basic sciences component of a medical program leading to the M.D. degree? What subjects does your country require a medical school to include in the basic sciences? Please provide as an attachment.	The basic sciences of Human Anatomy, Physiology including Biophysics, Biochemistry and introduction of Community Medicine including Humanities are required to be studied during the phase I comprising of 2 semester. The prescribed minimum teaching hours for these subjects are as under:- <table><tr><td>Anatomy</td><td>650 hours</td></tr><tr><td>Physiology</td><td>480 hours</td></tr><tr><td>Biochemistry</td><td>240 hours</td></tr><tr><td>Community Medicine –</td><td>60 hours</td></tr></table> Passing in Ist Professional examination of Ist MBBS is compulsory before proceeding to training. A copy of the Graduate Medical Education Regulations, 1997 is enclosed.	Anatomy	650 hours	Physiology	480 hours	Biochemistry	240 hours	Community Medicine –	60 hours
Anatomy	650 hours									
Physiology	480 hours									
Biochemistry	240 hours									
Community Medicine –	60 hours									
2.	What requirements does your country have for the laboratory portion of the basic sciences curriculum?	The laboratory portion of the basic science curriculum is taught to the students as under:- 1. Anatomy:- The students are expected to carry out dissection of the whole body in blocks of different systems. The Histology practicals for studying the tissue structure of different systems of organs is also prescribed. 2. Physiology: The students are taught different aspects of practical training in Human Physiology and clinical physiology laboratories. Besides, demonstration of functioning of the different systems in lower animals and mammals by ways of demonstration of various curves have also been prescribed. 3. Biochemistry: Various practicals defining the molecular and functional organization of a cell and different aspects of the metabolism and their regulatory pathways and maintenance of body fluid and pH homeostasis etc. has been prescribed. The biochemical basis of the environmental health hazard are also incorporated.								
SECTION 4.3: EDUCATIONAL PROGRAM										
1.	What are your country's requirements related to the clinical sciences component of a medical program leading to the M.D. (or equivalent) degree? What subjects does your country require a medical school to include in the clinical sciences?	The clinical subjects are taught to the students during phase II and phase III. These two phases comprise of 3½ years training and the students are posted in different departments for 3 hours daily in the morning session for the clinical posting for a total of 142 weeks. Besides the clinical postings, didactic lectures, demonstration, seminars and group discussion etc. are also carried out in phase III Part I and Part II. The different subjects taught in the MBBS curriculum are as under:- (A) The Medicine and its allied specialities will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-Diagnosis, Infectious diseases etc. (B) The Surgerv and its allied specialities training will include								

		<i>General Surgery, Orthopaedic Surgery including Physio therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio-therapy etc.</i> <i>(C) The Obstetrics & Gynaecology training will include family medicine, family welfare planning etc.</i>
SECTION 4.4: EDUCATIONAL PROGRAM		
1.	What is the extent and nature of the educational experience provided within the M.D. degree program for disciplines that support the clinical subjects?	<i>The para clinical subjects of Pathology, Pharmacology, Microbiology, Forensic Medicine & Toxicology and Community Medicine are taught in the 2nd phase comprising of 3 semesters. Part of the Community Medicine is also taught in phase 3 Part I comprising of 2 semesters. The broad guidelines of the teaching of the supportive subjects of Pathology, Microbiology & Pharmacology is to provide student with a comprehensive knowledge of the mechanisms and causes of disease, in order to enable him/her to achieve complete understanding of the natural history, Pathophysiology and clinical manifestations of disease to deal with the treatment and management of the disease and control of complications which would also inculcate a rational and scientific basis of therapeutics. Broad goals of teaching of undergraduate in Forensic Medicine is to produce a physician who is well informed about the medicolegal responsibilities in practice of medicine which would include conclusion of logical deductions to set enquiries on the right track in criminal matters and connected medicolegal problems.</i>
SECTION 4.5: EDUCATIONAL PROGRAM		
1.	What are your country's requirements related to the inclusion of ethical, behavioral, and socioeconomic subjects in a medical program leading to the M.D. (or equivalent) degree?	<i>The ethical behaviour and scientific aspects are taught to the students in the 1st phase and 3rd phase part I. They are included in the over all comprehensive curriculum of the Community Medicine which also include the subjects of Demography, Health Economics, Medical Socialism, Hospital Management and Behavioural Sciences. A total of 60 hours in phase I and 200 hours in phase II & III are prescribed for this purpose. A copy of the Graduate Medical Education Regulations, 1997 has already been enclosed vide supra.</i>
SECTION 4.6: EDUCATIONAL PROGRAM		
1.	Does your country have requirement related to the inclusion of communications skills in a medical program leading to the M.D. (or equivalent) degree? If yes, what are they?	<i>The ethical behaviour and scientific aspects are taught to the students in the 1st phase and 3rd phase part I. They are included in the over all comprehensive curriculum of the Community Medicine which also include the subjects of Demography, Health Economics, Medical Socialism, Hospital Management and Behavioural Sciences. A total of 60 hours in phase I and 200 hours in phase II & III are prescribed for this purpose. A copy of the Graduate Medical Education Regulations, 1997 has already been enclosed vide supra.</i>
SECTION 4.7: EDUCATIONAL PROGRAM		
1.	What are your requirements related to the design, implementation, and evaluation of a medical school's curriculum?	<i>The Medical Council of India has prescribed broad guidelines of subjectwise curriculum which is incorporated in Chapter 3 of Graduate Medical Education Regulations, 1997. The universities to which the medical institutions are affiliated devise the detailed curriculum within the broad framework as prescribed under the Regulations. This curriculum is evaluated from time to time. Whenever an inspection of medical institution is carried out, one of the points to be noted by the inspectors is the fulfillment of the academic curriculum as prescribed by the MCI by the Institute. If any deficiency is noted, the institution and the university to which it is affiliated is asked to rectify the deficiencies.</i>
2.	Does your country require each medical school to have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation? If yes, what is the role of the school faculty in the curriculum	<i>Every college is expected to have a college council comprising of the Head of the department as members and Principal/Dean as the Chairperson. The Council shall meet at least four times in a year to draw up the details of curriculum and training programme, enforcement of discipline and other academic matters. The Council shall also organize interdepartmental meetings like grand rounds, statistical meetings and clinico</i>

	evaluation process?	pathological meetings including periodical research review in the institution regularly. All the stake holders i.e. the Council, the university to which the medical college is affiliated and the medical college are expected to contribute to the evaluation of the curriculum development.
3.	Alternatively, does your country mandate the evaluation of the curriculum all medical schools are required to have to be provided by some centralized authority or body? If so, what is the name and authority of that body? Please describe the curriculum evaluation process.	The broad guidelines of the curriculum for the MBBS course are prescribed by the Medical Council of India under the Regulations on Graduate Medical Education, 1997, copy enclosed supra. These Regulations being statutory Regulations are mandatory and binding in character and are required to be followed by all the authorities. Within these broad guidelines, the affiliating university to which colleges are affiliated and the medical institution prepare a detailed micro curriculum. The evaluation of curriculum is done by the Council at the time of grant of initial permission, renewal of permission, recognition and periodical inspections from time to time.

SECTION 5.1: MEDICAL STUDENTS

1.	What are the requirements for admission to medical school? Are these national admission standards or are they established by the individual medical school?	The minimum qualifying requirements for the admission to the medical course and selection of students are based upon the merit obtained at the qualifying examination and/or entrance examination and are prescribed by the Medical Council of India under Regulations on Graduate Medical Education, 1997 vide Section 4 & 5 of the Regulations. These Regulations being statutory Regulations are mandatory and binding in character and are required to be followed by the admitting authorities throughout the country and hence the minimum eligibility and qualifying criteria for the national admission process. A copy of Section 4 & 5 of the Regulation on Graduate Medical Education, 1997 are enclosed herewith as <u>Annexure – 4.</u>
2.	What are your requirements or standards for advertising and other publications used by the medical school to promote its educational program?	The medical institutes which are advertising or using other publications for permitted its educational programme are required to include the following in their advertisement:- (1) The recognition/permission status from the Central Government and the Medical Council of India. (2) Affiliation status from the affiliating university. (3) Criteria of admission (4) Other relevant details of the mode of selection of the students including the broad guidelines of the entrance test, if any.
3.	Do students have access to their academic records? What laws (if any) govern student access to records and the confidentiality of student records?	The students have full access to the academic records. Usually, a transcript incorporating all the aspects of the academic records of the students from his point of entry to his point of exit in medical institute is issued to a student on completion of MBBS course. The format of the transcript is set by the affiliating university within the broad frame work of the MCI Regulations.

SECTION 5.2: MEDICAL STUDENTS

1.	Does your country set national requirements by which medical schools are to evaluate student achievement? If yes, what are requirements for evaluating student achievement?	The evaluation of the students achievement is through the examinations conducted by the affiliating university which are statutory bodies and are established under the Charter of University Grants Commission. There are 4 examinations conducted in the MBBS course as under:- A. 1st MBBS examination at the end of 2 nd semester. B. 2 nd MBBS examination at the end of 5 th semester. C. 3 rd MBBS Part I examination at the end of 7 semester. D. 3 rd MBBS Part II examination at the end of 9 th semester i.e. at the conclusion of the course. The performance in the essential components of training are assessed based on internal assessment which is of regular periodical examination conducted throughout the course by the medical institution and which carries 20% weightage of the total marks in each subject at the university examination. The final examination for each part are conducted by the affiliating
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		university which comprises of theory paper, practical/clinical and viva/oral including evaluation of the candidate's skill in introduction of common investigative data. The broad guidelines pertaining to the timing of examination, attendance, internal assessment and university examination including the marks to be assigned and passing criteria are prescribed by the Council vide Regulation 8,12 and 13 of the Graduate Medical Education Regulations, 1997 which are required to be followed by all the authorities. A copy of the Regulations 8, 12 & 13 of Graduate Medical Education Regulations, 1997 are enclosed herewith as <u>Annexure – 5 colly</u>. Based upon these Regulations, the affiliating university prescribe their own Regulations under which the examinations are conducted.
2.	In the alternative, are medical schools free to establish their own methods of evaluating student achievement? If yes, how does your country determine if the requirements are adequate?	In India, examination of the MBBS course are conducted by the affiliating university to which the medical institution is affiliated on a common basis – i.e. the university conducts the examination in respect of all the colleges which are affiliated to it in a comprehensive and inclusive manner. Usually, medical institutions are not free to establish their own method of evaluation of students achievement.
SECTION 5.3: MEDICAL STUDENTS		
1.	What are your requirements for the provision of student services by medical schools?	The student services to be provided by the medical institution are incorporated in Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 and include hostels with messing facilities, recreation facilities, playground, canteen and common rooms.
SECTION 5.4 MEDICAL STUDENTS		
1.	What are your country's standards or procedures regarding how medical schools must address student complaints?	A grievance Redressal Cell has to be created in each medical institution which will address to the redressal of the grievance of the student. In addition, the affiliating university and the State Govt. have their own student grievance redressal mechanism to resolve the issues arising out of such complaints made by the students.
SECTION 6.1: RESOURCES FOR THE EDUCATIONAL PROGRAM		
1.	How are your medical schools financed? If your country permits privately owned medical schools, what standards does your country have regarding their finances?	There are two broad categories of the medical institutions in India i.e. under Public Sector in which the colleges are owned by the Central or State Government or other public sector entities like Municipal Corporation, University etc. and under Private Sector in which the Charitable Trust and Societies are also permitted to open the medical colleges which are privately owned and which are known as Self Financing colleges. There are 284 medical colleges in India out of which approx. 137 are in the Public Sector and 147 in Private Sector. So far as the Public Sector colleges are concerned, their finances are provided through the regular budgetary grant of the body owning the college i.e. the Central/State Govt. In respect of Self Financing colleges, as the name suggest, they are financed through the fee received from the students as well as through donations.
2.	What are your country's requirements related to the type and quality of facilities a medical school must have?	The requirement related to the teaching hospital and other infrastructure like Library, Hostels, Residential Quarters, Kitchen, Laundry, CSSD and various pre clinical, para clinical and clinical departments including laboratory, dissection hall, demonstration room, lecture theatres are prescribed under the Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 in which the detailed requirements of the department have been prescribed.
SECTION 6.2: RESOURCES FOR THE EDUCATIONAL PROGRAM		
1.	What are your country's requirements related to the size of the faculty a medical school is required to have?	The requirement related to the teaching hospital and other infrastructure like teaching faculty and Residents are prescribed under the Minimum Standard Requirement for the Medical

		<i>College for 50/100/150 Admissions Annually Regulations, 1999 in which the detailed requirements of the department have been prescribed.</i>
2.	<i>What are your country's requirements regarding the qualifications for appointment to the faculty?</i>	<i>The requirement related to qualifications for appointment of the teaching faculty are described in the Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 in which the detailed requirements of the department have been prescribed. A copy of the Regulations on Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998 is enclosed.</i>
3.	<i>How do you guard against faculty conflict of interest between personal and professional interests?</i>	<i>As per Regulation A.2 in Schedule II pertaining to "Staff Requirements" of Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999, the teaching staff of all departments of medical college, shall be full time. As they are full time employee of the medical college, the personal conflict arising out of employment is minimal. However, such conflicts are resolved by the management of the concerned medical college through appropriate measures.</i>
SECTION 6.3: RESOURCES FOR THE EDUCATIONAL PROGRAM		
1.	<i>Does your country establish national standards related to the quality of a medical school's library? If yes, what are they?</i>	<i>The standard related to the library to be established are prescribed as per Regulation A.1.4 of Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 pertaining to the central library and are as under:-</i> <i>"There shall be a Central Library (800 sq.m) with seating arrangement for at least 100 students for reading and having good lighting and ventilation and space for stalking and display of books and journals. There shall be one room for 100 students inside and one room for 50 students outside. It should have not less than 7000 text and reference books. In a new medical college the total number of books should be proportionately divided on yearly basis in five years. The number of journals shall be 100 out of which one third shall be foreign journals and subscribed on continuous basis. The number of copies of text books in each subject of undergraduate teaching shall be ten."</i> <i>In addition, there shall be a departmental library in each department with at least 80 to 200 books. Not more than two copies of any one book are counted towards computation of the total number of books. A copy of the Regulation A.1.4 is enclosed herewith as <u>Annexure -6.</u></i>
2.	<i>Do you require affiliation agreements between medical schools and clinical teaching sites? What is required in the affiliation agreement and who approves the agreement?</i>	<i>As per the qualifying criteria 2(5) of the Establishment of Medical College Regulations, 1999, an applicant desirous of establishing a new medical college has to own and manage a hospital of not less than 300 beds with necessary infrastructure facilities capable of being developed into a teaching hospital in the campus of the proposed medical college i.e. medical college and the teaching hospital has to be owned and managed by the same applicant.</i> <i>As per Section B.1.1 (1) pertaining to the General Remarks of the teaching hospital of Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999, all the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/Principal of the medical college. A copy of Section B.1.1 of Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999 is annexed as <u>Annexure – 7.</u></i>
3.	<i>Who is responsible for ensuring the quality of the clinical teaching sites? What are the quality standards by which they are evaluated?</i>	<i>The Medical Council of India while inspecting the medical institute for the purposes of recommendation for grant of initial permission or for renewal of permission or for recognition or for continuance maintenance of recognition also inspects the clinical teaching side i.e. affiliating teaching hospital. The available clinical material is evaluated on the basis of various parameters</i>

		like OPD attendance, bed occupancy, casualty attendance, number of major and minor operations, number of deliveries conducted normal or through caesarian, laboratory and radiological investigations etc. This parameters are evaluated in both qualitative and quantative terms. If the medical college fails to meet the minimum criteria set up in the Regulations, the college is not recommended for grant of Letter of Permission or for recognition. In case of a recognized college, a show cause notice is issued asking the institute to rectify the deficiencies within a specified time period which usually 2-3 months and such an institute is inspected again till the deficiencies are rectified.
PART 3: ACCREDITATION/APPROVAL PROCESSES AND PROCEDURES: 1. SITE VISIT		
1.	Does the entity that is responsible for accrediting/approving medical schools in your country conduct a site visit to a medical school prior to granting it accreditation/approval? If yes, does the site visit include a review of the school's admissions process, its curriculum, its faculty, the achievement of its students and graduates, the facilities, and the academic support services available to students? Please provide documentation of the application of the site evaluation process such as handbooks and guides provided to site evaluators.	The Medical Council of India conducts various types of inspection for recommending initial permission or renewal of permission as per the provisions of Section 10 A of the Indian Medical Council Act,1956 or for recognition u/s 11(2) of the Indian Medical Council Act,1956. A college is recommended for permission or recognition only after consideration of the inspection report by the Executive Committee of the Council and when it is found that based upon the findings of the inspection report, the institute has met various criteria prescribed under the Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999. As per the scheme of the Indian Medical Council Act,1956, the institute which is granted Letter of permission is inspected annually to review and monitor the annual progress made by the institute and fulfilling criteria of establishing various facilities for teaching and training of medical institute including teaching faculty, residents and available clinical material in the affiliated teaching hospital. A final inspection for recognition of the degree of MBBS is carried out u/s 11(2) of the Indian Medical Council Act,1956 when the first batch admitted under the initial permission appears in the final year MBBS at the end of 4½ years. The inspection report is placed before the Executive Committee of the Council for its consideration and if the Executive Committee comes to an opinion that the institute has met with all the facilities required to be provided as per the Minimum Standard Requirement for the Medical College for 50/100/150 Admissions Annually Regulations, 1999, recommendation is made to the General Body of the Council. The final decision for recognition is made by the General Body of the Council in which all the members of the Council numbering about 100 drawn from various parts of the country participates. Inspections are carried out by the team of 3 inspectors of the Council in the manner as already described earlier. A comprehensive evaluation form is provided to the institution and the inspectors in which the findings as regards various facilities available have to be filled in by the inspectors after on-site evaluation. A copy of the Form A pertaining to the General Information of the institution, Form B in respect of detailed departmental information pertaining to the departments of Medicine and Allied Specialities, Surgery & its allied specialities, Obst. & Gynae and Paediatrics and the Standard Inspection Forms are enclosed as <u>Annexure – 8 colly</u>. As has been provided in this form , the inspection includes comprehensive review of all the facilities including admission process, curriculum, teaching faculty and the facilities provided and made available to the students.
2.	Do the site visits encompass the main campus of the medical schools, any branch campus or campuses, and any other additional location or locations operated by the medical school as well	Yes. All the campuses or the hospitals are inspected by the inspection team of the Council.

	as all core clinical clerkship sites affiliated with the medical school? Please provide documentation of how you conduct the evaluation.	
2. QUALIFICATIONS OF EVALUATORS, DECISION-MAKERS, POLICY MAKERS		
1.	What are your requirements regarding the qualification and training of the individuals who participate in on-site evaluations of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/approved? Please provide samples of training materials.	As has been stated earlier, the inspections are carried out by a team of 3 inspectors, one of whom is Whole Time/Additional Inspector of the Council. The eligibility criteria for the Whole Time/Additional Inspector is as under:- <u>Qualifications:</u> MBBS from a recognized university with a recognized postgraduate medical degree <u>Experience:</u> A total of 14 years standing in Profession out of which 8 years teaching experience in a medical college after postgraduate medical degree qualification Or A total of 14 years standing in Profession out of which 2 years regular service as Joint Secretary in the MCI. The other two inspectors are drawn from a Panel of Inspectors comprising of Vice Chancellor of Health Universities/Director of Medical Education/Dean/Principal of the medical college and Senior Professors of Govt. Medical Colleges. The qualification for appointment as a Dean/Professor are prescribed in Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998. A Professor must have a minimum of 9 years teaching experience as Asstt/Assoc. Prof. A Dean can only be appointed who has minimum of 5 years experience as Professor. The standards to be set are decided by the General Body of the Council comprising of 120 members as under:- (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 or the Second Schedule or in Part II of the Third Schedule. (d) Seven members to be elected from amongst themselves by persons enrolled on any of the (e) State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule. (f) Eight members to be nominated by the Central Govt. The evaluation of the inspection report is carried out by the Executive Committee of the Council comprising of 12 members including the President and Vice President. The postgraduate inspection reports are evaluated and decided upon by the Postgraduate Committee comprising of 9 members. Only a person who is eligible to become a postgraduate teacher is allowed to be a member of the Postgraduate Committee.

3. RE-EVALUATION AND MONITORING		
1.	<i>How frequently do accredited/approved medical schools undergo periodic reevaluation to determine if they are still in compliance with the standards for accreditation/approval?</i>	<i>The recognized medical colleges under the periodic evaluation is done every 5 years in which detailed inspection is carried out by the Council Inspectors to verify the available training and teaching facilities of teaching faculty, residents, clinical material, teaching hospital including distribution of beds and other important infrastructure like library, hostels and ancillary services etc. available at the institute. The inspection reports are then placed before the Executive Committee of the Council to determine whether the institute continues to have adequate facilities for continuance of recognition of the MBBS qualification.</i>
2.	<i>What is your process for monitoring accredited medical school during the accreditation/recognition period to verify their continued compliance with the standards? If you require a report from the medical school, what information is requested? Please provide a sample of any report you require.</i>	<i>As has been shown in para 1 above, the recognized medical colleges under the periodic evaluation is done every 5 years in which detailed inspection is carried out by the Council Inspectors to verify the available training and teaching facilities of teaching faculty, residents, clinical material, teaching hospital including distribution of beds and other important infrastructure like library, hostels and ancillary services etc. available at the institute. The inspection reports are then placed before the Executive Committee of the Council to determine whether the institute continues to have adequate facilities for continuance of recognition of the MBBS qualification.</i> <i>In case it is found that the institute does not have adequate facilities in respect of various parameters shown above, it is asked to rectify the deficiencies within a time frame of 2 months and submit the report of the rectification of the deficiencies. When the deficiencies are acute or when it is observed that the deficiencies are persisting over a period of time inspite of repeated notices, the Executive Committee of the Council on the consideration of the inspection report recommends to the Central Government to withdraw the recognition of the medical college. These recommendations of the Executive Committee of the Council is then placed before the General Body of the Council and the decision of the General Body of the Council is in turn communicated to the Central Government.</i>
3.	<i>Do you investigate complaints from students against medical schools? If yes, how are students made aware of this?</i>	<i>The complaints from the medical students against the medical schools are not investigated directly as it is within the purview of the affiliating university to which the medical college is affiliated to investigate and adjudicate upon such a complaint. In case the Council receives a complaint, it is referred to the concerned university for resolution of the same for necessary action.</i>
4.	<i>Do you have a written procedure for investigating student complaints pertaining to medical schools? If yes, what is the procedure?</i>	<i>The complaints from the medical students against the medical schools are not investigated directly as it is within the purview of the affiliating university to which the medical college is affiliated to investigate and adjudicate upon such a complaint. In case the Council receives a complaint, it is referred to the concerned university for resolution of the same for necessary action.</i>
5.	<i>What type complaints has the agency received during the past year, and what were the results of the investigation of those complaints?</i>	----
2.	<i>Please describe how the record of student complaints received by the agency is used in the agency's reevaluation or ongoing monitoring of medical schools.</i>	-----
4. SUBSTANTIVE CHANGE		
1.	<i>If a medical school wants to make a substantive change to its educational program or some other aspect of the medical school, what are your country's requirements and procedures requiring notification of the change to the appropriate entity and review by</i>	<i>The educational programme to be followed by any medical college is prescribed in the Graduate Medical Education Regulations, 1997. This Regulation being statutory Regulation, are mandatory and binding in character and are required to be adhered to by all the authorities. The affiliating universities to which the medical institutions are affiliated in turn prescribe detailed curriculum and syllabus which are to be followed by all</i>

	<i>the entity?</i>	<i>the medical institutions affiliated to such respective universities. A medical college is not allowed to make a substantive change to its educational programme outside the broad frame work prescribed under the Regulations of the Council or within the syllabi and curriculum prescribed by the affiliating university.</i>
5. CONFLICTS OF INTEREST, INCONSISTENT APPLICATION OF STANDARDS		
1.	<i>What are your country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process? How does your country ensure that those involved in the accreditation/approval decision for a specific medical school do not have a conflict of interest that might prevent them from making an objective decision?</i>	<i>The evaluation of standards is carried out by a team of Council Inspectors comprising of 3 inspectors of whom one is employee of the Council and two are Senior Professors drawn from the panel of inspectors as described above. The inspection report is considered by the Executive Committee comprising of 12 members and Postgraduate Committee comprising of 9 members, as the case may be. The wide spectrum from which the Executive Committee/ Postgraduate Committee are drawn ensures any objective free from bias decision. However, in case the decision for a medical college pertains to a medical college to which any member belongs, he does not participate in decision making process for such institution.</i>
2.	<i>How does your country ensure that your standards for the accreditation/approval of medical schools are applied consistently to all schools that seek that accreditation/approval?</i>	<i>The standards for the permission/accreditation/ approval of the medical colleges are applied consistently. As has been stated earlier, the information is supplied by the institute on the Standard Inspection Forms A & prescribed by the Council and the inspection report prepared by the inspectors. The Standard Inspection Form A which contains information pertaining to the institute and Forms B which contains information pertaining to individual departments and the inspection reports to be prepared by the inspectors have been standardized. The information is collected and evaluated on a uniform basis. The evaluation of the inspection report is done under the statutory Regulations, thus ensuring that all the standards and applicability of the medical institute which seek accreditation/approval.</i>
6. ACCREDITING/APPROVAL DECISIONS		
1.	<i>What procedures do you use to ensure that accreditation/approval decisions are based on your accreditation/approval standards?</i>	<i>The standards for the permission/accreditation/ approval of the medical colleges are applied consistently. As has been stated earlier, the information is supplied by the institute on the Standard Inspection Forms A & prescribed by the Council and the inspection report prepared by the inspectors. The Standard Inspection Form A which contains information pertaining to the institute and Forms B which contains information pertaining to individual departments and the inspection reports to be prepared by the inspectors have been standardized. The information is collected and evaluated on a uniform basis.</i>
2.	<i>What information on the performance of a medical school's graduates do you use in reaching your decision on whether or not to grant that school accreditation/approval?</i>	<i>The students performance bench marks are at present not used in India, for evaluating or for considering whether accreditation/approval to medical institute be granted or continued.</i>
3.	<i>Does your country establish student performance outcome measure benchmarks or requirements for schools, such as acceptable numbers of graduates from the school passing a licensing examination, to determine whether to grant accreditation/approval to that school? If so, what are they? Please describe your collection and use of the data?</i>	<i>The students performance outcome major bench mark are at present not used in India, for evaluating or for considering whether accreditation/approval to medical institute be granted or continued.</i>

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further decided that Dr. Ved Prakash Mishra, member, Executive Committee and Dr. Ashwani Kumar, member, MCI to represent the Council before

National Committee on Foreign Medical Education and Accreditation (NCFMEA) at its meeting to be held in March, 2009 at Washington DC.

60. Establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust.

Read: The matter along with letter dated 27.12.2008 received from the President, Gurudeva Charitable Trust, Ernakulam alongwith Essentiality Certificate for Establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the application for establishment of new medical college at Chalaka, Ernakulam Distt., Kerala by Gurudeva Charitable Trust was returned to the Central Government recommending disapproval of the scheme for the academic year 2007-08 as the Essentiality Certificate in the prescribed format as required under Qualifying Criteria 2(3) and Consent of Affiliation from an affiliating university in the prescribed format as required under Qualifying Criteria 2(4) were not available.

The Central Government vide letter dated 11.9.2008 had forwarded a copy of the letter dated 20.8.2008 received from the Chairman, Gurudeva Charitable Trust, Ernakulam, Kerala alongwith the Essentiality Certificate dated 15.4.2008 from the State Govt. of Kerala which was valid for the academic year 2007-08 and 2008-09 and Consent of Affiliation dated 11.9.2006 from Mahatma Gandhi University, Kottayam. However, on scrutiny of the proposal, it was observed that the Essentiality Certificate dated 15.4.2008 issued by the Govt. of Kerala only valid for the academic year 2007-08 and 2008-09 and there was no valid Essentiality Certificate for the academic year 2009-10 presently available. Accordingly, the application was returned to the Central Government vide letter dated 20.12.2008.

However, it has been observed by the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council that the Essentiality Certificate has been issued on 27th December, 2008 and has been submitted by the institute vide letter dated 27th December, 2008 which is after the last date prescribed for receipt of applications, complete in all respects, by the Council – i.e. 30.9.2008.

It was further observed that vide order dated 12.01.2005 in the case of Mridul Dhar (Minor) & Anr. Vs. Union of India & Ors. (W.P. [C] No. 206 of 2004), Hon'ble Supreme Court has directed as under:-

“
35.

.....

14. Time schedule for Establishment of New Colleges or to increase intake in existing colleges 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 letter of the Govt. of India dated 15th March, 2005 and the time schedule prescribed in the Establishment of Medical College Regulations, 1999 which being statutory Regulations are mandatory and binding in character and the directions of the Hon'ble Supreme Court in Mridul Dhar's case, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the Scheme for establishment of new medical college at Chalaka, Ernakulam, Distt. Kerala by Gurudeva Charitable Trust for the academic year 2009-2010.

61. Increase of Ist MBBS course from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of Ist MBBS course from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 has requested the Council to consider the application of Govt. Mohan Kumaramangalam Medical College, Salem for the academic year 2009-2010 which has been pending since 2004. However, no response has been received in the Office of the Council from the institute till date in this regard.

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 application of the institute for increase of Ist MBBS course from 75 to 100 was returned to the Central Government recommending disapproval of the scheme vide Council letter dated 15.6.2007. No response from the institute has been received in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 75 to 150 at Govt. Mohan Kumaramangalam Medical College, Salem for the academic year 2009-2010.

62. Increase of Ist MBBS course from 100 to 150 at Govt. Kilpauk Medical College, Chennai.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of Ist MBBS course from 100 to 150 at Govt. Kilpauk Medical College, Chennai for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 has requested the Council to consider the application of Govt. Kilpauk Medical College, Chennai for the academic year 2009-2010 which has been pending since 2004. However, no response has been received in the Office of the Council from the institute till date in this regard.

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 application of the institute for increase of Ist MBBS course from 100 to 150 was returned to the Central Government recommending disapproval of the scheme vide Council letter dated 15.6.2007. No response from the institute has been received in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Govt. Kilpauk Medical College, Chennai for the academic year 2009-2010.

63. Increase of seats from 100 to 150 at Vijayanagar Instt. of Medical Sciences, Bellary.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of seats from 100 to 150 at Vijayanagar Institute of Medical Sciences, Bellary for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 has requested the Council to consider the application of Vijayanagar Instt. of Medical Sciences, Bellary for the academic year 2009-2010 which has been pending since 2008. However, no response has been received in the Office of the Council from the institute till date in this regard.

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 application of the institute for increase of Ist MBBS course from 100 to 150 was returned to the Central Government recommending disapproval of the scheme vide Council letter dated 16.4.2008. No response from the institute has been received in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Vijayanagar Institute of Medical Sciences, Bellary for the academic year 2009-2010.

64. Increase of seats in Ist MBBS course from 90 to 150 at Rajendra Institute of Medical Sciences, Ranchi.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of seats in Ist MBBS course from 90 to 150 at Rajendra Institute of Medical Sciences, Ranchi for the next academic year 2009-10.

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 and 14th June, 2008 considered the matter with regard to increase of seats from 90 to 150 at Rajendra Instt. of Medical Sciences, Ranchi had decided as under:-

"1. (a) The shortage of teaching faculty is 26.45% (i.e. 50 out of 189) as under:-

(i) Professor	2	(Physiology-1, Paediatrics-1)
(ii) Associate Prof.	23	(Anatomy-1, Biochemistry-2, FMT-1, PSM-1, Gen Med-3, TB & Chest-1, Derma-1, Gen Surgery-3, Ortho-2, Ophthal-1, Obst.&Gynae-3, Anaesthesia-1, Radio-diagnosis-2, Dentistry-1)
(iii) Assistant Prof.	20	(Anatomy-3, Physiology-2, FMT-1, PSM-5, TB & Chest-1, Derma-2, Psychiatry-1, Ortho-1, Obst. & Gynae-1, Anaesthesia-1, Radio-diagnosis-2)
(iv) Tutor	5	(Pharma-1, Microbiology-1, FMT-1, PSM-2)

(b) The shortage of Residents is 23.52% (i.e. 20 out of 85) as under :-

Sr. Resident	6	(TB & Chest-1, Psychiatry-1, Anaesthesia-1, Radio-diagnosis-3)
Jr. Resident	14	(TB & Chest-3, Psychiatry-3, Ortho-6, Dentistry-2)

2. There is no faculty in TB & Chest department. Thus, in effect, there is no independent functional unit in TB & Chest. There is no Psychiatry unit. Students are trained at Ranchi Institute of Psychiatry & Allied Sciences, Kanke, Ranchi.

i. In the department of Medicine, though, the institute claims to have 6 units, but it has only 3 Professors and 1 Associate Professor. Rest of the units are headed by Assistant Professors. Thus, in effect, there are only 4 functional units.

ii. In the Department of General Surgery - though, the institute claims to have 6 units, but it has only 2 Professors and 2 Associate Professors. Rest of the units are headed by Assistant Professors. Thus, in effect, there are only 4 functional units.

iii. In the Department of Obst. & Gynae., though, the institute claims to have 6 units, but it has only 1 Professor and Nil Associate Professor. Rest of the units are headed by Assistant Professors. Thus, in effect, there is only 1 functional unit.

iv. In the Department of Orthopaedics – there are two units but only 1 Professor and Nil Associate Professor. Rest of the units are headed by Assistant Professors. Thus, in effect, there is only 1 functional unit.

v. In the Department of Paediatrics, there are two units but there is no Professor and two Associate Professors. Thus, the units are not as per Council norms.

vi. In the Department of Dermatology - there are two units but only 2 Professors and Nil Associate Professor. Thus, the units are not as per Council norms.

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

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the Council Inspectors report (06th & 07th June, 2008) and noted the following:-

1. (a) The shortage of teaching faculty is 27.41% (i.e. 54 out of 197) as under:-

(i)	Professor	2	(1 Physiology, 1 Paediatrics)
(ii)	Associate Prof.	19	(2 Anatomy, 1 Physiology, 1 Biochemistry, 1 Forensic Medicine, 1 PSM, 4 Medicine, 1 Skin & V.D., 2 Surgery, 1 Ophthalmology, 2 Anaesthesiology, 2 Radio-diagnosis, 1 Dental)
(iii)	Assistant Prof.	23	(4 Anatomy, 2 Physiology, 1 Lect. (Bio), 1 Forensic Medicine, 2 Community Medicine, 1 Epid. Cum Lect., 1 RHTC, 1 UHC, 2 General Medicine, 1 TB & Chest, 2 Skin & VD, 1 Psychiatry, 3 OBG, 1 Radio-diagnosis)
(iv)	Tutor	10	(1 Anatomy, 3 Physiology, 1 Pharmacology, 1 Microbiology, 2 For. Med. 2 PSM)

(b) The shortage of Residents is 12.5% (i.e. 14 out of 112) as under:-

(i)	Sr. Resident	08	(1 TB & Chest, 1 Skin & VD., 1 Psychiatry, 3 Anaesthesiology, 2 Radio-diagnosis)
(ii)	Jr. Resident	06	(6 Orthopaedics)

2. Auditorium is not available.
3. At R.H.T.C. Ormanjhi, electric supply is not available in the training centre and PHC. No clinical departments participate in the outreach teaching programmes. No lecturer cum medical officer having M.D.{P.S.M.} is available L.M.O. is available. No hostel / messing facilities are available.
4. At U.H.C.: Doranda - The building is very old and is in very bad shape. No lecturer cum medical officer having M.D.{P.S.M.} is posted. L.M.O. is not available. Deliveries are conducted in a room with very-2 unhygienic condition. No sterilization facilities are available.
5. OPD audiometry room is not soundproof & Air-conditioned.
6. Central Casualty Service: Only 8 beds are available in casualty area against the requirement of 20 beds.
7. Operation theatre unit: There are 16 operation theatres having total 31 tables, which is not as per norms.
8. Radiological facilities: Only two static X-ray units 1 of 700 mA and 1 of 500 mA are available, which is inadequate as per Regulations. A 500 mA X-ray static unit is attached with Image Intensifier but non functional.
9. Central sterilization department: There is no vertical autoclaves and no glove inspection machine. E.T.O. is not available.
10. Biochemistry Department: The Departmental library cum seminar room is not available
11. Pharmacology Department: There are 4 demonstration rooms with capacity of 25 - 30 seats each, which is not as per norms.
12. Pathology Department: There is only 1 demonstration room with capacity of 50 seats.
13. Books in the departmental libraries of TB & Chest-15, Skin & V.D.-60, Psychiatry-Nil & Dentistry -10 are inadequate.
14. Other deficiencies/remarks in the main report.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council further observed that the deficiency of teaching faculty is 20% and of Resident is 12.5% even for the existing intake of 90 seats as under:-

(i)	Professor	2	(Physiology -1 & Paediatrics -1)
(ii)	Associate Prof.	14	(Anatomy -1, Biochemistry -1, Forensic Medicine -1, Community Medicine -1, General Medicine -1, Ophthalmology -1, Obst. & Gynae.-3, Anaesthesia -2, Radio Diagnosis -2 & Dental -1)
(iii)	Assistant Prof.	15	(Anatomy -3, Physiology -1, Lect. Biophys.-1, Forensic Medicine -1, Community Medicine -5, TB & Chest -1, Skin & VD -1, Psychiatry -1, Radio Diagnosis -1)
(iv)	Tutor	5	(Physiology -1, Pharmacology -1, Microbiology -1 & Community Medicine -2)

(b) The shortage of Residents is 12.5% (i.e. 14 out of 112) as under:-

(i)	Sr. Resident	8	(TB & Chest -1, Skin & VD -1, Psychiatry -1, Anaesthesia -3 & Radio-diagnosis -2)
(ii)	Jr. Resident	6	(Orthopaedics -6)

In view of above and persistent and continuing deficiencies of teaching faculty and other infrastructure and the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the Regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for increase of seats in MBBS course from 90 to 150 at Rajendra Institute of Medical Sciences, Ranchi u/s 10A of the I.M.C. Act, 1956.

It was further decided that the institute be directed to remove the deficiency of teaching faculty, Residents, para-medical and nursing personnel, equipment & instrumentation and other infrastructure for existing intake within a period of 1 month and submit the compliance."

The above decision was communicated to the Central Government vide office letter dated 14.6.2008 and to college authorities vide letter dated 24.6.2008. The Central Government vide letter dated 7.7.2008 had requested the college authorities to take necessary action to rectify the deficiencies and forward the compliance report to the Ministry for consideration for the next academic year 2009-10.

The Central Government in a combined letter dated 12.12.2008 has requested the Council for consideration of the application for the academic year 2009-2010. However, no compliance has been received from the college authorities till date.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 90 to 150 at Rajendra Institute of Medical Sciences, Ranchi for the academic year 2009-2010.

65. Increase of seats in Ist MBBS course from 59 to 100 at Institute of Medical Sciences, Varanasi, U.P.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of seats in Ist MBBS course from 59 to 100 at Institute of Medical Sciences, Varanasi, U.P. for the next academic year 2009-10.

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 and 14th June, 2008 considered the matter with regard to increase of seats from 59 to 100 at Institute of Medical Sciences, Varanasi, U.P. had decided as under:-

"1.(a) The shortage of teaching faculty is 20.68% (30 out of 145) as under:-

- | | | |
|------|---------------------|--|
| i) | Professor | nil |
| ii) | Associate Professor | 5 (Physio-2,Bio-Chem-1,Pharmac-1, ENT-1,) |
| iii) | Assistant Professor | 4 (Commu.Med-2,Epi-1,Med- 3
Surgery-2,OBG-2,ANMO-1,
MWO-1, Radio-Dig-2) |
| iv) | Tutor | 11 (Anatomy-4,Physiology-1,Pathology-1)
Anaesthesia-4, Radio-Dig-1) |

(b) The shortage of Residents is 27.94 % (19 out of 68) as under :-

- | | | |
|-----|--------------|--|
| i) | Sr. Resident | 14 (Med-3,Ped-1,TB-1,Derma-1,Surg-2,
Ortho-2,ENT-1,Opth-1,OBG-2) |
| ii) | Jr. Resident | 05 (TB-3, Derma-1, Opth-1,) |

2. Teaching beds are inadequate in the department of Medicine as 96 beds are available against 101 required at this stage as under:-

<i>Speciality</i>	<i>Required Beds/Units</i>	<i>Present Beds/Units</i>	<i>Deficiency (if any)</i>
<i>General Medicine</i>	<i>101/3</i>	<i>96/3</i>	<i>05</i>

3. *Medical Record department is not computerized at all. There is no MRO. NO OPD record/ Statistics is available in MR Room. No Classification of diseases is followed for indexing regularly. Follow up service is not available. Records for in-patients are kept manually.*
4. *In Anatomy department, there are no cooling cabinet, no embalming room, no student lockers are provided. There is no research laboratory. The capacity of 2 demonstration room is 40 against the requirement of 60 as per Regulations.*
5. *In Physiology department, there are no separate amphibian and mammalian labs. The capacity of 2 demonstration rooms is 40 against the requirement of 60 as per Regulations.*
6. *In Biochemistry, gas cylinders are kept inside the laboratory which is not as per norms.*
7. *There is only one laboratory & one demonstration room between Pathology & Microbiology departments which is shared by both the departments.*
8. *There is no separate laboratory or demonstration room in Microbiology department. There is no gas supply in the laboratory.*
9. *There are no inpatient facilities at RHTC, Chiraigaon.*
10. *Other deficiencies as pointed out in the inspection report.*

In view of the Govt. of India letter dated 15.03.2005 issued after the directions of the Hon'ble Supreme Court in case of Mridul Dhar Vs. UOI & Ors. directing the Council to strictly adhere to the time schedule prescribed under the Regulations, and as per the Schedule prescribed in the Establishment of Medical College Regulations, 1999, the last date for sending the recommendations of the MCI for grant of Letter of Permission to the Central Govt. being 15th June, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of the scheme for increase of seats in MBBS course from 59 to 100 at Institute of Medical Sciences, BHU, Varanasi, U.P. u/s 10A of the I.M.C. Act, 1956."

The above decision was communicated to the Central Government vide office letter dated 14.6.2008. The Central Government vide letter dated 7.7.2008 had requested the college authorities to take necessary action to rectify the deficiencies and forward the compliance report to the Ministry for consideration for the next academic year 2009-10.

The Central Government in a combined letter dated 12.12.2008 has requested the Council for consideration of the application for the academic year 2009-2010. However, no compliance has been received from the college authorities till date.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 59 to 100 at Institute of Medical Sciences, Varanasi, U.P. for the academic year 2009-2010.

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

Read: The Central Govt. vide letters dated 12.12.2008 with regard to establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 has requested the Council to consider the application of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the IMC Act, 1956 for the academic year 2009-2010 which has been pending since 2007. However, no response has been received in the Office of the Council from the institute till date in this regard.

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 application of the institute for establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust was returned to the Central Government recommending disapproval of the

scheme vide Council letter dated 20.9.2007. No response from the institute has been received in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of new medical college at Sitapur, Lucknow by Career Convent Educational & Charitable Trust u/s 10A of the Indian Medical Council Act, 1956 for the academic year 2009-2010.

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

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase of MBBS seats from 50 to 100 at M.G.M. Medical College, Jamshedpur for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the Central Government, Ministry of Health & F.W. in its combined letter dated 12.12.2008 has requested the Council to consider the application of M.G.M. Medical College, Jamshedpur for the academic year 2009-2010 which has been pending since 2005. However, no response has been received in the Office of the Council from the institute till date in this regard.

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 application of the institute for increase of MBBS seats from 50 to 100 was returned to the Central Government recommending disapproval of the scheme vide Council letter dated 15.6.2007. No response from the institute has been received in this regard till date thereafter.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 50 to 100 at M.G.M. Medical College, Jamshedpur for the academic year 2009-2010.

68. Increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh.

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the application for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh u/s 10A of the IMC Act, 1956 was considered in reference to Essentiality Certificate and Consent of Affiliation which are not as per format-2 & 3 prescribed in the regulations by the Executive Committee at its meeting held on 3.11.2007 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and 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 application received through the Central Government for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh u/s 10A of the IMC Act, 1956 for the academic year 2008-2009 and observed that in the 'Essentiality Certificate' dated 24.09.2007, it has been mentioned as under:-

"Essentiality Certificate include the conditions (1 to 6) including – "if the applicant violates these directions the State Govt. will be free to cancel this Essentiality Certificate", and also

The Consent of Affiliation issued by the Registrar, Dr. Ram Maohar Lohia Avadh University, Faizabad dated 31.8.2007 is not as per format as prescribed in Form-3 as an essential eligibility criteria for

Establishment of New Medical College Regulations, 1999. Thus, not fulfilling the qualifying criteria 2(4) wherein such Consent of Affiliation is mandatorily required to be submitted alongwith the application..

Thus, the Essentiality Certificate and Consent of Affiliation are not in order as per Format-2 and Format-3 as prescribed under Establishment of Medical College Regulations, 1999.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh for the academic year 2008-2009."

The decision of the Executive Committee was communicated to the Central Govt. vide Council letter dated 30.11.2007.

The Central Govt. vide letter dated 21.07.2008 has requested the Council to evaluate the proposal for the academic year 2009-10 at appropriate time subject to the validity of Essentiality Certificate and Consent of Affiliation.

However, no revised Essentiality Certificate and Consent of Affiliation has been received from the college authorities/Central Govt till date.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Government recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh for the academic year 2009-2010 as the Essentiality Certificate and Consent of Affiliation are not in order as per Format-2 and Format-3 as prescribed under Establishment of Medical College Regulations, 1999, thus the institution does not fulfill the qualifying criteria 2(3)& 2(4) of the Regulations.

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

Read: The Central Govt. vide letters dated 12.12.2008 with regard to consideration of pending application for Mahatma Gandhi Mission's Medical College, Navi Mumbai – Increase of MBBS seats from 100 to 150 for the next academic year 2009-10.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the application by Mahatma Gandhi Mission's Medical College, Navi Mumbai was returned to the Central Government recommending disapproval of the scheme for the academic year 2007-08 as the institute vide its letter dated 30.4.2007 had requested the Council to defer the inspection by six months due to some unavoidable reasons.

The Central Government vide its letter dated 03.07.2007 had requested the Council to consider the proposal for increase in MBBS seats from 100 to 150 at Mahatma Gandhi Mission's Medical College, Navi Mumbai for the academic year 2008-09.

Accordingly, the Principal, Mahatma Gandhi Mission's Medical College, Navi Mumbai vide this Council letter dated 05.12.2007 was requested to send their willingness for carrying out the inspection by the Medical Council of India for the academic year 2008-09. A reminder was also sent on 18.01.2008. However, no response was received from the Principal, Mahatma Gandhi Mission's Medical College, Navi Mumbai in this regard.

Meanwhile, an inspection to verify the teaching faculty, residents and clinical material at Mahatma Gandhi Mission's Medical College, Navi Mumbai was carried out by the Council inspector on 1st February, 2008 and the report was considered by the Executive Committee at its meeting held on 02.02.2008 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present. In view of the deficiencies pointed out in the inspection report the Committee decided to issue a show cause notice to the authorities of

Mahatma Gandhi Mission's Medical College, Navi Mumbai as to why the recognition for the award of MBBS degree should not be withdrawn u/s 19 of the IMC Act, 1956 and further decided that the institute be asked to submit its compliance within a period of 2 months.

In response to above, the Dean, Mahatma Gandhi Mission Medical College, Navi Mumbai vide his letter dated 21.05.2008 had submitted the compliance report, which was verified by way of inspection on 29th May, 2008. The inspection report was considered by the Executive Committee at its meeting held on 13th & 14th June, 2008 where the members of the Adhoc Committee appointed by the Hon'ble Supreme Court were also present and it was decided as under:-

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the compliance verification inspection report (29th May, 2008) along with Council Inspectors report (22nd April, 2008) and decided to recommend that recognition of MBBS degree granted by Maharashtra University of Health Sciences, Mumbai in respect of students being trained at Mahatma Gandhi Medical College, Navi Mumbai be continued restricting the number of admission to 100 (One Hundred) students.

The above recommendations of the Executive Committee had been placed before the General Body of the Council at its meeting held on 13.11.2008 wherein the members of the General Body of the Council had approved the aforesaid recommendations of the Executive Committee.

Now, the Council office has received a combined letter dated 12.12.2008 from the Central Govt. for consideration of the pending application for establishment of new medical college / increase of MBBS seats for the academic year 2009.10 including MGM, New Mumbai. However, no response has been received from the institute till date.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Government recommending disapproval of scheme for increase in MBBS seats from 100 to 150 at Mahatma Gandhi Mission's Medical College, Navi Mumbai for the academic year 2009-2010.

70. Recommendation of the Purchase Committee for Event Manager for the Annual Function of the Platinum Jubilee Year Celebration Committee to be held at New Delhi in March, 2009.

Read: The recommendations of the Purchase Committee with regard to appointment an Event Manager for the Annual Function of the Platinum Jubilee Year Celebration Committee to be held at New Delhi in March, 2009.

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 Purchase Committee for appointment of Event Manager for the Annual Function of the Platinum Jubilee Year Celebration Committee to be held at New Delhi in March, 2009 :-

"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 26/12/2008 at 11.00 a.m. for finalizing the award of work relating to Platinum Jubilee Celebration and Inaugural Function of MCI on 1st, March, 2009 and National Workshop at Convention Hall, Hotel The Ashoka on 2nd & 3rd March, 2009

The Purchase Committee observed that M/s Balmer Lawrie & Co. Ltd., which is a Govt. of India Enterprise, has been providing the Event Management services regularly. It is also observed that the services have been provided to various Government Ministries/Departments/PSUs like NTPC, ONGC, Oil India, RITES, Archeological Survey of India, MEA, HLL etc. Besides these services, M/s Balmer Lawrie & Co. Ltd., have also successfully organised various events/conferences/exhibitions like:-

- i) NTPC Conference in August 03 at Srinagar.
- ii) Hindustan Latex Ltd. Annual conference in April 2004 at Goa comprising 150 delegates.
- iii) NTPC Conference in July 2004 at Jaipur.
- iv) IEA Medical Conference in Dec. 2004 at Jhansi comprising 300 doctors.
- v) SPG-2006 of ONGC in Jan-2006 at Kolkata comprising 800 delegates.
- vi) Handling of VVIP Chinese Delegation comprising of 100 Pax on Behalf of Ministry of Yourth Affairs & Sports in June 2006 on turnkey basis.
- vii) Handling of Chinese Delegation comprising of 100 Pax on Behalf of Ministry of Yourth Affairs & Sports in June 2007 on turnkey basis within India at various locations.
- viii) Handling of the Mega Event "150th Anniversary of 1857 First War of Independence" on behalf of Ministry of Yourth Affairs & Sports.
- ix) SPG Conference of ONGC at Hyderabad International convention Centre in Jan-2008.

It has also been observed from the documents provided by M/s Balmer Lawrie & Co. Ltd., that they are fully equipped to handle all the Event Management and support services on turnkey basis right from the inception till end.

In view of the above, the Committee recommends to award the work relating to Platinum Jubilee Celebration and Inaugural Function of MCI on 1st, March, 2009 and National Workshop at Convention Hall, Hotel The Ashoka on 2nd & 3rd March, 2009, to M/s Balmer Lawrie & Co. Ltd., a Govt. of India Enterprise, as per the rates mentioned in the statement."

71. Minutes of the meeting of the Platinum Jubilee Year Celebration Committee held on 20.11.2008 and 18.12.2008.

Read: The minutes of the meeting of the Platinum Jubilee Year Celebration Committee held on 20.11.2008 and 18.12.2008.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following minutes of the Platinum Jubilee Year Celebration Committee held on 20.11.2008 and 18.12.2008:-

"Minutes of the meeting of the Platinum Jubilee Celebrations Committee held on 20th November, 2008 at 4.30 p.m. in the Office of the Medical Council of India, Pocket-14, Sector-8, Dwarka, New Delhi.

Present:

Dr. Ketan Desai - Chairman
 Dr. Ved Prakash Mishra
 Dr. D.J. Borah
 Dr. Ashwani Kumar
 Dr. T.K. Parthasarathy
 Dr. Sanjay Bijwe

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

The Committee discussed at length the matters and the relative activities with regard to Platinum Jubilee year Celebrations and decided/noted as under:-

1. *The Committee decided that those Institutions which have not yet submitted the report should be requested to send the report of the function which they might have organised in compliance to the MCI's circulars dated 24.01.2008 & 05.03.2008, wherein they had been requested to organize symposia/meetings/seminars.*
2. *The Committee noting that some institutions have not intimated to MCI the information with regards to holding of symposia/meetings/seminars; decided that :-*
 - i) *the institutions should be requested to organize such functions by the end of this year if the meetings/symposia/seminars have not been held so far.*
 - ii) *The meeting also decided that all the medical colleges should ask to send one photograph of the college alongwith detailed postal address, E-mail address alongwith photograph of the CME held in celebration of the Platinum Jubilee of MCI urgently both by mail as well as by C.D.*

- iii) D.O. letters should be written to the Health Secretaries of the States requesting therein that they should use their good offices to advise the institutions in their respective State to organize the function by the year end.
3. The Committee decided that there shall be a session during 13th, 14th & 15th February, 2009, where delegates from following organizations shall be invited to attend and participate:-
- I. President and Secretary of –
- American Medical Association
 - General Medical Council U.K.
 - Canadian Medical Council, Canada
 - Australian Medical Council
 - New Zealand Medical Council
 - South African Medical Council
 - Network of Medical Councils of SEAR region i.e. Nepal, Bangladesh, Indonesian, Thailand, Sri Lanka Medical Council, Myanmar, Bhutan, Maldives & TIMOR Lestho.
- II. Representatives of following organizations shall also be invited to participate –
1. WHO – HQ – Director General – Geneva
 2. WHO – Regional office – Regional Director
 3. World Medical Association (WMA)
 4. IAMRA/International Association of Medical Regulatory Authorities)
 5. WFME (World Federation of Medical Education)
- Dr.D.J. Borah shall arrange to send the invitations to the foreign delegates.
4. The Committee noting that 27 defined topics had been communicated to the institutions vide Council's circulars and accordingly the reports as submitted by the institutions have been received/are being received wherein they are communicating themes/topics of the said functions.
- The Committee decided that two compilation be prepared as under:-
1. Reports of the Regional Workshops/Seminars;
 2. Reports of the deliberation on the topics at the Workshops/Seminars organized at the institutional level which should be categorized theme-wise.
5. The meeting further decided that –
- i) accommodation available in India International Centre, India Habitat Centre and other suitable places may be booked for the delegates.
 - ii) each medical college shall be asked to send one representative to the celebration without fail.
 - iii) Video Film/Documentary depicting the retrospective period of 75 years of MCI shall be made. The length of the documentary shall be 15-20 minutes and the said documentary shall also depict the prospective plan of the MCI for the future.
 - iv) Dr.Ashwani Kumar was requested by meeting to find out a suitable party in consultation with the Chairman who will be able to do the necessary research and make the film.
 - v) A book depicting the salient milestone of MCI for the last 75 years shall also be prepared and the said book shall also have various historical documents of the MCI. A team of Dr.Ved Prakash Mishra, Dr.D.J. Borah & Dr.T.K. Parthasarthy have been entrusted with the task.
 - vi) A souvenir to mark the said occasion shall be prepared which shall contain among other things, the report of all the CME programmes held at the regional level as well as the institutional level in the various medical colleges of the country.
 - vii) Efforts shall be made to get a commemorative stamp marking the Platinum Jubilee of MCI by the Ministry of Post, Govt. of India.
 - viii) A Memento suitably to mark the occasion of the Platinum Jubilee Year of Medical Council of India shall be ordered and made. The said Memento shall be presented to the invitees, guests, members of MCI and shall also be available to all those who desire to purchase this.
 - ix) The Platinum Jubilee of the Council should be commemorated by Instituting a Platinum Jubilee Award in the form of a chair at the Council or an award to be presented annually which would be given to a person of eminence in the Medical Field who have contributed to creative innovation in the filed of medical education and technology.
6. Invitees – The meeting discussed and decided that -

- i) one person from each medical college shall be invited to attend the ceremony.
- ii) Health Secretaries and Director Medical Education of the States; the Vice-Chancellors of Medical Universities, Deemed Universities and the Universities having medical faculty shall be invited to attend the celebration.
- iii) President & Secretaries of the State Medical Councils shall also be invited to the function.
- iv) President & Secretaries of National Councils for example Dental Council of India, Nursing Council of India, Pharmacy Council of India, Ayurveda Council & Veterinary Council shall be invited.
- v) Directors of AIIMS, New Delhi, PGI, Chandigarh & Sri Chitra Institute of Medical Sciences, Trivandrum shall also be invited to the function.
- vi) National President and Secretaries of Indian Medical Association shall also be invited.

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

A P P R O V E D

Sd/-
(DR.KETAN DESAI)
CHAIRMAN

Dated the 20th November, 2008
New Delhi.

Minutes of the meeting of the Platinum Jubilee Celebrations Committee held on 18th December, 2008 at 3 p.m. in the Office of the Medical Council of India, Pocket-14, Sector-8, Dwarka, New Delhi.

Present:

Dr. Ketan Desai - Chairman
Dr. Sneh Bhargava
Dr. Ved Prakash Mishra
Dr. Indrajit Ray
Dr. D.J. Borah
Dr. Ashwani Kumar
Dr. Sanjay Bijwe

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

The Committee discussed at length the matters and the relative activities with regard to Platinum Jubilee year Celebrations and noted/discussed & decided.

- (I) The Committee noted that -
 - (i) Todate more than 110 institutions have intimated to MCI the information with regards to holding of symposia/meetings/seminars.
 - (ii) The Platinum Jubilee celebrations will be held on 2nd and 3rd March, 2009 instead of earlier scheduled dates of 13th, 14th and 15th February, 2009. Accordingly, fresh dates have to be communicated to the President of India. Inauguration of the Council building at Dwarka, Delhi by the Hon'ble President of India would be scheduled for 1st March, 2009, if possible.
- (II) The Committee discussed and decided that -
 - (i) The guests from European countries should also be considered for invitation and their participation as also
 - (ii) Head of Association of State Medical Councils of United States of America.
- (III) The Committee also decided that the Executive Committee should be requested for sanction of an amount of Rs. 50 lakhs (Rupees Fifty Lakhs) towards expenditure for the activities associated with celebration functions.
- (IV) The Committee also discussed and decided that -
 - (i) a suitable event management agency/organization should be entrusted this job of organizing and managing the total arrangements/activities in relation to Platinum Jubilee celebrations.

- (ii) Choices/selection regarding mementos and other gifts articles/presents were discussed in general terms.
- (iii) The possibility of having sponsorship for carrying out various activities of the function may also be explored to make it a grand success.
- (iv) As the event is memorable occasion in the history of the Council, it was decided to invite all the past members and retired officers of the Council who have contributed immensely to bring the Council to the highest pedestal.
- (V) The Committee also discussed the following tentative programme for 2nd and 3rd March, 2009:-

2nd March, 2009

<u>Ist Session</u>	<u>Topics</u>
9.30 a.m. to 11.00 a.m.	Globalisation of Medical Education (International Session)
11.00 a.m. to 11.30 a.m.	Tea
11.30 a.m. to 1.00 p.m.	Impact of global recession on Health Care and Medical Education the World over
1.00 p.m. to 2.00 p.m.	Lunch

2nd Session

2.00 p.m. to 4.00 p.m.	Autonomy – A Must for Regulatory/Statutory Councils. Speakers would be local guests associated with Health Care/Medical Education sectors in India.
4.00 p.m. to 4.30 p.m.	Tea
6.30 p.m. onwards	Cultural evening followed by Dinner

3rd March, 2009

9.30 a.m. to 11.00 a.m.	Quality Based Medical Education – a Vision
11.00 a.m. to 11.30 a.m.	Tea Break
11.30 a.m. to 1.00 p.m.	Quality Based Medical Education – a Vision (Contd.)
1.00 p.m. to 2.00 p.m.	Meet Declaration
2.00 p.m. onwards	Lunch

The meeting ended with a vote of thanks to the Chair.

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

New Delhi, dated
18th December, 2008

A P P R O V E D

Sd/-
(DR.KETAN DESAI)
CHAIRMAN

72. Writ Petition (C) No. 393/2008 Vineeth K. & Ors. – Vs. State of Kerala & Ors. in the Hon'ble Supreme Court.

Read: The matter with regard to Writ Petition (C) No. 393/2008 Vineeth K. & Ors. – Vs. State of Kerala & Ors. in the Hon'ble Supreme Court with regard to running a preparatory course for duration of one year for the students of Sc/ST category. .

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council considered the matter with regard to Writ Petition (C) No. 393/2008 Vineeth K. & Ors. – Vs. State of Kerala & Ors. , the Hon'ble Supreme Court in its interim order dated 26.9.2008 had directed as under:-

“We notice that out of 51 seats reserved for scheduled castes candidates in the various Govt. 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.”

After detailed deliberations on the matter, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that a suitable communication to the Chief Secretary of all the State Govt. & Union Territories in India, all the State Health Secretaries and all the Director (Medical Education) of all the States in the form of circular be sent as under:-

“To

- (i) Chief Secretary
to all the State Govts. & Union Territories in India,
- (ii) The Secretary (Health)
to all the State Govts. & Union Territories in India
- (iii) Director (Medical Education)
to all the State Govts. & Union Territories in India

Sub: (1) Mandatory requirement for the Private Medical Colleges for selection of candidates for admission in medical courses on the basis of merit list of common entrance test and the minimum eligibility norms contained in Graduate Medical Education Regulations, 1997 of the MCI.
(2) Coaching/Orientation of 12th Standard students belonging to SC/ST/OBC categories for training them to be able to secure minimum prescribed marks in CET as per Graduate Medical Education Regulations, 1997.

Sir,

With reference to the subject mentioned above, I am directed to briefly give the provisions of the Graduate Medical Education Regulations 1997 of the MCI and some of the judgments of the Hon'ble Apex Court, as under:

1. In terms of clause 5 of MCI's Graduate Medical Education Regulations, 1997, the following is the requirement : -

5. Selection of Students:

The selection of students to medical college shall be based solely on merit of the candidate and for determination of the merit, the following criteria be adopted uniformly throughout the country:

1. In states, having only one Medical College and one university board/examining body conducting the qualifying examination, the marks obtained at such qualifying examination may be taken into consideration;
2. In states, having more than one university/board/examining body conducting the qualifying examination (or where there is more than one medical college under the administrative control of one authority) a competitive entrance examination should be held so as to achieve a uniform evaluation as there may be variation of standards at qualifying examinations conducted by different agencies;
3. Where there are more than one college in a state and only one university/board conducting the qualifying examination, then a joint selection board be constituted for all the colleges;
4. A competitive entrance examination is absolutely necessary in the cases of Institution of All India character.

- 5(i) *In case of admission on the basis of qualifying examination under clause (1) based on merit, candidate for admission to MBBS course must have passed in the subjects of Physics, Chemistry, Biology & English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry and Biology at the qualifying examination as mentioned in the clause (2) of regulation 4. In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or Other Backward classes. The marks obtained in Physics, Chemistry and Biology taken together in qualifying examination be 40% instead of 50% as above.*
- (ii) *In case of admission on the basis of Competitive entrance examination under clause (2) to (4) of this regulation, a candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of 50% of marks taken together in Physics Chemistry and Biology at the qualifying examination as mentioned in clause (2) of regulation 4 and in addition must have come in the merit list prepared as a result of such competitive entrance examination by securing not less than 50% marks in Physics, Chemistry and Biology competitive examination. In respect of candidates belonging to Schedule Caste, Schedule Tribes or other Backward Class the marks obtained in Physics, Chemistry, and Biology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above.*

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

2. *The 2 Tier methodology for selection of students for admissions to the MBBS course i.e. 50% marks in Physics, Chemistry, Biology and English at the 10 + 2 level and the prescribed marks of 50% and 40% for General and Reserved category candidates respectively in the Common Entrance Test, has been upheld by the Hon'ble Supreme Court in the case of State of Andhra Pradesh & Anr. Vs. Lavu Narendranath & Ors - (1971) 1 SCC 607. This judgement was later re-affirmed by the constitution bench of the Hon'ble Supreme Court in the case of Dr. Preeti Srivastava & Anr. Vs. State of M.P. - (1999) 7 SCC 120.*

3. *The Hon'ble Supreme Court in the case of Dr. Indu Kant Vs. State of U.P. & Ors. – 1993 Supp (2) SCC 71 has been pleased to hold as under:-*

“5. We have given our thoughtful consideration to the entire facts and circumstances of the case. We have already held that the rule laying down the minimum percentage of marks in the entrance examination is valid and no direction can be given to the State Government to fill up any vacant seats by the candidates securing less than the minimum qualifying marks.....”

4. *In the case of Shri Chander Chinar Bada Akhara Udasin Society & Ors. Vs. State of J&K & Ors. - (1996) 5 SCC 732, the Hon'ble Supreme Court has been pleased to hold as under:-*

".....It need not be pointed out that the percentage of marks secured by different applicants at different types of examinations at the higher secondary stage cannot be treated as uniform. Some of such examinations are conducted at the State level, others at the national level including the Indian School Certificate examinations. The percentage secured at different examinations are bound to vary according to standard applied by such examination bodies, which is well known. As such a common entrance examination has to be held....."

5. *Similarly, in the case of Dr. Sadhna Devi & Ors. Vs. State of U.P. & Ors. – (1997) 3 SCC 90, where with reference to PG medical admissions, the stipulation with regard to minimum marks in the Common Entrance Test was attempted to be diluted, the Hon'ble Supreme Court held that the candidates belonging to the reserved category are required to secure the minimum qualifying marks for admission in PG medical courses.*

6. *The above-mentioned judgement of the Hon'ble Supreme Court in the case of Shri Chander Chinar Bada Akhara Udasin Society was reaffirmed by the Hon'ble Supreme Court with reference to the MCI Regulations in the case of Ravindra Kumar Rai Vs. State of Maharashtra & Ors. - (1998) 3 SCC 183. The need for conduct of common entrance test for admission in MBBS course was re-emphasised by the Hon'ble Supreme Court. The candidates are obliged to qualify by obtaining the minimum eligibility marks in the CET as well for seeking admission in the MBBS course.*

7. *The provision of regulation 5 of the MCI's statutory regulations 1997, providing for 2 tier mechanism for admission in the MBBS course, was again considered by the Hon'ble Supreme Court in its judgement in the case of Professional Examination Board, MP vs. Prashant Agarwal & Anr., JT 2002 (8) SC 84. In this case, where the candidates who had not secured the minimum 50% marks in the 10+2 examination in the prescribed subjects, were somehow allowed to sit in the CET examination, where the respondent in that case had qualified. He was declined admission because of not qualifying in the 1st tier, i.e. minimum of 50% marks in the prescribed subjects in the 10+2 examination. The admission was declined to the respondent therein. The Hon'ble High Court had granted relief to the candidate concerned. However, the Hon'ble Supreme Court while setting aside the judgement of the Hon'ble*

High Court held that the provisions of the statutory regulations of the MCI prescribing the 2 tier mechanism, i.e. securing minimum of 50% marks in the prescribed subjects in the 10+2 examination and thereafter securing minimum of 50% marks in the CET – could not have been disregarded by the Hon'ble High Court.

8. *In relation to a similar stipulation with regard to the admissions in PG courses, the Hon'ble Supreme Court in the case of State of Punjab Vs. Dayanand Medical College - (2001) 8 SCC 664, came to the conclusion that the candidate who fails to secure the minimum prescribed marks to be obtained in the CET, would not be entitled for admission in the PG medical course.*

9. *Similarly, in the case of State of Madhya Pradesh & Ors. Vs. Gopal D. Tirthani & Ors. – (2003) 7 SCC 83, the Hon'ble Supreme Court reiterated the applicability of the MCI Regulations laying down the minimum qualifying marks to be secured by the each candidate in the CET for admission in the PG course.*

10. *Each of the candidate is required to fulfill the above-mentioned stipulations for participating in the Common Entrance Test for being eligible for admission to an MBBS course, in terms of the regulations of MCI.*

11. *The Hon'ble Supreme Court through its judgments has held the prescriptions of MCI's regulations to be mandatory and binding, having uniform applicability for admission in the MBBS course in all the medical institutions and all institutions, universities, admission authorities are obliged to follow and strictly adhere to provisions of the statutory regulations of the MCI.*

12. *In the case of SC/ST/OBC candidates the prescription of securing minimum 40% in the CET has been prescribed in the MCI's statutory regulations framed under section 33 of the Act with the prior approval of the Government of India.*

13. *The Constitution Bench of the Hon'ble Supreme Court in Preeti Srivastava's case has further observed that to maintain the requisite standard of teaching and training, the teaching institution has to take into account the caliber of its students and their existing level of knowledge and skills. Incase a number of student have noticeably lower skills and knowledge, the standard of education will have to be either lowered to reach these students, or these students will not be able to benefit from or assimilate higher level of teaching, resulting in frustration and failures. The relevant portion of the Preeti Srivastava's case is reproduce hereunder :-*

“.....Standard of education

31. Large differentiation in the qualifying marks between the two groups of student would make it very difficult to maintain the requisite standard of teaching and training and at the postgraduate level. Any good teaching institution has to take into account the caliber of its students and their existing level of knowledge and skills if it is to teach effectively any higher courses. If there are a number of student who have noticeably lower skills and knowledge, the standard of education will have to be either lowered to reach these students, or these students will not be able to benefit from or assimilate higher level of teaching, resulting in frustration and failures. It would also result in wastage of opportunities for specialized training and knowledge which are by their very nature, limited.

32. It is therefore, wrong to say that the standard of education is not affected by admitting student with low qualifying marks, or that the standard of education is affected only by those factors which come in to play after the students are admitted. Nor will passing a common final examination guarantee a good standard of knowledge. There is a great deal of difference in the knowledge and skills of those passing with the high percentage of marks and those passing with a low percentage of marks. The reserved category of student who are chosen for higher levels of university education must be in a position to benefit and improve their skill and knowledge and bring it to a level comparable with the general group, so that when they emerge with specialized knowledge and qualification, they are able to function efficiently in the public interest. Providing for 20% marks as qualifying marks for the reserved category of candidates and 45% marks for the general category of candidates, therefore is contrary to the mandate of Article 15(4). It is for the Medical council of India to prescribe any special qualifying marks for the admission of the reserved category candidates to the postgraduate medical courses. However the deference in the qualifying marks should be at least the same as for admission to the undergraduate medical courses, if not less.....”

14. *It is stated that besides the competent authority of the State Governments and the Union Territories conducting their respective common entrance test (CET), Associations of Private Medical Colleges are also under a mandatory and imperative obligation for conducting the common entrance test for admissions in medical courses. Your attention is also invited to the following directions / observations of the Hon'ble Supreme Court in the case of P.A. Inamdar (2005) 6 SCC 537, in para 135 to 138 :-*

“135. Pai Foundation has already held that the minority status of educational institutions is to be determined by treating the States as units, Students of that community residing in other States where they are not in minority, shall not be considered to be minority in that particular State and hence their admissions would be in par with other non-minority students of that State. Such admissions will be only to a limited extent that is like a “sprinkling” of such admissions, the term we have used earlier borrowing from Kerala Education Bill, 1957. In

minority educational institutions, aided or unaided, admissions shall be at the State level, Transparency and merit shall have to be assured.

136. *Whether minority or non minority institutions, there may be more than one similarly situated institutions imparting education in any one discipline, in any State. The same aspirant seeking admission to take education in any one discipline of education shall have to purchase admission forms from several institutions and appear at several admission tests conducted at different places on the same or different dates and there may be a clash of dates. If the same candidate is required to appear in several tests, he would be subjected to unnecessary and avoidable expenditure and inconvenience. There is nothing wrong in an entrance test being held for one group of institutions imparting same or similar education. Such institutions situated in one State or in more than one State may join together and hold a common entrance test or the State may itself or through an agency arrange for holding of such test. Out of such common merit list the successful candidates can be identified and chosen for being allotted to different institutions depending on the courses of study offered, the number of seats, the kind of minority to which the institution belongs and other relevant factors. Such an agency conducting the common entrance test ("CET" for short) must be one enjoying utmost credibility and expertise in the matter. This would better ensure the fulfillment of twin objects of transparency and merit. CET is necessary in the interest of achieving the said objectives and holding of such common entrance test followed by centralised counseling or, in other words, single window system regulating admissions does not cause any dent in the right of minority unaided educational institutions to admit students of their choice. Such choice can be exercised from out of the list of successful candidates prepared at CET without altering the order of the merit inter se of the students so chosen.*

137 *Pai Foundation has held that minority unaided institutions can legitimately claim unfettered fundamental right to choose the students to be allowed admission and the procedure therefor subject its being fair, transparent and non exploitative. The same principle applies to non-minority unaided institutions. There may be a single institution imparting a particular type of education which is not being imparted by any other institution and having its own admission procedure fulfilling the test of being fair, transparent and non-exploitative. All institution imparting same or similar professional education can join together for holding a common entrance test satisfying the abovesaid triple tests. The state can also provide a procedure of holding a common entrance test in the interest of securing fair and merit based admissions and preventing maladministration. The admission procedure so adopted by a private institution or group of institution, if it fails to satisfy all or any of the triple tests, indicated hereinabove, can be taken over by the State substituting its own procedure. The second question is answered accordingly.*

138 *It needs to be specifically stated that having regard to the larger interest and welfare of the student community to promote merit, achieve excellence and curb malpractices, it would be permissible to regulate admissions by providing a centralised and single-window procedure. Such a procedure, to a large extent, can secure grant of merit-based admissions on a transparent basis. Till regulations are framed, the admission committees can oversee admissions so as to ensure that merit is not the casualty.*

15. *It is emphasized for the kind attention of all concerned that the mandatory provisions of law and the judgments of the Hon'ble Supreme Court clearly lay down that the admission procedure adopted by unaided Private Institutions or group of institutions should be transparent, merit based and non exploitative. It is further submitted that admissions are to be on the basis of the common entrance test held by the State Government / authorities or by the Association of Private Colleges / Institutions in a transparent manner. Students are required to fulfil the eligibility norms prescribed by the MCI through the statutory regulations at both the stages, i.e. in the 10+2 examination and then in the Common Entrance Test.*

16. *The issue of candidates not fulfilling the abovementioned norms had once again come before the Hon'ble M.P. High Court wherein certain private medical colleges of the State of M.P. in the academic year 2006-07 had granted admission to some candidates in MBBS course who were ineligible, by charging capitation fee, contrary to the regulations of MCI and the law laid down by The Hon'ble Supreme Court. These admissions were challenged before the Hon'ble M.P. High Court through a PIL being W.P. No.16146/2006 - Akhil Bhartiya Vidhyarthi Parishad Vs. State of M.P. & Ors. The Hon'ble M.P. High Court by its order dated 23.07.2007, directed MCI / DCI to take prompt action against the private medical / dental colleges of M.P., in accordance with law in respect of admissions in MBBS / BDS courses, has held as under :-*

"2. On 2.3.2007, the Court passed an order calling upon the Secretary of the Committee for monitoring admission in Private Professional Colleges in the State of Madhya Pradesh headed by Mr. Justice Chandresh Bhushan (Retd.) to submit a report before The Hon'ble Supreme Court of all cases of admissions made contrary to the guidelines of the Medical Council of India and Dental Council of India to different Private Dental and Medical Colleges of Madhya Pradesh during the session 2006-07. Pursuant to the said order dated 2.3.2007 of

the Court, the Committee for monitoring admissions to Private Professional Colleges in the State of Madhya Pradesh submitted a report giving the names of candidates who have been given admission in various private Medical and Dental Colleges in the State of Madhya Pradesh contrary to rules and regulations of the Medical Council of India and the Dental Council of India. On 3.7.2007, after hearing learned counsel for the parties, the Court directed the Registry of this Court to furnish a copy of the report to counsel appearing for Medical Council of India and the Dental Council of India and further directed the Medical Council of India and the Dental Council of India to file affidavits alongwith documents to show the action taken against the private Medical and Dental Colleges for giving admission to candidates contrary to their rules / regulations / guidelines.

3. Pursuant to the directions in the said order dated 3.7.2007 of the Court, the Medical Council of India has filed an affidavit before the Court on 18.7.2007. In the said affidavit, the Medical Council of India has stated that three admissions were given by the People's College of Medical Sciences and Research Centre, Bhopal to candidates securing less than 50% marks in the Common Entrance Test (DMAT-2006) and since these admissions were found to be in violation of law laid down by the Supreme Court and the regulations of the Medical Council of India, by letter dated 24.5.2007, the MCI has directed the Dean, People's College of Medical Sciences & Research Centre, Bhopal to discharge all these candidates admitted in violation of the regulations and the law laid down by the Supreme Court, but the Dean of the People's College of Medical Sciences & Research Centre, Bhopal in his reply dated 31.5.2007 has stated that the matter is subjudice in Court in the present writ petition. The Medical Council of India has also stated in the affidavit that the College authorities of the People's College of Medical Sciences & Research Centre, Bhopal, by their letter dated 4.7.2007 have also intimated the Medical Council of India that one candidate who had obtained only 41% marks in the entrance test was shown to be admitted against unreserved category as she has failed to produce caste certificate and upon furnishing of an OBC certificate from the competent authority by the said candidate, the list of admissions submitted by the College with regard to the said candidate will stand amended.

4. The Medical Council of India has also stated in the affidavit that R.D. Gardi Medical College, Ujjain has intimated the Medical Council of India that about 16 candidates have been admitted to MBBS course in the College who had not secured the minimum of 50% marks in the entrance test (DMAT-2006) and hence the Medical Council of India, by letter dated 24.5.2007, has directed the College authorities to discharge all the 16 candidates who had been admitted in violation of the MCI's regulations and the law laid down by the Supreme Court. The Medical Council of India has further stated in the affidavit that a candidate who had secured 45.5% marks in the entrance test (DMAT-2006) and who stated to be belonging to OBC, had been shown to be ineligible for admission in MBBS course in the report whereas in terms of MCI's regulations, OBC candidates who secure a minimum of 40% marks in the common entrance test (DMAT-2006) are eligible for admission to an MBBS course. The Medical Council of India has further stated in the affidavit that a candidate who belongs General category and who had secured only 39.5% marks in the DMAT-2006 and hence not eligible for admission to MBBS course, does not figure in the report submitted by the Committee for monitoring admission procedure.

5. The Dental Council of India has also filed a separate affidavit stating that some of the students who do not have 50% either in 10+2 or 50% in common entrance test (DMAT-2006) have been admitted by some of the private Dental Colleges in the State of Madhya Pradesh as per the report of the Admission Monitoring Committee and that the report of the Admission Monitoring Committee will be placed before the Executive Committee of the Dental Council of India for its consideration and for taking appropriate decision in the matter.

6. In view of the aforesaid affidavits filed by the Medical Council of India and the Dental Council of India, we do not wish to keep this writ petition pending before this Court because such pendency of writ petition in this Court will not give a freehand to the Medical Council of India and the Dental Council of India to take action in accordance with their regulations and the decisions of the Supreme Court in respect of the admissions of MBBS and BDS courses in the private Medical and Dental Colleges in the State of Madhya Pradesh.

7. We therefore dispose of this writ petition with the direction that the Medical Council of India and the Dental Council of India will take prompt action in accordance with law in respect of the admissions in MBBS and BDS courses in private Medical and Dental Colleges in Madhya Pradesh pursuant to DEMAT-2006 contrary to the guidelines and regulations of the Medical Council of India and the Dental Council of India and the law laid down by the Supreme Court as discussed in this order.....”

17. In terms of the above-mentioned order dated 23.7.07 passed by the Hon'ble Madhya Pradesh High Court, the MCI by its letter dated 12.7.07 had directed the authorities of R.D. Gardi Medical College to discharge all those candidates who had secured less than the minimum qualifying marks prescribed in MCI's regulations. Accordingly the college by its letter dated 5.9.07 had directed discharge of the candidates who had not secured 50% marks in the CET.

18. The candidates who had been directed to be discharged had preferred WP No.13371/2007 before the Hon'ble M.P. High Court. The Hon'ble High Court by its judgement and order dated 14.07.08 had been, inter-alia, pleased to uphold the requirement of 50% marks in the Physics Chemistry & Biology at 10+2 level and also in the common entrance test, as per MCI regulations.

19. The aggrieved candidates had filed SLP(C) No.17995-96/2008 challenging the judgement and order dated 14.7.08 passed by the Hon'ble M.P. High Court. When the said SLPs were taken up for consideration by the Hon'ble Supreme Court. By its judgement dated 4.9.08, the Hon'ble Supreme Court has been pleased to uphold the judgement passed by the M.P. High Court with certain directions to the college.

20. Thus, it is to be seen that wherever in any State there is more than one source / Board / University from where the candidates are to be taken for admission in MBBS Course, the conduct of the Common Entrance Test is a mandatory requirement. Further, the 2 tier mechanism for selection of students in the MBBS Course, provided through the statutory regulations of the MCI has been found to be valid and has been approved by the Hon'ble Supreme Court.

21. Recently, a meeting was held between the DGHS Ministry of Health, Govt. of India, MCI, CBSE, University of Delhi on 10.10.08.

As such in terms of the deliberations in the meeting, the following was adopted unanimously:-

1. That the eligibility prescribed in the governing Regulations of MCI to the effect that an applicant belonging to open category shall have 50% marks at the qualifying examination in the subjects of Physics, Chemistry and Biology taken together and also 50% marks at the competitive entrance test. Similarly, a student belonging to the backward communities in terms of the prescribed eligibility shall have 40% marks at the qualifying examination and also 40% marks at the competitive entrance test. The said eligibility conditions under the governing Regulation notified by the MCI in terms of Section 33 with the prior approval of the Govt. of India are binding and mandatory in character and cannot be relaxed in any manner by any authority.

2. The CBSE through its Counsel would inform the Hon'ble Supreme Court at the ensuing hearing the correct and exact position with reference to the observations by the representative of the MCI present at the meeting dated 08.09.2008 to the effect that the eligibility conditions prescribed in the governing Regulations are not relaxable.

The reference in the minutes appended to the interim application preferred by CBSE stating therein that "The Committee also unanimously approved that the candidates of unreserved category securing 50% marks and candidates of SC/ST categories securing 40% marks in Preliminary Examination or the candidates ten time of the number of seats available for counseling/admission whichever is less may be declared qualified for the Final Stage Examination. While declaring the merit list it may also be ensured that 40% eligibility criteria be adhered to for OBC candidates, which is as per eligibility criteria provided by MCI. The proposal to arrange the candidates in merit list by conducting the Final Stage Examination was also agreed upon by the House" is not correct to the extent the observations of the MCI representative have not been brought to the notice of the Hon'ble Supreme Court. The full text of the said meeting dated 08.09.2008 including therein the observations of the representative of MCI as circulated vide letter dated 03.10.2008 and brought out hereinbelow be brought to the notice of the Hon'ble Supreme Court:-

"It was also informed to the House that as per the decision taken by the Committee during its last meeting the Medical Council of India was requested to relax the eligibility criteria regarding admission to MBBS/BDS courses. In response to the said letter, the Medical Council of India had replied vide letter No.MCI-34(MC)/2008-Gen(M)/22867, dated 06.09.2008 wherein it is mentioned that "the Regulations 5(5)(ii) of Graduate Medical Education, 1997 are statutory, binding and mandatory in all character and the Medical Council of India has no power to relax it in any manner. Accordingly, it would neither be permissible nor possible for the Council office to relax it and therefore, required to be strictly adhered by all concerned authorities".

The Chairman and the esteemed members were of the opinion that the Ministry of Health and Family Welfare, the Medical Council of India and the Directorate General of Health Services may again be requested to review the Regulations in view of the current scenario by placing it before the appropriate Authority. It was also decided that while requesting the statistics and causes may also be supplied to facilitate the Medical Council of India to place the issue in proper way before the Competent Authorities to make the changes in the Regulations."

3. In accordance with the interim order of the Hon'ble Supreme Court in Writ Petition No. WP [C] No. 393/08 – Vineeth K & Ors. Vs. State of Kerala & Ors. which has been recorded earlier it was agreed that the relevant details in regard to structuring of the modalities pertaining to the counseling and orientation of the students belonging to the backward communities for their update so that they are able to generate for themselves the necessary competitiveness should be worked out through appropriate deliberations by convening necessary meetings of the present group in times to come. The next date of the meeting may be fixed up by mutual consultations for further deliberation in regard to this aspect of the issue.....”

22. Regarding the abovementioned unanimous decision dated 10.10.08, the Hon'ble Supreme Court had passed an order on 20.10.2008 in I.A. No.30-31 in W.P.(C) No.443 of 1992 observing as under:-

“.....Heard learned counsel for the applicants and learned counsel for MCI.

There was a meeting of the Government of India, CBSE, Delhi University and MCI and they have taken certain decisions on 10th October, 2008. These terms and conditions are acceptable to all the parties which are shown in the minutes of the meeting held on 10.10.2008.

I.A.s. are disposed of accordingly”.

23. Your attention is also invited to the directions of the Hon'ble Supreme Court in Writ Petition (C) No.393/08 Vineeth K & Ors. Vs. State of Kerala & Ors.cited above and for your reference and perusal is reproduced hereunder:

“....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”

24. In this connection it has been learnt that the IITs (Indian Institute of Technology) are conducting a Preparatory / Orientation Training for the students of SC/ST category for their participating in the Common Entrance Examination. These candidates are provided with training and orientation for taking the common entrance test.

25. In view of the above, it is requested that while ensuring the conduct of common entrance test by the Association by the Private medical colleges and that the candidates are selected on the basis of their merit in the CET – held in a proper and transparent manner, you are also requested to kindly consider putting in place – a mechanism for coaching / orientation of the 12th standard students belonging to SC / ST / OBC categories thereby training them for able to secure minimum prescribed marks in the common entrance test examination conducted for this purpose, in accordance with the statutory regulations of the MCI.”

73. Pattern of inspection carried out by the Council u/s 10A and 11(2) of the Indian Medical Council Act, 1956.

Read: The matter with regard to pattern of inspection carried out by the Council u/s 10A and 11(2) of the Indian Medical Council Act, 1956.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that Regulation 8(3) pertaining to Grant of Permission of Establishment of Medical College Regulations, 1999, reads as under:-

“8. GRANT OF PERMISSION:-

(3) The Permission to establish a medical college and admit students may be granted initially for a period of one year and may be renewed on yearly basis subject to verification of the achievements of annual targets. It shall be the responsibility of the person to apply to the Medical Council of India for purpose of renewal six months prior to the expiry of the initial permission. This process of renewal of permission will continue till such time the establishment of the medical college and expansion of the hospital facilities are completed and a formal recognition of the medical college is granted. Further admissions shall not be made at any stage unless the requirements of the Council are fulfilled. The Central Government may at any stage convey the deficiencies to the applicant and provide him an opportunity and time to rectify the deficiencies....”

It was also observed that in accordance with the provision of the above said Regulations, the Council is obliged to carry out the inspections for recommending renewal of permission of

such colleges which apply to the Medical Council of India six months prior to the initial permission. The Council is also obliged to repeat this process of renewal/permission till such time the formal recognition of the college is granted u/s 11(2) of the Indian Medical Council Act, 1956.

It is also observed that the time schedule as prescribed in the Establishment of Medical College Regulations, 1999 for processing of the application is as under:-

SCHEDULE FOR RECEIPT OF APPLICATIONS FOR ESTABLISHMENT OF NEW MEDICAL COLLEGES AND PROCESSING OF THE APPLICATIONS BY THE CENTRAL GOVERNMENT AND THE MEDICAL COUNCIL OF INDIA

Stage of Processing	Last date
1.	
2.	
3.	
4. Issue of Letter of Intent by the Central Government	31st January
5. Receipt of reply from the applicant by the Central Government requesting for Letter of Permission	28th February
6. Receipt of Letter from Central Government by the Medical Council of India for consideration for issue of Letter of Permission	15th March
7. Recommendations of Medical Council of India to Central Government for issue of Letter of Permission	15th June
8.	

It was observed by the Committee that these Regulations being statutory Regulations are mandatory and binding in character and are required to be followed by all the authorities.

The institutions were also asked to submit their readiness for inspection of the college to be carried out before 15th March,2009 for the academic year 2009-10 vide Council letters dated 10/19th November, 2008.

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 as under:-

- (1) The inspection for renewal of permission for admission of fresh batch of students for the academic year 2009-10 will be undertaken by the Council Inspectors at any period of time between 1st February, 2009 to 30th April, 2009 **without any further intimation.**
- (2) The institution should submit the Declaration Forms of the teaching faculty on their roll alongwith the Standard Inspection Form A and Forms B to the Council Office on or before **20th January, 2009.** For any faculty appointed after the submission of the Declaration Forms, the Declaration Forms alongwith all the relevant documents should be submitted to the Council Office **within 7 (seven) days of the joining of the concerned faculty.** It may also be noted that a teaching faculty who is absent during this period at the time of inspection on any ground will not be considered on the strength of the teaching faculty of the institute. Further, only those teachers will only be considered for designations for which they are presented if they are qualified to hold that designation with reference to the requisite academic qualification and teaching experience as prescribed in Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998, irrespective of their previous designation/appointment or consideration.
- (3) Inspection for recognition of undergraduate course u/s 11(2) of the Indian Medical Council Act, 1956 will be carried out for a period of 3(three) days by a team of Council inspectors comprising of atleast 4(four) inspectors.

- (4) The Standard Inspection Form A and Forms B & C (in case of inspection for recognition of the course) and Declaration Form (2009-10) have been sent in C.D. alongwith letter in November, 2008. They can also be downloaded from MCI website.

74. Amendments to Medical Council of India Regulation-Regarding.

Read: The matter with regard to amendments to Medical Council of India Regulation.

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 at its meeting held in March, 2004 had proposed certain amendments in Graduate Medical Education Regulations, 1997; Minimum Requirements for 100 MBBS Admissions Annually Regulations, 1999; Postgraduate Medical Education Regulations, 2000 and Minimum Qualifications for Teachers in Medical Institution Regulations, 1998 which were communicated to the Central Govt. vide Council letter dated 19.8.2004.

As no approval was forthcoming, several reminders were sent to the Central Govt. of which the last one was sent on 14.6.2008.

The Central Govt. in its communication dated 20.6.2008 had approved some of these amendments in toto, some of the amendments were approved with several modifications and some of amendments were not approved at all. In the same communication, the Central Govt. had also proposed certain amendments on its own suo moto. As no clear cut decision in respect of these amendments was conveyed by the Central Govt. a letter requesting the clarification and the approval was sent to the Central Govt. on 10.7.2008 and 20.8.2008. The approval of the Central Govt. to certain amendments was conveyed vide letter dt. 28.8.2009.

Vide letter dated 5.9.2008, the observations of the Council on the conditions/amendments proposed by the Central Govt. while according approval to the MCI proposal to the amendments were communicated. A communication in this regard was also sent to the Prime Minister's Office vide Council letter dated 10.9.2008.

The Council had notified those amendments which the Central Govt. had approved vide notifications dated 20.10.2008 the amendments to Graduate Medical Education Regulations, 1997, Minimum Standard Requirements for 100 MBBS Admissions Annually Regulations, 1999 and Postgraduate Medical Education Regulations, 2000.

Subsequently, a meeting was held with the Central Govt. Officials on 3.11.2008 regarding notifying those amendments on which the Central Govt. had proposed certain amendments to the Council proposal. The minutes of the meeting were conveyed to the President (Acting) a copy whereof was also endorsed to the Secretary, Ministry of Health & F.W. Vide another letter dated 25.11.2008, the decision of the General Body of the Council to the amendments proposed by the Central Govt. was also communicated. These amendments on which the Central Govt. had proposed some modifications or which were proposed suo moto by the Central Govt. and which were approved by the General Body of the Council were notified by the Council vide notification dated 1.12.2008, 15.12.2008 and 22.12.2008.

Vide another letter dated 18.12.2008, the Central Govt. has requested to withdraw the above mentioned notifications dated 20.10.2008 and 1.12.2008 and also withdraw any other notification relating to the amendments to MCI Regulations, if sent to the Govt. Press, which are awaiting publication. It has also been requested that the approved notifications of all the Regulations proposed to be sent to the Govt. of India Press for publication may kindly be sent to the Ministry for approval. A copy of the said letter has also been marked to the Manager, Govt. of India Press, Mayapuri, New Delhi with the request not to publish any further notification regarding amendment to MCI Regulations in the Gazette of India, received from the Medical Council of India until further instructions in view of above circumstances.

It was further observed that in the amendments notified by the Council vide notifications dated 20.10.2008, 1.12.2008, 15.12.2008 and 22.12.2008, all the amendments covered in these

notifications have been approved by the Central Govt. either vide their letters or in the meeting dated 3.11.2008 and which has also been confirmed by the Council telephonically on 17-18 November, 2008 and through letter on 25.11.2008.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided that the Central Govt. be requested to withdraw or cancel its letter dated 18.12.2008.

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

Read: The letter dated 19.12.2008 received from the college authorities with regard to defer the application for the next academic session.

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 19.12.2008 received from the college authorities informing to defer the inspection of Fakhruddin Ali Ahmed Medical College, Barpeta to the next academic session.

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Govt. recommending disapproval of scheme for establishment of new medical college at Barpeta, Assam by Society for Medical Education u/s 10A of the IMC Act, 1956 as there is no provision in the I.M.C. Act, 1956 or Regulations framed thereunder to keep the application pending with the Council for the next academic year.

76. Nomination of members of DPC/Selection Committee for the post of Additional Secretary.

Read: The matter with regard to nomination of members of DPC/Selection Committee for the post of Additional Secretary.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council nominated Dr. Indrajit Ray, Chairman, Postgraduate Medical Education Committee, Dr. V.N. Jindal, Dean, Goa Medical College, Bambolim and Dr. K. Meer Mustafa Hussain, Vice Chancellor, The Tamilnadu Dr. MGR Medical University, Chennai on the Selection Committee for the post of Additional Secretary, MCI.

77. Admission of excess students under NRI quota at Kempegowda Institute of Medical Sciences, Bangalore for the academic year 2008-09-Re-consideration of.

Read: The matter with regard to admission of excess students under NRI quota at Kempegowda Institute of Medical Sciences, 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 of the Council observed that at its meeting held on 10.11.2008 while considering the matter of excess students under NRI quota at Kempegowda Institute of Medical Sciences, Bangalore for the academic year 2008-09 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 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."

The aforesaid decision of the Executive Committee was communicated to the concerned authorities on 11.12.2008, with the request to ensure that the college will reduce 6 seats in the NRI quota in the next academic year 2009-10.

It was further observed that in reference to this office letter cited above, the Principal, Kempegowda Institute of Medical Sciences, Bangalore vide its letter dated 18.12.2008 has stated as under:-

".... that out of the total intake of 120 seats sanctioned, the seat matrix fixed by the Govt. of Karnataka are detailed as under:-

1. 40% (48 seats) – Stage Govt. Common Entrance Test (CET)
2. 40% (48 seats) – Management – Comed-K Entrance Test
3. 05% (06 seats) – Management – Institution Preference.
4. 15% (18 seats) – Management Non-resident Indians.

The admissions during 2008-09 were made in accordance with the above seat allocation made by the State Govt. of Karnataka. We have not made any excess admissions under NRI category, as observed in your letter dated 11th Dec., 2008.

Since the institutional quota seats of 5% (6 seats) are shown under the Management/NRI/Others in letter cited under reference (1), this appears to be misconceived that all 24 seats are admitted under NRI category at your end."

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 revoke the communication sent to the Director, Medical Education, Karnataka and Vice Chancellor, Rajiv Gandhi University of Health Sciences, Bangalore in respect of excess students in the NRI category admitted at Kempegowda Institute of Medical Sciences, Bangalore and inform the respective authorities accordingly.

78. Establishment of new medical college at Tiruchirapalli, Tamil Nadu by SRM University, Chennai, Tamil Nadu.

Read: The letter dated 11.12.2008 received from the Registrar, SRM University, Tamil Nadu alongwith UGC letter dated 13.02.2008 with regard to establishment of new medical college at Tiruchirapalli, Tamil Nadu by SRM University, Chennai, Tamil Nadu.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council observed that the institute does not have a valid Consent of affiliation from an affiliating university as required under Qualifying Criteria 2(4) of the Establishment of Medical College Regulations, 1999. It also has not yet submitted the permission of the Central Government to bring the proposed medical college under the ambit of SRM University, Chennai (a Deemed University).

In view of above, the members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council decided to return the application to the Central Government recommending disapproval of the scheme for establishment of new medical college at Tiruchirapalli, Tamil Nadu by SRM University, Chennai, Tamil Nadu as it does not have consent of affiliation from an affiliating university as required under Qualifying Criteria 2(4) of the Establishment of Medical College Regulations, 1999.

79. Minutes of the Academic Cell.

The members of the Adhoc Committee appointed by the Hon'ble Supreme Court and of the Executive Committee of the Council approved the following minutes of the Academic Cell meeting held on 24.12.2008:-

“Minutes of the meeting of Academic Cell of the Council held on 24th December, 2008 at 2.00 p.m. in the office of the Medical Council of India, Dwarka, New Delhi.

Present :

<i>Dr.Ketan Desai</i>	-	<i>Chairman</i>
<i>Dr.Ved Prakash Mishra</i>		
<i>Dr.(Mrs.) Sneh Bhargav</i>		
<i>Dr.Indrajit Ray</i>		
 <i>Dr.A.R.N. Setalvad</i>	-	 <i>Secretary.</i>

The Committee considered the agenda of Academic matters & item-wise decided as under:-

1A. Specialties in which curriculum has been finalized.

The Committee decided that the UG and PG curricula which have been developed by various specialty Boards be placed before a Committee. The members of the Committee will be senior Faculty members from the disciplines of (1) preclinical specialties, (2) paraclinical specialties, (3) Medicine and allied specialties, (4) Surgery and allied specialties, (5) Obstetrics and Gynecology and allied subjects. The Chairman of the Committee will be Dr. Indrajit Ray, Chairman, PG Committee. Director (Academic Cell) will be the Member Secretary. The Committee will ensure that the UG curriculum which will be Problem based Learning will have assignable workloads without overlap. The members will scrutinize the PG curriculum and see that it adheres to MCI guidelines. The members of the Committee may call upon the members of the Specialty Boards for any clarification. The members so called, will be reimbursed travel etc. The members of the Committee will be paid travel expenses and at the completion of the document (UG curriculum/PG curriculum) an honorarium of Rs.5000/ only.

The curricula so completed should be placed before Executive Committee/Postgraduate Committee in batches i.e. like curriculum relating to General Medicine and associated subjects; Gen.Surgery and associated subjects; pre & para clinical subjects etc.

1B. Board of Specialties in which meeting is still to be held.

It was decided that Director (Academic Cell) will take steps to complete curriculum drafting in the following specialties, at the earliest:-

1. *Microbiology*
2. *Physical Medicine & Rehabilitation*
3. *Tropical Medicine*
4. *Pulmonary Medicine*
5. *Immunology*
6. *Neuro-Radiology*
7. *Marine Medicine (Diploma)*
8. *Occupational Health (Diploma)*
9. *Public Health (Diploma)*
10. *Radiotherapy (MD,Diploma)*
11. *Radiological Physics(Diploma)*
12. *Virology (Diploma)*

2. Proposal for initiation of FDP and establishment of APICAL Centre at MCI

The Committee considered the proposal of FDP and establishment of APICAL Centre at MCI and decided that the following institutions are to be considered for recognition as Regional Centres for conducting Faculty Development Programmes:

(a) *North: Maulana Azad Medical College, New Delhi (Dr. Anil Aggarwal & Dr. Krishna Prakash), and Christian Medical College, Ludhiana (Dr. Tejinder Singh).*

East: Kalinga University, Bhubaneswar, Orissa (Dr. Hari Gautam) and one centre at Calcutta (to be suggested by Dr. Indrajit Ray).

Central: Datta Meghe Institute of Medical Sciences University, Nagpur (Dr. V.P. Mishra)

West: Seth GS Medical College & KEM Hospital, Mumbai (Dr. Avinash Supe) and NHL Municipal College, Ahmedabad (Dr. P.Patel)

South: Sri Ramachandra University, Chennai (Dr. S. Rangaswami) and St. Johns' Medical College, Bangalore (Dr. Pais)

(b) *A meeting will be convened to evolve a common Programme for Basic and Advanced Course in Medical Education technologies with representatives from Medical Education Units/Departments from AIIMS (Dr. R. Sood), MAMC (Dr. Krishna Prakash) and CMC, Ludhiana (Dr. Tejinder Singh).*

(c) Necessary steps will be taken to establish the Apical centre for Simulation Based Medical Education at MCI, in the first phase. In the second phase, similar Centres will be established at the Regional Centres.

3. Vision document for the establishment of a Centre for Medical Ethics

It was decided that Dr. Borah will take necessary action on the vision document prepared by him.

4. Letter from Chairman, Ethics Committee, MCI on introduction of teaching of Ethics in UG curriculum.

The Committee noted that Teaching of Ethics is already recommended for inclusion in the curriculum by the Board of Speciality of medicine.

The Ethics Committee noted that the Chairman of the Ethics Committee in his report on the effort of WHO-SEARO to finalise an MODULE ON ETHICS with an aim of introducing it in UG course curriculum of the region has reported as under:-

“It was decided that the course would be fully integrated to the UG curriculum and shall be taught by different departments. The parts that fall specifically to the various departments have been identified by the module. Each department has now to devote 1-2 lectures and some wardside teaching time to cover the part. In the examinations also a short note or question of not more than 4-5 marks would be there in the question paper and practicals on ethical matters pertaining to that department. Thus Anatomy, Medicine, Surgery, O&G, Paediatrics, Psychiatry, PSM & Forensic Medicine all will specifically devote a small part of their teaching time to teaching of ethics and assess the students for it. The Dean will be the overall incharge. This is not a bad idea and MCI may support it in principle.”

It was further observed that the proposal for amendment of Regulations of the Council for increasing the duration of the MBBS course to five years has not been accepted by the Central Govt. which has also been accepted by the General Body of the Council at its meeting held on 13th November, 2008.

In view of above, the Committee decided that the teaching of ethics as recommended and incorporated in the Regulations enforced at may not be enhanced. Nothing further is required to be done at the moment.

5(i). Letters relating to subjects in which curriculum has been finalized.

Noted, matter regarding Bio-physics is referred to UG section.

5(ii). Letters relating to subjects in which curriculum has not been finalized.

The Committee decided that relevant communication should be made available for the members of Board of Specialities so that these communications are taken care of while finalizing the curriculum.

6. Proposal from Dr. M.K. Singh, Department of Pathology, AIIMS

This will be referred to the Committee constituted for this purpose

7. Letter from Registrar, Sri Chitra Tirunal Institute of Medical Sciences, Trivandrum

The Committee noted the letter dated 07.03.2008 from Registrar, Sri Chitra Tirunal Institute of Medical Sciences, Trivandrum with regards to the request for inclusion of MPH degree in the Minimum Qualification for Teachers in Medical Institutions Regulations as eligibility criteria for faculty posts and decided to place it to the TEQ Sub-Committee.

The members appreciated Dr.Rajalakshmi for the work which she had done in the Academic Cell.”

80. Amendments to Minimum Standard Requirements for the Medical College for 50 and 150 Admissions Annually Regulations, 1999.

Read: The matter with regard to amendments to Minimum Standard Requirements for the Medical College for 50 and 150 Admissions Annually Regulations, 1999.

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 has prescribed Minimum Standard Requirements for the Medical College for 50, 100 and 150 Admissions Annually Regulations, 1999. The amendments to these Regulations were proposed by the General Body of the Council and forwarded to the Central Govt. in 2004. The Central Govt. vide letter dated 20.06.2008 and 22.08.2008 had approved certain amendments in toto. As regards some of the amendments, the Central Govt. had approved the same with some modifications. The Central

Govt. had also proposed some amendments/suggestions suo-moto. These were considered by the General Body of the Council at its meeting held on 13.11.2008.

The Amendments to Minimum Standard Requirements for the Medical College for 100 Admissions Annually Regulations, 1999 have been notified by the Council vide notifications dated 20.10.2008 and 01.12.2008. However, the corresponding notifications for 50, 150 Regulations have not been notified till date.

After due deliberations and considering the amendments to the Minimum Standard Requirements for the Medical College for 100 Admissions Annually Regulations, 1999 as notified by the Central Government vide Notifications dated 20.10.2008 and 01.12.2008, 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 that matching amendments to the Minimum Standard Requirements for the Medical College for 50 and 150 Admissions Annually Regulations, 1999 may also be notified as under:-

A. In the Minimum Requirements for 50 MBBS Admissions Annually Regulations, 1999, the following additions / modifications / deletions / substitutions, shall be as indicated therein:-

1. *In clause 3, at S. No. (2) the words "INCLUDING BIOPHYSICS" shall be deleted and at S.No. (14), the words "INCLUDING PAEDIATRIC SURGERY" shall be deleted.*

2(i). *In Schedule I Clause A.1.1 under the heading 'CAMPUS' shall be substituted with the following:*
-

"Companies registered under Company Act may also be allowed to open medical colleges. Permission shall be withdrawn if the colleges resort to commercialization."

(ii) *In Schedule (I) Clause A.1.2 under the heading "Administrative Block", the words "examination hall (200 Sq.m.)" shall be deleted, the words (30 Sq.m each,) shall be substituted by "(50 Sq.m. each)" and the words "(40-50 Sq. m.)" shall be substituted by "(100 Sq.m.)".*

(iii). *In Schedule I Clause A.1.4 under the heading 'Central Library', shall be substituted with the following: -*

"There shall be an air-conditioned Central Library (1000 Sq.m) with seating arrangement for at least 100 students for reading and having good lighting and ventilation and space for stocking and display of books and journals. There shall be one room for 50 students inside and one room for 50 students outside. It should have not less than 5000 text and reference books. In a new medical college the total number of books should be proportionately divided on yearly basis in five years. The number of journals shall be 100 out of which one-third shall be foreign journals and subscribed on continuous basis. The number of copies of textbooks in each subject of undergraduate teaching shall be ten.

There shall be provision for –

- a. Staff reading room for 15 persons;*
- b. Rooms for librarian and other staff;*
- c. Journal room;*
- d. Room for copying facilities;*
- e. Video and Cassette room (desirable);*
- f. Air-conditioned Computer room with Medlar and Internet facility with minimum of 15 nodes.*

Medical colleges should have skill labs and adopt information technology in teaching medicine. There shall be provision for e-library also."

(iv). *In Schedule I Clause A.1.5 under the heading 'Lecture Theatres', shall be substituted with the following: -*

"There shall be a minimum of three lecture theatres preferably air conditioned, of gallery type in the Institution out of which two will be of seating capacity for 80 students and one will be of capacity for 150 students each. Lecture theatre shall be provided with necessary independent audio-visual aids including overhead projector, slide projector, LCD projector and a microphone. These lecture theatres shall be shared by all the departments in a programmed

manner. There shall be provision for E-class. Lecture halls must have facilities for conversion into E-class/Virtual class for teaching. The existing colleges shall introduce these facilities in their lecture hall within one year."

- (v) *Clause A.1.6 shall be substituted by the following:
"Auditorium/Examination Hall (Multi-purpose):
There shall be an auditorium-cum-examination hall of 500 sq.m. area in not more than three levels."*
- (vi) *Clause A.1.9 shall be substituted by the following:
"Animal house:
Department animal house may be maintained by the department of Pharmacology. In addition to the animal house, experimental work on animals can be demonstrated by Computer Aided Education."*
- (vii) *Clause A.1.10 shall be substituted by the following:
"Incinerator
An incinerator Plant commensurate with hospital bed strength may be provided. Alternatively any other system approved by the respective State Pollution Control Board may be provided."*
- (viii) *Clause A.1.11 shall be deleted.*
- (ix) *Clause A.1.12 shall be deleted.*
- (x) *In Clause A.1.18, the following shall be added: "Arrangements must be made so that plumbers are available round the clock"*
- (xi) *After Clause A.1.18, the following shall be added.*

"A.1.19 There shall be 6 laboratories (100 Sq.m.area each) which will be provided with continuous working tables. Every seat shall be provided with stainless steel wash basin. Every working table shall have drawer or steam proof top, and individual lighting. One preparation room each of 15 Sq.m. area shall be provided with all the laboratories.

There shall be two laboratories of 60 Sq.m. area each.

All of these laboratories may be used in common with various departments e.g. Histology and Histopathology; Biochemistry and Clinical Pharmacology; Heamatology and Pathology; Microbiology and Community Medicine.

Central Research Laboratory

There shall be one well-equipped Central Research Laboratory in the medical college, which will be under the control of the Dean of the college. The existing colleges shall install the laboratory within two years. Each medical college shall have Pharmaco-Vigilance Committee.

- (xii) *A.1.20 Training of teacher in Medical Education Unit.*

The period of training of a teacher in a Medical Education Unit shall be increased from one week to two weeks.

- (xiii) *A.1.21 Rural Health Training Centre
Every medical college shall have one rural health training centre under Administrative control of Dean of the college for training of students in community oriented primary health care and rural based health education for the rural community attached to it. This health centre shall be within a distance of 30 km. or within one hour of commuting distance from the medical college. Separate residential arrangements for boys, girls and interns with mess facilities shall also be provided. Adequate transport (both for staff and students) shall be provided for carrying out field work and teaching and training activities by the department of Community Medicine."*

- 3 (i). *In Schedule I Clause B.1.1 under the heading 'General Remarks' shall be substituted with the following: -*

"A functional teaching hospital with 300 beds with at least 70% indoor bed occupancy should be available. There should be 80% bed occupancy at the time of inspection for first renewal and thereafter for subsequent renewals.

Lifts for the patients and ramp for fire protective services and for handicapped persons shall be provided in the hospital at the time of letter of permission. An electric generator of not less than 700 KVA shall be provided. A play area including T.V., Music, Toys, Books, etc. shall be provided for Paediatric patients. All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/ Principal/Director who shall not be concurrently Head of Department but can be a component of teaching faculty in the concerned respective department."

- (ii) *In Clause B.1.2 after the words "space for visitors", the following shall be added: "alongwith computer and internet facility in each department"*
- (iii) *In Clause B.1.3 after the words "in the hospital", the following shall be added "in addition to those in medical college/institution."*
- (iv) *In Clause B.1.6, the words "Jr. Residents, Senior Residents, Registrars etc." shall be substituted by "Jr. Residents and Senior Residents etc."*
- (v) *Clause B.1.7 shall be substituted by the following:*

"There shall be a minimum OPD attendance of 4 patients (old & new) per day per student intake of the subjects of Undergraduate curriculum at the time of Letter of Permission. This should be increased in such a manner that at the end of fourth year it comes to 8 patients (old & new) per day per student intake."
- (vi) *After Clause B.1.9, the following shall be added:-*
- (vii) *"B.1.10: Dean, Medical Superintendent and each department shall have independent computer and printer facility.*
- (viii) *B.1.11: Each and every college /institute shall have its own website wherein the following details updated in the first week of every month shall be provided:-*
 - a. Details of Dean, Principal and Medical Supdt. including their name, qualification complete address with telephone and STD code, fax and E-mail etc.*
 - b. Teaching as well as non-teaching staff.*
 - c. Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI.*
 - d. List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.*
 - e. Any research publications during the last one year.*
 - f. Details of any CME programmes, conferences and/or any academic activities conducted by the institution.*
 - g. Details of any awards and achievement received by the students or faculty.*
 - h. Details of the affiliated university and its Vice-Chancellor and Registrars.*
 - i. Result of all the examinations of last one year.*
 - j. Detailed status of recognition of all the courses.*
 - k. Details of clinical material in the hospital."*

- 4 (i) *Clause B.2.1 shall be substituted by the following:*

"The following accommodation shall be available with each ward, namely:.

- 1. Accommodation in a General Ward shall not exceed 30 patients and distance between the two beds shall not be less than 1.5m.,*
- 2. Nurses Duty Room/Nursing Station.*
- 3. Ward should be constructed in such a way that the Nurse from her Nursing Station is able to have an overview of all the patients in the wards.*
- 4. Examination and Treatment room.*
- 5. Ward Pantry.*
- 6. Store room for linen and other equipment.*
- 7. Resident Doctors and students Duty Room.*
- 8. Clinical Demonstration Room.*

In Schedule I Clause B.2.1 the following shall be added: -

"7. Accommodation in general ward shall not exceed 30 patients hall and distance between two beds shall not be less than 1.5 meters."

- (ii) Clause B.2.2 shall be substituted by the following:
1. Offices for Heads of Departments and Heads of Units.
 2. Accommodation for other unit staff.
 3. Clinical demonstration rooms (at least one for each department).
 4. Deleted.
- Note: The size and number of staff rooms shall be as per the guidelines in the pre and para clinical departments for the prescribed number of staff members in a department.

- (iii) Clause B.2.3 shall be deleted.

- (iv) In Clause B.2.4 at S.No. (2), "Preparation room" shall be substituted by "Pre-Anaesthetic/Preparation room – atleast 4 beds." and para (1 & 2) at S.No. 14 shall be substituted by "One such units may be provided for General Surgery, for ENT; for Orthopaedics; for Ophthalmology and for Obstetrics and Gynaecology and for septic cases".
Other surgical specialities shall have independent separate OT.

Additional space need to be provided for various Endoscopy procedures.

Minor Operation Theatre – one minor operation theatre in addition to above shall be provided for surgical departments in casualty/emergency unit and one such theatre in O.P.D.

- (v) In Clause B.2.6 the following shall be added:
"The physical facilities for housing the laundry equipment shall be provided in the campus. However, services can be handed over the any agency but with overall supervision of Hospital Administrator".

- (vi) Clause B.2.7 shall be substituted by the following:
"DEPARTMENT OF RADIO-DIAGNOSIS:
(1) The staff of Radio-Diagnosis department shall be covered by Personal Monitoring System of BARC.

Accommodation shall be provided for the following namely:

- (a) Room for 300mA, 500mA, 600mA. I.I.T.V. System, Fluroscopy System (36 sq.m.).
- (b) Ultrasound Room (15 sq.m.)
- (c) Room for 60 mA Mobile X-ray system (15 sq.m)
- (d) Accommodation for CT Scan system. There shall be three equipment rooms, (examination room, control room, control room and computer room). In addition, a service room for Electrical Panels, UPS and Servo Stablizer shall be provided. The total area requirement is 80 sq.m.
- (e) There shall be preferable a Magentic Resonance Imaging (MRI) system. The space requirement shall be according to the standard specifications.
- (f) Store room for X-Ray films related material (15 sq.m)
- (g) Museum (25 sq.m.)
- (h) Waiting room for patient, enquiry office and staff rooms for Professor & HOD, Assoc. Profs., Asstt. Profs., Residents, Tutor shall be provided as per requirement.
- (i) Accommodation for demonstration room shall be provided.

- (2) The room sizes for various Diagnostic Imaging Systems shall be as per the following provision of the Atomic Energy Regulatory Board Safety Code, namely:

"The room size of the room housing X-ray equipment must not be less than 25 Sq.m. for a general purpose X-Ray machine. In case of diagnostic X-Ray equipment operating at 125kV or above the control panel must be installed in separate control room located outside but contiguous to the X-Ray room. Rooms housing fluoroscopy equipment must be so designed that adequate darkness can be achieved conveniently when desired. Patient waiting areas must be provided outside the X-ray room and a dark room must be provided.

- (vii) In Clause B.2.8, the word "should" be substituted by "shall".

- (viii). In Schedule I Clause B.5 under the heading 'CENTRAL CASUALTY DEPARTMENT' shall be substituted with the following: -

"There shall be well equipped and updated intensive care unit (I.C.U) -5 beds, Intensive Coronary Care Unit (I.C.C.U.)-5 beds, Intensive Care Paediatric/Neonatal Unit -5 beds and

- preferably Intensive Care in Tuberculosis and Respiratory Diseases. The number of beds in casualty trauma unit shall be 10. ICU should be located near casualty. These shall be functional at the time of inception of the college."*
5. *Clause B8 shall be substituted by the following:
"HOSPITAL WASTE MANAGEMENT
Facilities for hospital waste management, commensurate with the State Regulatory Authorities etc. shall be provided."*
 6. *Clause B9 shall be deleted.*
 7. (i) *Clause B.10.1 shall be substituted by the following:
"There shall be sufficient number of quarters for covering 100 per cent of the total Sr. Residents and Jr. Residents as required."*
(ii) *Clause B.10.2 shall be substituted by the following:
"There shall be sufficient number of quarters for covering at least 20% each of the Nurses, teaching and non-teaching staff."*
 8. *In Clause B.11, Schedule – II, Sub-clause no. 3 shall be substituted by the following:
"These regulations cover the minimum requirements of under graduate medical education. Additional teaching and non-teaching staff shall also be required in OPD, Indoors, Operation theatres and Intensive Care areas where the work load involved in emergency patient care, clinical laboratory work/field work is heavy or is of a specialized nature"*
 9. *Clause B12 "HOSTELS FOR STUDENTS" shall be substituted by the following:-

"The College/Institution should have at least provision for 75% of the total intake of students at a given time. Each hostel room shall not have more than three occupants. The size of such room shall not be less than 27 sq.mt. Each student shall be provided with an independent and separate furniture which shall include chair, table, bed and full size cupboard at the least. In case of single seated room it should be at least 9 sq. mt. Area. Each hostel shall have a visitor room, a study room with facilities for computer and internet and should be air-conditioned. There shall be a recreational facility room having T.V., Music, Indoor games etc. and messing facilities for the students."*
 10. *In Schedule II after Clause 6 under the heading 'DEPARTMENTWISE STAFF REQUIREMENTS – NON- CLINICAL' shall be substituted with the following: -

"DEPARTMENTWISE STAFF REQUIREMENTS - NON-CLINICAL
(1) DEPARTMENT OF ANATOMY*

1.	Professor	1
2.	Assoc. Prof.	1
3.	Asstt. Prof.	1
4	Tutors/Demonstrators	2
5.	Technician	1
6.	Dissection Hall Attendants	3
7.	Store Keeper cum Clerk-cum Computer Operator	1
8.	Sweepers	2

(2) DEPARTMENT OF PHYSIOLOGY

1	Professor	1
2	Assoc. Prof	1
3	Asstt. Prof.	1
4	Tutors/Demonstrators	2
5.	Technician	1
6	Store Keeper cum clerk cum Computer operator	1
7	Sweepers	2

(3) DEPARTMENT OF BIOCHEMISTRY

1	Professor	1
2	Assoc. Prof.	1

3	<i>Asstt. Prof.</i>	<i>1</i>
4	<i>Tutors/Demonstrators</i>	<i>2</i>
5	<i>Technical Asstt./Technician</i>	<i>2</i>
6.	<i>Store-Keeper cum clerk cum Computer operator</i>	<i>1</i>
7.	<i>Sweepers</i>	<i>2</i>
8.	<i>Lab Attendant</i>	<i>1</i>

(4) DEPARTMENT OF PATHOLOGY

1	<i>Professor</i>	<i>1</i>
2	<i>Assoc. Prof.</i>	<i>1</i>
3	<i>Asstt. Prof.</i>	<i>2</i>
4	<i>Tutors/Demonstrators</i>	<i>3</i>
5	<i>Technical Asstt./Technician</i>	<i>4</i>
6	<i>Lab. Attendants</i>	<i>2</i>
7	<i>Steno cum Computer Operator</i>	<i>1</i>
8	<i>Store Keeper cum Record Keeper</i>	<i>1</i>
9.	<i>Sweepers</i>	<i>2</i>

(5) DEPARTMENT OF MICROBIOLOGY

1	<i>Professor</i>	<i>1</i>
2	<i>Assoc. Prof.</i>	<i>1</i>
3	<i>Asstt. Prof.</i>	<i>1</i>
4	<i>Tutors/Demonstrators</i>	<i>2</i>
5	<i>Technical Asstt./Technician</i>	<i>7</i>
6	<i>Lab. Attendants</i>	<i>2</i>
7	<i>Store Keeper cum Record clerk</i>	<i>1</i>
8	<i>Steno cum Computer Operator</i>	<i>1</i>
9	<i>Sweepers</i>	<i>2</i>

(6) DEPARTMENT OF PHARMACOLOGY

1	<i>Professor</i>	<i>1</i>
2	<i>Assoc. Prof.</i>	<i>1</i>
3.	<i>Asstt. Prof.</i>	<i>1</i>
4	<i>Tutors/Demonstrators</i>	<i>2</i>
5.	<i>Laboratory Attendants</i>	<i>2</i>
6.	<i>Store Keeper cum clerk cum Computer operator.</i>	<i>1</i>
7.	<i>Sweepers</i>	<i>2</i>

(7) DEPARTMENT OF FORENSIC MEDICINE

1	<i>Professor</i>	<i>1</i>
2	<i>Assoc. Prof.</i>	<i>1</i>
3	<i>Asstt. Prof.</i>	<i>1</i>
4	<i>Tutors/Demonstrators</i>	<i>1</i>
5	<i>Technical Asstt./Technician</i>	<i>2</i>
6	<i>Laboratory Attendants</i>	<i>2</i>
7	<i>Steno Typist</i>	<i>1</i>
8	<i>Store Keeper cum clerk cum Computer Operator</i>	<i>1</i>
9	<i>Sweepers</i>	<i>4</i>

Note:- 1. In case of postmortem work of more than 500 annually, two additional Tutors/Demonstrators shall be provided.

(8) DEPARTMENT OF COMMUNITY MEDICINE

1	<i>Professor</i>	<i>1</i>
2	<i>Assoc. Prof.</i>	<i>1</i>
3	<i>Asstt. Prof.</i>	<i>1</i>
4.	<i>Epidemiologist-cum-Assistant Professor</i>	<i>1</i>
5	<i>Statistician-cum-Assistant Professor</i>	<i>1</i>
6	<i>Tutors/Demonstrators</i>	<i>2</i>
7	<i>Medical Social Worker</i>	<i>1</i>
8	<i>Technical Asstt./Technicians</i>	<i>1</i>
9	<i>Stenographers</i>	<i>1</i>

10	Record keeper cum clerk cum Computer Operator	1
11	Store Keeper	1
12	Sweepers	1

Staff for Rural Training Health Centre (including field work and epidemiological studies.)

1	Medical Officer of Health-cum-lecturer/ Assistant Professor.	1
2	Lady Medical Officer	1
3	Medical Social Workers	2
4	Public Health Nurse	1
5	Health Inspector/Health Assistant (Male)	1
6	Health Educator	1
7	Technical Asstt./Technician	1
8	Peon	1
9	Van Driver	1
10	Store Keeper cum Record Clerk	1
11.	Sweepers	2

Urban Training Health Centre

1.	Medical officer of Health-cum-Lecturer/ Assistant Professor	1
2.	Lady Medical Officer	1
3.	Medical Social Workers	2
4.	Public Health Nurse	1
5.	Health Inspectors	2
6.	Health Educator	1
7.	Technical Assistant/Technicians	2
8.	Peon	1
9.	Van Driver	1
10.	Store Keeper	1
11.	Record Clerk	1
12.	Sweepers	2

Note: The Urban and Rural Training Health Centres should be under the direct administrative control of the Dean/Principal of the college."

B. In the Minimum Requirements for 150 MBBS Admissions Annually Regulations, 1999, the following additions / modifications / deletions / substitutions, shall be as indicated therein:-

1. In clause 3, at S. No. (2) the words "INCLUDING BIOPHYSICS" shall be deleted and at S.No. (14), the words "INCLUDING PAEDIATRIC SURGERY" shall be deleted.
- 2(i). In Schedule I Clause A.1.1 under the heading 'CAMPUS' shall be substituted with the following:
-
"Companies registered under Company Act may also be allowed to open medical colleges. Permission shall be withdrawn if the colleges resort to commercialization."
- (ii) In Schedule (I) Clause A.1.2 under the heading "Administrative Block", the words "examination hall (450 Sq.m.)" shall be deleted, the words (30 Sq.m each,) shall be substituted by "(150 Sq.m. each)" and the words "(40-50 Sq. m.)" shall be substituted by "(300 Sq.m.)".
- (iii). In Schedule I Clause A.1.4 under the heading 'Central Library', shall be substituted with the following: -
"There shall be an air-conditioned Central Library (2400 Sq.m) with seating arrangement for at least 300 students for reading and having good lighting and ventilation and space for stocking and display of books and journals. There shall be one room for 150 students inside and one room for 150 students outside. It should have not less than 11000 text and reference books. In a new medical college the total number of books should be proportionately divided on yearly basis in five years. The number of journals shall be 100 out of which one-third shall be foreign journals and subscribed on continuous basis. The number of copies of textbooks in each subject of undergraduate teaching shall be ten.

There shall be provision for –

- a. Staff reading room for 30 persons;

- b. Rooms for librarian and other staff;
- c. Journal room;
- d. Room for copying facilities;
- e. Video and Cassette room (desirable);
- f. Air-conditioned Computer room with Medlar and Internet facility with minimum of 40 nodes.

Medical colleges should have skill labs and adopt information technology in teaching medicine. There shall be provision for e-library also."

(iv). *In Schedule I Clause A.1.5 under the heading 'Lecture Theatres', shall be substituted with the following: -*

"There shall be a minimum of five lecture theatres preferably air conditioned, of gallery type in the Institution out of which four will be of seating capacity for 180 students and one will be of capacity for 350 students each. Lecture theatre shall be provided with necessary independent audio-visual aids including overhead projector, slide projector, LCD projector and a microphone. These lecture theatres shall be shared by all the departments in a programmed manner. There shall be provision for E-class. Lecture halls must have facilities for conversion into E-class/Virtual class for teaching. The existing colleges shall introduce these facilities in their lecture hall within one year."

(v) *Clause A.1.6 shall be substituted by the following:*

*"Auditorium/Examination Hall (Multi-purpose):
There shall be an auditorium-cum-examination hall of 1200 sq.m. area in not more than three levels."*

(vi) *Clause A.1.9 shall be substituted by the following:*

*"Animal house:
Department animal house may be maintained by the department of Pharmacology. In addition to the animal house, experimental work on animals can be demonstrated by Computer Aided Education."*

(vii) *Clause A.1.10 shall be substituted by the following:*

*"Incinerator
An incinerator Plant commensurate with hospital bed strength may be provided. Alternatively any other system approved by the respective State Pollution Control Board may be provided."*

(viii) *Clause A.1.11 shall be deleted.*

(ix) *Clause A.1.12 shall be deleted.*

(x) *In Clause A.1.18, the following shall be added: "Arrangements must be made so that plumbers are available round the clock"*

(xi) *After Clause A.1.18, the following shall be added.*

"A.1.19 There shall be 6 laboratories (225 Sq.m.area each) which will be provided with continuous working tables. Every seat shall be provided with stainless steel wash basin. Every working table shall have drawer or steam proof top, and individual lighting. One preparation room each of 15 Sq.m. area shall be provided with all the laboratories."

There shall be two laboratories of 90 Sq.m. area each.

All of these laboratories may be used in common with various departments e.g. Histology and Histopathology; Biochemistry and Clinical Pharmacology; Heamatology and Pathology; Microbiology and Community Medicine.

Central Research Laboratory

There shall be one well-equipped Central Research Laboratory in the medical college, which will be under the control of the Dean of the college. The existing colleges shall install the laboratory within two years. Each medical college shall have Pharmaco-Vigilance Committee.

(xii) *A.1.20 Training of teacher in Medical Education Unit.*

The period of training of a teacher in a Medical Education Unit shall be increased from one week to two weeks.

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“A functional teaching hospital with 300 beds with at least 70% indoor bed occupancy should be available. There should be 80% bed occupancy at the time of inspection for first renewal and thereafter for subsequent renewals.

Lifts for the patients and ramp for fire protective services and for handicapped persons shall be provided in the hospital at the time of letter of permission. An electric generator of not less than 700 KVA shall be provided. A play area including T.V., Music, Toys, Books, etc. shall be provided for Paediatric patients. All the teaching hospitals shall be under the academic, administrative and disciplinary control of the Dean/ Principal/Director who shall not be concurrently Head of Department but can be a component of teaching faculty in the concerned respective department.”

(ii) *In Clause B.1.2 after the words “space for visitors”, the following shall be added: “alongwith computer and internet facility in each department”*

(iii) *In Clause B.1.3 after the words “in the hospital”, the following shall be added “in addition to those in medical college/institution.”*

(iv) *In Clause B.1.6, the words “Jr. Residents, Senior Residents, Registrars etc.” shall be substituted by “Jr. Residents and Senior Residents etc.”*

(v) *Clause B.1.7 shall be substituted by the following:*

“There shall be a minimum OPD attendance of 4 patients (old & new) per day per student intake of the subjects of Undergraduate curriculum at the time of Letter of Permission. This should be increased in such a manner that at the end of fourth year it comes to 8 patients (old & new) per day per student intake.”

(vi) *After Clause B.1.9, the following shall be added:-*

(vii) *“B.1.10: Dean, Medical Superintendent and each department shall have independent computer and printer facility.*

(viii) *B.1.11: Each and every college /institute shall have its own website wherein the following details updated in the first week of every month shall be provided:-*

- a. Details of Dean, Principal and Medical Supdt. including their name, qualification complete address with telephone and STD code, fax and E-mail etc.*
- b. Teaching as well as non-teaching staff.*
- c. Details of the sanctioned intake capacity of various courses UG as well as PGs by the MCI.*
- d. List of students admitted merit-wise category-wise (UG & PG) for the current and previous year.*
- e. Any research publications during the last one year.*
- f. Details of any CME programmes, conferences and/or any academic activities conducted by the institution.*
- g. Details of any awards and achievement received by the students or faculty.*
- h. Details of the affiliated university and its Vice-Chancellor and Registrars.*
- i. Result of all the examinations of last one year.*
- j. Detailed status of recognition of all the courses.*
- k.. Details of clinical material in the hospital.”*

4 (i) *Clause B.2.1 shall be substituted by the following:*

“The following accommodation shall be available with each ward, namely:.

1. Accommodation in a General Ward shall not exceed 30 patients and distance between the two beds shall not be less than 1.5m.,
2. Nurses Duty Room/Nursing Station.
3. Ward should be constructed in such a way that the Nurse from her Nursing Station is able to have an overview of all the patients in the wards.
4. Examination and Treatment room.
5. Ward Pantry.
6. Store room for linen and other equipment.
7. Resident Doctors and students Duty Room.
8. Clinical Demonstration Room.

In Schedule I Clause B.2.1 the following shall be added: -

“7. Accommodation in general ward shall not exceed 30 patients hall and distance between two beds shall not be less than 1.5 meters.”

(ii) *Clause B.2.2 shall be substituted by the following:*

1. *Offices for Heads of Departments and Heads of Units.*
2. *Accommodation for other unit staff.*
3. *Clinical demonstration rooms (at least one for each department).*
4. *Deleted.*

Note: The size and number of staff rooms shall be as per the guidelines in the pre and para clinical departments for the prescribed number of staff members in a department.

(iii) *Clause B.2.3 shall be deleted.*

(iv) *In Clause B.2.4 at S.No. (2), “Preparation room” shall be substituted by “Pre-Anaesthetic/Preparation room – atleast 4 beds.” and para (1 & 2) at S.No. 14 shall be substituted by “Three such units may be provided for General Surgery, one for ENT; one for Orthopaedics; one for Ophthalmology and two for Obstetrics and Gynaecology and one for septic cases”. Other surgical specialities shall have independent separate OT.*

Additional space need to be provided for various Endoscopy procedures.

Minor Operation Theatre – one minor operation theatre in addition to above shall be provided for surgical departments in casualty/emergency unit and one such theatre in O.P.D.

(v) *In Clause B.2.6 the following shall be added:*

“The physical facilities for housing the laundry equipment shall be provided in the campus. However, services can be handed over the any agency but with overall supervision of Hospital Administrator”.

(vi) *Clause B.2.7 shall be substituted by the following:*

“DEPARTMENT OF RADIO-DIAGNOSIS:

- (1) *The staff of Radio-Diagnosis department shall be covered by Personal Monitoring System of BARC.*

Accommodation shall be provided for the following namely:

- (a) *Room for 300mA, 500mA, 600mA. I.I.T.V. System, Fluroscopy System (36 sq.m.).*
- (b) *Ultrasound Room (15 sq.m.)*
- (c) *Room for 60 mA Mobile X-ray system (15 sq.m)*
- (d) *Accommodation for CT Scan system. There shall be three equipment rooms, (examination room, control room, control room and computer room). In addition, a service room for Electrical Panels, UPS and Servo Stablizer shall be provided. The total area requirement is 80 sq.m.*
- (e) *There shall be preferable a Magentic Resonance Imaging (MRI) system. The space requirement shall be according to the standard specifications.*
- (f) *Store room for X-Ray films related material (15 sq.m)*
- (g) *Museum (25 sq.m.)*
- (h) *Waiting room for patient, enquiry office and staff rooms for Professor & HOD, Assoc. Profs., Asstt. Profs., Residents, Tutor shall be provided as per requirement.*
- (i) *Accommodation for demonstration room shall be provided.*

- (2) *The room sizes for various Diagnostic Imaging Systems shall be as per the following provision of the Atomic Energy Regulatory Board Safety Code, namely:*

“The room size of the room housing X-ray equipment must not be less than 25 Sq.m. for a general purpose X-Ray machine. In case of diagnostic X-Ray equipment operating at 125kV or above the control panel must be installed in separate control room located outside but contiguous to the X-Ray room. Rooms housing fluoroscopy equipment must be so designed that adequate darkness can be achieved conveniently when desired. Patient waiting areas must be provided outside the X-ray room and a dark room must be provided.

- (vii) *In Clause B.2.8, the word “should” be substituted by “shall”.*

- (viii). *In Schedule I Clause B.5 under the heading ‘CENTRAL CASUALTY DEPARTMENT’ shall be substituted with the following: -*

“There shall be well equipped and updated intensive care unit (I.C.U) -5 beds, Intensive Coronary Care Unit (I.C.C.U.)-5 beds, Intensive Care Paediatric/Neonatal Unit -5 beds and preferably Intensive Care in Tuberculosis and Respiratory Diseases. The number of beds in casualty trauma unit shall be 25. ICU should be located near casualty. These shall be functional at the time of inception of the college.”

5. *Clause B8 shall be substituted by the following:*

“HOSPITAL WASTE MANAGEMENT

Facilities for hospital waste management, commensurate with the State Regulatory Authorities etc. shall be provided.”

6. *Clause B9 shall be deleted.*

7. (i) *Clause B.10.1 shall be substituted by the following:*

“There shall be sufficient number of quarters for covering 100 per cent of the total Sr. Residents and Jr. Residents as required.”

- (ii) *Clause B.10.2 shall be substituted by the following:*

“There shall be sufficient number of quarters for covering at least 20% each of the Nurses, teaching and non-teaching staff.”

8. *In Clause B.11, Schedule – II, Sub-clause no. 3 shall be substituted by the following:*

“These regulations cover the minimum requirements of under graduate medical education. Additional teaching and non-teaching staff shall also be required in OPD, Indoors, Operation theatres and Intensive Care areas where the work load involved in emergency patient care, clinical laboratory work/field work is heavy or is of a specialized nature”

9. *Clause B12 “HOSTELS FOR STUDENTS” shall be substituted by the following:-*

“The College/Institution should have at least provision for 75% of the total intake of students at a given time. Each hostel room shall not have more than three occupants. The size of such room shall not be less than 27 sq.mt. Each student shall be provided with an independent and separate furniture which shall include chair, table, bed and full size cupboard at the least. In case of single seated room it should be at least 9 sq. mt. Area. Each hostel shall have a visitor room, a study room with facilities for computer and internet and should be air-conditioned. There shall be a recreational facility room having T.V., Music, Indoor games etc. and messing facilities for the students.”

10. *In Schedule II after Clause 6 under the heading ‘DEPARTMENTWISE STAFF REQUIREMENTS – NON- CLINICAL’ shall be substituted with the following: -*

“DEPARTMENTWISE STAFF REQUIREMENTS - NON-CLINICAL

(1) DEPARTMENT OF ANATOMY

1.	Professor	1
2.	Assoc. Prof.	2
3.	Asstt. Prof.	3
4.	Tutors/Demonstrators	4
5.	Technician	1
6.	Dissection Hall Attendants	4
7.	Store Keeper cum Clerk-cum Computer Operator	1
8.	Sweepers	2

(2) DEPARTMENT OF PHYSIOLOGY

1	Professor	1
2	Assoc. Prof.	2
3	Asstt. Prof.	3
4	Tutors/Demonstrators	4
5.	Technician	1
6	Store Keeper cum clerk cum Computer operator	1
7	Sweepers	2

(3) DEPARTMENT OF BIOCHEMISTRY

1	Professor	1
2	Assoc. Prof.	1
3	Asstt. Prof.	2
4	Tutors/Demonstrators	4
5	Technical Asstt./Technician	2
6.	Store-Keeper cum clerk cum Computer operator	1
7.	Sweepers	2
8.	Lab Attendant	1

(4) DEPARTMENT OF PATHOLOGY

1	Professor	1
2	Assoc. Prof.	3
3	Asstt. Prof.	4
4	Tutors/Demonstrators	6
5	Technical Asstt./Technician	4
6	Lab. Attendants	2
7	Steno cum Computer Operator	1
8	Store Keeper cum Record Keeper	1
9.	Sweepers	2

(5) DEPARTMENT OF MICROBIOLOGY

1	Professor	1
2	Assoc. Prof.	2
3	Asstt. Prof.	2
4	Tutors/Demonstrators	4
5	Technical Asstt./Technician	7
6	Lab. Attendants	2
7	Store Keeper cum Record clerk	1
8	Steno cum Computer Operator	1
9	Sweepers	2

(6) DEPARTMENT OF PHARMACOLOGY

1	Professor	1
2	Assoc. Prof.	2
3.	Asstt. Prof.	2
4	Tutors/Demonstrators	3
5.	Laboratory Attendants	2
6.	Store Keeper cum clerk cum Computer operator.	1
7.	Sweepers	2

(7) DEPARTMENT OF FORENSIC MEDICINE

1	Professor	1
2	Assoc. Prof.	1
3	Asstt. Prof.	2
4	Tutors/Demonstrators	3
5	Technical Asstt./Technician	2
6	Laboratory Attendants	2
7	Steno Typist	1
8	Store Keeper cum clerk cum Computer Operator	1

9 Sweepers 4

Note:- 1. In case of postmortem work of more than 500 annually, two additional Tutors/Demonstrators shall be provided.

(8) DEPARTMENT OF COMMUNITY MEDICINE

1	Professor	1
2	Assoc. Prof.	2
3	Asstt. Prof.	3
4.	Epidemiologist-cum-Assistant Professor	1
5	Statistician-cum-Assistant Professor	1
6	Tutors/Demonstrators	4
7	Medical Social Worker	1
8	Technical Asstt./Technicians	1
9	Stenographers	1
10	Record keeper cum clerk cum Computer Operator	1
11	Store Keeper	1
12	Sweepers	1

Staff for Rural Training Health Centre (including field work and epidemiological studies.)

1	Medical Officer of Health-cum-lecturer/ Assistant Professor.	1
2	Lady Medical Officer	1
3	Medical Social Workers	2
4	Public Health Nurse	1
5	Health Inspector/Health Assistant (Male)	1
6	Health Educator	1
7	Technical Asstt./Technician	1
8	Peon	1
9	Van Driver	1
10	Store Keeper cum Record Clerk	1
11.	Sweepers	2

Urban Training Health Centre

1.	Medical officer of Health-cum-Lecturer/ Assistant Professor	1
2.	Lady Medical Officer	1
3.	Medical Social Workers	2
4.	Public Health Nurse	1
5.	Health Inspectors	2
6.	Health Educator	1
7.	Technical Assistant/Technicians	2
8.	Peon	1
9.	Van Driver	1
10.	Store Keeper	1
11.	Record Clerk	1
12.	Sweepers	2

Note: The Urban and Rural Training Health Centres should be under the direct administrative control of the Dean/Principal of the college."

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

New Delhi, dated
the 30th December, 2008

APPROVED

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