



राष्ट्रीय आयुर्विज्ञान आयोग **National Medical Commission**

NMC Compendium (2020–2023) – Minimum Standard Requirement –



Volume 1

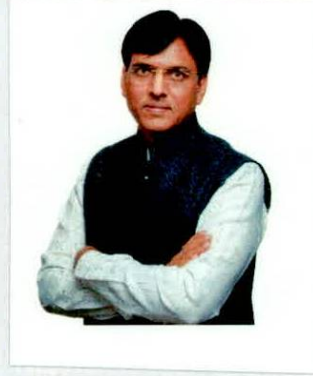
**Publication Division, National Medical Commission
Pocket- 14 , Sector – 8, Dwarka Phase -1, New Delhi – 110077, INDIA**



डॉ. मनसुख मांडविया
DR. MANSUKH MANDAVIYA



सत्यमेव जयते



MESSAGE

I express my appreciation for the unwavering commitment of the National Medical Commission (NMC), India's Apex Regulatory Authority, in upholding the highest standards in Medical Education. It ensures the delivery of top-notch Medical Education, Practice and Training throughout the nation.

I do appreciate the diligent efforts of NMC in the bringing out of valuable Publications, like the Compendium on NMC Advisories, Public Notices, Circulars & Guidelines for the years 2020-21 and 2022-23 and the Compendium on NMC Regulations (2020-23). I hope that these publications will be a valuable resource for the diverse stakeholders of the health ecosystem including Policymakers, Medical Education Fraternity, Researchers, Clinicians, other Healthcare Professionals, and the general public seeking awareness of Policies and Regulations of Medical Education and Practice.

I extend my heartfelt congratulations to the entire team for publication of the above compendium and hope to have more such commendable endeavors by the Commission in the future.

(Dr. Mansukh Mandaviya)

सुधांश पंत

सचिव

Sudhansh Pant
Secretary



सत्यमेव जयते



MESSAGE

The National Medical Commission (NMC), India's premier regulatory body has been committed to upholding the highest standards in healthcare education, ensuring delivery of quality medical education, practice and training across the nation.

I applaud the diligent efforts of the Publication Team of NMC who have worked hard to bring Publications on Compendium on NMC Advisories, Public Notice, Circular & Guidelines (2020-21), Compendium on NMC Advisories, Public Notice, Circular & Guidelines (2022-23) and Compendium on NMC Regulations (2020-23). I envision that it would serve a variety of audiences such as the policymakers, researchers, clinicians, other health professionals and the public which needs to be aware of the Gazette notification, Advisories, Circulars, Public Notices etc. issued by NMC from time to time.

Congratulations to the team and waiting for more such endeavours.

Dated 13th November, 2023

Sudhansh Pant

(Sudhansh Pant)



डॉ. बी. न. गंगाधर
Dr. B. N. Gangadhar
अध्यक्ष/ President
चिकित्सा मूल्यांकन और मापन बोर्ड
Medical Assessment & Rating Board
& Officiating Chairman, NMC

राष्ट्रीय आयुर्विज्ञान आयोग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
भारत सरकार
National Medical Commission
Ministry of Health & Family Welfare
Government of India

MESSAGE



I am delighted to announce the publication of the Compendium of the National Medical Commission (NMC). This provides a comprehensive collection of Regulations, Guidelines, circulars, notices, advisories and other important documents.

The compendium is an important milestone in the journey towards mission of NMC; excellence in healthcare delivery. The contents of the compendium help all the stakeholders including the functionaries at NMC to adhere to the standards that will help sound medical education and practice of the profession. The National Medical Commission is committed to fostering an environment of innovation, professionalism and mutual trust within the medical community.

I urge all stakeholders to become familiar with all the Regulations, Guidelines and other advisories brought out by the NMC using this compendium.

Let us all work together to elevate the standards of medical education and care in our country, ultimately benefitting the health and well-being of our fellow citizens.


(Dr B.N. Gangadhar)



डॉ. विजय ओझा
Dr. Vijay Oza
अध्यक्ष/President
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
Post Graduate Medical Education Board



सत्यमेव जयते
75
आज़ादी का
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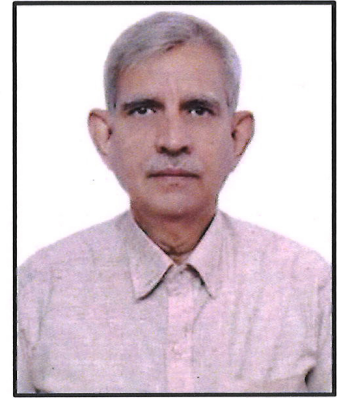


राष्ट्रीय आयुर्विज्ञान आयोग
भारत सरकार
National Medical Commission
Government of India

Message

It gives me immense pleasure in being a part of NMC to share the information with the readers and particularly stake holders about various Public Notifications, circulars, guidelines & regulations issued by National Medical Commission (NMC) and its four Boards.

As the readers are aware, NMC was created by the Act of Parliament on 25th September, 2020 replacing the erstwhile Medical Council of India (MCI). Since all officers and employee of erstwhile Medical council of India where asked to vacate their offices with immediate effect and new staff were appointed over a period of time, there were some difficulties initially. In spite of that everyone in NMC worked hard to stabilize the organization to serve the purpose for which it was created.



I congratulate Prof. Yogender Malik and his team to take up this Herculean task and coming out with this compendium which will be very useful to the students, to the faculty, to the academia at large, to the friends involved in legal system and will also be a window to the world for understanding and following Indian Medical Education, particularly when WFME has accredited NMC for the coming ten years. In turn this will help NMC also by receiving feedbacks and suggestions from various stake holders and luminaries.

Vijay V. Oza.
(Dr. Vijay Oza)

**President,
Post Graduate Medical Education Board, NMC**

डॉ. अरुणा वि. वणीकर

Dr. Aruna V. Vanikar

अध्यक्ष/President

स्नातक चिकित्सा शिक्षा बोर्ड

Under Graduate Medical Education Board



सत्यमेव जयते



MESSAGE

It gives me immense pleasure in being a part of NMC to share the information with the readers and particularly stake holders about various Public Notifications, circulars, guidelines & regulations issued by National Medical Commission (NMC) including Undergraduate Medical Examination Board (UGMEB), from time to time.

As the readers are aware, NMC was created by the Act of Parliament on 25th September, 2020 bringing an end to the erstwhile Medical Council of India (MCI) and the aura associated with it.

This timeline of NMC & UGMEB may be divided into two parts; the first part from year 2020 to year 2021 as covid period; and years 2022 to 2024 as post-covid period. NMC was born in the period when the entire world was caught in snares of the dreadful covid-19 virus pandemic. Medical education of our country was also hit by this attack. By the time, we were recovering from it, Ukraine-Russia war overtook the world scenario and once again affected education of Indian students studying in CIS countries and in neighbouring countries.

Even in this turmoil, NMC continued to function as effectively as possible, with whatever manpower and resources available to it and practically no institutional memory. This publication including a series of Notifications were issued from UGMEB, which includes issues broadly classified as follows. New notifications shall be added as and when needed.

- (i) Related to conduct of medical education and examinations in online and offline mode.
- (ii) Academic calendar for various batches from academic year 2020 to 2023.
- (iii) Regulations/ Guidelines:-
 - Compulsory Rotating Medical Internship Regulations, 2021
 - Foreign Medical Graduate Licentiate Regulations, 2021
 - Prevention of Ragging Regulations, 2021
 - Graduate Medical Education Regulations, 2023
 - Maintenance of Standards of Medical Education Regulations, 2023
 - NMC (MSR) for Establishment of New Medical College/ increase of seats in MBBS course, Guidelines, 2023
 - Establishment of Medical institutions, Assessment & Rating Regulations, 2023".
 - Guidelines for Under Graduate Courses under Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations, 2023".

I congratulate Prof. Yogender Malik and his team to take up this Herculean task and bring forth a 'Users' guide' which will be very useful to the students, to the faculty, to the academia at large, to the friends involved in legal system and will also be a window to the world for understanding and following Indian Medical Education, particularly when WFME has accredited NMC for the coming ten years.

Place: New Delhi
Date: 22nd November, 2023



राष्ट्रीय आयुर्विज्ञान आयोग

भारत सरकार

National Medical Commission
Government of India

Aruna V. Vanikar

(Dr. Aruna V. Vanikar)
President (UGMEB)



डॉ. योगेन्द्र मालिक

Dr. Yogender Malik

सदस्य/Member

आचार और चिकित्सा पंजीकरण बोर्ड

Ethics & Medical Registration Board

राष्ट्रीय आयुर्विज्ञान आयोग

भारत सरकार

National Medical Commission
Government of India

From Editor's Desk

In releasing this Compendium, I am extremely grateful for the help, expertise and inspiration to our Hon'ble Chairman-Dr.B.N .Gangadhar, along with Dr.ArunaV.Vanikar-President, Under-Graduate Medical Education Board; Dr.Vijay Oza, President, Post-Graduate Medical Education Board; and Secretary, NMC.



The need for the compendium was felt not only by Members of NMC but also by officers working in NMC and Boards. Even stakeholders from public wanted authentic information online. So, this compendium as one of the most genuine, informative and up to date book for the Registered Medical Practitioners, medical institutions/ organizations, general public and other stakeholders.

I once again appreciate and thank the Govt. departments/ Ministries, and also to our Publication Division staff in helping us making this a reality.

I hope that the associated Boards and agencies will continue to extend their co-operation and shall also provide us their full co-operation, for the benefit of all in future too.

Yogender Malik
(Dr. Yogender Malik) 06.12.2023

Member EMRB and Head
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**Volume 01:
Minimum
Standard
Requirement**

NMC Compendium 2020-2023 – Volume 1

Minimum Standard Requirement			
S. no.	Area	Page No.	Subheading
1.	FAQs on The Minimum Requirements for Annual MBBS Admissions Regulations, 2020 dated 13.10.2020	1-3	FAQ
2.	Public Notice- Requirement of Liquid oxygen and establishment of PSA technology production of oxygen in all medical college hospitals dated 26.04.2021	4	Guideline
3.	Notification- Reg: Amendment of Minimum Requirements for Annual MBBS Admissions Regulations, 2020 - Requirements of piped oxygen supply and dedicated PSA / VSA oxygen supply dated 06.05.2021	5	Circular
4.	Public notice - Postgraduate Medical Education Regulation – 2021 dated 29.07.2021	6	Circular
5.	Draft- Postgraduate Medical Education Regulation – 2021 dated 29.07.2021	7-42	Circular
6.	Draft Regulations - Post Graduate Medical Education Regulations (PGMER), 2021 dated 05.10.2021	43-78	Circular
7.	Seeking comments of the stakeholders on the proposed draft regulations related to NMC (Graduate Medical Education) Regulations of UGMEB, 2023 – Public Notice dated 27.02.2023	79-88	Circular
8.	Seeking comments of the stakeholders on draft Regulations of National Medical Commission (Minimum Standard Requirements for Establishment of New Medical College/Increase of seats in MBBS Course) Regulations, 2023-Reg. dated 23.06.2023	89-270	Guideline
9.	Seeking Comments of the stakeholders on National Medical Commission (Maintenance of Standards of Medical education) Regulations, 2023 - Reg. dated 23.06.2023	271-277	Guideline
10.	Withdrawal of Guidelines undergraduate Medical Education Regulation 2023 dated 23.06.2023	278-279	Guideline
11.	Public notice for seeking comments on PGMER-2023 dated 06.09.2023	280-320	Circular
12.	Public notice for seeking comments on MSR-2023 dated 06.09.2023	321-334	Circular
13.	FAQ on UG MSR 2023 dated 13.09.2023	335-337	FAQ
14.	Seeking Comments of the stakeholders on draft Post-Graduate Medical Education Regulations, 2023 reg. dated 25.09.2023	338	Circular
15.	Press release dated 09.10.2023 by UGMEB on MSR	339	Circular
16.	Deferment of the clause regarding provisions of ratio of 100 MBBS seats for 10 lakh population for one year dated 15.11.2023	340	Circular

NATIONAL MEDICAL COMMISSION

Frequently Asked Questions (FAQs)

“The Minimum Requirements for Annual M.B.B.S. Admissions Regulations, 2020”

1. *For which medical colleges are these new regulations applicable?*

The new regulations are applicable to the following medical colleges:

- a. All new medical colleges that are applying to establish a new medical college from the Academic Year 2021-22 onwards
- b. Established medical colleges that are applying for increase in annual MBBS intake from the Academic Year 2021-22 onwards.

2. *What is the annual MBBS intake that is permissible for establishment a new medical college?*

As per the new regulations new NMC medical colleges can be established with annual MBBS intakes of either 100 or 150 students only.

3. *Can one establish a new medical college with an annual intake of 50 MBBS students?*

From the Academic Year 2021-22 no new medical college with intake less than 100 MBBS student annually will be considered for grant of permission.

4. *What regulations will govern existing medical colleges with annual MBBS intakes of less than 100?*

The relevant regulations of the erstwhile Medical Council of India will govern existing medical colleges with intakes of less than 100 MBBS students

5. *Can an already established medical college recognized for 100 MBBS annual intake increase its intake straightway to 200 or more annual MBBS intake?*

Provided they meet the requirements as stated in “The Opening of a New or 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 Postgraduate Course of Study or Training) Regulations, 2000” of the erstwhile Medical Council of India.

6. *Can a medical college permitted for starting a new medical which has not yet been recognized, apply for increase in MBBS seats from the academic year 2021-22 onwards?*

For the academic year 2021-22, the qualifying criteria for increase in MBBS seats is governed by the regulations known as “The Opening of a New or 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 Postgraduate Course of Study or Training) Regulations, 2000” of the erstwhile Medical Council of India will be applicable.

7. *Which regulations will apply during assessments for medical colleges which are due for renewal or recognition assessments from academic year 2021-22 onwards?*
All medical colleges in various stages of renewal/recognition, including those granted LOP for the academic year 2020-21, will be governed by the relevant regulations of the erstwhile Medical Council of India prior to the NMC notification dated 28.10.2020.
8. *Which regulation will govern the Continuation of Recognition (COR) of already established medical colleges?*
COR of already established medical colleges will be governed by the relevant regulations of the erstwhile Medical Council of India prior to the NMC notification dated 28.10.2020, unless they are making an application for increase in seats for the academic year 2021-22.
9. *If the applicant has a 300 bed hospital functional for less than 2 years will they be eligible for applying for establishing a new medical college for the AY 2021-22?*
All applicants would be required to have a 300 bed fully functional hospital for at least 2 years at the time of submitting their applications for the AY 2021-22 and at the time of LOP an additional 30 beds of Emergency Medicine should also be available.
10. *For medical colleges already in existence prior to the notification of the new regulation, which staff norms will apply?*
For the Medical colleges already in existence prior to the NMC notification dated 28.10.2020, the staff norms will be in accordance with the relevant regulations of the erstwhile Medical Council of India, unless they are making an application for increase in annual MBBS intake for the academic year 2021-22.
11. *For medical colleges already in existence prior to the notification of the new regulation, which bed and unit norms will apply?*
For the Medical colleges already in existence prior to the to the NMC notification dated 28.10.2020, the bed and unit norms will be in accordance with the relevant regulations of the erstwhile Medical Council of India, unless they are making an application for increase in annual MBBS intake for the academic year 2021-22.
12. *For starting or increase in PG courses the PG Medical Education regulations require at least 30 beds/unit. The new 2020 NMC regulations for Annual MBBS admissions specifies lower number of beds/unit. Which bed/unit norms will be applicable for PG courses?*
The start of or increase in Postgraduate courses at present will be governed by the existing Postgraduate Medical Education regulations of the erstwhile Medical Council of India.
13. *Which teaching faculty norm will apply for PG courses – as per new Minimum requirements notified by NMC in 2020 or the as per the Postgraduate Medical education regulations in existence?*
The norms for teachers in departments running PG courses will be as per the existing Postgraduate Medical Education regulations of the erstwhile Medical Council of India.

14. *Non-medical teacher requirement in the departments of Microbiology and Pharmacology has been deleted and the proportion of permissible non-medical teachers in the Departments of Anatomy, Physiology and Biochemistry has been reduced in the new 2020 NMC regulations. What will the status of already employed non-medical teachers?*

The status of non-medical teachers appointed prior to the notification of the 2020 regulations will not be affected. They shall all be accepted and counted during assessments for renewals or recognition. However, in new medical colleges being established from the academic year 2021-22 onwards, non-medical teachers will be accepted and counted as per the new regulations. However, in existing medical colleges, appointment of new faculty staff after 28.10.2020 in the above mentioned departments, should be in accordance with the new NMC regulations.

15. *Will the new NMC notification be applicable to the college which is permitted in 2016 & applying for Recognition in 2021-2022?*

The medical colleges in various stages of renewal/recognition, including those granted LOP for the academic year 2020-21, will be governed by the relevant regulations of the erstwhile Medical Council of India prior to the NMC notification dated 28.10.2020.

16. *Rule of 2 years' functional hospital did not exist before latest amendments. We have constructed a new hospital with 335 beds & obtained Essentially Certificate in August 2020 when this rule didn't exist. Under these circumstances can we apply for establishment of a new College or we have to wait till 2022?*

You will have to wait till 2022 to apply for establishing a new medical college.

17. *Is the Rule of 2 years' functional hospital applicable as on the date of application for a new college or date of grant of LOP ?*

The rule will be applicable as on date of application.

18. *Our hospital has 300 beds & is functional for last 40 years but all the beds are only for maternity & children & ICUs. There were no beds for Medicine or Surgery. Are we eligible to apply for establishment of a new Medical College?*

It should be a multi-specialty hospital catering to all specialties and be in existence for at least 2 years and hence you will not be eligible to apply.

19. *Does the college have the option to choose between the existing regulations and the new NMC regulation 2020 for its assessment?*

Colleges do not have the option to choose between the two regulations. If the colleges had been granted permissions prior to the new NMC 2020 notification, the assessments will as per the regulations of the erstwhile MCI and those granted permission for the academic year 2021-22 will be assessed as per the new NMC 2020 regulations.

NATIONAL MEDICAL COMMISSION

Under Graduate Medical Education Board

Public Notice

Dated: 26.04.2021

Following draft amendment is being made to sl.no.3 under heading Emergency Department in Para 10.2 of schedule III of Minimum requirements for Annual MBBS Admissions Regulation, 2020 notified wide no. NMC/MCI 35 (1)98-med. (ii) 123627 dated 28th Oct 2020.

“ Central Oxygen and Suction points shall include provision of piped oxygen supply to all beds in the hospital having patients in critical condition/requiring oxygen from liquid oxygen tank installed at appropriate place in the hospital complex.

In addition, all Medical College hospitals are also required to have a dedicated PSA technology produced oxygen supply in addition to supply from liquid oxygen tank, which is to be installed and made operational within six months, notwithstanding the requirement of the Department of Emergency Medicine mandated from 2022 onwards.”


(Dr. R. K. Vats)
Secretary

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राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission

Under Graduate Medical Education Board

Notification

* * * * *

No. NMC/MCI 35(1)98-med.(ii)/008077

Dated: 06.05.2021

In exercise of powers conferred by Section 57 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission makes the following amendment in S.No.3 under the heading 10.2-Department of Emergency Medicine of Clause-10 Clinical Departments in SCHEDULE III EQUIPMENT (for various departments in the College and Hospitals) of Minimum Requirements for Annual MBBS Admissions Regulations, 2020 notified vide gazette notification no. NMC/MCI 35 (1)98-med. (ii) 123627 dated 28th Oct 2020.

10.2 DEPARTMENT OF EMERGENCY MEDICINE

S. No.	Name of the Item	No. Required
3.	“Central Oxygen and Suction points shall include provision of piped oxygen supply to all beds in the hospital having patients in critical condition or requiring oxygen from liquid oxygen tank installed at appropriate place in the hospital complex. In addition, all Medical College hospitals are also required to have a dedicated PSA (Pressure Swing Adsorption) or VSA (Vacuum Swing Adsorption) technology produced oxygen supply in addition to piped oxygen supply, which is to be installed and made operational within six months, notwithstanding the requirement of the Department of Emergency Medicine mandated from 2022 onwards.”	All beds/bed-cum trolleys having patients in critical condition or requiring oxygen.


Dr. Aruna V. Vanikar
President

Undergraduate Medical Education Board

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
Postgraduate Medical Education Board

Public Notice

No.NMC/MCI-23(1)/2021-Med./ 016903

Date:- 29.07.2021

In accordance with Section 57(1) and Section 25(1) of the National Medical Commission Act, 2019, the following draft regulation namely, "Postgraduate Medical Education Regulations - 2021", framed by the National Medical Commission, is being placed in public domain for comments.

The comments, if any, should be submitted to the National Medical Commission by e-mail at president.pgmeb@nmc.org.in before 30th August, 2021.


(Dr. M.K. Ramesh)
President, PGMEB

**NATIONAL MEDICAL COMMISSION
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DRAFT POSTGRADUATE MEDICAL EDUCATION REGULATIONS

2021

In Exercise of the powers conferred by Section 57 of the National Medical Commission Act, 2019, the National Medical Commission hereby makes the following regulations, namely:-

1. SHORT TITLE AND COMMENCEMENT:

- 1.1.** These draft regulations may be called "The Postgraduate Medical Education Regulations, 2021.
- 1.2.** They shall come into force on the date of their publication in the official Gazette.
- 1.3.** These draft Regulations shall be applicable throughout India.

2. GENERAL CONDITIONS TO BE OBSERVED BY POSTGRADUATE TEACHING INSTITUTIONS:

- 2.1.** Postgraduate Medical Education in broad specialties shall be of three years duration in the case of degree course and two years in the case of Diploma after MBBS and in the case of Super specialties the duration shall be of three years after MD/MS.
- 2.2.** Postgraduate curriculum shall be competency based.
- 2.3.** Learning in postgraduate programme, though essentially autonomous and self-directed, shall also include assisted learning.
- 2.4.** A combination of both formative and summative assessment is vital for the successful completion of the PG programme.

- 2.5. A modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub-specialties concerned with a discipline.

3. GOALS OF POSTGRADUATE MEDICAL EDUCATION PROGRAMME

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers:

- 3.1. Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- 3.2. Who shall have mastered the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- 3.3. Who shall be aware of the contemporary advance and developments in the discipline concerned;
- 3.4. Who shall have acquired a spirit of scientific inquiry and are oriented to the principles of research methodology and epidemiology; and
- 3.5. Who shall have acquired the basic skills in the teaching of medical professionals.

4. GENERAL OBJECTIVES OF POST-GRADUATE TRAINING EXPECTED FROM STUDENTS AT THE END OF POST-GRADUATE TRAINING

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- 4.1. Recognize the importance of the concerned specialty in the context of the health needs of the community and the national priorities in the health sector.
- 4.2. Practice the specialty concerned ethically and in step with the principles of primary healthcare.
- 4.3. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- 4.4. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measure/strategies.
- 4.5. Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- 4.6. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.

- 4.7. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- 4.8. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- 4.9. Play the assigned role in the implementation of national health programme, effectively and responsibly.
- 4.10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- 4.11. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
- 4.12. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- 4.13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.
- 4.14. Function as an effective leader of a health team engaged in health care, research and training.

5. STATEMENT OF THE COMPETENCIES:

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

6. COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be:

- 6.1. Theoretical knowledge
- 6.2. Practical and clinical skills
- 6.3. Publication/submission of a Research article in Scientific journals or Presentation of the paper in National Conference of the concerned Society.
- 6.4. Soft skill attributes including communication skills.
- 6.5. Training in research methodology, Medical Ethics and Medico legal aspects.

7. STARTING OF POSTGRADUATE MEDICAL COURSES AND THEIR RECOGNITION:

- 7.1.** An institution intending to start a Post Graduate medical education course or to increase the annual intake capacity in an already ongoing course shall obtain prior permission of the Medical Assessment and Rating Board of National Medical Commission, in accordance with the provisions under section 28 of NMC Act, 2019.
- 7.2.** The Institution who have started a new postgraduate or higher specialty course shall apply for recognition of the Post Graduate Medical qualification to the Post Graduate Medical Education Board (PGMEB) of the National Medical Commission through the affiliating University, when the first admitted batch shall be due to appear for the examination to be conducted by the affiliating University.

In the event of deficiencies being found in the assessment, the Institution shall be granted an opportunity to submit compliance within 30 days from the date of communication of deficiencies by the PGMEB. Such an opportunity to comply with the deficiencies shall be availed by the Institute only twice. The Postgraduate Medical Education Board on finding the compliance satisfactory shall recognize the course and include it in the list of recognized qualifications maintained by it. In all other cases, the prior permission of the National Medical Commission granted under section 28(1) of NMC Act, 2019, shall be deemed to have lapsed. Further, in such cases; only the qualifications in respect of first four batches of Postgraduate degree courses admitted to that Institution to that specialty shall be included in the recognized qualifications maintained by PGMEB.

- 7.3.** For starting of fresh Postgraduate course in an existing Medical College or starting of fresh courses in a new Medical college, the applicant Institute shall obtain an Eligibility Certificate and Feasibility Certificate (EC and FC) from the respective State Government and consent of affiliation from the affiliating University. For increasing the number of seats in an existing course, only consent of affiliation from the concerned University is mandatory. Fresh EC and FC from the State Government is not required.
- 7.4.** The recognition so granted to a Postgraduate Course shall be for a period of three years, upon which it shall have to be renewed. The procedure for Renewal of recognition shall be same as applicable for the Grant of recognition. The Institute shall apply for renewal of recognition of Postgraduate course in the Institution at least six months prior to the expiry of the validity.
- 7.5.** Failure to seek timely recognition as required in sub- clause 7.2 shall invariably result in stoppage of admission to the concerned Post Graduate Course.

In the event of failure of the institute to seek recognition at appropriate time for existing Post Graduate courses, the Post Graduate Medical Education Board

may recommend exemplary penalty as prescribed in the Penalty clause of the NMC.

- 7.6. The Medical College /Institution may apply for increase in the intake of Post Graduate seats in the concerned specialty one year after the permission for the starting of the same was given, even before the recognition for concerned Post Graduate seats is conferred by Post Graduate Medical Education Board. This provision is introduced to maintain dynamic state of Post Graduate seats available.
- 7.7. The PGMEB may recommend for surprise inspections in any of the Institutions imparting Postgraduate courses as and when it deems fit to do so.
- 7.8. Any Institute planning to start Postgraduate course in clinical specialties shall necessarily have permission from the PGMEB for starting Postgraduate courses in Pre and Para Clinical subjects. Pre-Clinical subjects consists of Anatomy, Physiology and Biochemistry. Para clinical subjects consists of courses in Pharmacology, pathology, Microbiology, community Medicine and Forensic Medicine. This shall not be applicable to standalone Postgraduate Institutions.
- 7.9. The existing/new medical colleges should mandatorily have the department of Blood Bank with components of blood separation unit.

8. NOMENCLATURE OF POSTGRADUATE COURSES.

The nomenclature of postgraduate medical courses shall be as provided in the Schedule annexed to these Regulations.

9. GENERAL

- 9.1. Medical Colleges recognized for running Bachelor of Medicine and Bachelor of Surgery (MBBS) course and Medical Institutions recognized for running post-graduate courses prior to the commencement of the National Medical Commission Act 2019 shall be eligible for starting a post-graduate medical education course or to increase the intake capacity in any already ongoing postgraduate medical education course.
- 9.2. Medical Colleges not yet recognized for the award of MBBS degree under the National Medical Commission Act, 2019, may apply for starting of a Post-graduate medical education course in pre-clinical and para clinical subjects, at the time of third renewal i.e., along with the admission of fourth batch for the MBBS course; and in clinical subjects, at the time of fourth renewal, i.e., along with the admission of fifth batch for the MBBS course.
- 9.3. The National Medical Commission may exempt any such existing/proposed non-teaching institutions or specialist institutions or autonomous Institutions owned and managed by the Central Government/State Government/Institute of eminence or excellence conferred by the Government of India from fulfilling the

prescribed provision of having an undergraduate teaching facility, and allow starting of Postgraduate medical courses subject to they fulfilling all required criteria.

- 9.4. The maximum number of students for a postgraduate medical course, who can be registered in any recognized department, for training for the award of postgraduate degree by the affiliating university, shall be determined by the facilities available in the department in terms of infrastructure, teaching staff and relevant clinical material.
- 9.5. Every student, selected for admission to a Post Graduate medical course in any of the medical institutions on acquiring MBBS Degree or an equivalent qualification thereto shall have obtained permanent registration with the National Medical Commission, or any of the State Medical Council(s) or shall obtain the same within a period of one month from the date of his admission, failing which his admission to postgraduate course shall stand cancelled.
- 9.6. A foreign national who wishes to pursue Postgraduate Medical course in India shall obtain temporary registration from the Ethics and Medical Registration Board of National Medical Commission. The Ethics and Medical Registration Board may, on payment of the prescribed fee for registration, grant temporary registration to such foreign student for the duration of the Post Graduate course limited to the medical college/institution to which he is admitted for the time being exclusively for pursuing postgraduate studies. If for any reason, the study period gets extended, the candidate shall necessarily obtain extension of temporary registration from the Ethics and Medical Registration Board of NMC.

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered with appropriate registering authority in his own country wherefrom he has obtained his Basic Medical qualification, and is duly recognized by the corresponding Medical Council or concerned authority.

10. SELECTION OF POSTGRADUATE STUDENTS.

10.1. Selection to Postgraduate Broad Specialty courses (MD/MS)

- a. The common Final year Undergraduate examination to be known as “National Exit Test” (from the date it becomes operational) shall be the basis for admission to the postgraduate broad specialty courses in each academic year. Till such time that it is implemented, NEET - PG examination shall continue to operate for selection of Postgraduate students to Broad Specialty courses.
- b. The designated authority to conduct the “National Exit Test” shall be as specified by the National Medical Commission.

- c. In order to be eligible for admission to Postgraduate course for an academic year, the candidate should have qualified the National Exit test, and be eligible to be granted a license to practice as a medical practitioner and for enrollment in the State medical register or the National medical register, as the case may be.
- d. The “National Exit Test” marks shall remain valid for 3 years from the date the person has become eligible to be granted license to practice as a medical practitioner, for admission to postgraduate broad specialty courses.

After the expiry of the validity of the “National Exit Test” marks, the person shall have to appear for and qualify in the ‘National Exit Test’ to be eligible for admission to postgraduate broad specialty courses.

- e. Schedule and Admission process of Postgraduate Broad Specialty courses shall be per annexure 3.

10.2. Selection to Postgraduate Super Specialty courses

- a. There shall be a uniform entrance examination namely “National Eligibility–cum-Entrance Test”(Super Speciality) for admission to Postgraduate super specialty courses in each academic year and shall be conducted under the overall supervision of the National Medical Commission.
- b. The designated authority to conduct the “National Eligibility cum Entrance Test “(NEET SS) shall be as specified by the National Medical Commission.
- c. In order to be eligible for admission to Postgraduate Super-specialty Course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50th percentile in the ‘National Eligibility-Cum-Entrance Test for Super Specialty Postgraduate courses’ held for the said academic year. However, in respect of candidates belonging to Scheduled Castes, Scheduled Tribes, and Other Backward Classes, the minimum marks shall be at 40th percentile. In respect of candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016, the minimum marks shall be at 45th percentile for General Category and 40th percentile for SC/ST/OBC. The percentile

shall be determined on the basis of highest marks secured in the All India Common merit list in National Eligibility-cum-Entrance Test for Super Specialty Postgraduate courses.

Provided when sufficient number of candidates in the respective categories fail to secure minimum marks as prescribed in National Eligibility-cum-Entrance Test held for any academic year for admission to Postgraduate Super-specialty Courses, the National Medical Commission on the advice of the PGMEB may at its discretion lower the minimum marks required for admission to Post Graduate Super-specialty Course for candidates belonging to respective categories and marks so lowered shall be applicable for that academic year only.

- d. Schedule and Admission process of Super Specialty Postgraduate courses (DM/Mch) shall be per annexure 4.

10.3 No authority/institution shall admit any candidate to any postgraduate medical course in contravention of the criteria/procedure as laid down by these Regulations and/or in violation of the judgments passed by the Hon'ble Supreme Court in respect of admissions. Any candidate admitted in contravention/ violation of aforesaid shall be discharged by the Commission forthwith. The authority/institution which grants admission to any student in contravention/ violation of the Regulations and/or the judgments passed by the Hon'ble Supreme Court, shall also be liable to face such action as may be prescribed by the Penalty Regulations of NMC.

11. COMMON COUNSELING

- 11.1.** There shall be a common counseling for admission in all Medical Educational Institutions to all Postgraduate Broad -Specialty courses (Diploma/ MD/ MS) on the basis of merit list of the National Exit Test and to all Postgraduate Super-Specialty courses (DM/MCh) on the basis of merit list of the National Eligibility-cum-Entrance Test.
- 11.2.** The Designated Authority for counselling for all the postgraduate broad specialty seats in the country for eligible institutions under the National Medical Commission (both the 50% All India Quota seats of the contributing States and the 50% State Quota seats including all applicable reservations) shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.

- 11.3.** The Designated Authority for counselling for all the Postgraduate Super-Specialty seats in the country for eligible institutions under the National Medical Commission shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India.

12. PERIOD OF TRAINING

The Postgraduate students shall be called Junior Residents in all broad specialties and as Senior Residents in Super Specialties.

The period of training for the award of various postgraduate degrees shall be as follows:

12.1. Broad Specialities: Doctor of Medicine (MD) / Master of Surgery (MS)

The period of training for obtaining these degrees shall be three completed years including the period of examination.

Provided that in the case of students possessing a recognised two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two year.

12.2. Super Specialities: Doctorate of Medicine (DM) / Magister Chirurgiae (MCh)

The period of training for obtaining these Degrees shall be three completed years including the examination period.

Provided that where an institution, on the date of commencement of these Regulations, is imparting five years training in Neurology and Neurosurgery, such institution shall alter it to six years training course.

12.3. Diplomas

The period of training for obtaining a Postgraduate Diploma shall be two completed years including the examination period.

13. MIGRATION

Under no circumstance, Migration transfer of student undergoing any Post Graduate Degree/ Diploma / Super Specialty course shall be permitted by any University/ Authority.

14. FACULTY

14.1. Minimum Faculty Required in a Postgraduate Department.

- a. **Clinical Departments of Broad Specialties** (with Indoor Beds and Units):
The first unit of the department shall have minimum three faculty consisting 1 professor, 1 Associate Professor and 1 Assistant Professor. The subsequent units may be headed a by Professor/ Associate Professor along with two Assistant Professors. All units shall have minimum one Senior Resident.
- b. **Departments of Anatomy, Physiology, and Biochemistry:** To add 1 Assistant Professor and 1Senior Resident in addition to the faculty/Resident prescribed for their annual sanctioned MBBS intake.
- c. **Departments of Pathology, Microbiology, Anesthesiology, and Radio diagnosis:** To add 1 Professor/Associate Professor, 1 Assistant Professor and 1 Senior Resident in addition to the faculty/Resident prescribed for their annual sanctioned MBBS intake.
- d. **All the remaining Departments** should have minimum of three faculty per Unit i.e. 1 Professor, 1 Associate Professor and 1 Assistant Professor and 1Senior Resident.
- e. **Super Specialty Departments** (with indoor beds and units): The first Unit of the department shall have minimum three faculty consisting of 1 Professor, 1 Associate Professor and 1 Assistant Professor. The Subsequent units may be headed by a Professor/Associate Professor along with two Assistant Professor.
- f. The requirement of one Professor per Department is only a minimum requirement. It is desirable that all the Units having Post Graduate students should be headed by a Professor. It has to be noted that down gradation for only one cadre below is permitted i.e., an Extra Associate Professor can be considered against the requirement of an Assistant Professor.
- g. A faculty cannot be considered against the requirement of a Senior Resident.
- h. The above mentioned requirement of teaching staff and senior residents are only minimum requirements. The staff strength of the Department/unit shall be enhanced based on the clinical load.

14.2. Eligibility for being designated Postgraduate Guide:

This would be in accordance with the “Minimum Qualifications for Teachers in Medical Institutions Regulations, 2021”

1. **Broad Specialties:** A teacher in a medical college or institution having a total of 5 years' teaching experience as Assistant Professor in the concerned broad speciality department, after obtaining post-graduation degree, shall be considered eligible for recognition as post graduate Guide in that specialty.
2. **Super Specialities:** A teacher in a medical college or institution having a total of 2 years' teaching experience as Assistant Professor in the concerned super speciality department, after obtaining the Super Speciality degree, shall be considered eligible for recognition as post graduate Guide in that Super Specialty subject.

Provided that in the case of super specialty courses which were newly instituted, relaxation of qualification and experience for recognition as Post Graduate Guide may be granted by the PGMEB for ten years from the date of start of the course by erstwhile MCI. This relaxation ceases to exist to all the existing super specialty courses which have completed ten years from the date on which they were started by erstwhile Medical Council of India.

- 14.3. In addition, the institutions having both undergraduate and postgraduate courses shall fulfill the requirement of Teaching and non-teaching staff as per the "Minimum Requirements for Annual MBBS Admissions Regulations".

15. INSTITUTIONAL FACILITIES

15.1. Institutions with ongoing Undergraduate Medical courses (MBBS)

- a. **Facilities:**
Facilities and space in accordance with the Minimum Requirements for annual M.B.B.S. Admissions Regulations, 2020 of the NMC shall be in place at the time of application for starting the course or increasing seats.
- b. **Individual Department/ Specialty Requirements:**
The specific and unique requirements for individual disciplines/specialties shall be mandatorily followed.
- c. **In-Patient Facilities:**
 1. A Broad specialty Department to be recognized for training of Post Graduate students, shall have minimum beds as mentioned in the "Minimum Requirements for Annual MBBS admissions Regulations, 2020" for the sanctioned intake of MBBS students.

2. In case of super-specialty departments there must be a minimum of 20 beds in a unit except in departments such as radiological specialties.
 3. Adequate High Dependency Unit and Intensive Care Unit Beds and other facilities shall be available.
 4. There should be adequate facilities for surgery and various non-invasive and invasive procedures/ interventions for diagnosis and management.
- d. Out-Patient Facilities:
1. There shall be adequate space and sufficient number of consultation cubicles available in the Out-Patient Department.
 2. Out-Patient load must be according to the Minimum Requirements for Annual MBBS Admissions Regulations, 2020 of the NMC.
 3. Specialty Clinics shall also be available for the training of post-graduate students in the relevant broad and super specialty department where such Postgraduate students will be posted.
- e. Laboratory and Imaging Facilities:
1. The institution shall have adequate laboratory and imaging facilities for the training of Post Graduate students and for research.
 2. Laboratories shall provide all the investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge and technology and of research requirements.
 3. For training of students in non-clinical departments, proper and contemporary laboratory facilities shall be made available.
 4. Imaging facilities shall be contemporary and in keeping with the latest technology available for diagnosis and interventions. The institution shall have both CT Scan and MRI Scan facilities before starting a Postgraduate course.
 5. Out sourcing of the Laboratory/Radiological facilities shall not be permitted, where post graduate courses are being conducted.

f. Equipment

1. The department shall have adequate number of all such equipment including the latest ones necessary for training and as may be prescribed by the PGMEB for each specialty from time to time.
2. The department shall have digital library and seminar hall with well equipped high speed internet Wi-Fi connected media room to have direct relay from in-house operation theaters and also to conduct or attend global scientific live programmes.

15.2. Standalone Postgraduate Medical Institutions

The Medical Institutions that have been granted permission to start Postgraduate Courses in broad specialties under Section 9.3 of these Regulations shall have the following facilities.

1 Hospital

- (a) The Institute shall have an hospital with minimum 400 beds.
- (b) The Hospital, in addition to clinical specialties shall have full-fledged Departments of Bio-chemistry, Pathology, Microbiology and Radiology/ Imaging including CT scan and MRI facilities.
- (c) The Hospital should have been running for at least two years prior on the date of application to seek permission to start the postgraduate course.

2 Provision of Memorandum of Understanding

A Standalone Postgraduate Medical Institution eligible to start postgraduate courses may enter into a comprehensive Memorandum of Understanding with an ongoing recognized medical college, located within a reasonable distance from it as it would not disrupt the smooth running of the said courses, for the purpose of availing the facilities of the basic medical sciences departments of the college. The Medical College shall be located in the same city and within a distance of 10 Km.

3 Individual Department/ Specialty Requirements

- (a) The specific and unique requirements for individual disciplines/ specialties shall be mandatorily followed.
- (b) The Institution should provide facilities consistent with the all-round training including training in basic medical science and other departments related to the subject as recommended by the PGMEB.
- (c) Each department imparting training for postgraduate broad speciality degree should have adequate variety and mix of cases that are regularly worked-up/ investigated as required with the Departments of Biochemistry, Pathology, Microbiology and

Radiology/ Imaging so as to provide ample opportunities for learning.

- (d) There should be facilities of ancillary departments for coordinated training.
- (e) The department shall have digital library and seminar hall with well equipped high speed internet Wi-Fi connected media room to have direct relay from in-house operation theaters and also to conduct or attend global scientific live programmes.
- (f) The additional staff as mentioned in 14.1 is not applicable for standalone Postgraduate Medical Institutions.

4 Clinical, Laboratory and Imaging Facilities including Equipment.

The Clinical Laboratory and Imaging Facilities including Equipment shall be at par with those expected of a Medical College/ Institution as indicated in Section 15.1.

16. NUMBER OF POST GRADUATE STUDENTS TO BE ADMITTED

16.1 Teacher Student ratio: The ratio of recognized Postgraduate teacher to the number of students to be admitted for the postgraduate courses in broad and super-specialties is outlined in the table given below:

Teacher: Student ratio of PG students			
Designation	1 PG/yr	2 PG/yr	3 PG/yr
Professor	Never supervised any MD/MS student thesis	Supervised 1 MD/MS student thesis per year for at least two years	Five years as Professor + supervised at least two MD/MS student thesis per year for three years as Professor + at least two eligible research publication in the past three years as Professor + The department must be running postgraduate degree course for minimum of ten years.
Associate Professor	Never supervised any MD/MS thesis	Supervised 1 MD/MS student thesis per year for at least two years + At least one eligible research publication in the past two years as Associate Professor + The Associate Professor shall be working as Unit Chief	

Teacher: Student ratio of PG students			
Designation	1 PG/yr	2 PG/yr	3 PG/yr
Assistant Professor	Meets eligibility criteria for promotion as Associate Professor but not yet promoted to that post and is eligible to be a PG guide.		

- 16.2. The maximum intake of postgraduate students in specialities where units are prescribed shall not exceed 3 PG seats per unit per academic year. The Institute should have adequate surgical load to get maximum seats in surgical specialities.
- 16.3. The intake of postgraduate students in the speciality of Anaesthesiology shall be dependent on facilities available in the department, speciality clinics offered, services offered outside the operation theatre, specialised OT services provided and the number of surgical procedures carried out.
- 16.4. The intake of postgraduate students in the speciality of Radio Diagnosis and Radiation Oncology shall depend on the Radiological facilities offered, the number of Radiological investigations carried out, specialised Radiological investigations done and specialised equipments available in the department.
- 16.5. The requirement of units and beds shall not apply in the case of Postgraduate courses in Basic and para-clinical departments.
- 16.6. The Institute can have any number of units to meet the needs of the workload. But only the minimum number of units required as per the Minimum Standard Requirements for annual MBBS admissions Regulations, 2020 of the NMC shall be taken into account to calculate the number of postgraduate seats to be sanctioned.
- 16.7. Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other body like National Board of Examinations, College of Physicians & Surgeons, etc., are permitted.
- 16.8. Clinical material: While considering the postgraduate students to be admitted, in addition to sections 14 and 15, the available clinical material and the appropriate clinical load for training as notified from time to time for each specialty by the Postgraduate Medical Education Board shall also be considered.

17. TRAINING PROGRAMME

- 17.1. The training given with due care to the Post Graduate students in the recognized institutions for the award of various Post Graduate degrees shall determine the

expertise of the specialist and / or medical teachers produced as a result of the educational programme during the period of stay in the institution.

Provided that in respect of MD/MS students admitted with effect from academic session 2021, the training imparted as part of District Residency Programme in District Health System, as provided for in section 17.15 of these Regulations shall be considered as training imparted in a medical institution.

- 17.2. All the candidates joining the Post Graduate training programme shall work as Full Time Residents during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during each academic year.
- 17.3. The Post Graduate students undergoing Post Graduate Degree/Super-Specialty course in all the Institutions including private institutions shall be paid stipend on par with the stipend being paid to the Post Graduate students of State Government Medical Institutions/Central Government Medical Institutions, in the State/Union Territory where the institution is located. Similarly, the matter of grant of leave to Post Graduate students shall be regulated as per the respective Central/State Government rules. Heavy penalty shall be levied on the Institutions for any violation of this clause as per Penalty Regulations of NMC.
- 17.4. Every institution undertaking Post Graduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each specialty in consultation with other department faculty and also coordinate and monitor the implementation of these training Programmes.
- 17.5. The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates.
- 17.6. There shall be peripheral postings for Broad Specialty Postgraduate students in different Departments/Hospitals in keeping with the educational/ training requirements, for not more than four months excluding District residency Programme.
- 17.7. Post Graduate students of MS/MD/DM/MCh degree courses shall maintain a dynamic e-log book which needs to be updated on weekly basis about the work carried out by them and the training programme undergone during the period of training. MS/Mch students shall mandatorily enter details of surgical operations assisted or done independently.
- 17.8. The record (Log) books shall be checked and assessed periodically by the faculty members imparting the training.
- 17.9. The period spent during Super Specialty Postgraduate training by the Post Graduate students including in-service Post graduates, shall not be counted as teaching experience by any authority for effecting promotion.

- 17.10. The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- 17.11. During the training for award of Degree / Super-specialty/Diploma in clinical disciplines, there shall be proper training in Basic medical sciences related to the disciplines concerned; so also in the applied aspects of the subject; and allied subjects related to the disciplines concerned. In the Post Graduate training programmes including both Clinical and Basic medical sciences, emphasis has to be laid on Preventive and Social aspects. Emergency care, facilities for Autopsies, Biopsies, Cytopsies, Endoscopy and Imaging etc. shall also be made available for training purposes.

17.12. Post Graduate training shall consist of following:

1. Broad Specialities: Doctor of Medicine (MD) / Master of Surgery (MS)

- (a) Basic Medical Sciences: The teaching and training of the students shall be through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, and involvement in research studies in the concerned specialty and exposure to the applied aspects of the subject relevant to clinical specialties.
- (b) Clinical disciplines: The teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care; participation in seminars, journal clubs, group discussions, clinical meetings, grand rounds, and clinico-pathological conferences; practical training in diagnosis and medical and surgical treatment; training in the Basic Medical Sciences, as well as in training allied clinical specialties. Postgraduate Degree Residents in Surgical Specialties shall participate in surgical operations as well.

2. Doctorate of Medicine (DM)/Magister Chirurgiae (Mch)

The training shall be on the same pattern as for MD/MS in clinical disciplines; with practical training including advanced diagnostic, therapeutic and laboratory techniques, relevant to the subject of specialization. Postgraduate Super Specialty students in surgical specialties shall participate in surgical operations as well.

3. Diplomas

The teaching and training of the students shall include graded clinical responsibility; lectures, seminars, journal clubs, group discussions and participation in clinical and clinico-pathological conferences, practical training to manage independently common problems in the specialty; and training in the Basic Medical

Sciences. Postgraduate Diploma Residents in surgical specialties shall participate in surgical operations as well.

- 17.13. A postgraduate student of a degree course in broad specialities/super specialities would be required to present one poster presentation/ to read one paper at a national/state conference/to have one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

17.14. Common Course work

The following course work shall be common and mandatory for all Postgraduate students irrespective of discipline / specialty.

1 Course in Research Methodology

- a. All postgraduate students shall complete an online course in Research Methodology.
- b. The students shall have to register on the portal of the designated training institutions.
- c. The students have to complete the course within one year of the commencement of the batch
- d. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
- e. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective postgraduate course.
- f. This requirement shall be applicable for all postgraduate students.

2 Course in Ethics

- a. All postgraduate students shall complete course in Ethics including Good Clinical Practices and Good Laboratory Practices, which ever is applicable to them, to be conducted by Institutes themselves or by any other method.
- b. The students have to complete the course within one year of the commencement of the batch
- c. No Postgraduate Student shall be permitted to appear in the examination without completing the above course.

3 Course in Basic Cardiac Life Support Skills (BCLS)

- a. All postgraduate students shall complete a course in Basic Cardiac Life Support (BCLS) skills and get duly certified.
- b. The students have to complete the course within one year of the commencement of the batch.

- c. No Postgraduate Student shall be permitted to appear in the examination without the above certification.

4 Awareness in basics of management and audit

Awareness in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behavior studies and knowledge of pharmacy shall be imparted to the Post Graduate students.

5 Others

Institutions may arrange training in other courses such as on Telemedicine, How to write a manuscript and make effective presentations, Use of Pubmed and other resources etc.as required.

17.15. District residency programme (DRP)

1. Preamble:

Two essential tenets of postgraduate medical training are:

- (a) learning experiences have to be derived from and targeted to the needs of the community and
- (b) doctors have to be trained in diverse settings including those which are close to the community. The District Health System including the District Hospitals constitutes the most important part of the country's public health care enterprise. District Hospitals represent multi-specialty facilities providing comprehensive secondary level care to the communities than most medical colleges and these facilities are a major source of health services for the people.

2. Objectives:

The main objectives of the District Residency Programme (DRP) would be

- (a) to expose the postgraduate student to District Health System and involve them in health care services being provided at the District Hospital for serving while learning.
- (b) to acquaint them with the planning, implementation, monitoring and assessment of outcomes of the National Health programmes at the district level and
- (c) to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission.

In doing so, the postgraduate medical students would also be contributing towards strengthening of services of the District Health System as specialty resident doctors working as members of the district teams.

3. Definition of District Hospital:

For the purpose of this programme, a District Hospital shall be a functional public sector/government-funded hospital of not less than 100 beds with facilities/staff for the designated specialties at that level/facility.

4. Definition of District Health System:

For the purpose of this programme, the District Health System shall include all public sector/government-funded hospitals and facilities (including community health centers, primary health centers, sub health centers, urban health centers etc.), as well as community outreach system in a district. This would also include district system engaged in running respective public health services including the implementation of national and state public health programmes.

5. District Residency Programme:

All postgraduate students pursuing MD/MS in broad specialties in all Medical Colleges/Institutions under the Indian Medical Council Act, 1956 shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the Postgraduate programme.

This rotation shall be termed as 'District Residency Programme' (DRP) and the postgraduate medical student undergoing training shall be termed as a 'District Resident'.

6. Training and Responsibilities of District Residents:

a. Clinical Specialities:

During this rotation, the District Resident will be posted with the concerned/aligned specialty team/unit at the District Hospital, and will be trained under the overall guidance of the District Specialists. The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC). The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty and other areas pertaining to their specialty, and encompass night duties.

b. Pre-Clinical and Para-Clinical Specialities:

Postgraduate students of pre/para clinical disciplines (namely, Anatomy; Biochemistry; Community Medicine; Forensic Medicine; Microbiology; Pathology; Physiology; and Pharmacology) will be trained by the District Hospital and Health System teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratories services, pharmacy services, forensic services, general clinical duties, managerial roles and public health programmes etc., as applicable. They may also be posted in research units / facilities, laboratories and field sites of the

Indian Council of Medical Research and other national research organizations.

7. Stipend and Leave for District Residents:

The District Residents shall continue to draw full stipend from their respective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also be entitled to leave benefits as per the rules/guidelines of the Parent College / University.

8. Training during DRP and Certification thereof:

- a. Quality of training shall be monitored by log books, supportive supervision and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the District concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.
- b. The District Residents would remain in contact with their designated postgraduate teacher(s) and departments at their parent Medical College / Institution by phone and e-communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs and other academic academies.
- c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective postgraduate course.
- d. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to the concerned Medical College.

9. Responsibility of Medical College/Medical Institution:

It shall be incumbent upon all Medical Colleges/ Institutions to place the postgraduate students at the disposal of the Government of concerned State/Union Territory for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication. In accordance with Clause 17.4 of the Postgraduate Medical Education Regulations, 2021, each medical college/institution will set up a committee under the Academic Cell to coordinate and monitor implementation of District Residency Programme.

10. Responsibility of Government of State/Union Territory:

The Government of State/Union Territory shall implement the District Residency Programme within their jurisdiction as under:-

1. The Programme shall be coordinated jointly by the Department of Directorate of Medical Education and the Department of Directorate of Health Services. An Officer of the State/Union Territory Government shall be designated as the State/UT District Residency Programme (DRP) Nodal Officer. The concerned Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
2. The designated State/UT DRP Nodal officer shall identify and designate hospitals that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and the medical colleges, and develop a placement schedule of the Postgraduate residents of the medical colleges due for Rotation at least 6 months in advance. This Official will also be responsible for grievance redressal at State Level.
3. The State DRP Nodal officer shall undertake rule-based allotment of the training facilities to the Postgraduate Residents using the platform developed by the National Medical Commission.
4. The State Government shall provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to workplace (if living quarters is far away), security, especially for lady residents. Accommodation could be by means of government premises or that rented by concerned State Government and should conform to prescribed norms.
5. The District Residents shall remain under the jurisdiction of respective State/UT DRP Nodal officer where they are undergoing District residency.
6. In case all the postgraduate residents of a State/UT cannot be absorbed within their respective jurisdiction, possibility of posting them to other States/Union Territories may be explored by mutual understanding in consultation with the respective Governments facilitated by the National Coordination Cell. In such instances the expenditure of travel, food and accommodation to District Residents should be borne by the state which utilizes their services.
7. It shall be permissible for the postgraduate students from the North East Zone (NEZ) in various medical colleges/institutions in the country, to undergo District Residency Programme in their respective States.
8. The State/UT Governments may consider providing additional honorarium to the District Residents as a token of recognition of their contribution to the healthcare services of the States. In addition, the

concerned Governments may make provisions to incentivize postings to remote and difficult areas, and encourage volunteering by postgraduate students to serve at these places.

9. The concerned State Government shall also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical colleges. The District DRP coordinator shall also be responsible for orienting the postgraduate residents to the District health system, supervising the postings within the district, ensuring their accommodation and transport needs, and for grievances redressed, etc.. District DRP Coordinator shall be the competent authority for sanctioning leave to District Residents. The District DRP coordinator shall keep in touch with the Medical College authorities from where the services of the Postgraduates are drawn to discuss about any difficulties and grievances.

11. Responsibility of National Medical Commission:

The National Medical Commission shall develop a transparent electronic platform to facilitate and ensure rule-based placement of PG residents to various institutions under the District Residency Program. They shall also develop requisite norms, tools, guidelines for implementation (log book, feedback form, learning resources etc.), maintain a dashboard on the programme and above all, continuously monitor the quality of the training programme.

12. Constitution of National/State Oversight Mechanisms:

1. The National Medical Commission shall constitute a National Steering Committee in consultation with the Ministry of Health and Family Welfare, Government of India to oversee the implementation of the District Residency Programme.
2. The National Steering Committee shall be chaired by a nominee of the National Medical commission. The Committee shall comprise nominated members from the Ministry of Health and Family Welfare (not below the rank of Additional/ Joint Secretary), Nominee of Directorate General of Health Services (DGHS) and representatives of at least six Governments of States/Union Territories. The Committee will submit quarterly reports to the Central Government.
3. The National Steering Committee shall establish a National Coordination Cell (NCC) under the National Medical commission which shall be responsible for the smooth and efficient implementation of the District Residency Programme and grievance redressed at national level.
4. The Government of State/Union Territory shall constitute a State/Union Territory level Steering Committee chaired by Principal Secretary/ Secretary (Health) and comprising Principal Secretary/Secretary

(Medical Education), Director of Health Services, Director of Medical Education, Registrar of the Health University and Deans of the Medical Colleges to facilitate the implementation of the District Residency Programme.

13. Launch of the District Residency Programme:

The District Residency Programmes will be implemented with the PG (broad specialty) batch that has joined for the postgraduate course in 2021.

18. EXAMINATIONS

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examination and three papers in diploma examination shall be mandatory. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree/diploma examination as the case may be. Hence a candidate shall secure not less than 50% marks in each head of examination which shall include Theory and Practical including clinical and viva voce examination. No grace mark is permitted in Postgraduate Examination either for Theory or for Practical.

18.1. Examiners

1. All the Post Graduate Examiners in Broad and Super Specialties shall have three years' experience as recognized Post Graduate Teachers in the concerned subject.
2. For all Post Graduate Examination, the minimum number of Examiners shall be four, out of which two shall be External Examiners, who shall be invited from other universities from outside the State.
3. An examiner shall ordinarily be not appointed for more than two consecutive regular examinations for the same Institution

18.2. Valuation

- a. All eligible Postgraduate examiners can perform the valuation of the answer scripts.
- b. All the answer scripts shall be subjected for two valuations by the concerned University. The average of the total marks awarded by the two valuers for the paper, which is rounded off to the nearest value, shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper,

rounded off to the nearest value, shall be considered for final computation of the results.

- c. After the computation and declaration of the results, under no circumstances, revaluation is permitted by any authority.
- d. All the Health Universities/Institutions imparting Postgraduate courses shall develop a platform for bar-coded digital valuation.

18.3. Number of candidates

The maximum number of candidates to be examined in Clinical/practical and Oral on any day shall not exceed eight for MD/MS degree/ and three for DM/MCh examinations.

18.4. Number of examinations

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

18.5. Broad Specialties: Doctor of Medicine (MD)/Master of Surgery (MS)

MD/MS examinations, in any subject shall consist of Theory Papers, and clinical/Practical and Oral examinations.

1. Theory

There shall be four theory papers. Out of these first paper shall be of Basic Medical Sciences and the fourth paper shall be of recent advances. The theory examinations shall be held well in advance before the Clinical and Practical examination.

2. Clinical / Practical and Oral

- 1. Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall be examined for one long case and two short cases.
- 2. Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ Laboratory studies and his ability to perform such studies as are relevant to his subject.

3. The Oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination

18.6 Super Specialties: Doctorate of Medicine (DM)/Magister Chirurgiae (MCh)

The Examination consists of: (1) Theory and (2) Clinical/Practical and Oral

1. Theory:

There shall be four theory papers, out of these first paper shall be on Basic Medical Sciences, and the fourth paper be on Recent Advances. The theory examination shall be held in advance before the Clinical and Practical examination.

2. Clinical / Practical and Oral:

Practical examination may consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive enough to test the candidate's overall knowledge of the subject.

18.7 Postgraduate Diploma

Diploma examination in any subject shall consist of Theory, Practical/Clinical and Oral.

1. Theory

There shall be three Theory papers. First paper out of these shall be on Basic Medical Sciences. The theory examination will be held well in advance before the Clinical examination.

2. Clinical and Oral

Clinical examination for the subject in clinical Science shall be conducted to test /aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a Specialist / Teacher for which a candidate shall examine a minimum of one long case and two short cases.

The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which shall form a part of the examination.

19. POSTGRADUATE DIPLOMA COURSES

No new Diploma courses shall be permitted from 2021 onwards. All the Rules and Regulations of erstwhile MCI regarding existing Diploma courses shall be applicable till all the Diploma courses are phased out and the last Diploma candidate has cleared the examination.

20. PHD

Ph.D. Degree may be instituted in all subjects wherever recognized postgraduate qualification in medical subjects are awarded by the concerned Universities subject to fulfillment of the following guidelines:

- 20.1. Ph.D. shall be awarded only upon completion of MD or MS or MSc. in medical subjects.
- 20.2. The period of training for Ph.D. shall be two years for candidates who possess MD/MS and three years for MSc. (medical subjects).
- 20.3. For starting Ph.D. course, the institution concerned shall have the following facilities, namely:-
 1. Adequate facilities for experimental medicine and experimental surgery;
 2. Ancillary Departments, adequately equipped and well-staffed as prescribed for Postgraduate departments;
 3. Adequate facilities for advanced research work and laboratory investigations in the departments of Biochemistry, Physiology, Microbiology, Pathology, Radio-diagnosis etc.
- 20.4. A guide for the Ph.D. degree shall have not less than fifteen year's teaching and research experience after obtaining his postgraduate qualification and shall also have not less than ten years postgraduate teaching experience as a faculty member.

21. COLLABORATIVE RESEARCH

- 21.1. Impetus may be provided to Research in Medical field to produce Physician Scientists of highest caliber by collaborative arrangement with other scientific organizations of excellence such as Institutes of Eminence/ Excellence conferred by Government of India. New courses/ Specialities may also be started with the sole intention of producing high quality Physician Scientists, by leveraging the scientific expertise at the Institutes of Eminence/ Excellence. Such of the Postgraduate students who wish to do combined MD-PHD programme can do so by simultaneous registration for MD/MS from National Medical Commission recognized Institutions and PHD from Institute of Excellence/Eminence conferred by Government of India. They shall be awarded MD/MS from the National Medical Commission Institutions and PHD from the Institute of Eminence/Excellence.
- 21.2. International Collaboration may also be explored for MD-PHD Programme.
- 21.3. Institutes of Eminence/Excellence may also initiate integrated MD-PHD or Dual Degree Programmes by admitting students for both degrees after establishing necessary facilities and Infrastructure as prescribed by National Medical Commission for the Postgraduate teaching and training. In such cases

both MD and PHD degrees will be awarded by Institutes of Eminence/Excellence.

- 21.4. Faculty with MD/MS along with PHD qualification shall be recognized as PHD guides and they are also eligible to guide Post Graduate students in both broad specialities and super specialities.

22. PENALTY FOR VIOLATION OF REGULATIONS:

Penalty for violation of Post Graduate Medical Education Regulations shall be as per the Penalty Regulations of the National Medical Commission.

Criteria to be fulfilled by institutions eligible to start postgraduate course(s) under section 9 . 3 of PGMER, 2021, which are required to createtheir own facilities for setting up departments in basic medical sciences:

1. The basic subjects identified for the purpose of creation of facilities shall be:
 - a) Anatomy
 - b) Physiology
 - c) Pharmacology
 - d) Community Medicine with Forensic Medicine being optional.

2. Staff requirements:

The minimum staff required in each of the departments of Anatomy, Physiology, Pharmacology and Community Medicine shall be:

- | | |
|-------------------------------------|-----|
| a. Professor or Associate Professor | One |
| b. Assistant Professor | Two |

Provided that the department of Community Medicine shall also have:

- a. Epidemiologist-cum-Lecturer
- b. Statistician-cum-Lecturer
- c. Health Educator-cum-Lecturer

3. Infrastructural requirements

- a) The infrastructural requirements in terms of lecture theatres and demonstration rooms could be common.
- b) The research laboratories shall be well-equipped so that the teachers in the departments concerned shall be able to work on solicited research projects.
- c) Department of Anatomy: Apart from the common facilities, there shall be place for dissection with adequate accommodation, along with an embalming room, cold room and also a museum. Histology and Research laboratory may be clubbed together.

- d) Department of Physiology: There shall be clinical, experimental and animal physiology laboratories along with museum.
- e) Department of Pharmacology: The facilities could be common except for research laboratory, which shall be separate.
- f) Department of Community Medicine: There shall be a museum along with a well-equipped Rural/Urban Health Centre with necessary staff.
- g) Animal experimentation should continue to be included as an integral part of the competency based curriculum of Postgraduate Courses in Physiology and Pharmacology in medical institutions and the concerned medical institutions shall ensure that all governing statutory regulations with regard to the use of animal experimentation in Postgraduate Courses in teaching and training of the said Postgraduate courses are strictly adhered to.

Specialities / Subjects in which Postgraduate Degree and Diploma can be awarded by the Indian Universities and the eligibility requirements of candidates for registration for the same.

A. M.D. (Doctor of Medicine) for which candidates must possess recognized degree of MBBS (or its equivalent recognized degree)

1. Anesthesiology
2. Aerospace Medicine
3. Anatomy
4. Biochemistry
5. Community Medicine
6. Dermatology, Venerology and Leprosy
7. Family Medicine
8. Forensic Medicine
9. General Medicine
10. Geriatrics
11. Health Administration
12. Hospital Administration
13. Immuno Hematology and Blood Transfusion
14. Microbiology
15. Nuclear Medicine
16. Pathology
17. Paediatrics
18. Pharmacology
19. Physical Medicine Rehabilitation
20. Physiology
21. Psychiatry
22. Radio-diagnosis
23. Radiation Oncology
24. Sports Medicine
25. Tropical Medicine
26. Respiratory Medicine
27. Emergency Medicine
28. Palliative Medicine
29. Marine Medicine

B. M.S. (Master of Surgery) for which candidates must possess recognized degree of MBBS (or its equivalent recognized degree).

1. Otorhinolaryngology
2. General Surgery
3. Ophthalmology
4. Orthopedics
5. Obstetrics & Gynecology
6. Traumatology and Surgery

C. D.M. (Doctorate of Medicine) for which candidates must possess recognized degree of M.D. (or its equivalent recognized degree) in the subject shown against them.

Sl. No.	Area of Specialisation	Prior Requirement
1.	Cardiology	MD (Medicine) MD (Cardiology)
2.	Clinical Haematology	MD(Medicine) MD(Paediatrics)
3.	Clinical Pharmacology	MD (Pharmacology)
4.	Endocrinology	MD(Medicine) MD(Paediatrics)
5.	Clinical Immunology and Rheumatology	MD (Medicine) MD(Paediatrics)
6.	Medical Gastroenterology	MD (Medicine)
7.	Medical Genetics	MD/MS in any subject
8.	Medical Oncology	MD(Medicine)
9.	Neonatology	MD (Paediatrics)
10.	Nephrology	MD (Medicine)
11.	Neurology	MD (Medicine)

Sl. No.	Area of Specialisation	Prior Requirement
12.	Neuro-radiology	MD (Radio-Diag.)
13.	Pulmonary Medicine	MD (Medicine) MD (Respiratory .Medicine) MD (Paediatrics)
14.	Child & Adolescent Psychiatry	MD (Psychiatry)
15.	Paediatrics Gastroenterology	MD (Paediatrics)
16.	Paediatrics Cardiology	MD (Paediatrics)
17.	Cardiac Anaesthesia	MD (Anaesthesia)
18	Organ Transplant Anaesthesia and Critical Care	MD (Anaesthesia)
19	Critical care Medicine	MD (Anaesthesia) MD (Medicine) MD (Paediatrics) MD (Respiratory Medicine)
20	Paediatric Hepatology	MD (Paediatrics)
21	Neuro Anaesthesia	MD (Anaesthesia)
22	Paediatric Nephrology	MD (paediatrics)
24	Virology	MD (Microbiology)
25	Paediatric Oncology	MD (Paediatrics)
26	Geriatric Mental Health	MD (Psychiatry)
27	Paediatrics and Neonatal Anaesthesia	MD Anaesthesia
28	Interventional Radiology	MD Radiology
29.	Hepatology	MD(General Medicine)
30	Onco- Pathology	MD Pathology

- D. M.Ch. (Master of Chirurgie) for which candidates must possess recognized degree of M.S. (or its equivalent recognized degree) in the subjects shown against them.

Sl. No.	Area of Specialisation	Prior Requirement
1.	Cardio vascular & Thoracic Surgery	MS (Surgery)
2.	Urology	MS (Surgery)
3.	Neuro-Surgery	MS (Surgery) MS (ENT)
4.	Paediatric Surgery.	MS (Surgery)
5.	Plastic & Reconstructive Surgery	MS (Surgery) MS (ENT)
6.	Surgical Gastroenterology	MS (Surgery)
7.	Surgical Oncology	MS (Surgery)
8.	Endocrine Surgery	MS (General Surgery)
9.	Gynecological Oncology	MD/MS (Obst. & Gynae)
10.	Vascular Surgery	MS (Surgery)
12.	Hepato-Pancreato-Biliary-Surgery	MS(General Surgery)
13	Hand Surgery	MS (Orthopaedics) MS (General Surgery)
14	Head and Neck Surgery	M.S (ENT) M.S (General Surgery)
15	Reproductive Medicine and Surgery	MD/MS (Obstetric and Gynaecology)
16	Paediatrics Orthopaedics	M.S (Orthopaedics)

- E. The Medical qualifications granted by other statutory bodies in India for which candidates must possess recognized degree of MBBS.

**Schedule and Admission process of Postgraduate Broad Specialty courses
(MD/MS)**

Sl. No.	Schedule for Admission	Central Counselling		State Counselling
		All India Quota	Deemed + Central Institute	
1	Conduct of Exam	By 10 January		
2	Declaration of Result	By end of January		
3	First Round of Counselling	12 March-24 March	12 March-24 March	25 March-5 April
4	Last date of Joining	3 April	3 April	12 April
5	Second round of Counselling	6 April – 12 April	6 April – 12 April	15 April-26 April
6	Last date of joining	22 April	22 April	3 May
7	Mop up Round		12 May-22 May	16 May-20 May
8	Last date of joining		26 May	26 May
9	Forwarding the list of students in order of merit equaling to ten times the number of vacant seats to the Medical Colleges by the Counselling Authority		27 May	27 May
10	Last date of joining		31 May	31 May

This counselling schedule is subject to change as and when common counselling envisaged under section 10 of PGMEB is given to effect.

**Schedule and Admission process of Super Specialty Postgraduate courses
(DM/MCh)**

Sl.No.	Schedule for Admission	Super Speciality
1	Conduct of Entrance Examination	By 10 July
2	Declaration of the result of the Qualifying Exam/Entrance Exam.	By 15 July
3	First round of counselling admission	By 31 July
4	Last date for joining the allotted college and the course	Between 1 and 7 August
5	Second round of counselling / admission	By 20 August
6	Last date of joining for the second round of counselling / admission	By 27 August
7	Commencement of academic session/term	1 August
8	Last date up to which students can be admitted/joined against vacancies arising due to any reason	31 August

In any circumstances, last date for admission/ joining will not be extended after 31 August.

**NATIONAL MEDICAL COMMISSION
POSTGRADUATE MEDICAL EDUCATION BOARD**

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POSTGRADUATE MEDICAL EDUCATION REGULATIONS

2021

In Exercise of the powers conferred by Section 57 of the National Medical Commission Act, 2019, the National Medical Commission hereby makes the following regulations, namely:-

1. SHORT TITLE AND COMMENCEMENT:

- 1.1. These regulations may be called "The Postgraduate Medical Education Regulations, 2021.
- 1.2. They shall come into force on the date of their publication in the official Gazette.
- 1.3. These Regulations shall be applicable for all the Institutions coming under the purview of National Medical Commission.

2. GENERAL CONDITIONS TO BE OBSERVED BY POSTGRADUATE TEACHING INSTITUTIONS:

- 2.1. Postgraduate Medical Education in broad specialties shall be of three years duration in the case of degree course and two years in the case of Diploma course after MBBS and in the case of Super specialties, the duration shall be of three years after MD/MS.
- 2.2. Postgraduate curriculum shall be competency based.
- 2.3. Learning in postgraduate programme, though essentially autonomous and self-directed, shall also include assisted learning.
- 2.4. A combination of both formative and summative assessment is vital for the successful completion of the PG programme.

- 2.5. A modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub-specialties concerned with a discipline.

3. GOALS OF POSTGRADUATE MEDICAL EDUCATION PROGRAMME

The goal of postgraduate medical education shall be to produce competent specialists and/or Medical teachers:

- 3.1. Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- 3.2. Who shall have mastered the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- 3.3. Who shall be aware of the contemporary advance and developments in the discipline concerned;
- 3.4. Who shall have acquired a spirit of scientific enquiry and are oriented to the principles of research methodology and epidemiology; and
- 3.5. Who shall have acquired the basic skills in the teaching of medical professionals.

4. GENERAL OBJECTIVES OF POST-GRADUATE TRAINING EXPECTED FROM STUDENTS AT THE END OF POST-GRADUATE TRAINING

At the end of the postgraduate training in the discipline concerned the student shall be able to:

- 4.1. Recognize the importance of the concerned specialty in the context of the health needs of the community and the national priorities in the health sector.
- 4.2. Practice the specialty concerned ethically and in tune with the principles of primary healthcare.
- 4.3. Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
- 4.4. Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measure/strategies.
- 4.5. Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations.
- 4.6. Plan and advice measures for the prevention and rehabilitation of patients suffering from disease and disability related to the specialty.

- 4.7. Demonstrate skills in documentation of individual case details as well as morbidity and mortality rate relevant to the assigned situation.
- 4.8. Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectations.
- 4.9. Play the assigned role in the implementation of National Health Programme, effectively and responsibly.
- 4.10. Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
- 4.11. Develop skills as a self-directed learner, recognize continuing education needs; select and use appropriate learning resources.
- 4.12. Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
- 4.13. Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing/paramedical students, general physicians and paramedical health workers.
- 4.14. Function as an effective leader of a health team engaged in health care, research and training.

5. STATEMENT OF THE COMPETENCIES:

Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the programme so that he or she can direct the efforts towards the attainment of these competencies.

6. COMPONENTS OF THE POSTGRADUATE CURRICULUM:

The major components of the Postgraduate curriculum shall be:

- 6.1. Theoretical knowledge
- 6.2. Practical and clinical skills
- 6.3. Publication/submission of a Research article in scientific journals or Presentation of the paper in National Conference of the concerned Society.
- 6.4. Soft skill attributes including communication skills.
- 6.5. Training in research methodology, Medical Ethics and Medico legal aspects.

7. STARTING OF POSTGRADUATE MEDICAL COURSES AND THEIR RECOGNITION:

- 7.1. An institution intending to start a Post Graduate medical education course or to increase the annual intake capacity in an already ongoing course shall obtain prior permission of the Medical Assessment and Rating Board of National Medical Commission, in accordance with the provisions under section 28 of NMC Act, 2019.
- 7.2. The Institution who have started a new postgraduate or higher specialty course shall apply for recognition of the Post Graduate Medical qualification to the Post Graduate Medical Education Board (PGMEB) of the National Medical Commission through the affiliating University, when the first admitted batch shall be due to appear for the examination to be conducted by the affiliating University.

In the event of deficiencies being found in the assessment, the Institution shall be granted an opportunity to submit compliance within 30 days from the date of communication of deficiencies by the N M C . Such an opportunity to comply with the deficiencies shall be availed by the Institute only twice. After the correction of the deficiencies the course shall be recognized and included in the list of recognized qualifications maintained by NMC. In all other cases, the prior permission of the National Medical Commission granted under section 28(1) of NMC Act, 2019, shall be deemed to have lapsed. Further, in such cases; only the qualifications in respect of first four batches of Postgraduate degree courses admitted to that Institution to that specialty shall be included in the recognized qualifications maintained by PGMEB.

- 7.3. For starting of fresh Postgraduate course in an existing Medical College or starting of fresh courses in a new Medical college, the applicant Institute shall mandatorily obtain consent of affiliation from the affiliating University.
- 7.4. The recognition so granted to a Postgraduate Course shall be for a period of five years, upon which it shall have to be renewed. The procedure for Renewal of recognition shall be same as applicable for the Grant of recognition. The Institute shall apply for renewal of recognition of Postgraduate course in the Institution at least six months prior to the expiry of the validity.
- 7.5. Failure to seek timely recognition as required in sub- clause 7.2 shall invariably result in stoppage of admission to the concerned Post Graduate Course.

In the event of failure of the institute to seek recognition at appropriate time for existing Post Graduate courses, the Post Graduate Medical Education Board

may recommend exemplary penalty as prescribed in the Penalty clause of the NMC.

- 7.6. The Medical College /Institution may apply for increase in the intake of Post Graduate seats in the concerned specialty one year after the permission for the starting of the same was given, even before the recognition for concerned Post Graduate seats is conferred by Post Graduate Medical Education Board. This provision is introduced to maintain dynamic state of Post Graduate seats available.
- 7.7. Any Institute planning to start Postgraduate course in clinical specialties shall necessarily have permission from the PGMEB for starting Postgraduate courses in Pre and Para Clinical subjects. Pre-Clinical subjects consists of Anatomy, Physiology and Biochemistry. Para clinical subjects consists of courses in Pharmacology, pathology, Microbiology, community Medicine and Forensic Medicine. This shall not be applicable to standalone Postgraduate Institutions.
- 7.8. The existing/new medical colleges should mandatorily have the department of Blood Bank with components of blood separation unit.

8. NOMENCLATURE OF POSTGRADUATE COURSES.

The nomenclature of postgraduate medical courses shall be as provided in the Schedule annexed to these Regulations.

9. GENERAL

- 9.1. Medical Colleges recognized for running Bachelor of Medicine and Bachelor of Surgery (MBBS) course and Medical Institutions recognized for running post-graduate courses prior to the commencement of the National Medical Commission Act 2019 shall be eligible for starting a post-graduate medical education course or to increase the intake capacity in any already ongoing postgraduate medical education course.
- 9.2. Medical Colleges not yet recognized for the award of MBBS degree under the National Medical Commission Act, 2019, may apply for starting of a Post-graduate medical education course in pre-clinical and para clinical subjects, at the time of third renewal i.e., along with the admission of fourth batch for the MBBS course; and in clinical subjects, at the time of fourth renewal, i.e., along with the admission of fifth batch for the MBBS course.
- 9.3. The National Medical Commission may exempt any such existing/proposed non-teaching institutions or specialist institutions or autonomous Institutions owned and managed by the Central Government/State Government/Institute of eminence or excellence conferred by the Government of India from fulfilling the

prescribed provision of having an undergraduate teaching facility, and allow starting of Postgraduate medical courses subject to they fulfilling all required criteria.

- 9.4. The maximum number of students for a postgraduate medical course, who can be registered in any recognized department, for training for the award of postgraduate degree by the affiliating university, shall be determined by the facilities available in the department in terms of infrastructure, teaching staff and relevant clinical material.
- 9.5. Every student selected for admission to a Post Graduate medical course in any of the medical institutions shall register in the State Medical Council where he is pursuing his Post graduation course within a period of one month from the date of admission, failing which his admission to Postgraduate course shall stand cancelled.
- 9.6. A foreign national who wishes to pursue Postgraduate Medical course in India shall obtain temporary registration from the Ethics and Medical Registration Board of National Medical Commission. The Ethics and Medical Registration Board may, on payment of the prescribed fee for registration, grant temporary registration to such foreign student for the duration of the Post Graduate course limited to the medical college/institution to which he is admitted for the time being exclusively for pursuing postgraduate studies. If for any reason, the study period gets extended, the candidate shall necessarily obtain extension of temporary registration from the Ethics and Medical Registration Board of NMC.

Provided further that temporary registration to such foreign national shall be subject to the condition that such person is duly registered with appropriate registering authority in his own country wherefrom he has obtained his Basic Medical qualification, and is duly recognized by the corresponding Medical Council or concerned authority.

10. SELECTION OF POSTGRADUATE STUDENTS.

10.1. Selection to Postgraduate Broad Specialty courses (MD/MS)

- a. The common Final year Undergraduate examination to be known as “National Exit Test (NEXT)”, from the date it becomes operational, shall be the basis for admission to the postgraduate broad specialty courses in each academic year. Till such time that it is implemented, NEET - PG examination shall continue to operate for selection of Postgraduate students to Broad Specialty courses.
- b. The designated authority to conduct the “National Exit Test” shall be as specified by the National Medical Commission.

- c. In order to be eligible for admission to Postgraduate course for an academic year, the candidate should have qualified the National Exit test, and be eligible to be granted a license to practice as a medical practitioner and for enrollment in the State medical register or the National medical register, as the case may be.
- d. The Rules and Regulations regarding the conduct of National Exit Test (NEXT) shall be notified by the designated authority.
- e. Schedule and Admission process of Postgraduate Broad Specialty courses shall be per annexure 3.

10.2. Selection to Postgraduate Super Specialty courses

- a. There shall be a uniform entrance examination namely “National Eligibility–cum-Entrance Test (Super Specialty)” for admission to Postgraduate super specialty courses in each academic year and shall be conducted under the overall supervision of the National Medical Commission.
- b. The designated authority to conduct the “National Eligibility cum Entrance Test “(NEET SS) shall be as specified by the National Medical Commission.
- c. The Rules and Regulations regarding the conduct of “National Eligibility cum Entrance Test – Super Specialty (NEET-SS)” shall be notified by the designated authority.
- d. Schedule and Admission process of Super Specialty Postgraduate courses (DM/Mch) shall be per annexure 4.

10.3 No authority/institution shall admit any candidate to any postgraduate medical course in contravention of the criteria/procedure as laid down by these Regulations and/or in violation of the judgments passed by the Hon’ble Supreme Court in respect of admissions. Any candidate admitted in contravention/ violation of aforesaid shall be discharged by the Commission forthwith. The authority/institution which grants admission to any student in contravention/ violation of the Regulations and/or the judgments passed by the Hon’ble Supreme Court, shall also be liable to face such action as may be prescribed by the Penalty Regulations of NMC.

11. COMMON COUNSELING

- 11.1. There shall be a common counseling for admission in all Medical Educational Institutions to all Postgraduate Broad -Specialty courses (Diploma/ MD/ MS) on the basis of merit list of the National Exit Test and to all Postgraduate Super-Specialty courses (DM/Mch) on the basis of merit list of the National Eligibility-

cum-Entrance Test.

- 11.2. The Designated Authority for counselling for all the postgraduate broad specialty seats in various Institutions in the country coming under the purview of National Medical Commission shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. The designated authority shall notify the Rules and Regulations for Common Counseling.
- 11.3. The Designated Authority for counselling for all the Postgraduate Super- Specialty seats in various Institutions in the country coming under the purview of the National Medical Commission shall be the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India. The designated authority shall notify the Rules and Regulations for Common Cancellation.

12. PERIOD OF TRAINING

The Postgraduate students shall be called Junior Residents in all broad specialties and as Senior Residents in Super Specialties.

The period of training for the award of various postgraduate degrees shall be as follows:

12.1. Broad Specialities: Doctor of Medicine (MD) / Master of Surgery (MS)

The period of training for obtaining these degrees shall be three completed years including the period of examination.

Provided that in the case of students possessing a recognised two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two year.

12.2. Super Specialities: Doctorate of Medicine (DM) / Magister Chirurgiae (MCh)

The period of training for obtaining these Degrees shall be three completed years including the examination period.

Provided that where an institution, on the date of commencement of these Regulations, is imparting five years training in Neurology and Neurosurgery, such institution shall alter it to six years training course.

12.3. Diplomas

The period of training for obtaining a Postgraduate Diploma shall be two completed years including the examination period.

13. MIGRATION

Under no circumstance, Migration transfer of student undergoing any Post Graduate Degree/ Diploma / Super Specialty course shall be permitted by any University/ Authority.

14. FACULTY

14.1. Minimum Faculty Required in a Postgraduate Department.

- a. **Clinical Departments of Broad Specialties** (with Indoor Beds and Units):
The first unit of the department shall have minimum three faculty consisting 1 professor, 1 Associate Professor and 1 Assistant Professor. The subsequent units may be headed a by Professor/ Associate Professor along with two Assistant Professors. All units shall have minimum one Senior Resident.
- b. **Departments of Anatomy, Physiology, and Biochemistry:** To add 1 Assistant Professor and 1Senior Resident in addition to the faculty/Resident prescribed for their annual sanctioned MBBS intake.
- c. **Departments of Pathology, Microbiology, Anesthesiology, and Radio diagnosis:** To add 1 Professor/Associate Professor, 1 Assistant Professor and 1 Senior Resident in addition to the faculty/Resident prescribed for their annual sanctioned MBBS intake.
- d. **All the remaining Departments** should have minimum of three faculty per Unit i.e. 1 Professor, 1 Associate Professor and 1 Assistant Professor and 1Senior Resident.
- e. **Super Specialty Departments** (with indoor beds and units): The first Unit of the department shall have minimum three faculty consisting of 1 Professor, 1 Associate Professor and 1 Assistant Professor. The Subsequent units may be headed by a Professor/Associate Professor along with two Assistant Professor.
- f. The requirement of one Professor per Department is only a minimum requirement. It is desirable that all the Units having Post Graduate students should be headed by a Professor. It has to be noted that down gradation for only one cadre below is permitted i.e., an Extra Associate Professor can be considered against the requirement of an Assistant Professor.
- g. A faculty cannot be considered against the requirement of a Senior Resident.
- h. The above mentioned requirement of teaching staff and senior residents are only minimum requirements. The staff strength of the Department/unit shall be enhanced based on the clinical load.

14.2. Eligibility for being designated Postgraduate Guide:

This would be in accordance with the “Minimum Qualifications for Teachers in Medical Institutions Regulations, 2021”

1. **Broad Specialties:** A teacher in a Medical College or Institution having a total of 5 years teaching experience as Assistant Professor and above after obtaining post-graduation degree in the concerned broad specialty subject, shall be recognized as Post Graduate Guide in that specialty, provided the department has been recognized/Permitted for conducting Postgraduate course in that subject.
 2. **Super Specialities:** A teacher in a Medical College or Institution having a total of 2 years teaching experience as Assistant Professor and above after obtaining the Super Specialty degree in the concerned super specialty subject, shall be recognized as Post Graduate Guide in that Super Specialty subject, provided the department has been recognized / permitted for conducting Super Specialty courses in that subject. Further, in the case of super specialty courses which were newly instituted, relaxation of qualification and experience for recognition as Post Graduate Guide granted by erstwhile MCI shall be continued for ten years from the date of start of the course by erstwhile MCI. This relaxation ceases to exist to all the existing super specialty courses once they complete ten years from the date on which they were started by erstwhile Medical Council of India. This provision is also applicable to the new courses to be instituted henceforth by National Medical Commission.
- 14.3. In addition, the institutions having both undergraduate and postgraduate courses shall fulfill the requirement of Teaching and non-teaching staff as per the “Minimum Requirements for Annual MBBS Admissions Regulations”.

15. INSTITUTIONAL FACILITIES

15.1. Institutions with ongoing Undergraduate Medical courses (MBBS)

- a. **Facilities:**
Facilities and space in accordance with the Minimum Requirements for annual M.B.B.S. Admissions Regulations, 2020 of the NMC shall be in place at the time of application for starting the course or increasing seats.
- b. **Individual Department/ Specialty Requirements:**
The specific and unique requirements for individual disciplines/specialties shall be mandatorily followed.
- c. **In-Patient Facilities:**
 1. A Broad specialty Department to be recognized for training of Post Graduate students, shall have minimum beds as mentioned in the “Minimum Requirements for Annual MBBS admissions Regulations, 2020” for the sanctioned intake of MBBS students.

2. In case of super-specialty departments there must be a minimum of 20 beds in a unit except in departments such as radiological specialties.
 3. Adequate High Dependency Unit and Intensive Care Unit Beds and other facilities shall be available.
 4. There should be adequate facilities for surgery and various non-invasive and invasive procedures/ interventions for diagnosis and management.
- d. Out-Patient Facilities:
1. There shall be adequate space and sufficient number of consultation cubicles available in the Out-Patient Department.
 2. Out-Patient load must be according to the Minimum Requirements for Annual MBBS Admissions Regulations, 2020 of the NMC.
 3. Specialty Clinics shall also be available for the training of post-graduate students in the relevant broad and super specialty department where such Postgraduate students will be posted.
- e. Laboratory and Imaging Facilities:
1. The institution shall have adequate laboratory and imaging facilities for the training of Post Graduate students and for research.
 2. Laboratories shall provide all the investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge and technology and of research requirements.
 3. For training of students in non-clinical departments, proper and contemporary laboratory facilities shall be made available.
 4. Imaging facilities shall be contemporary and in keeping with the latest technology available for diagnosis and interventions. The institution shall have both CT Scan and MRI Scan facilities before starting a Postgraduate course.
 5. Out sourcing of the Laboratory/Radiological facilities shall not be permitted, where post graduate courses are being conducted.

- f. Equipment
 1. The department shall have adequate number of all such equipment including the latest ones necessary for training and as may be prescribed by the PGMEB for each specialty from time to time.
 2. The department shall have digital library and seminar hall with well equipped high speed internet Wi-Fi connected media room to have direct relay from in-house operation theaters and also to conduct or attend global scientific live programmes.
- g. All Institutions imparting Postgraduate education shall necessarily have a simulation laboratory for training of the Postgraduate students. The requirement of equipment in the simulation lab is based on the specialty concerned.

15.2. Standalone Postgraduate Medical Institutions

The Medical Institutions that have been granted permission to start Postgraduate Courses in broad specialties under Section 9.3 of these Regulations shall have the following facilities.

1 Hospital

- (a) The Institute shall have an hospital with minimum 400 beds.
- (b) The Hospital, in addition to clinical specialties shall have full-fledged Departments of Bio-chemistry, Pathology, Microbiology and Radiology/ Imaging including CT scan and MRI facilities.
- (c) The Hospital should have been running for at least two years prior on the date of application to seek permission to start the postgraduate course.

2 Provision of Memorandum of Understanding

A Standalone Postgraduate Medical Institution eligible to start postgraduate courses may enter into a comprehensive Memorandum of Understanding with an ongoing recognized medical college, located within a reasonable distance from it as it would not disrupt the smooth running of the said courses, for the purpose of availing the facilities of the basic medical sciences departments of the college. The Medical College shall be located in the same city and within a distance of 10 Km.

3 Individual Department/ Specialty Requirements

- (a) The specific and unique requirements for individual disciplines/ specialties shall be mandatorily followed.
- (b) The Institution should provide facilities consistent with the all-round training including training in basic medical science and other departments related to the subject as recommended by the PGMEB.
- (c) Each department imparting training for postgraduate broad

speciality degree should have adequate variety and mix of cases that are regularly worked-up/ investigated as required with the Departments of Biochemistry, Pathology, Microbiology and Radiology/ Imaging so as to provide ample opportunities for learning.

- (d) There should be facilities of ancillary departments for coordinated training.
- (e) The department shall have digital library and seminar hall with well equipped high speed internet Wi-Fi connected media room to have direct relay from in-house operation theaters and also to conduct or attend global scientific live programmes.
- (f) The additional staff as mentioned in 14.1 is not applicable for standalone Postgraduate Medical Institutions.

4 Clinical, Laboratory and Imaging Facilities including Equipment.

The Clinical Laboratory and Imaging Facilities including Equipment shall be at par with those expected of a Medical College/ Institution as indicated in Section 15.1.

16. NUMBER OF POST GRADUATE STUDENTS TO BE ADMITTED

16.1 Teacher Student ratio: The ratio of recognized Postgraduate teacher to the number of students to be admitted for the postgraduate courses in broad and super-specialties is outlined in the table given below:

Teacher: Student ratio of PG students			
Designation	1 PG/yr	2 PG/yr	3 PG/yr
Professor	Never supervised any MD/MS student as recognized PG guide	Supervised 1 MD/MS student per year for at least two years	Five years as Professor + supervised at least two MD/MS student thesis per year for three years as Professor + at least one eligible research publication in the past three years as Professor + The department must be running postgraduate degree course for minimum of ten years.
Associate Professor	Never supervised any MD/MS student as recognized PG guide	Supervised 1 MD/MS student per year for at least two years + At least one eligible research publication in the past two years as Associate Professor + The Associate Professor shall be working as Unit Chief	

Teacher: Student ratio of PG students			
Designation	1 PG/yr	2 PG/yr	3 PG/yr
Assistant Professor	Meets eligibility criteria for promotion as Associate Professor but not yet promoted to that post and is eligible to be a PG guide.		

- 16.2. The maximum intake of postgraduate students in specialities where units are prescribed shall not exceed 3 PG seats per unit per academic year. The Institute should have adequate surgical load to get maximum seats in surgical specialities.
- 16.3. The intake of postgraduate students in the speciality of Anaesthesiology shall be dependent on facilities available in the department, speciality clinics offered, services offered outside the operation theatre, specialised OT services provided and the number of surgical procedures carried out.
- 16.4. The intake of postgraduate students in the speciality of Radio Diagnosis and Radiation Oncology shall depend on the Radiological facilities offered, the number of Radiological investigations carried out, specialised Radiological investigations done and specialised equipments available in the department.
- 16.5. The requirement of units and beds shall not apply in the case of Postgraduate courses in Basic and para-clinical departments.
- 16.6. The Institute can have any number of units to meet the needs of the workload. But only the minimum number of units required as per the Minimum Standard Requirements for annual MBBS admissions Regulations, 2020 of the NMC shall be taken into account to calculate the number of postgraduate seats to be sanctioned.
- 16.7. Provided that against the very same units, teaching personnel and infrastructure, no other postgraduate courses under any other body like National Board of Examinations, College of Physicians & Surgeons, etc., are permitted.
- 16.8. Clinical material: While considering the postgraduate students to be admitted, in addition to sections 14 and 15, the available clinical material and the appropriate clinical load for training as notified from time to time for each specialty by the Postgraduate Medical Education Board shall also be considered.

17. TRAINING PROGRAMME

- 17.1. The training given with due care to the Post Graduate students in the recognized institutions for the award of various Post Graduate degrees shall determine the

expertise of the specialist and / or medical teachers produced as a result of the educational programme during the period of stay in the institution.

Provided that in respect of MD/MS students admitted with effect from academic session 2021, the training imparted as part of District Residency Programme in District Health System, as provided for in section 17.15 of these Regulations shall be considered as training imparted in a medical institution.

- 17.2. All the candidates joining the Post Graduate training programme shall work as Full Time Residents during the period of training and shall attend not less than 80% (Eighty percent) of the imparted training during each academic year. Further, pregnant Postgraduate students be allowed maternity leave as per existing Rules and Regulations. They shall also be paid stipend during this period. However, their term shall be re fixed by the concerned University to makeup the period lost in the training programme due to maternity leave.
- 17.3. The Post Graduate students undergoing Post Graduate Degree/Super-Specialty course in all the Institutions including private institutions shall be paid stipend on par with the stipend being paid to the Post Graduate students of State Government Medical Institutions/Central Government Medical Institutions, in the State/Union Territory where the institution is located. Similarly, the matter of grant of leave to Post Graduate students shall be regulated as per the respective Central/State Government rules. Heavy penalty shall to be levied on the Institutions for any violation of this clause as per Penalty Regulations of NMC.
- 17.4. Every institution undertaking Post Graduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each specialty in consultation with other department faculty and also coordinate and monitor the implementation of these training Programmes.
- 17.5. The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates.
- 17.6. There shall be peripheral postings for Broad Specialty Postgraduate students in different Departments/Hospitals in keeping with the educational/ training requirements, for not more than four months excluding District residency Programme.
- 17.7. Post Graduate students of MS/MD/DM/MCh degree courses shall maintain a dynamic e-log book which needs to be updated on weekly basis about the work carried out by them and the training programme undergone during the period of training. MS/Mch students shall mandatorily enter details of surgical operations assisted or done independently.
- 17.8. The record (Log) books shall be checked and assessed periodically by the faculty members imparting the training.
- 17.9. The period spent during Super Specialty Postgraduate training by the Post Graduate students including in-service Post graduates, shall not be counted as teaching experience by any authority for effecting promotion.

- 17.10. The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- 17.11. During the training for award of Degree / Super-specialty/Diploma in clinical disciplines, there shall be proper training in Basic medical sciences related to the disciplines concerned; so also in the applied aspects of the subject; and allied subjects related to the disciplines concerned. In the Post Graduate training programmes including both Clinical and Basic medical sciences, emphasis has to be laid on Preventive and Social aspects. Emergency care, facilities for Autopsies, Biopsies, Cytopsies, Endoscopy and Imaging etc. shall also be made available for training purposes.

17.12. Post Graduate training shall consists of following:

1. Broad Specialities: Doctor of Medicine (MD) / Master of Surgery (MS)

- (a) Basic Medical Sciences: The teaching and training of the students shall be through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, and involvement in research studies in the concerned specialty and exposure to the applied aspects of the subject relevant to clinical specialties.
- (b) Clinical disciplines: The teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care; participation in seminars, journal clubs, group discussions, clinical meetings, grand rounds, and clinico-pathological conferences; practical training in diagnosis and medical and surgical treatment; training in the Basic Medical Sciences, as well as in training allied clinical specialties. Postgraduate Degree Residents in Surgical Specialties shall participate in surgical operations as well.

2. Doctorate of Medicine (DM)/Magister Chirurgiae (Mch)

The training shall be on the same pattern as for MD/MS in clinical disciplines; with practical training including advanced diagnostic, therapeutic and laboratory techniques, relevant to the subject of specialization. Postgraduate Super Specialty students in surgical specialties shall participate in surgical operations as well.

3. Diplomas

The teaching and training of the students shall include graded clinical responsibility; lectures, seminars, journal clubs, group discussions and participation in clinical and clinico-pathological conferences, practical training to manage independently common problems in the specialty; and training in the Basic Medical

Sciences. Postgraduate Diploma Residents in surgical specialties shall participate in surgical operations as well.

- 17.13. A postgraduate student of a degree course in broad specialties/super specialties would be required to present one poster presentation/ to read one paper at a national/state conference/to have one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

17.14. Common Course work

The following course work shall be common and mandatory for all Postgraduate students irrespective of discipline / specialty.

- 1 Course in Research Methodology
 - a. All postgraduate students shall complete an online course in Research Methodology.
 - b. The students shall have to register on the portal of the designated training institutions.
 - c. The students have to complete the course within one year of the commencement of the batch
 - d. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
 - e. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective postgraduate course.
 - f. This requirement shall be applicable for all postgraduate students.
- 2 Course in Ethics
 - a. All postgraduate students shall complete course in Ethics including Good Clinical Practices and Good Laboratory Practices, which ever is applicable to them, to be conducted by Institutes themselves or by any other method.
 - b. The students have to complete the course within one year of the commencement of the batch
 - c. No Postgraduate Student shall be permitted to appear in the examination without completing the above course.
- 3 Course in Cardiac Life Support Skills (BCLS)
 - a. All postgraduate students shall complete a course in Basic Cardiac LifeSupport (BCLS) and Advanced Cardiac Life Support (ACLS) skills and get duly certified.
 - b. The students have to complete the course within one year of the commencement of the batch.

- c. No Postgraduate Student shall be permitted to appear in the examination without the above certification.

4 Awareness in basics of management and audit

Awareness in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behavior studies and knowledge of pharmacy shall be imparted to the Post Graduate students.

5 Others

Institutions may arrange training in other courses such as on Telemedicine, How to write a manuscript and make effective presentations, Use of Pubmed and other resources etc.as required.

17.15. District residency programme (DRP)

1. Preamble:

Two essential tenets of postgraduate medical training are:

- (a) learning experiences have to be derived from and targeted to the needs of the community and
- (b) doctors have to be trained in diverse settings including those which are close to the community. The District Health System including the District Hospitals constitutes the most important part of the country's public health care enterprise. District Hospitals represent multi-specialty facilities providing comprehensive secondary level care to the communities than most medical colleges and these facilities are a major source of health services for the people.

2. Objectives:

The main objectives of the District Residency Programme (DRP) would be

- (a) to expose the postgraduate student to District Health System and involve them in health care services being provided at the District Hospital for serving while learning.
- (b) to acquaint them with the planning, implementation, monitoring and assessment of outcomes of the National Health programmes at the district level and
- (c) to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission.

In doing so, the postgraduate medical students would also be contributing towards strengthening of services of the District Health System as specialty resident doctors working as members of the district teams.

3. Definition of District Hospital:

For the purpose of this programme, a District Hospital shall be a functional public sector/government-funded hospital of not less than 100 beds with facilities/staff for the designated specialties at that level/facility.

4. Definition of District Health System:

For the purpose of this programme, the District Health System shall include all public sector/government-funded hospitals and facilities (including community health centers, primary health centers, sub health centers, urban health centers etc.), as well as community outreach system in a district. This would also include district system engaged in running respective public health services including the implementation of national and state public health programmes.

5. District Residency Programme:

All postgraduate students pursuing MD/MS in broad specialties in all Medical Colleges/Institutions under the Indian Medical Council Act, 1956 shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the Postgraduate programme.

This rotation shall be termed as 'District Residency Programme' (DRP) and the postgraduate medical student undergoing training shall be termed as a 'District Resident'.

6. Training and Responsibilities of District Residents:

a. Clinical Specialities:

During this rotation, the District Resident will be posted with the concerned/aligned specialty team/unit at the District Hospital, and will be trained under the overall guidance of the District Specialists. The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC). The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty and other areas pertaining to their specialty, and encompass night duties.

b. Pre-Clinical and Para-Clinical Specialities:

Postgraduate students of pre/para clinical disciplines (namely, Anatomy; Biochemistry; Community Medicine; Forensic Medicine; Microbiology; Pathology; Physiology; and Pharmacology) will be trained by the District Hospital and Health System teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratories services, pharmacy services, forensic services, general clinical duties, managerial roles and public health programmes etc., as applicable. They may also be posted in research units / facilities, laboratories and field sites of the

Indian Council of Medical Research and other national research organizations.

7. Stipend and Leave for District Residents:

The District Residents shall continue to draw full stipend from their respective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also be entitled to leave benefits as per the rules/guidelines of the Parent College / University.

8. Training during DRP and Certification thereof:

- a. Quality of training shall be monitored by log books, supportive supervision and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the District concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.
- b. The District Residents would remain in contact with their designated postgraduate teacher(s) and departments at their parent Medical College / Institution by phone and e-communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs and other academic academies.
- c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective postgraduate course.
- d. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to the concerned Medical College.

9. Responsibility of Medical College/Medical Institution:

It shall be incumbent upon all Medical Colleges/ Institutions to place the postgraduate students at the disposal of the Government of concerned State/Union Territory for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication. In accordance with Clause 17.4 of the Postgraduate Medical Education Regulations, 2021, each medical college/institution will set up a committee under the Academic Cell to coordinate and monitor implementation of District Residency Programme.

10. Responsibility of Government of State/Union Territory:

The Government of State/Union Territory shall implement the District Residency Programme within their jurisdiction as under:-

1. The Programme shall be coordinated jointly by the Department of Directorate of Medical Education and the Department of Directorate of Health Services. An Officer of the State/Union Territory Government shall be designated as the State/UT District Residency Programme (DRP) Nodal Officer. The concerned Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
2. The designated State/UT DRP Nodal officer shall identify and designate hospitals that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and the medical colleges, and develop a placement schedule of the Postgraduate residents of the medical colleges due for Rotation at least 6 months in advance. This Official will also be responsible for grievance redressal at State Level.
3. The State DRP Nodal officer shall undertake rule-based allotment of the training facilities to the Postgraduate Residents using the platform developed by the National Medical Commission.
4. The State Government shall provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to workplace (if living quarters is far away), security, especially for lady residents. Accommodation could be by means of government premises or that rented by concerned State Government and should conform to prescribed norms.
5. The District Residents shall remain under the jurisdiction of respective State/UT DRP Nodal officer where they are undergoing District residency.
6. In case all the postgraduate residents of a State/UT cannot be absorbed within their respective jurisdiction, possibility of posting them to other States/Union Territories may be explored by mutual understanding in consultation with the respective Governments facilitated by the National Coordination Cell. In such instances the expenditure of travel, food and accommodation to District Residents should be borne by the state which utilizes their services.
7. It shall be permissible for the postgraduate students from the North East Zone (NEZ) in various medical colleges/institutions in the country, to undergo District Residency Programme in their respective States.
8. The State/UT Governments may consider providing additional honorarium to the District Residents as a token of recognition of their contribution to the healthcare services of the States. In addition, the

concerned Governments may make provisions to incentivize postings to remote and difficult areas, and encourage volunteering by postgraduate students to serve at these places.

9. The concerned State Government shall also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical colleges. The District DRP coordinator shall also be responsible for orienting the postgraduate residents to the District health system, supervising the postings within the district, ensuring their accommodation and transport needs, and for grievances redressed, etc.. District DRP Coordinator shall be the competent authority for sanctioning leave to District Residents. The District DRP coordinator shall keep in touch with the Medical College authorities from where the services of the Postgraduates are drawn to discuss about any difficulties and grievances.

11. Responsibility of National Medical Commission:

The National Medical Commission shall develop a transparent electronic platform to facilitate and ensure rule-based placement of PG residents to various institutions under the District Residency Program. They shall also develop requisite norms, tools, guidelines for implementation (log book, feedback form, learning resources etc.), maintain a dashboard on the programme and above all, continuously monitor the quality of the training programme.

12. Constitution of National/State Oversight Mechanisms:

1. The National Medical Commission shall constitute a National Steering Committee in consultation with the Ministry of Health and Family Welfare, Government of India to oversee the implementation of the District Residency Programme.
2. The National Steering Committee shall be chaired by a nominee of the National Medical commission. The Committee shall comprise nominated members from the Ministry of Health and Family Welfare (not below the rank of Additional/ Joint Secretary), Nominee of Directorate General of Health Services (DGHS) and representatives of at least six Governments of States/Union Territories. The Committee will submit quarterly reports to the Central Government.
3. The National Steering Committee shall establish a National Coordination Cell (NCC) under the National Medical commission which shall be responsible for the smooth and efficient implementation of the District Residency Programme and grievance redressed at national level.
4. The Government of State/Union Territory shall constitute a State/Union Territory level Steering Committee chaired by Principal Secretary/ Secretary (Health) and comprising Principal Secretary/Secretary

(Medical Education), Director of Health Services, Director of Medical Education, Registrar of the Health University and Deans of the Medical Colleges to facilitate the implementation of the District Residency Programme.

13. Launch of the District Residency Programme:

The District Residency Programmes will be implemented with the PG (broad specialty) batch that has joined for the postgraduate course in 2021.

18. EXAMINATIONS

Obtaining a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examination in broad speciality and super speciality subjects and three papers in diploma examination shall be mandatory. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree/diploma examination as the case may be. Hence a candidate shall secure not less than 50% marks in each head of examination which shall include Theory and Practical including clinical and viva voce examination.

No grace mark is permitted in Postgraduate Examination either for Theory or for Practical.

18.1. Examiners

1. All the Post Graduate Examiners in Broad and Super Specialties shall have three years' experience as recognized Post Graduate Guides in the concerned subject.
2. For all Post Graduate Examination, the minimum number of Examiners shall be four, out of which two shall be External Examiners, who shall be invited from other universities from outside the State.
3. An examiner shall ordinarily be not appointed for more than two consecutive regular examinations for the same Institution

18.2. Valuation

- a. All eligible Postgraduate examiners can perform the valuation of the answer scripts.
- b. All the answer scripts shall be subjected for two valuations by the concerned University. The average of the total marks awarded by the two valuers for the paper, which is rounded off to the nearest value, shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper,

rounded off to the nearest value, shall be considered for final computation of the results.

- c. After the computation and declaration of the results, under no circumstances, revaluation is permitted by any authority.
- d. All the Health Universities/Institutions imparting Postgraduate courses shall implement digital valuation henceforth.

18.3. Number of candidates

The maximum number of candidates to be examined in Clinical/practical and Oral on any day shall not exceed eight for MD/MS degree/ and three for DM/MCh examinations.

18.4. Number of examinations

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

18.5. Broad Specialties: Doctor of Medicine (MD)/Master of Surgery (MS)

MD/MS examinations, in any subject shall consist of Theory Papers, and clinical/Practical and Oral examinations.

1. Theory

There shall be four theory papers. Out of these first paper shall be of Basic Medical Sciences and the fourth paper shall be of recent advances. The theory examinations shall be held well in advance before the Clinical and Practical examination.

2. Clinical / Practical and Oral

- 1. Clinical examination for the subjects in Clinical Sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/Teacher, for which candidates shall be examined for one long case and two short cases.
- 2. Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ Laboratory studies and his ability to perform such studies as are relevant to his subject.

3. The Oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination

18.6 Super Specialties: Doctorate of Medicine (DM)/Magister Chirurgiae (MCh)

The Examination consists of: (1) Theory and (2) Clinical/Practical and Oral

1. Theory:

There shall be four theory papers, out of these first paper shall be on Basic Medical Sciences, and the fourth paper be on Recent Advances. The theory examination shall be held in advance before the Clinical and Practical examination.

2. Clinical / Practical and Oral:

Practical examination may consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive enough to test the candidate's overall knowledge of the subject.

18.7 Postgraduate Diploma

Diploma examination in any subject shall consist of Theory, Practical/Clinical and Oral.

1. Theory

There shall be three Theory papers. First paper out of these shall be on Basic Medical Sciences. The theory examination will be held well in advance before the Clinical examination.

2. Clinical and Oral

Clinical examination for the subject in clinical Science shall be conducted to test /aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a Specialist / Teacher for which a candidate shall examine a minimum of one long case and two short cases.

The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which shall form a part of the examination.

19. POSTGRADUATE DIPLOMA COURSES

No new Diploma courses shall be permitted from 2021 onwards. All the Rules and Regulations of erstwhile MCI regarding existing Diploma courses shall be applicable till all the Diploma courses are phased out and the last Diploma candidate has cleared the examination.

20. PHD

Ph.D. Degree may be instituted in all subjects wherever recognized postgraduate qualification in medical subjects are awarded by the concerned Universities subject to fulfillment of the following guidelines:

- 20.1. Ph.D. shall be awarded only upon completion of MD or MS or MSc. in medical subjects.
- 20.2. The period of training for Ph.D. shall be two years for candidates who possess MD/MS and three years for MSc. (medical subjects).
- 20.3. For starting Ph.D. course, the institution concerned shall have the following facilities, namely:-
 1. Adequate facilities for experimental medicine and experimental surgery;
 2. Ancillary Departments, adequately equipped and well-staffed as prescribed for Postgraduate departments;
 3. Adequate facilities for advanced research work and laboratory investigations in the departments of Biochemistry, Physiology, Microbiology, Pathology, Radio-diagnosis.
- 20.4. A guide for the Ph.D. degree shall have not less than fifteen years teaching experience after obtaining his postgraduate qualification.

21. COLLABORATIVE RESEARCH

- 21.1. Impetus may be provided to Research in Medical field to produce Physician Scientists of highest caliber by collaborative arrangement with other scientific organizations of excellence such as Institutes of Eminence/ Excellence conferred by Government of India. New courses/ Specialities may also be started with the sole intention of producing high quality Physician Scientists, by leveraging the scientific expertise at the Institutes of Eminence/ Excellence. Such of the Postgraduate students who wish to do combined MD-PHD programme can do so by simultaneous registration for MD/MS from National Medical Commission recognized Institutions and PHD from Institute of Excellence/Eminence conferred by Government of India. They shall be awarded MD/MS from the National Medical Commission Institutions and PHD from the Institute of Eminence/Excellence.
- 21.2. International Collaboration may also be explored for MD-PHD Programme.
- 21.3. Institutes of Eminence/Excellence may also initiate integrated MD-PHD or Dual Degree Programmes by admitting students for both degrees after establishing necessary facilities and Infrastructure as prescribed by National Medical Commission for the Postgraduate teaching and training. In such cases

both MD and PHD degrees will be awarded by Institutes of Eminence/Excellence.

- 21.4. Faculty with MD/MS along with PHD qualification having three years of teaching experience after obtaining PHD or faculty with MD/MS with fifteen years of teaching experience shall be recognized as PHD guides and they are also eligible to guide Post Graduate students.

22. PENALTY FOR VIOLATION OF REGULATIONS:

Penalty for violation of Post Graduate Medical Education Regulations shall be as per the Penalty Regulations of the National Medical Commission.

23. Provision to amend the Postgraduate Medical Education Regulations - 2021:

National Medical Commission is empowered to make any addition, deletion, substitution or any other amendment to Postgraduate Medical Education Regulations – 2021 including the changes in the Schedules as and when required.

Criteria to be fulfilled by institutions eligible to start postgraduate course(s) under section 9.3 of PGMER, 2021, which are required to create their own facilities for setting up departments in basic medical sciences:

1. The basic subjects identified for the purpose of creation of facilities shall be:

- a) Anatomy
- b) Physiology
- c) Pharmacology
- d) Community Medicine with Forensic Medicine being optional.

2. Staff requirements:

The minimum staff required in each of the departments of Anatomy, Physiology, Pharmacology and Community Medicine shall be:

- | | |
|-------------------------------------|-----|
| a. Professor or Associate Professor | One |
| b. Assistant Professor | Two |

Provided that the department of Community Medicine shall also have:

- a. Epidemiologist-cum-Lecturer
- b. Statistician-cum-Lecturer
- c. Health Educator-cum-Lecturer

3. Infrastructural requirements

- a) The infrastructural requirements in terms of lecture theatres and demonstration rooms could be common.
- b) The research laboratories shall be well-equipped so that the teachers in the departments concerned shall be able to work on solicited research projects.
- c) Department of Anatomy: Apart from the common facilities, there shall be place for dissection with adequate accommodation, along with an embalming room, cold room and also a museum. Histology and Research laboratory may be clubbed together.

- d) Department of Physiology: There shall be clinical, experimental and animal physiology laboratories along with museum.
- e) Department of Pharmacology: The facilities could be common except for research laboratory, which shall be separate.
- f) Department of Community Medicine: There shall be a museum along with a well-equipped Rural/Urban Health Centre with necessary staff.
- g) Animal experimentation should continue to be included as an integral part of the competency based curriculum of Postgraduate Courses in Physiology and Pharmacology in medical institutions and the concerned medical institutions shall ensure that all governing statutory regulations with regard to the use of animal experimentation in Postgraduate Courses in teaching and training of the said Postgraduate courses are strictly adhered to.

Specialities / Subjects in which Postgraduate Degree and Diploma can be awarded by the Indian Universities and the eligibility requirements of candidates for registration for the same.

A. M.D. (Doctor of Medicine) for which candidates must possess recognized degree of MBBS (or its equivalent recognized degree)

1. Anatomy
2. Anesthesiology
3. Aerospace Medicine
4. Biochemistry
5. Community Medicine
6. Dermatology, Venerology and Leprosy
7. Emergency Medicine
8. Family Medicine
9. Forensic Medicine and Toxicology
10. General Medicine
11. Geriatrics
12. Health Administration
13. Hospital Administration
14. Immuno Hematology and Blood Transfusion
15. Master of Public Health (Epidemiology)
16. Microbiology
17. Marine Medicine
18. Nuclear Medicine
19. Pathology
20. Palliative Medicine
21. Pediatrics
22. Pharmacology
23. Physical Medicine Rehabilitation
24. Physiology
25. Psychiatry
26. Radio-diagnosis
27. Respiratory Medicine
28. Radiation Oncology

B. M.S. (Master of Surgery) for which candidates must possess recognized degree of MBBS (or its equivalent recognized degree).

1. Otorhinolaryngology – Head and Neck
2. General Surgery
3. Ophthalmology
4. Orthopedics
5. Obstetrics & Gynecology
6. Traumatology and Surgery

C. D.M. (Doctorate of Medicine) for which candidates must possess recognized degree of M.D. (or its equivalent recognized degree) in the subject shown against them.

Sl. No.	Area of Specialization	Prior Requirement
1.	Cardiology	MD Medicine
2	Cardiac Anesthesia	MD Anaesthesia
3	Clinical Immunology and Rheumatology	MD General Medicine) MD Paediatrics
4	Clinical Haematology	MD General Medicine MD Paediatrics MD Pathology
5	Critical care Medicine	MD Anaesthesiology MD General Medicine MD Paediatrics MD Respiratory Medicine
6	Endocrinology	MD General Medicine MD Paediatrics
7	Hepatology	MD General Medicine
8	Interventional Radiology	MD radiology
9	Medical Gastroenterology	MD General Medicine

10	Medical Genetics	MD/MS in any subject
11.	Medical Oncology	MD General Medicine
12	Neonatology	MD Paediatrics
13	Nephrology	MD General Medicine
14.	Neuro Anaesthesia	MD Anaesthesiology
15	Neurology	MD General Medicine

Sl. No.	Area of Specialisation	Prior Requirement
16.	Paediatric Cardiology	MD Paediatrics
17.	Paediatric Gastroenterology	MD Paediatrics
18.	Paediatric Neurology	MD Paediatrics
19	Paediatric Oncology	MD Paediatrics
20	Paediatric Hepatology	MD Paediatrics
21	Paediatric Nephrology	MD paediatrics
22	Paediatrics and Neonatal Anaesthesia	MD Anaesthesiology
23	Pulmonary Medicine	MD General Medicine MD Respiratory .Medicine MD Paediatrics
24	Virology	MD Microbiology

- D. M.Ch. (Master of Chirurgie) for which candidates must possess recognized degree of M.S. (or its equivalent recognized degree) in the subjects shown against them.

Sl. No.	Area of Specialisation	Prior Requirement
1.	Cardiac Surgery	MS General Surgery
2	Gynecological Oncology	MD/MS Obstetrics & Gynaecology
3	Hepato-Pancreato-Biliary-Surgery	MS General Surgery
4	Head and Neck Surgery	MS General Surgery MS ENT
5	Neuro-Surgery	MS General Surgery MS ENT

6	Paediatric Surgery.	MS (Surgery)
7	Paediatric Cardiothoracic and Vascular Surgery	MS General Surgery
8	Plastic & Reconstructive Surgery	MS General Surgery MS ENT
9	Surgical Oncology	MS (Surgery)
10	Surgical Gastroenterology	MS General Surgery
11	Thoracic Surgery	MS General Surgery
12.	Urology	MS General Surgery
13	Vascular Surgery	M.S General Surgery

- E. The Medical qualifications granted by other statutory bodies in India for which candidates must possess recognized degree of MBBS.

**Schedule and Admission process of Postgraduate Broad Specialty courses
(MD/MS)**

Sl. No.	Schedule for Admission	Central Counselling		State Counselling
		All India Quota	Deemed + Central Institute	
1	Conduct of Exam	By 10 January		
2	Declaration of Result	By end of January		
3	First Round of Counselling	12 March-24 March	12 March-24 March	25 March-5 April
4	Last date of Joining	3 April	3 April	12 April
5	Second round of Counselling	6 April – 12 April	6 April – 12 April	15 April-26 April
6	Last date of joining	22 April	22 April	3 May
7	Mop up Round		12 May-22 May	16 May-20 May
8	Last date of joining		26 May	26 May
9	Forwarding the list of students in order of merit equaling to ten times the number of vacant seats to the Medical Colleges by the Counselling Authority		27 May	27 May
10	Last date of joining		31 May	31 May

This counselling schedule is subject to change as and when common counselling envisaged under section 10 of PGMEB is given to effect.

**Schedule and Admission process of Super Specialty Postgraduate courses
(DM/MCh)**

Sl.No.	Schedule for Admission	Super Speciality
1	Conduct of Entrance Examination	By 10 July
2	Declaration of the result of the Qualifying Exam/Entrance Exam.	By 15 July
3	First round of counselling admission	By 31 July
4	Last date for joining the allotted college and the course	Between 1 and 7 August
5	Second round of counselling / admission	By 20 August
6	Last date of joining for the second round of counselling / admission	By 27 August
7	Commencement of academic session/term	1 August
8	Last date up to which students can be admitted/joined against vacancies arising due to any reason	31 August

In any circumstances, last date for admission/ joining will not be extended after 31 August.



C-19012/16/2022-23/NMC/Coord
Government of India
National Medical Commission
(Coordination Section)



वसुधैव कुटुम्बकम्
ONE EARTH • ONE FAMILY • ONE FUTURE

Pocket- 14, Sector- 8,
Dwarka, Phase-1, New Delhi-77

Dated 27th February, 2023

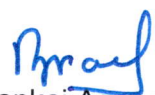
PUBLIC NOTICE

Sub: Seeking comments of the stakeholders on the proposed draft regulations related to National Medical Commission (Graduate Medical Education) Regulations of Undergraduate Medical Education Board, 2023- Reg.

NMC proposes to make the above mentioned regulation in exercise of powers vested with NMC under sub Section (2) of Section 57 read with sub Section (1) of Section 24 of NMC Act, 2019 (30 of 2019). A draft regulation in this regard is being shared for public comments.

2. It is requested to share comments on the draft regulations at the following email ID- comments.ugregulations@nmc.org.in in MS Word (.docx) format or machine readable PDF Format within 30 days of publication of this notice with a subject tagline "Comments on draft regulations regarding National Medical Commission (Graduate Medical Education) Regulations of Undergraduate Medical Education Board, 2023".

3. This issues with the approval of Chairman, NMC.


(Pankaj Agrawal)
Director, NMC

**NATIONAL MEDICAL COMMISSION [GRADUATE MEDICAL EDUCATION] REGULATIONS
OF UNDERGRADUATE MEDICAL EDUCATION BOARD, 2023**

WHEREAS the focus of undergraduate medical education is explicitly recognized by the fraternity as; the Graduating scholar shall be able to –

1. Apply the gained knowledge and skill to ensure health for all to the maximum extent possible.
2. Achieve competence in the practice of holistic medicine encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
3. Develop a scientific temper, acquire education experience for proficiency in the profession and promote healthy living.
4. Appreciate the socio-psychological, cultural, economic, and environmental factors affecting health and develop a humane attitude towards the patients in discharging one's professional responsibilities.
5. Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, research, and documental skills.
6. Acquire basic management skills in human resources, materials and resource management related to health care delivery, general hospital management, principal inventory skills and counselling.
7. Able to work as a leading partner in healthcare teams and acquire proficiency in communication skills.
8. Develop personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.
9. Become an exemplary citizen by observing the highest standards of professional ethics and working towards fulfilling social and professional obligations to respond to national aspirations.

Manohar

WHEREAS the institutions imparting graduate medical education shall continually work to synchronize the institutional goals with the national goals to produce the kind of trained manpower with high knowledge, appropriate skills and impeccable ethical standards required.

WHEREAS in the exercise of overall powers conferred by the National Medical Commission Act, 2019 *vis-à-vis* medical education in general and specifically by sub-section (1) of section 24 and sub-section (2)h,i, j,k, o,p, q,r,s of section 57 of the said Act, National Medical Commission makes the following Regulations –

CHAPTER I – PRELIMINARY

1. **Short title** – These Regulations may be called the “Graduate Medical Education Regulations, 2023” or “GMER, 2023” in its abbreviated form.
2. **Commencement** – All these Regulations shall come into force at once on such a designated day by the National Medical Commission through notification after due publication of these Regulations in the Official Gazette.
3. **Definitions** – In these Regulations, unless the context otherwise requires the terms defined herein shall bear the meaning assigned to them below and their cognate expressions and variations shall be construed accordingly –
 - a. **“Act”** shall mean National Medical Commission Act, 2019 [Act No. 30 of 2019].
 - b. **“Board”** shall mean Undergraduate Medical Education Board, duly constituted under Section 16 of the Act.
 - c. **“Commission”** shall mean the National Medical Commission duly established under Section 3 of the Act.
 - d. **“Medical Institution”** shall mean ‘*Medical Institution*’ as defined in Section 2(i) of the National Medical Commission Act, 2019
 - e. **“NEET-UG”** shall mean ‘*National Eligibility-cum-Entrance Test*’ under Section 14 of the National Medical Commission Act, 2019

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- f. **“University”** shall mean the University as defined under Section 2 (f) and (x) of the National Medical Commission Act, 2019.

CHAPTER II – GENERAL CONSIDERATIONS

4. It shall be the duty of all concerned Universities to partner with the National Medical Commission to –
- Develop an appropriate curriculum to provide high-quality and affordable undergraduate medical education to the student to make him a complete bachelor in medicine and surgical fields.
 - To provide training in clinical and practical skills along with theoretical knowledge, an emphasis upon attitude, ethics and communication skills to ensure imparting competency-based medical education.
 - Encourage students towards self-directed learning, which will impart an adequate basic knowledge of human health, including indigenous systems of healthcare in India; Yoga and spiritual aspects are inculcated during their training to develop harmony, and peace, relieve stress and alleviate depression amongst students.
 - Encourage students to take up skill training in the subjects and areas of their choice, which shall stimulate their logical and scientific thinking, and problem-solving at the community level and individual levels.
 - Encourage the students to achieve and maintain the highest ethical standards in training and profession.
 - Provide periodic and transparent assessment of medical education being imparted by medical institutions across the nation to meet with highest global standards.
 - Inspire confidence in the students to handle emergencies and calamities at all levels.
5. Without prejudice to the above, the concerned University/ Institution shall ensure that proper records of the work shall be maintained so that they form the basis of

objective, efficient and transparent internal assessment of students. Provided further that, these maintained and well-classified documents shall be made available for consultation at all times, particularly for the purposes of assessment of the medical college either by the concerned University or NMC.

6. It shall be the constant endeavor of the concerned University/ Institution to constantly develop strategies for optimal utilization of evolving technology by the students, faculty and medical education department while training the students.
7. The concerned University/ Institution to the extent practical shall encourage the learning to happen through smaller groups of students.
8. The concerned University / Institution shall encourage the medical colleges to offer an optimal number and variety of choice-based credit courses.

CHAPTER III – ADMISSION, COUNSELLING, MIGRATION ETC.

9. **Conduct of NEET-UG** – Either the National Medical Commission may conduct the NEET-UG or may designate any such agency or authority by whatever name called, to cause the NEET-UG to be conducted.

Provided National Medical Commission may designate multiple agencies or authorities, to conduct NEET-UG if such deployment suits the purpose.

10. The Under Graduate Medical Education Board shall determine the language, manner and modalities etc., of conducting the NEET-UG by way of Notification.

Provided that, the Under Graduate Medical Education Board shall notify with reasonable lead time when it decides to change its policies with regard to conduct of NEET-UG so that aspiring students are not put to a detriment.

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11. **Eligibility criteria** – No student shall be eligible to pursue graduate medical education either in India or elsewhere, except by scoring the minimum eligible score at the NEET-UG exam.
- Provided the Under Graduate Medical Education Board shall by notification announce the list of eligible students.
12. **Break of tie-in marks at NEET UG**– In case of tie-in marks of the students appearing for NEET-UG, the respective marks obtained in Biology followed by Chemistry and further followed by Physics in the NEET-UG shall be considered. Provided if the tie were to continue, then draw of lots by using the computer or IT with no human intervention, the eligible candidates shall be selected.
13. **Eligibility criteria for taking NEET-UG** – No aspirant shall be allowed to take NEET-UG unless he has Passed 10 +2 with subjects of Physics, Chemistry and Biology/ Biotechnology and English that the candidate has passed in the last two years of his education.
14. **Common counselling** – Without prejudice to anything stated in the present Regulations or other NMC Regulations, there shall be common counselling for admission to graduate courses in medicine for all medical institutions in India based on the merit list of the NEET-UG.
15. Counselling shall be based on the seat matrix provided by National Medical Commission;
- Provided the common counselling may have multiple rounds as may be necessary.
16. **Conduct of common counselling** – the Under Graduate Medical Education Board shall publish guidelines for the conduct of common counselling, and the designated authority under section 17 below shall conduct the common counselling in conformity with such published guidelines.
17. **Government to appoint a designated authority for common counselling** – The Central Government or its designated authority shall be the counselling agency for all India quota seats of the contributing States, and the counselling for all admission to

graduate courses in medicine in all medical educational institutions in the State / Union territory shall be the concerned State Government or the Administration of the Union territory or their respective designated authority as the case may be.

18. Sole opportunity to the eligible student – In the order of respective merit the eligible candidate shall exercise only the first chance as a right in selecting his/her preferred institution for pursuing graduate medical education.

Provided the Under Graduate Medical Education Board shall publish guidelines from time to time in this regard.

19. The prohibition for any student seeking admission any other way than counselling –

No medical institute shall admit any candidate to the graduate course in contravention of these regulations.

Provided the medical institution granting admission to any student in contravention of these Regulations, shall be liable to be fined for Rupees 50 lakh per seat for the first-time and for the second time of non-compliance, Rupees One Crore per seat and for any subsequent non-compliance or continued contravention the medical institution shall be barred from granting admissions to any students from the next academic year.

Student shall be discharged from the medical college and double the number of seats shall be reduced for one or more years.

19. Submission of the final list –

The respective designated authorities (who have conducted the common counselling) shall submit the final list of students in the prescribed proforma to the Under Graduate Medical Education Board within 1 week of the completion of the common counselling, which in turn shall publish that list in the NMC website.

‘Provided’ only those medical institutions that were permitted to admit the students prior to the date of notification of common counselling are allowed to admit students, and the medical institutions getting requisite permission later to the date of

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notification of common counselling shall participate in the next academic year's common counselling to admit students.

Explanation: requisite permission shall also apply *mutatis mutandis* for increase of seat strength in medical institutions already established.

20. Student migration – No student designated to a medical institution, notwithstanding anything stated in these Regulations, shall seek migration to any other medical institution after the first academic year of admission. Migration of students from one medical college to another medical college shall be granted as per the guidelines of UGMEB of NMC, only in exceptional cases to the most deserving among the applicants for good and sufficient reasons and not on routine grounds. Migration shall be from a government medical college to a government medical college and from a non-government medical college to a non-government medical college only. No mutual exchange shall be permitted.

CHAPTER IV – MINIMUM STANDARDS OF REQUIREMENTS (MSR) FOR MEDICAL EDUCATION

21. Medical colleges/ institutions shall follow the guidelines for minimum standards of requirements (MSR) for under graduate medical education prescribed by the UGMEB of NMC from time to time, for a medical college/ Institution approved for admissions of sanctioned intake of MBBS students annually. The minimum requirements of accommodation in the college and its associated teaching hospitals, staff (teaching and technical) and equipment in the college departments and hospitals shall be as per the MSR guidelines. These shall include adequate infrastructure including housing of the students, adequate and appropriately qualified teachers at different levels in all the required departments proportionate to the annual intake of the students. For purposes of comprehensive training adequate clinical material in the hospital is necessary. This shall also include variety of clinical conditions of varying intensity from multiple departments.

CHAPTER V: COMPETENCY BASED DYNAMIC CURRICULUM AT UNDERGRADUATE LEVEL

22. Curriculum – the Under Graduate Medical Education Board shall publish the model curriculum and the outcome objectives of the same from time to time on the NMC website, which shall form the base for the development of a detailed medical curriculum by the Concerned Universities, along with the appropriate methodology to impart meaningful education.

The details of the requirements shall conform to the prescribed standards. These standards are subject to modification from time to time with the changing health care scenario.

Evolution of medical education is aimed at making it more learner-centric (rather than pedagogic), patient-centric, gender- sensitive, outcome -oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment. This has necessitated a deviation from using "broad competencies"; instead, the reports have written end of phase subject (sub) competencies. These "sub-competencies" can be mapped to the global competencies in the Graduate Medical Education Regulations.

23. The importance of ethical values, responsiveness to the needs of the patient and acquisition of communication skills is underscored by providing dedicated curriculum time in the form of a longitudinal program based on Attitude, Ethics and Communication (AETCOM) competencies. Great emphasis has been placed on collaborative and interdisciplinary teamwork, professionalism, altruism and respect in professional relationships with due sensitivity to differences in thought, social and economic position and gender.

24. Training period and maximum duration– Every student admitted in accordance with these Regulations, shall undergo training as per the guidelines published by the Under Graduate Medical Education Board and displayed on the NMC website from time to time.

Provided under no circumstances the student shall be allowed more than 4 attempts for first year and no student shall be allowed to continue undergraduate medical course after nine (09) years from the date of admission into the course.

25. Choice-based credit courses – There shall be a variety of choice-based credit courses of duration limited to a maximum of one week, offered by the medical institutions in addition to the NMC curriculum and the curriculum prescribed by their respective University to their graduating students without hampering the medical graduate curriculum.

Provided the meaningful imparting of these choice-based credit courses shall be given due weightage, while accreditation and rating of the medical institutions by the Medical Assessment and Rating Board of NMC.

26. Internship – The student admitted into a graduate medical programme shall not be deemed to have completed his graduation until he completes his rotating medical internship as per Compulsory Rotating Medical Internship Regulations, 2021.

CHAPTER VI. – FACULTY DEVELOPMENT PROGRAM

27. The new curriculum training requires the teaching faculty to understand and apply the concepts of group dynamics in teaching students, team building exercises, small group teachings, encourage the students towards self-directed learning and enhance their skills to become team leaders at the primary health care level. These training skills shall be imparted through various programmes as described in the guidelines to be notified from time to time.

CHAPTER VI – STUDENT WELFARE

The student welfare is central to good learning atmosphere. The issues related to ragging disrupt student's well-being. Hence, students are expected to abide by Prevention and Prohibition of Ragging in Medical Colleges and Institutions Regulations, 2021. There shall be an elected student association and representation of students in decision making by the medical college/ institution affecting student welfare.

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Under Graduate Medical Education Board)

No. U.11022/3/2023-UGMEB

Date the 23rd June, 2023

PUBLIC NOTICE

Subject :- Seeking Comments of the stakeholders on draft Regulations of National Medical Commission (Minimum Standard Requirements for Establishment of New Medical College/Increase of seats in MBBS Course) Regulations, 2023 - Reg.

The Undergraduate Medical Education Board proposes to make the above mentioned regulations in exercise of powers vested with NMC under sub Section (2) of section 57 read with Section 26, 28 & 29 of NMC Act, 2019 (30 of 2019). A draft regulation in this regard is being shared for public comments.

2. It is requested to share comments on the draft regulations at the following email id comments.ugregulations@nmc.org.in in MS Word (.docx) format or machine readable PDF Format within 30 days of publication of this notice with a subject tagline "Comments on draft regulations regarding National Medical Commission (Minimum Standard Requirements for Establishment of New Medical College/Increase of seats in MBBS Course) Regulations, 2023.


23/6/2023
(Shambhu Sharan Kumar)
Director, UGMEB

Draft Regulations of National Medical Commission (Minimum Standard Requirements for Establishment of New Medical College/Increase of seats in MBBS Course) Regulations, 2023

In exercise of the powers conferred by section 57 of the National Medical Commission Act, 2019 (30 of 2019), the National Medical Commission hereby makes the following guidelines for Establishment of the new Medical Colleges/Institutions and Yearly Renewals.

The objective of these regulations is to prescribe for a medical college and Medical Institution approved for admissions of MBBS students annually, the minimum requirements of accommodation in the college and its associated teaching hospitals, staff (teaching and technical) and equipment in the college departments and hospitals.

These guidelines shall be applicable for Medical Colleges being established from the academic session 2024-25 onwards. Applications for establishing new medical colleges shall be allowed only for 50/100/150 seats.

- Only such colleges meeting these requirements shall be eligible for continuing their admission of permitted/recognised number of MBBS students from the academic year 2024-2025.
- Colleges applying for establishment from the year 2024-25, shall apply with these requirements for a strength, not exceeding 150 MBBS students.
- Colleges seeking increased number of seats cannot exceed a total of 150 MBBS students from the year 2024-25.
- With the exception that colleges who have applied for academic year 2023-24 for increased seats but failed to get the same, can ask for the same number (totalling 200 or 250) that was in their previous application for one time in the year 2024-25 only.
- After A.Y. 2023-24, Letter of permission (LOP) for starting of new medical colleges shall be issued only for annual intake capacity of 50/100/150 seats, provided that no medical college exists in that geographical area covering a population of 10,00,000 (>10 lakhs) and above. While issuing the Essentiality Certificate, State Government/UTs is required to ensure coverage of minimum 10 Lakhs population for 100 MBBS seats and also minimum distance of 15 KM between two medical colleges.
- It shall be mandatory for the existing colleges established / colleges granted increase in seat capacity as per MSR 2020 or the previous regulations, to fulfill the requirements stated in these amendments (except for the land requirement and requirement of multi-purpose examination hall) when they apply for recognition or continuation of recognition of the award of degree of MBBS and thereafter.

Departments: Every medical college/ institution approved for under graduate admissions annually shall have the following departments, namely:-

- i. Anatomy
- ii. Physiology
- iii. Biochemistry
- iv. Pathology
- v. Microbiology
- vi. Pharmacology
- vii. Forensic Medicine And Toxicology
- viii. Community Medicine
- ix. General Medicine
- x. Pediatrics
- xi. Psychiatry
- xii. Dermatology
- xiii. Respiratory Medicine
- xiv. General Surgery
- xv. Orthopaedics
- xvi. Radio-Diagnosis
- xvii. Oto-Rhinolaryngology
- xviii. Ophthalmology
- xix. Obstetrics & Gynaecology
- xx. Anesthesiology
- xxi. Dentistry
- xxii. Physical Medicine & Rehabilitation
- xxiii. Emergency Medicine
- xxiv. Integrative Medical Research

I

ACCOMMODATION IN THE MEDICAL COLLEGE AND ITS ASSOCIATED TEACHING HOSPITALS

A-COLLEGE

1. GENERAL

1.1 Campus

Every hospital seeking permission to start medical college after the publication of this amended regulation shall comprise of the Medical College, the attached Teaching hospital/(s),

and the hostels for the students and interns, with or without the residential area for faculty and other staff of college /hospital. The medical college, hostels for students/interns and the teaching hospital/institution shall be either in a unitary campus or maximum of two campuses.

Each unitary campus shall have adequate constructed area on the land, as per the prevalent building norms, belonging to the college management or if on lease, at least for a period of 30 years on lease. If there are 2 plots/ campuses, then college shall be in single plot. The distance between the plots of college and hospital shall have a travel time of maximum of 30 minutes. The hospital shall have at least 220 beds.

The medical college shall provide adequate built-up space to accommodate various teaching areas (both in the college and the teaching hospital), Library, administrative areas, rooms for teaching and non-teaching staff, student amenities, etc. as specified in various sections of this schedule.

The buildings of the medical college and hospital shall conform to the prevailing building codes and local building byelaws/ norms. The hospitals should have fire-safety measures, including patient evacuation plans as per local byelaws and regulations. They must also comply with the requirements for providing access and facilities to those who are disabled. The buildings of the college and hospital shall meet the requirements for the numbers of students to be admitted as prescribed. Co-location of nursing colleges shall be permitted. Sharing of teaching facilities shall be allowed provided that academic sessions of undergraduate medical students are not disturbed.

1.2 Administrative Area

There should be adequate accommodation for the Principal/Dean, College Council, Academic and examination sections, Accounts, and other administrative offices (as per the need), the medical education unit and the server room for the computer network.

1.3 College Council

Every Medical College / Medical Institution shall have a College Council comprising of the Head of departments as members and Principal/ Dean as 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 organise regular interdepartmental meetings like grand rounds, statistical meetings, and clinic-pathological meetings including periodical review of research in the institution.

1.4 Central Library

1. There shall be a central library (preferably air-conditioned) with good lighting and adequate space for stocking the books and journals.

There shall be provision for:

- a. Rooms for the Librarian and other staff.
 - b. Reading rooms with adequate seating for twice the number of annual intake of UG students distributed over 2 areas.
 - c. Reading room for faculty.
 - d. Room for stocking old books, journals, etc.
 - e. A computer room with computer nodes with internet facilities for at least 25% of the annual intake of students.
2. **Books:** There shall be at least 30 (Thirty) books per annual intake of students comprising all subjects with at least 5 copies of each of the textbooks for every 50 students, for the various subjects in MBBS curriculum.
 3. **Journals:** The minimum number of journals for various annual intake of MBBS students shall be at least 1 percent of the minimum books prescribed.

The journals shall be either in print or electronic form, provided that there shall be at least 1(one) print journal of each major specialty departments for MBBS training – Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, Microbiology, Forensic Medicine & Toxicology, Community Medicine, Medicine, Pediatrics, Dermatology, Psychiatry, Respiratory Medicine, Surgery, Orthopedics, Otorhinolaryngology, Ophthalmology, Obstetrics & Gynecology, Anesthesia, Radio-diagnosis, Dentistry, Emergency Medicine, and Physical Medicine & Rehabilitation. Provided that only journals that are indexed in the following databases i.e. Pubmed Central (PMC), Medline, Science Citation index (SCI), Science Citation Index Expanded (SCIE), Embase, SCOPUS and INDMED/ MedInd will be considered. There shall be evidence for a full annual subscription for all these journals.

Annual MBBS Intake	Minimum No. of journals required	Minimum no. of books required
50	15	1500
100	30	3000
150	45	4500
200	60	6000
250	75	7500

For every hospital seeking permission to start medical college, a total of up to 60% of books can be made available as hard copies and the remaining 40% be available in electronic format. Variety of journals shall be the same irrespective of annual student intake.

1.5 Lecture theatres

1. There shall be minimum of four lecture theatres preferably air conditioned, of gallery type in the Institution, each of them with seating capacity for 20% more than the annual student intake (shall provide at least 1.40 sq.m/student).
2. In case the hospital is not in the same unitary campus there shall be one additional lecture theatre in the teaching hospital with a similar seating capacity as prescribed for the medical college.
3. The Lecture theatres shall have provision for audio-visual and internet facilities and shall be enabled for e-learning. The lecture theatres shall be linked digitally to all teaching areas designated for small group teaching.
4. The lecture theatres shall be shared by all the departments in a programmed manner.

1.6 Small Group Teaching Facilities:

The size of each batch for small group teaching shall be about 15 students. The common resource pool of teaching rooms, student practical laboratories, museums and lecture theatres and any other available area that can be utilized for teaching purposes as prescribed in these regulations shall all be utilized for small group teaching and shared by the teaching departments. All the above-mentioned teaching areas shall have audio-visual and internet facilities and be linked digitally to one another.

1.7 Teaching Rooms: The minimum number of teaching rooms in the medical college for Pre- and Para-Clinical Departments for various intake of MBBS students annually to be shared by all departments, shall be as indicated in the table below (each teaching room shall provide at least 1.2 sq.m/student):

Annual MBBS student intake	No. of teaching rooms	
	25 seating capacity	50 seating capacity
50	1	1
100	2	1
150	4	4
200	7	7
250	9	9

1.8 Student Practical Laboratories. There shall be at least 8 student practical laboratories, one each for Histology, Clinical Physiology, Biochemistry, Histopathology & cytopathology, Clinical Pathology & Hematology, Microbiology, Clinical Pharmacology, and Computer Assisted Learning (CAL) in Pharmacology. The Clinical pathology/Hematology laboratory may be shared between Physiology and Pathology, and Forensic Medicine may utilize the Histopathology & cytopathology laboratory for practical work.

Each laboratory shall have capacity to accommodate at least 60 students. The laboratories of Histology, Biochemistry, Histopathology & cytopathology, Clinical pathology & hematology, and Microbiology shall have 60 work stations fitted with water taps, sinks, and electric points. The Biochemistry, Histopathology and Microbiology laboratories shall in addition have gas/electric burners at each student's work station.

Each laboratory shall have additional rooms as required for technical staff, stores, equipment storage, etc. Each lab shall provide for at least 3.5 sq. m. per student, which shall be sufficient for work-benches, a delineated teaching area for 20 students, stores and room for technical staff. All the above-mentioned laboratories shall have audio-visual and internet facilities and be linked digitally to all other teaching areas i.e. lecture theatres, teaching rooms and museums.

1.9 Museum: There shall be at least 3 museums in the college, one (1) for Anatomy, one (1) to be shared by Pathology and Forensic Medicine, and one (1) to be shared by Pharmacology, Microbiology and Community Medicine. In addition to the display area, each of these museums shall also have sufficient space to seat at least 50 students (at least 1.2 sq. m. per student) and shall have audio-visual and internet facilities and be linked digitally to the Lecture theatres, teaching rooms and practical laboratories.

The museums shall have adequate racks and shelves for storing and proper display of wet and dry specimens (where applicable) and models. There shall also be adequate facilities for displaying and viewing radiological and digitalized images.

1.10 Skills Laboratory :

Every medical institution shall have a Skills Laboratory where students can practice and improve skills pre-specified in the curriculum. The purpose of the skills laboratory is to provide a safe and non-threatening environment for students to learn, practice and be observed performing skills in a simulated environment thus mitigating the risks involved in direct patient exposure without adequate preparation and supervision. The skills laboratory attempts to recreate the clinical environment and tasks which future health care workers have to perform with various levels of complexity and fidelity. *Skills lab is only to prepare the student for clinical exposure. It shall not replace or be used for compensating any hands-on*

clinical training. Six (6) weeks of skills lab training including evaluation for six weeks before the students are posted to the wards for clinical training shall be preferable.

The skills laboratory shall have a total area of at least 600 Sq.m for intake upto 150 MBBS students annually and 800 Sq.m for intakes of 200 and 250 MBBS students annually, and shall have-

- a. a minimum of 04 rooms for examination of patients or standardized/ simulated patients
- b. a room for demonstration of skills to small groups
- c. area for review or debriefing area
- d. rooms for faculty coordinator and support staff
- e. adequate space for storage of mannequins and/or other equipment
- f. facility for video recording and review of the interaction for teaching communication skills
- g. stations for practicing skills individually or in groups
- h. trainers or mannequins required to achieve skills outlined in the Competency Based Medical Education curriculum for Undergraduates
- i. a dedicated technical officer and adequate support staff
- j. the teaching areas of the skills lab shall have provision for audio-visual and internet facilities and shall be enabled for e-learning.

2. DEPARTMENT OFFICES, ROOMS FOR STAFF AND OTHER REQUIREMENTS

Every Teaching Department shall have:

- (i) room for Head of Department with Space for Department Office, for office staff and storage of records
- (ii) rooms with adequate space for teaching faculty, and Tutors/Demonstrators/ Residents (both Junior & Senior)
- (iii) rooms for faculty, provided with communication, computer and internet facilities.
- (iv) rooms for non-teaching staff.

2.1 Medical Education Unit

There shall be a Medical Education Unit for faculty development and providing teaching or learning resource material. The Unit shall have provision for audio-visual and internet facilities. The requirements of this unit shall be as prescribed by the Undergraduate Medical Education Board of National Medical Commission from time to time (it shall have an area of at least 150-160 sq.m).

2.2 Research Facility-

A well- equipped research facility shall be available to be used by all departments.

2.3 Communication Facilities

Adequate communication network between various sections of the college and hospitals shall be provided for better services, coordination and patient care.

2.4 Student Amenities

Adequate student amenities shall be provided. These shall include facilities for common rooms for boys and girls (separate), cafeteria, cultural activities, Yoga training and practices, indoor games and student counselling services. There shall be gymnasium and playground for outdoor games and track events in the college.

2.5 Child Care Centre

A Child Care Centre shall be established in the medical college with adequate facilities for taking care of the infants and the children of staff of the medical college and/or teaching hospital.

3. AADHAR ENABLED BIOMETRIC ATTENDANCE SYSTEM (AEBAS) & CLOSE CIRCUIT TV MONITORING OF MEDICAL COLLEGES / INSTITUTIONS AND HOSPITALS:

The medical college/ institution shall be responsible for the installation and maintenance of AEBAS, close circuit camera and HMIS and other Information Technology as prescribed from time to time.

3.1 AEBAS:

- i) All Medical Colleges/Institutions shall install AEBAS to be linked to Command-and-Control center of NMC.
- ii) *The daily AEBAS along with face linked recognition, of the required staff (faculty, residents and supporting staff) shall be made available to NMC as well as on the Medical College Website in the form of daily attendance dashboard.*

Minimum requirement of attendance:

It shall be mandatory to have at least 75% attendance of the total working days (excluding vacations) for all faculty and resident doctors. During vacation period, other than sick leave or leaves availed due to emergency situations, the faculty on duty shall not be availing any leave. Emergency leaves shall be certified by Head of the department or Head of the institution.

Close Circuit Camera:

Every medical college shall have prescribed number and location of cameras with Close-Circuit Television (CCTV) system in the medical college and shall provide live streaming of classroom teaching, patient care in the teaching hospital and any other area as specified from to time (*Annexure I*), to enable the Commission to maintain a constant vigil on the standard of medical education/ training being imparted.

The live streaming of both classroom teaching and hospital, shall be integrated as a part of the "Digital Mission Mode Project" (DMMP) of the Commission.

a) College Website:

- 1) Every college /institute shall have its own website which shall contain the details mentioned in (*Annexure II*), to be updated in the first week of every month.
- 2) There shall be a separate dynamic dashboard for the hospital including details of clinical material in the hospital (OPD and IPD) (*Annexure III*).

4. BIOMEDICAL WASTE MANAGEMENT

The Medical Institution must ensure compliance with the Bio-medical Waste (Management & Handling) Rules, 2019 and as notified from time to time. They shall have a robust institutional policy on biomedical waste management of human origin, with a well-defined arrangement for segregation and discarding of biomedical waste. Facilities for biomedical waste management shall be commensurate with the Central/State legislations.

Registration at state level shall be made with registration certificate & receipt of fee paid should be available. Provision for Fire-safety & PWD-friendly arrangements must be established. Power management with evidence of use of amount must be available as and when required for assessment of facilities. This shall be under the direct supervision of Superintendent/ Head of the Institute in close coordination with Department of Microbiology.

5. DEPARTMENT SPECIFIC REQUIREMENTS

The equipment for each department are mentioned in table below. Additional specific requirements of each department, if any, shall be provided as described in the following sections:

5.1 DEPARTMENT OF ANATOMY:

i) **Dissection Hall** – There shall be a dissection hall to accommodate 50% of annual student intake (area of at least 4.20 Sq.m/student shall be provided which shall be sufficient for ante-room for students with lockers, wash basins, embalming room, space for storage tanks and cold storage room or cooling cabinets with space sufficient for at least 1 body/10 student annual intake). It shall be well lit, well-ventilated with exhaust fans. There shall be adequate teaching aids in the hall.

5.2 DEPARTMENT OF PHYSIOLOGY:

(i) Laboratories:

- a. Hematology Lab. (100 Sq.m.area) provided with continuous working tables. Every seat shall be provided preferably with stainless steel wash basin. Every working table shall have one drawer and one cupboard, an electric point and with fire/steam proof top including provisions of light sources on each table. One preparation room (14 Sq.m. area) shall be provided with this laboratory.
- b. There shall be a Clinical Physiology (40 Sq.m. area) provided with 6 tables (height 0.8 m.) with mattresses and adjustable head-end.

5.3 DEPARTMENT OF BIOCHEMISTRY:

Laboratories: Each laboratory shall have capacity to accommodate at least one third of the total students admitted for the academic year. The laboratories shall be fitted with adequate water taps, sinks, electric points and gas/electric burners at student's work station.

5.4 DEPARTMENT OF PATHOLOGY:

- (i) There shall be a separate service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the hospital which shall be suitably equipped.
- (ii) These service labs shall have adequate storage space for stores and equipment.
- (iii) There shall also be a washing room with continuous water supply.

- (iv) These service laboratories can be located in either the medical college, teaching hospital or both. Central laboratory sample load should be at least 60% patient samples of total out-patient attendance of the hospital on daily basis. The number of samples in Histopathology lab shall be at least 30% of total major surgeries, number of samples in cytopathology lab shall be at least 1% of the total hospital OPD and number of samples in Hematology lab shall be at least 15% of the OPD samples-
- (v) There shall be facilities and training for clinical autopsy. Practical Laboratories for Morbid Anatomy and Histopathology / Cytopathology (100 Sq.m.area) and for clinical pathology/Hematology (100 Sq.mt.area) with preparation room (14 sq.mt.area) with benches, fitted with shelves cupboards, sinks, water taps, light for microscopy and burners for 40 students to carry out exercises shall be provided.
- (vi) **Museum**-There shall be a museum (60 Sq.mt.) for specimens, charts, models with a sitting capacity of at least 15 students.
- (vii) All the specimens shall be labelled and at least 5 copies of catalogues for student use be provided. In addition, there shall be an anteroom.
- (viii) Minimum 150 Specimens covering all pathological conditions mandatory for UG teaching must be depicted.
- (ix) In Research lab, Molecular diagnostic division should be included in common facility in Central Research Lab.
- (x) **Autopsy Block**- There shall be an Autopsy room (approx. 400 sq.mt. area) with facilities for cold storage, for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 10-15 students, waiting hall and office. The location of mortuary and autopsy block should be either in the hospital or adjacent to the hospital in a separate structure and may be shared with the department of Forensic Medicine.

Blood Bank

There shall be an air-conditioned Blood Bank (100 Sq. mt. Area) and shall include-

- (a) Registration and Medical Examination Room and selection of donors room with suitable furniture and facilities.
- (b) Blood collection room.
- (c) Room for Laboratory for Blood Group serology;
- (d) Room for Laboratory for Transmissible diseases like hepatitis, syphilis, Malaria, HIV antibodies etc;
- (e) Sterilisation and washing room;
- (f) Refreshment room; and
- (g) Store and Records room.

The equipment and accessories etc. shall be provided as prescribed in Part XII-B in Schedule F to the Drugs and Cosmetics Rules, 1945 amended from time to time.

5.5 DEPARTMENT OF MICROBIOLOGY:

- i) There shall be a separate service laboratory each for (a) Bacteriology including anaerobic bacteria; (b) Serology; (c) Virology; (d) Parasitology; (e) Mycology; (f) Tuberculosis; and (g) Immunology.
- ii) The service laboratories shall have adequate storage space for stores and equipment.
- iii) There shall be separate accommodation for media preparation and storage, autoclaving, and washing with regular and continuous water supply.
- iv) These service laboratories can be located in either the medical college, teaching hospital or both.
- v) The Virology Service Laboratory shall be a BSL-2 level laboratory (as per e-gazette No. MCI -34(41)/2020- Med./103234 notified on 3.6.2020)
- vi) **Practical laboratory** - There shall a practical laboratory (100 sq. mt. Area) with benches fitted with shelves, cupboards, sinks, water taps, light for microscopy and burners for 40 students (100 sq. m. area) with laboratory benches, gas, water and electric points, microscopes and light with a preparation room (14 sq.m.area).
- vii) Area for each service laboratory shall be 25 Sq.m. Separate accommodation for
 - (a) Media preparation and storage (20 Sq.m.area)
 - (b) Autoclaving (12 Sq.m. area)
 - (c) Washing & drying room with regular and continuous water supply (12 sq.m.area) for contaminated culture plates, test tubes and glassware shall be provided.
- viii) **Museum**- There shall be a museum (40 Sq. mt.) for specimens, charts, models, with a seating capacity of at least 15 students. All the specimens shall be labelled and at least 5 copies of catalogue for students use be provided.

Hospital Infection Control Committee (HICC): There shall be a HICC as per the national recommendations for health care facilities with Head of the institute / Medical Superintendent as the Chairperson and senior Microbiologist (Associate Professor/ Professor) as member-Secretary of the committee. Appropriate number of infection control nurses and senior technicians of the lab shall be appointed in this committee as per the bed strength of the hospital. This committee shall address and periodically review Infection control, anti-microbial resistance and antibiotic policy.

5.6 DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY:

i) Post-mortem/Autopsy Block:

All the colleges shall be permitted to carry out medico-legal autopsies. There shall be a mortuary cum post-mortem/ Autopsy Block (approx. 400 sq. M. area) with facilities for cold storage for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 20-25 students, waiting hall, office etc. The location of mortuary/autopsy block should preferably be adjacent to the hospital building and may be shared with the department of Pathology. The college shall have post-mortem/ Autopsy block. An MoU with a government/district hospital for post-mortems wherein a government / district hospital faculty shall facilitate performance of the required autopsy in the private hospital to teach and train students, if required.

- There shall be a museum (100 Sq.m. area) to display medico-legal specimens charts, models, prototype fire arms, wax models, slides, poisons, photographs etc. with seating arrangements for 15-20 students. All the specimens shall be labelled and at least 5 copies of catalogues for student use be provided.
 - There shall be a laboratory (100 Sq.m. area) for examination of specimens, tests and Forensic histopathology, Serology, anthropology and toxicology.
 - For subsequent every additional medicolegal autopsy up to 300 cases per year, number of assistant professor and associate Professor shall be increased by ONE and number of Senior Residents shall be increased by TWO.
 - If Forensic Medicine and Toxicology Department is having functional Clinical Forensic Medicine Unit (CFMU), then additional staff (over and above already prescribed) of 1 Associate Professor, 1 Assistant Professor and 2 Senior Residents should be present.
 - If Forensic Medicine and Toxicology Department is having functional Poison Information Centre and Analytical Toxicology Laboratory then additional staff (over and above already prescribed) of 1 Associate Professor, 1 Assistant Professor and 2 Senior Residents should be present along with qualified laboratory technicians or toxicologist.
1. Department of FMT may have Clinical Forensic Medicine Unit (CFMU) to deal with medico-legal cases & issues of hospital, where staff of the FMT department handles said medicolegal issues. If any department is doing this, then additional staff shall be required as described in staff requirement section along with adequate arrangement of rooms shall be provided to all teaching staff including SR as per the number of staff.
 2. Department of Forensic Medicine and Toxicology may have Poison Information Centre and Analytical Toxicology Laboratory/ Forensic Science Laboratory. Additional staff

shall be required as described in staff requirement section along with adequate arrangement of rooms shall be provided to all teaching staff including SR as per the number of staff.

3. Every college (either Government, private or society or other) must have Functional Forensic Autopsy Unit where faculty and SR of the FMT department conducts medicolegal autopsies brought by the police and signs the post-mortem reports to grant recognition or renewal of the recognitions of medical college.

5.7 DEPARTMENT OF COMMUNITY MEDICINE:

(A) There shall be a laboratory (100 Sq.m. area) with facilities for purposes of demonstration of various laboratory practicals.

(B) **Museum** - There shall be a museum (75 Sq.m.area) for the display of models, charts, specimens and other material concerning communicable diseases, Community Health, Family Welfare planning, Biostatistics, Sociology, National Health Programmes, Environmental Sanitation etc.

(C) Staff requirements for RHTC & UHTC keeping in mind NHM population (RHTC – 30000 population & UHTC 50000 population). Medical Officer with MD qualification i.e. Assistant Professor may be made able to provide more quality education to UG CBME, CRMI and PGs in addition to quality care for the rural and urban populations. If a trained PHN is not available, trained staff nurse with community field experience for UHTC and RHTC shall be made available.

(D) Rural Health Training Centre:

For every hospital seeking permission to start medical college, the medical college shall have Rural Health Training Centers / Community Health Centers/ Urban Health Centers affiliated to it; as per the geographical location of the college, which shall be used for internship training. The number of these centers adopted by the college should fulfil the need of posting 15 interns per center as required in CRMI regulations 2021.

These centers shall be owned by the college or it should be affiliated to Government owned Health Center. If it is the latter, the academic control shall be with the Dean/Principal of the college for training of interns in community oriented primary health care and rural based health education for the rural community attached to it. This Health Center shall be within a distance of 30 kms except in X category (Tier-1) cities as amended where it shall be within 50 kms. Separate residential arrangements for boys and girls 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.

Manpower	RHTC for population 30000				
Students	50	100	150	200	250
Assistant Professor in-charge (in rotation) & MO (one male, one female) (at least one must be a Lady Medical Officer)	2	2	2	2	2
PHN/trained staff nurse with community field experience	2	2	2	2	2
ANM	2	2	4	5	5
Medico social worker	1	1	2	2	2
Lab technician	1	1	1	1	1
Pharmacist	1	1	1	1	1
Sanitary inspector/Health inspector	1	1	2	2	2
Health educator	1	1	1	1	1
Store keeper/ record clerk	1	1	1	1	1

- There should be complete computerization of RHTC and UHTC patient record system.
- The distance of RHTC from medical college may need to have some flexibility in case of megacity or Metro cities where immediate rural field practice area may not be feasible.
- In case of megacity or Metro cities, there is need to have flexibility of adoption of families in various areas including urban slums.
- In case of megacity or Metro cities, there is need to have flexibility of distribution of interns in various OPDs of the teaching hospital like TB clinic, immunization clinic, anti-rabies clinic, which are also important learning outcomes for interns in addition to current CRMI postings.
- Since all infrastructural requirements can be easily fulfilled at the start of the college and one time, there is need for a separate museum for Community Medicine. In addition, it will also bring ownership of the dept to develop in own museum and may not be possible in shared museum.
- Every medical college shall have one Rural Health Training Center and Urban Health Training Centre running as like teaching hospital before the first inspection/assessment or first LOP.

Manpower	UHTC for population 50000				
Students	50	100	150	200	250
Assistant Professor in-charge (in rotation) & MO (one male, one female) (at least one must be a Lady Medical Officer)	2	2	2	2	2
PHN/trained staff nurse with community field experience	2	2	2	2	2

ANM	2	2	4	5	5
Medico social worker	1	1	2	2	2
Lab technician	1	1	1	1	1
Pharmacist	1	1	1	1	1
Sanitary inspector/Health inspector	1	1	2	2	2
Health educator	1	1	1	1	1
Store keeper record clerk	1	1	1	1	1

Family Adoption Programme through Village Outreach shall be followed.

5.8 DEPARTMENT OF PHARMACOLOGY:

There shall be a Clinical Pharmacology lab and Computer Assisted Learning (CAL) lab in Pharmacology.

1. CAL lab shall have computers with broadband internet and AV aids for computer assisted teaching-learning and assessment activities. CAL lab shall be shared lab with all departments for computer assisted teaching-learning and assessment. For teaching Pharmacology in undergraduate curriculum, the required knowledge and skills shall be imparted by using computer assisted module.
2. Clinical pharmacology and pharmacy lab (100 Sq.m. area) with one ante-room (14 Sq.m. area) for technicians, storage of equipment and appliances and preparation room.

Museum:

There shall be a museum for specimens, charts, models, with a separate section depicting "History of Medicine", with a seating capacity of at least 15 students. All the specimens shall be labelled and at least 5 copies of catalogues for student use be provided.

Animal holding area:

Animal hold area/room shall be as per Committee for the Purpose of Control and Supervision of Experiments on Animals (CPSCEA) specifications if research and postgraduate training is envisaged.

6. HOSTELS FOR STUDENTS/INTERNS:

The College/Institution shall make provision to provide accommodation for at least 75% of all students enrolled and interns, and all girl students who request for it. Each student shall be provided with independent and separate furniture which shall include chair, table, bed and full-size cupboard at the least (provide for at least 9 Sq. m area/student). It is desirable that hostel rooms are double accommodation facilities. Adequate recreational, dining and 24x7 security facilities shall be provided at the hostels.

7. TEACHING HOSPITAL

7.1. General remarks

There shall be a fully functional hospital capacitated with specified beds as per the annual student intake, with all necessary infrastructure like OPD, Indoor wards, OTs, ICUs, Casualty, Labour Room, Laboratories, Blood Bank, CSSD, etc. It should also have been providing services in the departments of Medicine, Pediatrics, Dermatology, Surgery, Orthopaedics, Obstetrics & Gynaecology, Ophthalmology, Otorhinolaryngology, Physical Medicine & Rehabilitation, Anesthesiology and Radio-diagnosis.

7.2 Office Accommodation - shall be provided for Dean, Medical Superintendent and hospital offices for the supportive staff, Nursing Superintendent's room and office, waiting space for visitors, along with computer and internet facility in each department. There shall also be accommodation for:

- a) Enquiry office.
- b) Reception area (300 Sq.mt.) including facilities for public telephone, waiting space for patients and visitors, drinking water facility with nearby toilet facilities.
- c) Store rooms.
- d) Central Medical Record Section (150 Sq.m.)
- e) Linen Rooms.
- f) Hospital and Staff Committee room (50 Sq.mt.)

7.3. There shall be provision for:

- (i) One Central lecture theatre of gallery type with a seating capacity of 100 persons and audio-visual aids shall be provided in the hospital, in addition to those in medical college/institution.
- (ii) Central registration and statistics department with computer facilities.
- (iii) Residential accommodation in the hospital campus for interns, Jr. Residents & Senior Residents etc.

7.4 There shall be a minimum OPD attendance of 8 patients (old & new) per day per student intake for Undergraduate curriculum.

7.5 Indoor beds occupancy - Average occupancy of indoor beds shall be a minimum of 80 % per annum.

8. DEPARTMENT SPECIFIC REQUIREMENTS - INDOOR:

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 1.5 m.
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.

The following additional accommodation shall be provided for each of the departments.

- a. Offices for Heads of Departments and Heads of Units.
- b. Accommodation for other unit staff.
- c. Clinical demonstration rooms (at least one for each department).
- d. Departmental Library-cum-Seminar room (30Sq.m) with a seating capacity of 50 students.

8.1 OPERATION THEATRE UNIT:

1. The Operation Theatre Unit shall have the following facilities; namely: -
 - i) Waiting room for patients.
 - ii) Pre-anaesthetic/preparation room – at least 4 beds.
 - iii) Operation theatre.
 - iv) Post-operative recovery room (minimum of 10 beds).
 - v) Soiled Linen room.
 - vi) Instrument room.
 - vii) Sterilisation room.
 - viii) Nurse's rooms.
 - ix) Surgeon's and Anaesthetist's rooms (separate for male and female).
 - x) Assistant's room.
 - xi) Observation gallery for students.

- xii) Store rooms
 - xiii) Washing room for Surgeons and Assistants
 - xiv) Students washing up and dressing up room.
2. One unit each may be provided for General Surgery, ENT, Orthopaedics, Ophthalmology, Obstetrics & Gynaecology and for septic cases. Each surgical specialty may be provided independent separate OT/ separate operating days. Additional space shall be provided for various Endoscopy procedures.
 3. 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.
 4. Regarding “Operation Theatre Unit”,
Preoperative beds – 1 bed / O.T. Unit
Postoperative beds – 2 beds / O.T. Unit”

8.2 CENTRAL STERILISATION SERVICES:

- a. There shall be an independent Central Sterilization unit capable of taking the total working load operation theatres, laboratories close to or in the operation theatre block itself. It shall have adequate equipment like bulk sterilizer with separate ends for loading unsettled material, unloading sterile, cold sterilizer, Ethylene oxide sterilizer, freon ethylene instruments and mattress sterilize, sterile racks, mixers, and trays for instruments.
- b. This department shall work round the clock and all materials, instruments, trays, and dressing material etc. shall be supplied round the clock.

8.3. LAUNDRY:

- a. The Central Mechanical laundry shall be provided with bulk washing machine, Hydro-Extractor, flat rolling machine. Laundering of hospital linen shall satisfy two basic considerations, namely, cleanliness and disinfection. The hospital could be provided with necessary facilities for drying, pressing and storage of soiled and cleaned linens..
- b. The physical facilities for housing the laundry equipment shall be provided in the campus. However, services can be handed over to any agency but with overall supervision of Hospital Administrator.

8.4. 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, 800mA. I.I.T.V. System, Fluroscopy System (36 Sq.m.).
- (b) Ultrasound Room (15 Sq.m)
- (c) Room for 60 mA and 100 mA Mobile X-ray system (15 Sq.m)
- (d) Accommodation for CT Scan system. The CT Scan shall be 128 scan or more

There shall be all required equipment rooms with necessary support system. The total area shall be 80 Sq.m or more.

- (a) There shall be preferable a Magnetic Resonance Imaging (MRI) system. The space requirement shall be according to the standard specifications.
 - (b) Store room for X-Ray films related material (15 Sq.m)
 - (c) Museum (25 Sq.m)
 - (d) Waiting room for patient, enquiry office and staff rooms for Professor & HOD, Assoc. Profs., Asst. Profs., Residents, Tutors shall be provided as per requirement.
 - (e) Accommodation for demonstration room shall be provided.
 - (f) There shall be digital record room for all the investigations done in the department.
2. The room sizes for various Diagnostic Imaging Systems shall be as per the following provision of the Atomic Energy Regulatory Board Safety Code.

The 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.

8.5 DEPARTMENT OF ANAESTHESIOLOGY:

1. Accommodation shall be provided for department staff on duty in operation theaters in that block itself as far as possible in addition to following accommodation:

- i. Offices for Heads of Departments and Heads of Units.
 - ii. Accommodation for the other unit staff.
 - iii. Clinical demonstration rooms (at least one for each department); and
 - iv. Departmental Library-cum-Seminar room (30 Sq.m.) with a seating capacity of 50 students.
2. For 10 Operation Theaters minimum 8 should be running daily.
- i. Further to provide emergency services, minimum of 2 Emergency OTs working 24X7 for emergency including Trauma patients. Also one Separate OT available 24 X 7 should be there for Obstetric emergencies. Facility for Labour analgesia should also be available.
 - ii. Operation theater Recommendation 10+2+1 Minimum functional OT, 8 on daily basis) Post-operative Recovery Room With minimum of One bed per OT table.
 - iii. Post-operative Recovery Room With minimum of One bed per OT table with Multipara Monitor with SpO2, ECG, NIBP, Temp, Facility for suction at each bed. One Defibrillator in each recovery room. Desirable to have Central station Monitoring. Adequate staff be posted in recovery.
 - iv. Anesthesia skill lab and resuscitation manequins shall be made available.

3. Pre-Anesthesia Check-up (PAC) Room.

Adequate room as per OPD Norms, Can be in main OPD complex or near OT complex. With facility for Patient examination tables, Height & Weighing machine, BP apparatus, SpO2, adequate staff for management.

4. Pain Clinic:

It shall be desirable to have a pain clinic under department of Anesthesiology. It shall have adequate room as per OPD Norms, can be in main OPD complex or near OT complex. It shall have facilities including patient examination tables, BP apparatus, SpO2 along with adequate staff for management. If any patient requires admission for pain management, the parent unit shall provide the privileged bed in concerned unit. The requirements for Pain Clinic/ OT like RF ablation, Fluroscopy, USG in pain clinic, Syringe pumps, Catheters, OT tables may be made available as per clinical load and functioning of Pain services with shared facilities with other departments like Orthopedics, Neurosurgery, Oncology etc. The department shall have a good documentation policy.

8.6 DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION:

Accommodation (1500 Sq. meter) shall be provided for Head, and other teaching staff, paramedical personnel and non-medical staff, evaluation room, and for all allied health services.

9. OUT DOOR REQUIREMENTS:

Accommodation shall be provided for: -

1. Waiting/reception space rooms for patients and attendants,
2. Enquiry and record room.
3. Four examination rooms, suitably equipped, shall be provided for departments of General Medicine, Paediatrics, General Surgery, Orthopaedics and Obstetrics & Gynaecology and two examination rooms, suitably equipped, shall be provided for the rest of the departments. Each department shall also have 1 Demonstration room of capacity 15-20 students.
4. Dispensary.
5. The following additional accommodation shall be provided in the departments specified below:
 - (a) Surgery & its specialties: Dressing room for men and women patients respectively. Operation theatre for outpatient surgery.
 - (b) Ophthalmology: Refraction rooms, dark rooms, dressing rooms etc.
 - (c) Orthopaedics: Plaster room, Plaster-cutting room, outpatient x-ray plant desirable
 - (d) Otorhinolaryngology (ENT): Sound proof audiometry Room, ENG laboratory and speech therapy facilities.
 - (e) Paediatrics: Child Welfare including Immunization Clinic Child Guidance Clinic.
 - (f) Obstetrics and Gynaecology: Antenatal Clinic, Family Welfare Clinic, Sterility Clinic, Cancer Detection Clinic.
 - (g) There shall be an additional students' duty room (separately for males and females) attached to the labour room.
 - (h) Dentistry: Accommodation for Dental Surgery and Prosthetic dentistry.
 - (i) PMR: the space provided should house OPD consultation area, intervention and procedure room, special investigation room, Physiotherapy gymnasium, occupational therapy, prosthetic & orthotic services and other services.

9.2 Reception and Waiting Hall for Patients.

9.3 A seminar room for students.

9.4 CENTRAL LABORATORY:

There shall be well-equipped and updated central laboratory preferably along with common collection area for all routine investigations in haematology, clinical pathology,

microbiology- serological tests based on ELISA, Chemiluminescence, rapid tests, Clinical biochemistry- Photometric tests, Chemiluminescence based tests, electrolytes, ABG etc. Separate lab may be set up in the departments for any other specialized work. As far as possible, there shall be a facility in the central lab for collection of all samples and dispatch of reports. Respective sections of central laboratory shall be managed by respective teaching departments of the medical college and overall coordination may be managed by one of the HODs of the related teaching departments of the medical college, which may be arranged in rotation for every 1 or 2 years.

9.5 EMERGENCY MEDICINE DEPARTMENT

- i. There shall be an Emergency Medicine department wherein consultancy services shall be provided by the teachers of relevant Departments.
- ii. Accommodation for Resuscitation Services including Oxygen supply, ventilators, defibrillator and two fully equipped disaster trolleys (emergency trolleys), Emergency X-ray, investigative facilities, Operation theatre etc., shall be provided. These shall all be fully equipped.
- iii. An Emergency Medicine department with corresponding undergraduate or postgraduate seat requirement shall be available. Accommodation for staff on duty (Doctors, Nurses, Students and others) shall be provided.
- iv. Adequate sanitary arrangements (toilet and bathrooms) & drinking water facilities for patients, their attendants and the staff of the department shall be provided in the respective blocks.
- v. There shall be well equipped and updated intensive care unit (I.C.U). The shifting of patients from emergency medicine department to ICU should be such that minimum time is lost in patient shifting.

9.6 CENTRAL HOSPITAL PHARMACY

It shall have qualified Pharmacist in-charge and other staff certified by statutory authorities to dispense the drugs.

1. Space Requirement:

Dispensary: 2000 Sq.ft. (It should include all areas of dispensing services available in wards and OPDs, patient counselling, Inventory, staff and all stores).

2. Drug and poison information services:

They are being provided by the Pharmacology Department as a part of MBBS curriculum & should be continued as such.

3. Staff requirement:

- a) The In-charge of central hospital pharmacy should be a qualified pharmacist. He should be preferably B. Pharm from a recognized university/ D. Pharm from a recognized body. He/she may be Head of the central hospital pharmacy and should work under the supervision of Medical Superintendent.
- b) Other staff certified by statutory authorities should be available to dispense the drugs.

4. Infrastructural Requirements (Numbers may vary as required) -

Refrigerators	: 02
Tables	: 10
Chairs	: 15
Dispensing tables (2x8 ft)	: 05
Computers (depending on the need)	: 05
Computer chairs	: 05
File cabinets	: 02
Text book racks	: 02
Computer tables	: 05
Telephone facilities	
Printing facilities	
Internet facilities (high speed)	

The above numbers are minimum requirement. However, the actual number may vary as per requirement of the hospital.

5. Resources required for Drug information

Pharmacopoeias/National Formularies & important text books & journals should be available in Central library as per recommendation of Prof. & HOD, Pharmacology Department.

10. CENTRAL KITCHEN

The Central Kitchen shall be commodious, airy, sunny, clean with proper flooring with exhaust system. The cooking should be done either by electricity or by gas. It should be provided with proper and clean working platforms. A separate store area with proper storage facilities should also be provided. The services trolleys for food should be hot and closed stainless steel ones.

11. ELECTRICITY

There shall be continuous electricity supply as well as standby UPS or Generator.

12. SANITATION AND WATER SUPPLY

Adequate sanitary facilities (toilets and bathrooms – Separately for women) and safe continuous drinking water facilities must be provided for the teaching staff, students (men and women), technical and other staff in all sections as required. Plumbers must be available round the clock.

A. Space for Clinical Teaching Departments, Teaching faculty and Residents.

- i) When the teaching hospital and medical college are in a unitary campus, rooms for the clinical departments and its teaching faculty can be provided either in the medical college or in the teaching hospital.
- (ii) When the teaching hospital and medical college are on separate plots, besides the statutory Requirements for the hospital, the teaching hospital shall also have space for the offices of the clinical departments and rooms for the teaching faculty as prescribed.

B 1. Teaching rooms.

The teaching hospital shall have at least 1 (one) teaching room for each of the Clinical teaching departments with a capacity to accommodate at least 30 students (as prescribed for the medical college) for clinical cases discussions/demonstrations. Each such room shall have audio-visual facilities.

Small group teaching in clinical departments essentially entails out-patient clinic and bed side teaching. However, additional teaching rooms shall be provided as required for any of the Clinical teaching departments.

Desirable: Internet facilities and connectivity to all teaching areas of the hospital

B 2. Outpatient Area:

1. There shall be a minimum daily OPD attendance of 8 patients (old & new) per student intake annually in the specialties/subjects of undergraduate curriculum.
2. The Out-patient areas should have adequate reception and patient waiting halls, consultation rooms, examination rooms and other ancillary facilities commensurate with the clinical specialty department.
3. The faculty from Anatomy, Physiology and Pharmacology shall be posted on rotation in outpatient area for weekly duties. Roster for their postings shall be maintained under the supervision of hospital Superintendent,

B.3. Indoor Beds.

3.1. Bed Strength.

The bed strength of the teaching hospitals at time of recognition for various annual intakes of MBBS Students shall be at least 4 beds/MBBS student intake annually. The distribution of beds and number of units across different clinical teaching departments for MBBS training shall be as indicated below:

BEDS FOR MBBS SEAT CAPACITY	50	100	150	200	250
GENERAL MEDICINE	50	100	150	200	200
PEDIATRICS	20	40	65	100	125
DERMATOLOGY	5	10	10	10	10
PSYCHIATRY	5	10	15	20	25
RESPIRATORY MEDICINE	5	10	15	20	25
GENERAL SURGERY *	50	100	150	150	200
ORTHOPEDICS	20	40	65	100	100
OTORHINOLARYNGOLOGY(ENT)	10	20	20	30	30
OPHTHALMOLOGY	10	20	20	30	30
OBSTETRICS & GYNAECOLOGY	25	50	75	100	125
ICUs	20	20	30	30	30
TOTAL	220	420	615	790	900
PHYSICAL MEDICINE & REHABILITATION (PMR) (to be shared with Orthopedics)	5	10	10	10	10
OPD/DAY	400	800	1200	1600	2000

** For hospitals with 100 or more beds dedicated for Gen. Surgery, at least 10% shall be dedicated to Pediatric Surgery.*

1. The bed strength of the teaching hospitals shall be as mentioned in the table above. Supporting staff shall be in adequate number as required.
2. There shall be well equipped and updated intensive Care Unit (ICU), Intensive Coronary Care Unit (ICCU), Intensive Respiratory Care unit, Paediatric intensive care (PICU) and Neonatal Intensive care unit (NICU), Critical care Burns unit, Post-op surgical critical care unit, Obstetric HDU/ICU.
3. All beds which are available for teaching and training of undergraduate medical students shall be counted towards teaching beds as indicated above.

4. Wherever possible, the facilities available in larger tuberculosis and chest diseases hospitals, infectious diseases hospitals and mental hospitals may be utilized for training in these specialties.

However, if these hospitals are not under the administrative control of the Medical College, the required beds in these specialties shall have to be provided in the attached teaching hospital itself.

5. The medical college and its affiliating teaching hospital should provide for proportionate additional beds, infrastructure, faculty and other human resource in any specialty depending upon the needs and patient load.

B.3.2. Indoor bed occupancy. Average occupancy of indoor beds shall be a minimum of 80% per annum.

B.4. Department of Emergency Medicine :

1. The Department of Emergency Medicine shall be mandatory for all Medical Colleges with effect from the academic year 2022-2023 onwards:
 - (i) All Medical Colleges with recognized MBBS Qualification are required to have a department of Emergency Medicine at the level of recognition as per requirement stipulated above.
 - (ii) All Medical Colleges in any stage of renewal including against increase in intake are required to have department of Emergency Medicine as per the requirement stipulated above.
2. The Department shall have the following facilities:
 - (i) Casualty area to receive patients and facilities to triage and stabilize them. There shall be a minimum of 03 trolleys for triage.
 - (ii) There shall be at least 24 trolley-cum-beds of which at least 05 will be for “green category” (can wait- walk in patients who will need medical care at some point), 15 for “yellow category” (Observation – cannot survive without immediate treatment) and 04 for “red category” (immediate–cannot survive without immediate treatment). There shall also be a minimum 06 bedded intensive care unit in the Emergency department adjacent to the casualty area.
 - (iii) There should be minimum 01 Operation theater and 01 plaster room.

(iv) Rooms for the staff on duty

(v) Decontamination and isolation area should also be available.

B.5. Department of Radio-diagnosis

1. There shall be facilities for conventional and static and portable X-rays, fluoroscopy, contrast studies, ultrasonography and computerized tomography. Magnetic resonance imaging shall be available in all teaching hospitals before applying for PG courses in Radio-diagnosis. Provided that the MRI facility shall be managed by the medical college.
2. The rooms housing the various diagnostic imaging systems shall be as per the regulatory provisions of the Atomic Energy Regulatory Board (AERB), Government of India.
3. The staff of Radio-Diagnosis department shall be covered by Personal Monitoring System as prescribed by AERB.

B.6. Department of Physical Medicine and Rehabilitation (PMR):

1. There shall be as well-equipped department of PMR providing medical rehabilitation services including rehabilitation surgeries. The PMR department of the hospitals applying for starting medical colleges must have adequate allied health and ancillary services to cater to the needs of the hospital and may need to be upgraded from time to time keeping in view the changing needs of the patients and persons with disability and the evolving technology.
2. The services should include physiotherapy, occupational therapy, workshop (to provide artificial limbs and aids and appliances for mobility), medical social worker, vocational counselling and yoga. The yoga instructor in PMR department when a separate Yoga department is not in place will also train and guide students, staff and patients in doing Yoga.
3. Along with having its own indoor and outdoor patient care facilities, the PMR department of the hospital shall also provide dedicated inpatient rehabilitation services and referral services to other departments like orthopaedics, neurology, neuro-surgery, burn and plastic surgery etc.

4. The department shall also provide Community Based Rehabilitation (CBR) services which may be provided through Rural Health Training centre under the department of Community Medicine as part of Family adoption programme through village outreach.
5. Beds shall be shared with General surgery and Orthopedics departments.

B.7. Department of Yoga (Desirable)

Every college may start a Yoga department with a minimum of one male and one female Yoga instructor/ trainer to train the students and faculty in Yoga. The trainers shall be employed or engaged by the college. Consultation with Ayush ministry or its guidelines as prescribed from time to time, or local AYUSH centers could be utilised.

B.8. Department of Radiation-Oncology shall be desirable with at least one qualified Radiation Oncologist.

The department of radiation-oncology should be planned in accordance with the regulatory requirements and approval of AERB. It would be desirable to start an OPD to begin with, in view of the rising incidence of malignancies in the country. This department may be closely connected with the rest of the hospital to facilitate free interaction of the facilities of various disciplines for multidisciplinary management of the patients. Prior BARC approval of the radiation therapy rooms/plan along with complete layout of the entire department is mandatory.

B.9. Anti-Retroviral Therapy (ART) Centre

Every Teaching Hospital should have Anti-Retroviral Therapy (ART) Centre and facility for management of Multi-Drug Resistant (MDR)-TB.

II - STAFF REQUIREMENTS

A. GENERAL REMARKS:

1. Emphasis in medical education being on practical instruction and demonstration in small groups and encourage students for self-directed learning, the number of teachers must be as mentioned in requirement here so as to enable instructions to be imparted effectively.
2. The teaching staff of all departments of medical college, shall be full-time;

Provided any evidence of any faculty indulging in private practice during college functioning hours, if brought to the notice of UGMEB/PGMEB/ MARB/ EMRB/NMC, such faculty shall be excluded from the list of faculty of the concerned college/ institution.

3. These regulations cover the minimum requirements of under graduate medical education as per the annual MBBS student intake and the minimum patient load indicated in these regulations. However, the medical colleges/institutions and teaching hospital(s) need to make provision for additional staff as indicated below.

- a) Additional teaching staff shall be provided proportionate to the workload.
- b) Non-teaching staff shall also be required in OPD, Indoors, Operation theatres and Intensive Care areas, emergency care area, labour room, clinical laboratories, or for outreach work where work load is heavy or is of a specialized nature.
- c) Additional teaching staff shall be required when starting postgraduate courses in accordance with "Postgraduate Medical Education Regulations, 2000" and as per amendments brought therein from time to time.

4. The faculty to be appointed, in the departments of Anatomy, Physiology, Biochemistry, Pharmacology and Microbiology, who do not possess MBBS degree, shall have PhD in the required specialty. The proportion of such faculty permitted in these departments shall be subject to the verdict of Honorable Supreme Court [W.P.(C) 9115/2020 & CM APPL. 31386-87/2021, 4169/2022 & 17657/2022].

5. Post of junior cadre faculties can be filled by senior cadre faculties; for example Assistant Professor, by Associate Professor or Professor. Similarly Associate Professor by Professor.

6. Faculty position may be categorized as

- Professor-Sanctioned post.
- Additional Professor/ Professor designate - If promoted as a Professor against Associate Professor or Assistant Professor then he should be designated as Additional Professor or Professor designate who will be performing the duties of Associate Professor or Assistant Professor against which they have been appointed. Assistant Professors shall comprise at least 50% of the total staff.

7. Senior Resident Doctors (SRs) shall be postgraduate candidates of the corresponding specialty or department. For Physiology, Biochemistry, Pharmacology, and Microbiology,

in case of non-availability of S.R.s from these subjects, SRs from General Medicine and allied branches or Pediatrics may be employed. For Anatomy, SRs from General Surgery and allied branches may be employed.

8. Teachers appointed as faculty in super-specialty departments shall not be counted against the complement of teachers required for under graduate medical education in broad speciality departments. However, teachers appointed in a broad specialty department who also have super-speciality qualifications shall be counted against the complement of teachers required for under graduate medical education in the concerned broad specialty department.

9. Visiting faculty. With a view to enhance the comprehensiveness and quality of teaching of undergraduate students, "Visiting Faculty" may be appointed on part-time basis as prescribed in "Minimum Qualifications for Teachers in Medical Institutions" regulations over and above the minimum faculty prescribed herewith. The Visiting Faculty, however, shall not be considered as faculty as per minimum requirements prescribed herewith.

Desirable: To provide up to 20% or more additional teaching faculty than the minimum prescribed

For every hospital seeking permission to start medical college, each department of the medical college shall have a Head of the Department of the rank of full time Professor who shall have overall control of the Department except in the departments of Dermatology, Psychiatry, PMR and Dentistry where Associate Professor or an Assistant Professor with more than 5 years of teaching experience may be the Head of the Department who shall have overall control of the Department till full-time Professor is appointed or the concerned faculty is promoted to the post of Professor.

In addition to the staff indicated, additional Senior Residents and Junior Residents or Medical Officers shall be provided according to the clinical load in various areas of the hospital such as wards, Labour room, intensive care areas, emergency wards, and clinical laboratories and investigative departments of the hospital, for providing services round the clock. Also, unit of the teaching departments should have at least 02 (two) Junior Residents for patient care.

Central Workshop:

It is desirable to have a central workshop with facilities for repair of mechanical, electrical and electronic equipment of college and the hospitals. It shall be manned by qualified personnel.

TEACHING HOSPITAL

A. STAFF REQUIREMENTS

Teacher in higher specialties like Cardiology, neurology, Neuro-Surgery shall not be counted against the complement of teachers required for under graduate medical education.

B. DEPARTMENT WISE NON-CLINICAL STAFF REQUIREMENTS:

These requirements are for 50 MBBS seats. These shall be multiplied as per the corresponding increase in seats.

1. DEPARTMENTS OF ANATOMY	Staff Strength Required
1. Technician	5
2. Dissection Hall Attendants	5
3. Store Keeper cum Clerk cum Computer Operator	1
4. Sweepers	2
2. DEPARTMENTS OF PHYSIOLOGY	Staff Strength Required
1. Technician	1
2. Store Keeper cum Clerk cum Computer Operator	1
3. Sweepers	2
3. DEPARTMENTS OF BIOCHEMISTRY	Staff Strength Required
1. Technician Asstt/Technician	2
2. Store Keeper cum Clerk cum Computer Operator	1
3. Lab Asstt	1
4. Sweepers	2
4. DEPARTMENTS OF PATHOLOGY	Staff Strength Required
1. Technician	4
2. Lab Attendants	2
3. Steno cum Computer Operator	1
4. Store Keeper cum Record Keeper	1
5. Sweepers	2
5. DEPARTMENTS OF MICROBIOLOGY	Staff Strength Required
1. Technical Asstt/Technician	7
2. Lab Attendants	2

3. Steno cum Computer Operator	1
4. Store Keeper cum Record Clerk	1
5. Sweepers	2

6. DEPARTMENT OF PHARMACOLOGY Staff Strength Required

1. Lab Attendants	2
2. Store Keeper cum clerk cum Computer Operator	1
3. Sweepers	2

7. DEPARTMENT OF FORENSIC MEDICINE Staff Strength Required

1. Laboratory Attendants	2
2. Store Keeper cum clerk cum Computer Operator	1
3. Sweepers	4

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

7.1 Where Department of FMT is conducting medico-legal autopsies, then it shall have following staff other than the faculties and SR and infrastructure as detailed below:

1. Autopsy technician / Technician	- 2
2. Autopsy assistants/ Forensic Nurses to offer round the clock services	- 3
3. Clerk	- 1
4. Attendants to offer round the clock services	- 5
5. Photographer	- 1

Note-1: Autopsy technician, assistant and autopsy attendants must also have females in it so that while conducting autopsy on female dead body, presence of one female person could be ensured if faculty conducting autopsy is not female.

Note-2: Mortuary block/ Autopsy block shall have air condition facility.

7.2 Where Department of FMT is having Poison Information Centre and Analytical Toxicology Laboratory/ Forensic Science Laboratory then it shall have following staff (for 24 x 7 services) other than the faculties and SR and infrastructure as detailed below:

1. Senior Forensic Scientist	- 1
2. Junior Forensic Scientist	- 1
3. Scientific Assistant (Toxicology)	- 1
4. Lab technicians	- 2
5. Technical Assistant	- 2
6. Store Keeper cum clerk cum computer operator	- 1
7. Peon & attendant	- 3

7.3 Where Department of FMT is having functional clinical forensic medicine unit (CFMU), it shall have following staff (for 24 x 7 services) other than the faculties and SR and infrastructure as detailed below:

1. Nursing staff- preferably forensic nurses- 4-5 for round the clock services-
2. Clerk- 1

Note: Adequate arrangement of rooms shall be provided to all teaching staff including SR as per the number of staff.

8. DEPARTMENT OF COMMUNITY MEDICINE

Staff Strength Required

1. Epidemiologist (Assistant Professor)	1
2. Statistician (Assistant Professor)	1
3. Medical Social Worker	1
4. Technical Assistant/Technician	1
5. Record keeper cum clerk cum Computer Operator	1
6. Store Keeper	1
7. Sweepers	1

C. DEPARTMENT WISE STAFF REQUIREMENTS-PHASE 3 DEPARTMENTS

(1) GENERAL

1. Each department shall have a Head of the Department of the rank of full time Professor who shall have overall control of the Department.
2. The minimum staff complement for each department shall be as mentioned in the table given at the end of this document.

The following ancillary staff shall be provided.

	Staff Strength required
1. E.C.G. Technician	1
2. Technical Asst./Technician	3
3. Lab. Attendants	4
4. Store Keeper	1
5. Office Assistant/ Secretary	1
6. Record clerks	2

(2) DEPARTMENT OF PAEDIATRICS

The following ancillary staff shall be provided.

1.	Child Psychologist	1
2.	Health Educator	1
3.	Technical Asst./Technician	1
4.	Store Keeper/ record keeping clerk	1
5.	Social worker	1

(3) DEPARTMENTS OF GENERAL SURGERY

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	3
2.	Multi-tasking staff or OT Attendant	4
3.	Store keeper/ record keeping clerk	1

(4) DEPARTMENTS OF ORTHOPAEDICS

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	1
2.	Multi-tasking staff	1
3.	Store keeper/ record keeping clerk	1

(5) DEPARTMENT OF OTO-RHINO-LARYNGOLOGY (ENT)

The following ancillary staff shall be provided.

1.	Technical Assistant/Technicians	1
2.	Multi-tasking staff	1
3.	Store keeper/ record keeping clerk	1
4.	Office Assistant/ Secretary	1
5.	Audiometry Technician	1
6.	Speech Therapist	1

(6) DEPARTMENT OF OPHTHALMOLOGY

The following ancillary staff shall be provided.

1.	Technical Assistant/Technician	1
2.	Lab Attendant	1
3.	Office Assistant/ Secretary	1

4.	Store keeper/ record keeping clerk	1
5.	Refractionist	1

(7) DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

The following ancillary staff shall be provided.

1.	Social Worker	1
2.	Technical Asst./Technicians	2
3.	Multi-tasking staff	2
4.	Office Assistant/ Secretary	1
5.	Store Keeper/ record keeping clerk	1

(8) DEPARTMENT OF RADIO-DIAGNOSIS

1.	Radiographic technicians	8
2.	Dark room assistant	4
3.	Office Assistant/ Secretary	1
4.	Storekeeper/ Record Keeping Clerk	1

(9) DEPARTMENT OF RADIO-THERAPY(ASPIRATIONAL)

Staff Strength Required

1.	Professor/ Associate Professor	1
2.	Asst. Professor	2
3.	Physicist	1
4.	Radiotherapy technician (for every treatment unit)	1
5.	Dark room assistant	1
6.	Office Assistant/ Secretary	1
7.	Storekeeper/ record keeping clerk	1

(10.) DEPARTMENT OF ANAESTHESIOLOGY

1.	Technical Asst./ Technicians	8
2.	Office Assistant/ Secretary	1
3.	Record keeping/ Store keeper	1

(11) DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

1.	Physiotherapists	1
2.	Occupational Therapists	1
3.	Orthotist and Prosthetist	1

4.	Workshop Workers	3
5.	Clinical Psychologist	1
6.	Medico-social Worker	1
7.	Public Health Nurse/Rehabilitation Nurse	1
8.	Vocational Counsellor	1
9.	Multi-rehabilitation Workers/(MRW)/ Technician/Therapist	2
10.	Stenographer	1
11.	Record Clerk/ store keeper	1
12.	Class IV workers	4

(11) DEPARTMENT OF DENTISTRY

1.	Professor/ Associate Professor	1
2.	Asst. Professor	1
3.	Senior Resident	1
4.	Dental Technician	2
5.	Store Keeper cum clerk	1

Note: Where Dental College or Dental wings of medical Colleges exist, the services of teachers of these may be utilized in the instruction of medical students in Dentistry and no separate staff in the Medical College shall be necessary.

D. STAFF REQUIREMENT FOR-ANCILLARY SERVICES

I. CENTRAL RECORD SECTION

The staff of the section shall consist of:

1.	Medical Record Officer	1
2.	Statistician	1
4.	Record keeping/ Store Clerks	2
5.	Multi-tasking staff	2
6.	Office Assistant/ Secretary	1

II. CENTRAL LIBRARY

The staff in library shall consist of:

1.	Librarian with a degree in Library Science	1
2.	Library Assistants	2
3.	Multi-tasking staff	2

III. CENTRAL STERILIZATION SERVICES DEPARTMENT

1.	Staff Nurse	2
2.	Technician/ technical assistant	2

- | | | |
|----|---------------------|---|
| 3. | Ward Boys | 2 |
| 4. | Multi-tasking staff | 2 |

IV. LAUNDRY

- | | | |
|----|-----------------------------|---|
| 1. | Supervisor | 2 |
| 2. | Dhobi / technical assistant | 2 |
| 3. | Multi-tasking staff | 6 |

V. BLOOD BANK

- | | | |
|----|------------------------------------|---|
| 1. | Professor /Associate Professor | 1 |
| 2. | Assistant Professor | 1 |
| 3. | Technicians | 4 |
| 4. | Laboratory Attendants | 6 |
| 5. | Store Keepers/Record keeping clerk | 1 |

VI. EMERGENCY MEDICINE DEPARTMENT

The staff in the department shall consist of :

- | | | |
|----|---|--------------|
| 1. | Medical Officer | 4 |
| 2. | Operation Theatre staff to function on
24 Hours round the clock basis. | As required |
| 3. | Stretcher bearers | 6 |
| 4. | Receptionist-cum-clerks | 2 |
| 5. | Ward boys | 6 |
| 6. | Nursing and Para-medical staff | 6 |
| 7. | Clinical staff for casualty Beds. | As required. |

VII. CENTRAL WORKSHOP

- | | | |
|----|---|---|
| 1. | Superintendent – who shall be a
qualified engineer | 1 |
| 2. | Senior Technicians
(Mechanical, Electrical, Electronic, Refrigeration) | 4 |
| 3. | Junior Technicians | 2 |
| 4. | Carpenter | 1 |
| 5. | Blacksmith | 1 |
| 6. | Attendants | 4 |

VIII. OTHER HOSPITAL STAFF

1. NURSING STAFF:

1. Staffing of Nursing personnel shall be as per the recommendations of Nursing Council of India
2. Where needs may vary from hospital to hospital depending on the size of hospital and service rendered more staff than anticipated shall be provided.
3. Special attention shall be given for patient care on the evening and night shift.
4. An additional 30% leave reserve is suggested keeping in view of their leaves (weekly offs, 30 Earned Leaves, 12 Casual leaves, Sick leave, maternity or paternity leave, etc). It has been observed that on any working day 25% of the staff may be on leave.
5. Dieticians: In order to prescribe diet on the scientific lines for different types of patients the services of qualified dietician are recommended in all the teaching hospitals. Dieticians shall prescribe the diet only after consultation with the concerned department faculty.
6. Pharmacists: As required for Hospital.
7. Class III and IV personnel-as required for hospital.

Note: These recommendations are minimum requirements and will serve as a guide to the institutions with regard to the equipment required. They are not meant to be an exhaustive list and the staff of the various departments will use their initiative and experience for equipping the departments.

EQUIPMENT (for various departments in the College and Hospitals)

(1) DEPARTMENT OF ANATOMY

(a) **Furniture and Fixtures:** Office tables small and big, office chairs, museum almirahs, study tables, staff room and library almirah, store almirahs, store racks, lockers with coat hangers and drawers as required. Laboratory benches with cup-boards and rack for reagent bottles and laboratory glasswares as required, water and gas and electric points operation tables etc., as necessary.

S.No.	Name of the Article	Requirement for 100 students
A)		
1.	Table with marble or stainless-steel top with a minimum size of 6' x 2' x 3'	12
2.	Tables with marble or stainless-steel tops - half standard size	4
3.	Drill machine	2
4.	Hand saw, preferably metal	3
5.	Band saw for sectioning body and limbs	1
6.	Stools, preferably metal	100
7.	Brain knife	2
8.	Mortuary cooler with arrangement to keep at least 8 bodies or suitable alternative arrangement	2
9.	Storage tank to hold 10 cadavers, static/movable, durable tank with input and output facility with lid	2
10.	Plastic tanks for storing soft and dissected parts	8
11.	Trolley Table (Steel)	2
12.	Multimedia Projector with screen	2
13.	Movie camera with projection screen	1
14.	Computer with internet connection, & video CD library	2
15.	X-ray Viewing lobby	4
16.	X-Ray plates/MRI/CAT scan/USG	Sufficient numbers
17.	Charts, Diagrams, Models, Slides etc.	Sufficient numbers
18.	Dissecting instruments	Sufficient numbers
19.	Meat cutting machine for thin body sections (trans and vertical) for gross anatomy sectional study	1
20.	Steel trays (big & small)	4
21.	Cadavers	10
22.	Embalming machine	2
23.	Dissection Hall	Preferably air-conditioned

B)		
24. Microscopes		50
25. Dissection microscope		4
26. Microtome, rotary		1
27. Microtome, Sledge, large cutting		1
28. Cabinet for slides (1000)		4
29. Incubators		1
30. Paraffin embedding bath		1
31. Hot plates for flattening sections		1
32. Hot air oven for drying slides (450° C)		1
33. Refrigerator (minimum 165 L)		2
31. Diamond pencils		2
32. Marking pencils		2
33. Stools, preferably metal		50
C)		
33. Articulated Skeleton set		5
34. Disarticulated Bone set		20
35. Wet Specimen jars (Glass)		125
36. Steel Racks	Sufficient numbers	
38. Desktop Computer/Laptop with printer-scanner-copier facility		1

(2) DEPARTMENT OF PHYSIOLOGY

a. Office table, small and big, office chairs, museum almirahs, study table, staff room and library almirahs, stock almirahs, store room racks, laboratory benches with cupboards and racks for reagent set up for experimental physiology including Sherrington Starling Kymograph (Presferably electrically driven) Myograph stand, inductorium, simple key short circulating key, pohl's commutator, vibrating interrupter, Muscle through, Muscle liver, Muscle grip of femur clamp, Hook and weight set, heart liver, frog board for dissection, enamel tray for above, frog board cork-lined with boss-head-36 sets + 6 spares.

List of Equipments in Physiology (per 50/100 student strength)

S.No.	NAME OF THE ITEMS	No. Required
A. Hematology Laboratory		
1.	Microscopes, oil immersion	60
2.	Demonstration eye piece	2
3.	Double demonstration eye piece	2
4.	Stage incubator	1
5.	Westergren's pipette for E.S.R. on stand (with space pipette)	20
6.	Wintrobe's pipette for ESR and PCV withstand	20
7.	Hemoglobin-meter Sahli's or Hellige (with spaces)	60
8.	Hemocytometer	60
9	Thermometers, balances, microslides and glassware	As required
10	Multi-channel Physiograph, 3 channels, complete with accessories	1
11	Centrifuge, high speed with technometer	1
12	Colorimeter, photoelectric	1
13	pH meter electric	1
B. Clinical Physiology		
15	Digital Physiograph	1
16	Digital Perimeter	5
17	Sphygmomanometer(digital) (Mercury based instruments to be replaced with suitable alternatives)	40
18	Stethoscope	40
19	Stethoscopes, demonstration with multiple ear pieces	2
20	Polygraphs	1
21.	Spirometer, ordinary	2
22.	Digital Spirometer	10
23.	Mosso's Ergograph	5
24.	Clinical thermometer	10
25.	Compass aesthesiometer	5
26.	Thermo-aesthesiometer	5

27.	Algometer	5
28.	Knee hammer	10
29.	Stethograph	5
30.	Bicycle Ergometer	1
31.	Olfactometer	1
32.	Ophthalmoscope	5
33.	Schematic eye	1
34.	Color perception lantern Edridge green	1
34.	Dynamometer	1
35.	Otoscope	1
36.	Stop watch	10
37.	Digital ECG Machine	2
38.	Yoga Mat	As required
40.	Tuning fork to test hearing 32-10000 cps (100, 256, 512Hz)	(2,10,10)
41.	Van Slyke's apparatus manometric	Desirable
42.	Venous pressure apparatus	Desirable
43.	Douglas bag, complete	Desirable
44.	Basal metabolism apparatus	Desirable
45.	Apparatus for passive movement	Desirable
46.	Phakoscope	Desirable
47.	Perimeter with charts (Lister's)	Desirable
48.	Maddox rod	Desirable
55.	Newton's color wheel	Desirable
56.	Student physiograph (single channel) with accessories	Desirable
57.	Gas analyser automatic for CO ₂ , O ₂ , N ₂	Desirable

C. Experimental Physiology

59.	Sherrington Starling kymograph (electrically driven) Complete assembly	2
60.	Electromagnetic time marker	2
61.	Myograph stand	2
62.	Electronic stimulator	1
63.	Tuning fork time marker 100/sec	2

64.	Electrodes	2
65.	Spirit lamps	2
66.	Marey's tambour	2
67.	Softwares to demonstrate Amphibian and mammalian experiments	Desirable
68.	Low voltage unit for tapping 2 and 4 volts for stimulation	Desirable

GENERAL

Centrifuge, high speed with technometer etc.	1
Refrigerator, 9-10c ft.	1
Water distillation still, with spare heating elements	1
All glass distillation apparatus double stage	1
Voltage stabilizer	2
Stepdown transformers	1

(3) DEPARTMENT OF BIOCHEMISTRY

S. No.	NAME OF THE ITEMS	No. Required
1.	Analytical Balance : upto 200g/1gm increment	2
2.	Urinometers calibrated (Mercury based instruments to be replaced with other alternatives)	25
3.	Hot air oven (More than 200 litres)	2
4.	Digital Colorimeters	5
5.	Student Microscopes	05
6.	Glucometer with strips (For POCT)	2
7.	Thermometer 0 – 250 degree Celsius	5
8.	Semi autoanalyzer	2
9.	Boiling Water baths	2
10.	Constant temperature water bath Tank Capacity: (Temperature range 5 to 80 degree Celsius)	2
11.	Centrifuge clinical for ≥ 8 tubes	2
12.	pH meters of wide range digital	5
13.	Fixed volume pipettes -- 1ml,0.5ml,0.2ml,0.1ml and 0.02ml	0 (of each volume)
14.	Bottle dispensers	As required
15.	Variable and fixed volume micro auto pipettes	As required
16.	ELISA (Demonstration)	Demonstration
17.	Vacutainer Tube	Demonstration
18.	PCR Machine	Demonstration
19.	ABG Machine	Demonstration
20.	Autoanalyzer (either in the institution or elsewhere on a visit)	Demonstration
21.	Complete Chromatographic Unit for paper & TLC	2 each

22.	Complete Electrophoresis apparatus with power supply (Paper, PAGE, agarose)	1 each
23.	Densitometer with computer	1
24.	Vortex mixers	2
25.	Incubator 37° C	2
26.	Fume cupboard	1
27.	Digital Analytical Balance	1
28.	Balance Micro	1
29.	Spectrophotometer	1
30.	PCR machine	For demonstration
31.	ELISA Reader and washer	For demonstration
32.	Urine strips for Glucose & Protein	Minimum 2 per student per year
33.	ISE analyzer	Demonstration
34.	Refrigerators (Minimum 400 Ltrs)	02

These instruments may be increased as per the need.

(4) DEPARTMENT OF PATHOLOGY

(a) General

Office table small and big, office chairs; museum almirahs; study table, staff room, and library almirahs, stock almirahs, store room racks, lockers with coat hangers and drawers as required. Laboratory benches with cupboards and rack for reagent bottles, water, gas and electric points, operation tables etc. as necessary.

1. **Cytopathology section**
 - Cytospin
 - Auto stainer
 - Facilities for liquid-based cytology
2. **Hematology section**
 - Electrophoresis apparatus
 - HPLC
 - Flow cytometry –Desirable
3. **IHC**
 - Immuno fluorescence Microscope
4. **Molecular Diagnostic**
 - Conventional PCR
 - Real time PCR

b. Clinical Laboratory:

S.No.	NAME OF THE ITEMS	No. Required
(A)	General	
I	Histopathology / Cytopathology for Students	
1.	For Students – LED Binocular with Scanner, 10X, 40X, & Oil60 immersion lenses and inbuilt Battery backup power source	
II	Hematology for Students	
2.	Stop watch reading at 1/5 second.	5
3.	Haemo-cytometers with red and white pipettes	90
4.	Staining jars for slides.	As required
III	Clinical Pathology for Students	
1.	Urinometers(Mercury based instruments to be replaced with other alternatives)	As required
2.	Centrifuge tubes graduated.	As required
3.	Graduated cylinders for various capacities ranging from 100 cc to 1000 cc. (For Students)	As required
4.	Pipettes of various sizes with disposal tips. (For Students)	As required
5.	Reagent bottles (For Students)	As required
6.	Dropping bottles (For Students)	As required
7.	Reagents (For Students)	As required
(B)	Morbid Histology and Morbid Anatomy	
1.	Manual Rotary Microtome	2
2.	Automated Rotary Microtome	1
3.	Cryostat	1
4.	Hot plate	2
5.	Paraffin embedding bath	2
6.	Heated Paraffin Embedding Module	2
7.	Cold Plate for Modular Tissue Embedding System	1
8.	Automated Tissue Processor –Histokinette	2
9.	Autoclave	2
10.	Ultrapure water solutions - Distilled water plant	1
11.	Water bath	1
12.	Centrifuge machine	5
13.	Digital SLR at least 20 megapixel with micro, macro, wide angle zoom lenses, Flash and other accessories	1
14.	Digital Automatic camera > 5 megapixel	1

15.	Fully Automated high throughput Multi-Stainer Workstation	1
16.	Fully Automated Embedding System (Heated embedding module & cold plate)	1
17.	Fully Automated Flexible Coverslipping Workstation	1
18.	Standalone paraffin dispensing module cold plate holding more than 100 cassettes	1
19.	Stand-alone cold plate	1
20.	Coplin jars	As required
21.	Water bath (Tissue Floatation)	As required
22.	Single Pan Digital Balance, Chemical	2
23.	Balance, chemical with weights	2
24.	Microscopes	
25.	For Diagnostic & Research Work - Trinocular head Microscope with Bright field, Dark field, Fluorescent & Polarizing Facility, high end Apochromatic lenses with Camera with HDMI Multi output camera Minimum 5MP with Projector & Ultra HD TV > 52 inches & Screen including Software Capable of Brightfield & Immunofluorescence Photography with connectivity to projector & LED TV (At least 55 inches Ultra HD)	1
26.	Penta Head Microscope with High end Optics with HDMI Multi output Photographic Camera (> 5 MP) including Software	1
27.	Deca Head Microscope with High end Optics with HDMI Multi output Photographic camera (> 5 MP) including Software	1
28.	Grossing Station - Stainless steel, with Control panel, air filtration system, Track mounted adjustable computer arm with articulation, LED lights that are color and intensity, Dedicated USB ports for camera control and data transfer adjustable, Integrated pathology camera system, Instrument Set (High quality) Height Adjustable Stainless Steel Chairs With Split AC of appropriate capacity.	1
29.	Fully Automated Immuno-histo-chemistry Setup with Continuous supply of Important Antibodies, Lymphoma Panel etc.	1
(C)	Hematology Lab:	
30.	Five part Fully Automated Cell Counter	1
31.	Three Part Fully Automated Cell Counter	1
32.	Coagulometer (Fully automated)	1

(5) DEPARTMENT OF MICROBIOLOGY

S.No.	NAME OF THE ITEMS	No. Required
(A)		
1.	Microscopes (Specified as in Pathology)	As required
2.	Culture Plates/ Petri Dishes	As required
3.	Glass wares including Pasteur Pipettes	As required
4.	Facility for heating slides	As required
(B) General		
5.	Anaerobic apparatus	2
6.	Autoclave	2
7.	Balance Electronic Digital	1
8.	Biosafety Cabinet Type - 2A	3
9.	BOD Incubator	1
10.	Centrifuge	3
11.	CO2 Incubator/Candle Jar	2
12.	Computer Unit	2
13.	Deep Freeze -20° C & Deep Freezer	1 each
14.	Distilled water Plant	1
15.	Elisa Reader	1
16.	Elisa Washer	1
17.	Hot Air Oven	2
18.	Incubator	2
19.	Lab Refrigerator (minimum 400 litres)	3
20.	Laminar flow	1
21.	Micrometer eye pieces	1
22.	Micrometer stage	1
23.	Microscope Binocular	Every Faculty
24.	Microscope with universal condenser containing oil immersion, Bright field, Phase Contrast & Dark ground	1
25.	pH determination apparatus	2
26.	Serum inspissators	1
27.	VDRL shaker	1
28.	Vortex Mixer	2
29.	Water bath with variable temperature	2
30.	Oil-immersion lens for student microscope	25
31.	Automated Blood Culture System	1
32.	Colony Counter	1

(C) Consumables for Culture and Serological Diagnosis		
33.	Antibiotic Discs for Antibiotic susceptibility testing	As required
34.	Antibiotic zone scale	As required
35.	Antisera-Salmonella	As required
36.	Antisera- <i>Shigelladysenteriae</i>	As required
37.	Antisera- <i>Shigella flexneri</i>	As required
38.	Antisera- <i>Shigella sonnei</i>	As required
39.	Antisera- <i>Vibrio cholerae</i>	As required
40.	ATCC strain - <i>Enterococcus faecalis</i> 29213	As required
41.	ATCC strain - <i>E. coli</i> 25922	As required
42.	ATCC strain - <i>E. coli</i> 35218	As required
43.	ATCC strain - <i>Pseudomonas aeruginosa</i> 27853	As required
44.	ATCC strain - <i>Staphylococcus aureus</i> 25923	As required
45.	ATCC strain - <i>Staphylococcus aureus</i> 29213	As required
46.	Bottles for blood culture	As required
47.	Micropipettes – Multi channel & Single channel	As required
48.	Digital Thermometers of different temperatures	As required
(D) BSL 2 Lab		
49.	-80°C deep freezer with UPS	1
50.	Real-time PCR machine calibrated for the fluorophore dyes with UPS	1
	(2 nos., 2KVA each, with 2 hours back-up)	
51.	Microcentrifuge / Refrigerated Centrifuge	1
52.	(a) Personal protective equipment (PPE)	As required
	(b) Viral Transport Medium (VTM)	
	(c) All other consumables and kits as required for Virology studies.	
53.	Magnifying glass with metal handle	30
54.	Metal mincing machine	1
55.	Postmortem instruments sets complete	1
56.	Suction pumps	1
57.	Filtering apparatus Seitz	
58.	Filter and Millipore filter- each	
59.	Desiccators	2
60.	Vacuum Desiccators	1
61.	Apron plastic for postmortem	2

62.	Apron rubber for postmortem	2
63.	Lyophilizer	1
64.	Thermal Cycler	1
65.	U.V. Transilluminator with photography	1
66.	Colony counter	1
67.	Cold room + 4 degree Celsius	1
68.	BACTEC system	1
69.	Phase contrast Microscope	1
70.	Vortex mixer	1
71.	Electronic Balance	1
72.	Microfuge	1
73.	Ultra centrifuge	1
74.	Flourescent Microscope	1

(6) DEPARTMENT OF PHARMACOLOGY

Office tables small and big, office chairs, museum almirahs, study tables, staff room and library almirahs, stock almirahs, store room rack, lockers with coat hanger and drawers as required laboratory benches with coat hanger and drawers as required. Laboratory benches with cupboards and with racks for reagent bottles, water, gas and electric points, operation tables, as necessary.

S. No.	NAME OF ITEMS	No. required
A Clinical Pharmacology Lab		
1.	Special Drug Delivery systems like Metered Dose Inhalers, Spacers, Nasal sprays, Transdermal patches, Insulin pen etc.	4 each per 50 students in lab* (*when 50 students are in a single practical batch)
2.	Samples of various important drug formulations including rational and irrational FDC, Essential medicines	5 each per 50 students in lab*
3.	Simulation models for demonstration of routes of administration i.e., various injections (iv, im, sc, intracardiac), enema, vaginal pessary insertion, and other routes of drug administration. Modules for communication competencies e.g., module with recorded videos of role play.	-2 each of iv, im, sc, enema, vaginal pessary per 50 students in lab*. Models can be hybrid/low fidelity to medium fidelity. -As needed.
B. Computer Assisted Learning Lab		
4.	Must have computers with standard configuration and connected	10 PCs per 50

to the internet, (Preferably broadband) along with AV aids including multimedia projector and screen/LED screen). The Computers to have computer assisted teaching-learning and assessment material e.g., National List of Essential Medicines, Standard Treatment Guidelines, Banned Drugs List of the CDSCO, Hospital formulary, Animations/videos of mechanism of action of clinically useful drugs in humans, Adverse Drug Reactions forms, photographs of ADRs, Drug Promotional Literature, OSCE/OSPE station material and Self-assessment modules. E-prescription, Digital cases, and case videos (optional)	students in lab* (add one PC for each additional 10 students in practical batch e.g., for 60 students batch- 11 PCs)
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(7) DEPARTMENT OF FORENSIC MEDICINE :

1. Autopsy table- 2
2. Portable X-ray machine must be present in every autopsy block with provision of Radio-technician (can be shared with Radiology) and reporting by Radiologist to avoid movement of dead body from autopsy room to Radiology Department to meet the requirement of dignified management of dead.
3. Computers with printers.
4. Software for preparing and printing postmortem report etc.
5. Mortuary block shall have air condition facility.
6. Dead body freezer (minimum 6 chambers).
7. Adequate protective clothes, equipment's for the staff of the department working in autopsy block.
8. Provision of **Video-conferencing room** in the department to give evidence in the court of law to meet requirement of Digital India with appropriate facility of Internet, Computer, Video camera, etc.

Where FMT department has functional Poison Information Centre and Analytical Toxicology lab then it should have following equipment's:

1. Digital Spectrophotometer
2. Chemical Balance
3. Distillation Plant
4. Spectroscopic Lens with Adjustable Slit.
5. TLC, HPLC, GC-MS

S.No.	NAME OF THE ITEMS	No. Required
1	Anthropometric Set including A) Folding Metal Rod Upto 7 Ft B) Osteometric Board C) Craniometer D) Mandibulometer	1

	E) Goniometer	
	F) Vernier Calipers	
	G) Equipment for Reporting Height	
	H) Weighing Machine Dial Type Human	
2	Digital pH Meter	1
3	Digital Spectrophotometer	1
4	Chemical Balance	1
5	Distillation Plant	1
6	Refrigerator	1
7	Centrifuge	1
8	Slide Warming Table	1
9	Hot Plate	1
10	Spectroscopic Lens With Adjustable Slit	2
11	Dissection Set Complete	2
12	Digital BP Instrument	2
13	Stethoscope	2
	Medico legal work	
14	Cold Storage For Dead Bodies	As required
15	Weighing Machine For Dead Bodies	1
16	Autopsy Tables	As required
17	Stryker Type Autopsy Saw With Accessories	2
18	Weighing Machine For Organs	2
19	Weighing Machine For Fetus	2
20	Dissection Set Complete	4
21	Brain Knife	2
22	Hack Saw	2
23	Rib Shear Left & Right	1 Each
24	Measuring Tape(Steel Tape Roll)	2
25	Magnifying Lens	2
26	X- Ray View Box (4 In 1)	1
27	Tooth Extractor Left & Right	1
28	Hand Set Heat Sealer	1
29	Instrument Trolley	As required
30	Rectal Thermometer	1
31	Portable X-ray Machine (can be shared with Radiology Department)	1
	Additional Equipment For Medico legal Post Mortems Beyond 500 Post Mortems Annually	
32	Cold Storage For Dead Bodies	As required
33	Autopsy Tables	As required

34	Stryker Type Autopsy Saw With Accessories	1
35	Weighing Machine For Organs	1
36	Weighing Machine For Fetus	1
37	Dissection Set Complete	1
38	Brain Knife	2
39	Hack Saw	2
40	Rib Shear Left & Right	1 Each
41	Measuring Tape(Steel Roll)	2
42	Magnifying lens	2

(8) DEPARTMENT OF COMMUNITY MEDICINE

S.No.	NAME OF THE ITEMS	No. Required
1	Hydrometer, milk	2
2	Incubator, electric (can be procured from Microbiology)	1
3	Balance for weighing food stuff(Capacity 2 Kg).	1
4	Centrifuge clinical	1
5	Weighing machine adult	6
6	Baby weighing machine	2
7	Salters Baby weighing machine	2
8	Harpender Calipers (for skinfold thickness)	2
9	Height measuring stand	3
10	Refrigerator 9 cu.ft.	3 + Additional one each at RHTC and UHTC
11	Ice Lined Refrigerator (I.L.R.) (at Health Centre)	1
12	Smart TV	1
13	Vehicles for transport of students/interns/faculty/paramedical staff to the RHTC and UHTC	1 Bus (32 capacity) & 1 SUV
14	Multimedia Projector with Screen	2
15	Public Address system (2 portable for field based activities and one each for RHTC & UHTC)	4 Sets
16	Chloroscope	10
17	Horrock's Apparatus	3
18	MUAC tapes	10
19	Haemoglobinometer	5
20	BP Apparatus (Digital)	10
21	Stethoscope	10
22	Sound level meter	3

23	Water sampling bottle from any depth	1
24	Needle Shredder	3
25	Vaccine carrier	5
26	Craft water testing kit	1
27	Treatment kits as per national health programs	3 each
28	Iodine testing kit	10
29	Glucometer	10
30	Mosquito catching kit	1
31	Clinical Thermometer	10
32	First Aid Kit	1
33	Otoscope	1

The Rural and health centers for training of undergraduate students shall be suitably equipped along with adequate transport.

FOR PHASE 3 DEPARTMENTS

The list of equipment for clinical departments both indoor and outdoor, may be prepared by the Heads of departments, who would keep in view the needs for: -

- (1) Special examination with diagnostic aids and investigations such as laboratory, X-ray, etc.
- (2) Routine treatment, medical and surgical etc.
- (3) Special therapy such as physical, occupational, dietetic etc.

The following equipment for various clinical departments are however the minimum required.

1. SKILLS LAB

- (i) Trainer simulators / models / mannequins for:
 - First aid, Bandaging, splinting
 - Basic Life Support (BLS), CPR (Cardio Pulmonary Resuscitation) mannequin
 - Various types of injections- Subcutaneous, Intra-muscular, Intra-venous
 - Urine Catheter insertion
 - Skin & Fascia suturing
 - Breast examination model /mannequin
 - Gynecological examination model/mannequin including IUCD (Intra Uterine Contraceptive Device) Training model

- Obstetrics mannequins including Obstetric examination, conduct and management of vaginal delivery.
 - Neonatal & Pediatric resuscitation mannequins
 - Whole body mannequins
 - Trauma mannequin
- (ii) Each model (Low or High Fidelity) should have a module for training including objectives, methods and assessment. Modules can also have hybrid models where real patients or standardized/simulated patients/ computer simulations can be used.
- (iii) There shall also be space for computer assisted learning with adequate computers.

(1) DEPARTMENT OF MEDICINE

B.P. Apparatus	20
Ophthalmoscope	6
Lumbar puncture needles (disposable)	As required
Haemocytometer	3
Light Microscope	1
Haemoglobinometer	3
Centrifuge Machine	1
Urinometer	1
Plural biopsy needs (disposable)	As required
Liver biopsy needs (disposable)	As required
Kidney Biopsy needs (disposable)	As required
X-ray viewing box	15
Overhead projector	1
Slide Projector	1
Upper GI endoscope	1
Colonoscope	1
Sigmoidoscope	1
Proctoscope	6
Facilities for doing tests for malabsorption	As required
Ultra sound machine	1
Fiberoptic bronchoscope	1
Spirometer	1
Bed side Cardiac monitors	8
Central Cardiac monitor Console	1
Defibrillator	8
Non-invasive B.P.Apparatus	8
Pulse oximeter	8

Equipment for ardiac pacing	1
Ambu bag	8
Laryngoscope	8
ECG Machine	8
Echocardiography machine	1
Tread Mill test machine	1
Haemodialysis machine	3
Peritoneal dialysis catheters	As required
Arterial blood gas analyzer	1
Na/K analyzer	1
Equipment for measuring diffusion capacity	1
Microprocessor based spectrometer	1
Gamma cameras	1
Glucometer	5
Radio-isotope scan laboratory	1
Electro Encephalogram (EEG) machine	1
EMC and nerve conduction velocity machine	1
Fine needle aspiration needle	As required
Aspiration needle	As required
Torches	20
Patient examination table	20
Rubber Hammer	20
Reagents for doing Gram's and	
Ziehl Neilson staining	As required
Computer (one for each medical unit)	2
Radiopagers	20
Endotracheal tubes	As required
Emergency lights	6

(2) DEPARTMENT OF PAEDIATRICS

(A) Resuscitation equipment:

1.	Ambu bag	
	-infant	2
	-children	2
2.	Face mask	2
3.	Nasal prongs	As required
4.	Nasal catheters	As required
5.	Endotracheal tubes	As required
6.	Suction apparatus	1
7.	Suction catheters	As required

8.	Laryngoscope	
-	Infant	1
-	Children	1
(A) Oxygen Delivery System-		
9.	Oxygen Cylinder	1
10.	Oxygen regulator	1
11.	Oxygen Humidifiers	1
12.	Oxygen headbox (of each size)	1
13.	Nebulisers	4
(B) Drug Deliver Equipment/ Catheter/tube-		
14.	Intra-venous (I.V.) Drip set	As required
15.	Measured volume	2
16.	Blood transfusion set	2
17.	Intra-venous (I.V.) Canula (Butterfly type)	As required
18.	Intracath	4
19.	Umbilical vein	4
20.	Catheter	
21.	Feeding tubes	As required
22.	Three way and four	2
23.	Way valve	
24.	Malecot's catheter	4
25.	Cut open canula	As required
(C) Measurement Equipments Weighing machine		
26.	- Infant	1
27.	-Child	1
28.	- Neonates	1
29.	Infantometer	1
30.	Measuring tape	As required
31.	Shakir's tape	As required
(D) Work lab and investigations		
32.	Student Microscope	1
33.	Nuclear Chamber	2
34.	Hemoglobinometer	2
35.	Test tube	As required
36.	Spirit lamp	2
37.	Stains for – Leishman's staining	As required
	- AFB staining	-do-
	- Grams staining	-do-
38.	Dextrostix	As required

39.	Multisix	-do-
40.	Uristix	-do-
41.	Micro Erythrocyte Sedimentation	
42.	Rate (ESR) tubes	As required
43.	Filter paper	As required
44.	Bone marrow needle	2
45.	Lumber Puncture (L.P.) Needles	2
46.	Pleural aspiration needle	2
47.	Vim-Silverman	2
48.	Biopsy needle Mengeniz Needle	2
49.	True cut Renal	2
50.	Biopsy needle	1
51.	X ray View Box	1
F) Miscellaneous		
52.	Radiant Warmer	1
53.	Infant incubator	1
54.	Phototherapy unit	1
55.	Ophthalmoscope	1
56.	Thermometer-Oral	As required
57.	Rectal	As required

(3) DEPARTMENT OF RESPIRATORY MEDICINE

Nebulizers	2
Intercostal Drainage Facility	2
Pleural Biopsy Needles	2
Pulse Oximeter	1
Fiber-optic Bronchoscope	1
Rigid Bronchoscope	1
Pulmonary function Test machine with facility for spirometry, lung volume and diffusion capacity	1
Arterial Blood Gas machine	1

(4) DEPARTMENT OF DERMATOLOGY

Facilities for examining smears for bacteria, fungi, mycobacteria and acantholytic cells

- (a) Light microscope with facility for dark ground illumination microscopy
- (b) Gram's stain
- (c) Zeihl-Neelsen's stain
- (d) Giemsa stain

Facilities for electrosurgery and chemosurgery

- (a) Electro-cautery machine
- (b) Trichloro-acetic acid

(5) DEPARTMENT OF PSYCHIATRY

Electro Convulsive Therapy (E.C.T.) machine preferably with ECG monitoring	1
E.E.G. monitoring	1
E.C.G. machine	1
EEG machine	1
Lithium analyzer	1
Biofeed-back instruments (sets)	1
Thin layer chromatography (for drug dependence treatment)	1
Alcohol breath analyzer	1
Psychological Tests equipment	
a) Project tests	2
b) Intelligence Tests	2
c) Personality Tests	2
d) Neuro psychological tests	2

(6) DEPARTMENT OF SURGERY

(i) O.P.D	
Blood Pressure Apparatus, Stethoscope, diagnostic kit, weighing machine, skin fold caliper, eight scale.	4
X-ray viewing box 4 in 1	4
Proctoscope & Gabriel Syringe	4
Sigmoidoscope (Rigid)	2
Flexible Endoscope, Upper GI,	2
Colonscope (one set in Main O.T.)	
Diagnostic Cystoscope	1

Uroflowmetry	1
(ii) MINOR O.T.	
Operation Theatre Table	2
Operation Theatre Ceiling light	2
Pedestal lights	4
Electro-surgical unit	1
Suction	4
Pulse oximeter (one for Endoscopy Room)	4
Anaesthesia Equipment	1 set
Resuscitation kit	1
Assorted surgical instrument for minor operation sets	12
Autoclave	1
(iii) WARDS	
B.P. Apparatus, Stethoscope, diagnostic kit (4 sets in each ward)	12 sets
Weighing machine, height scale, skinfold Caliper (2 each in each ward)	6
Proctoscope (2 in each ward) Monitors for pulse rate, Heart Rate, E.C.G., Invasive and non-invasive pressure (2 in each ward)	6
	6
Incubators/Transport incubators	3
Neonatal Bassinet	3
Ultrasound	1
Arterial blood analyzer	1
Oesophageal/Gastric pH & pressure recorder	1

(iv) OPERATION THEATRE

Operating tables	8
Operating Ceiling light	8
Pedestal side light (for emergency use)	4
Electrosurgical Unit	10
General Sets (8 for each Operation Theatre)	64
Burr hole set	2
Vascular set (1 in each Operation Theatre)	8

(v) **Anaesthesia Equipment as per requirement of Anaesthesia department**

Diagnostic and operative laparoscope	2
Cystoscope and Resectoscope	2
Bronchoscope	1
Flexible G.I. Endoscope	1
Laser (May be shared with other departments)	1
C-arm image intensifier	1
Operating microscope-binocular with Video monitor	1
Operative ultrasound	1
Stapling device Assorted	2 sets
Endo-stapler	1 set
Closed Circuit T.V.	2
MISCELLANEOUS	
Photocopier	1
Computer with laser Printer	1
Electronic Typewriters	2
Slide-Projector	4
Overhead projector	4
Video Cassette Recorder/Video Cassette Player	as per requirement

(7) **DEPARTMENT OF PAEDIATRIC SURGERY**

Resuscitation equipment	
- Ambubags	2
- ET Tubes (all sizes 2.5-8)	4 sets
- Guedell's airway (all sizes)	2 sets
- Laryngoscope	2
Suction Catheters assorted sizes	10 sets
Suction machines	2
Oxygen cylinders Oxygen	4
B.P.Apparatus	4
Slow suction machine	2
Nebulizer	2
Heater	2
I.C.U. equipment incubator	2 sets
Operation Theatre equipment	1
Cystoscope-Paediatrics	1

Rigid Bronchoscope (sets)	1
Oesophageal dilators (sets)	1
Paediatrics Sigmoidoscope	1

(8) DEPARTMENT OF ORTHOPAEDICS

Basic instrumentation set for fracture	3 sets
Small Fragment and large fragment	2
External Fixator	4
C-Arm (Image Intensifier)	1
Portable X-ray Machine	1
Arthroscope	1
Slide Projector	1
Over-head projector	1
Movie Camera for demonstration of live operations	1
Plaster room equipment (sets) with plastic table.	1
Physiotherapy and occupational Therapy equipment Sets	1
Operation room equipment (sets)	1

(9) DEPARTMENT OF OPHTHALMOLOGY

OUT PATIENT DEPARTMENT	
Snellen Chart/Snellen drum with or without remote control	3
Trial set with trial frame both for adult and children	3
Bjerrum Screen	1
Perimeter	1
Colour vision chart	3
Near vision chart with different language	3
3 cell torch	6
Ophththalmoscope and Retinoscope	3
COMMON EQUIPMENTS IN THE OUTPATIENT DEPARTMENT	
Slit lamp	1
Applanation tonometer	1
Keatometer	1
Indirect ophthalmoscope	1
Synoptophore	1
Maddox Rod	1

Maddox Wing	1
Diplopia goggles	1
Gonioscope	1
Placido disc	1
Prism Bar	1
Schoutz tonometer	2
MAJOR OPERATION THEATRE	
Operating microscope with TV Unit with camera	1
Cryo Unit	1
Cataract set	5
Glaucoma set	2
DCR set	2
Entropian set	2
Enucleation set	2
Evisceration set	2
Squint set	2
GENERAL OPHTHALMIC EQUIPMENTS	
Operation Theatre Table	1
Operation Theatre Light	1

MINOR OPERATION THEATRE:

Minor O.T. should have the equipment for the removal of the foreign body, sutures and chalazion or sty.

WARD

Slit lamp	1
*Snellen Chart/Snellen drum with or without remote control	1
Trial set with trial frame both for adult and children	1
Bjerrum screen	1
Perimeter	1
Colour vision chart	1
Near vision chart with different language	1
3 Cell torch	2
Ophthalmoscope and Retinoscope	1

(10) DEPARTMENT OF OTORHINOLARYNGOLOGY (ENT)

OPD (per doctor)	
Nasal Speculum	4
Tongue depressor	4
Laryngeal mirrors	4
Nasopharyngeal mirrors	4
Aural speculum	4
Ear Suction	2
Nasal Suction	2
Suction apparatus	1
Siegles speculum	1
Tuning fork (512 Hz)	1
Otoscope	2
Bayonet forces	1
Bulls lamp	1
Head lamp	1
ENT examination chair	2
Jobson Horne probe	1
Sterilizer	1
BP apparatus	1
Stethoscope	1
MAJOR Operation Theatre	
Tonsillectomy and adenoidectomy set	
Biopod	1
Boyle-Davis mouth gag	1
Tonsil holding forceps	1
Tonsil dissector and pillar retractor	
Tonsil snare	1
Burkit artery forceps	1
Negus artery forceps	1
Tonsil scissors	1
Adenotome	1
Adenoid curette	1
Yankauer oropharyngeal suction tip Set for nasal bone fracture	1
Asch forceps	1
Walsham forceps	1
Septoplasty set	

Bayonet forceps	1
Killians nasal speculum	1
Freer elevator	1
Ballenger's swivel knife	1
Takahashi forceps	1
Fish tail gouge and mallet	1
Caldwel luc set	
Nasal gouge	1
Mallet	1
Ribbon Retractor	2
Cheek Retractor	2
Antrostomy set	
Retrograde gouge	1
Antral rasp	1
*FESS set	
*Rigid nasal endoscope	1
*Light source	1
*Sickle knife	1
*Retrograde punch	1
*Blakesley forceps – straight	1
- upturn	1
* Optional for MBBS	
Direct laryngoscopy set	
Anterior commissure Laryngoscope	1
Negus laryngoscope	1
Lighting system for laryngoscopes	1
Biopsy forceps	1
Foreign body removal forceps	1
Laryngeal suction	1
*Microlaryngoscopy set	
*Kleinsasser's laryngoscope	1
*Fiberoptic lighting system	1
*Suspension system for Laryngoscope	1
*Microlaryngeal cup forceps	1
Microlaryngeal Scissors	1
*Tympanoplasty set	
*Aural speculum	4
*Drum curette	2

*Drum elevator	1
*Microsuction	2
*Graft knife	1
*Mastoidectomy set	
Mallet	1
*Gouge	4
*Endaural retractor/post aural retractor	2
*Electric drill (motor, handpiece and burrs)	1
*Mastoid seeker	1
*Aditus seeker	1
Malleus head nipper	1
*Stapedectomy set	
*Pick-straight	1
Angled	1
*Perforator	1
*Measuring rod	1
*Prosthesis crimper	1
*Oesophagoscopy set	
Oesophagoscopes	3
Biopsy forceps	1
Foreign body removal forceps	1
Suction Machines	1
Oesophageal dilators	1 set
* Bronchoscopy set	3
*Lighting system	1

***Optional for MBBS**

Tracheostomy set	
Needle holder	1
Bard Parker knife handle	1
Ribbon right angled retractors	2
Curved arteries	4
Straight arteries	1
Cricoid hook	1
Tracheal dilator	1
MINOR Operation Theatre	
Antral wash set	
Trocar	2

Canula	2
Higginsons syringe	2
Direct laryngoscope set	
Laryngoscope – Anterior Commissure	1
Negus	1
Lighting system	1
Biopsy forceps	1
Foreign body removal forceps	1
Sterilizer	As required
Aural Syringe	As required
Tracheostomy set	As required
Intubation set	As required
Cricothyrotomy set	As required
Quinsy forceps	As required
Laryngeal forceps	As required
Aural Snare	As required
Aural cup forceps	As required

***WARDS**

Semi intensive care unit (4 beds)	As required
Central suction	As required
Oxygen	As required
Humidifier	As required

***Optional for MBBS**

MISCELLANEOUS EQUIPMENTS

Operating microscope for major Operation Theatre	1
For minor Operation Theatre	1
Pure tone audiometer	As required
Impedance audiometer	As required

SPECIAL EQUIPMENT

* Temporal bone lab Microscope	
* Drill	
Mastoid set	1

***Optional for MBBS**

ANY OTHER ADDITIONAL EQUIPMENT WHICH ARE DESIRABLE

Flexible nasopharyngolaryngoscope	1
Electronystagmograph	1
Brainstem evoked response audiometer	1
Goggles, plastic apron, gloves for examination of patients with	1 set biohazard

(11) DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

(i) General	
Speculums and retractors	25
EA + ECC sets	10
PCT forceps	5
Ayers spatula	15
Cytology bottle	15
Microscope	1
MR Syringes	5
Colposcope	1
Cryo/electro cautery apparatus	1
Simple fetal Dropper	1
NST machine	2
Stitch removal sets	5
Dressing sets	5
Ultrasound machine	1
Proctoscope	3
Weighing machine	1
Height scale	1
View box	1
(Blood Pressure apparatus, measuring tapes, gloves, syringes, needles, torch)	
Resuscitation tray	1
(Laryngoscope, ET tube, ambou bag, suction catheter, essential drugs).	
Suction machine	1
Hystero-salpingogram Canula	5
(ii) MAIN Operation Theatre	
Abdominal Hysterectomy set (Artery forceps, scissors, Scalpel, Allis's kelly's clamp, Badcock forceps, thumb forceps, Harington & Richardson retractors.)	3
Vaginal Hysterectomy set	3

(Scalpel, scissors, metal catheter, Sim's, Speculum volsellum, Kelly's clamps, right angle retractor, arteries, Allis, uterine sound, bladder sound).	3
Tuboplasty set	2
Myomectomy instruments (Myoma screw, Boney's clamp)	1
Diagnostic laparoscopy set	2
Operating laparoscopy set	2
Hysteroscopy set	1
Electronic Carbon dioxide insufflator/ Insufflator basic unit	2
Resectoscope	1
Hysteromat	1
Operating microscope/Loupe	1
Electrocautery	2

iii) SPECIAL EQUIPMENT

Contact micro hysteroscope	1
Co2 & Nd Yag laser	1
(iv) LABOUR ROOM	
Delivery sets	10
B.P. Apparatus	3
Weighing machine	1
Fetal Doppler	1
Cardiotocogram machine	3
Portable ultrasound	1
High suction machine	1
Resuscitation tray	1

v) SPECIAL EQUIPMENTS

Oxytocin infusion pumps	3
Multichannel monitors	2
Intrauterine Pressure monitoring system	2
*Fetal scalp electrodes Facilities for fetal scalp pH	2
(vi) TEACHING SET	
Doll and Dummy	1
Female Pelvis	1
Gross specimens	

X-ray/US films	1
View box	
VCR	1
Overhead Projector	1
Set of instruments/forceps etc.	
(vii) Miscellaneous.	
Camera with 200 m lens Endocamera/ Television ,TTL flash light, Carbondioxide Monitor, Calculator, Channelizer,	

*Disposables, to be issued on monthly basis.

(viii) MINOR Operation Theatre.

Cervical biopsy set	4
MTP set	5
D&C set	5
Hydrotubation set	2
IUCD insertion/removal set	10
High suction machine	2
Resuscitation tray	1
E.B. set	6
(O.T. lights, OT tables)	

IX) MATERNITY OPERATION THEATRE

Set for LSCS	5
D&C set	5
MTP set	6
High suction machine	2
Cervical exploration set	2
Uterine packing forceps	2
Abdominal hysterectomy set	1
Diagnostic laparoscopy set	2
Laprocator for tubal ligation	2
Postpartum ligation	2
Outlet forceps	3
Low mid cavity forceps/kjielland forceps	3
Vacuum Extractor and suction machine	2
Resuscitation tray	1
Decapitation hook	1

Cranioclast with cephalotribe	1
Oldham Perforator	1
Infusion Pump	3
EB set	4
Operation Theatre table, Operation Theatre lights, Central Oxygen and suction	

(x) SPECIAL EQUIPMENT:

Multichannel monitor with ECG, BP, HR, Pulse oxymetry for high risk pregnant patients (eclampsia, heart diseases etc.)	1
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(xi) WARDS

Blood Pressure Apparatus	3
Weighing machine	1
Height scale	1
Speculum and retractors	40
Glucometer	1
Microscope	1
Suture removal sets	5
Dressing sets	10
Ultrasound	1
Cutdown sets	1
Blood gas analyzer	1
CTG machine	1
Suction machine	2
Resuscitation tray	2
View box	1
Central O2 and suction	

(xii) SPECIAL EQUIPMENT

Ultrasound machine with Doppler/Vaginal probe/facilities for Interventional procedure	1
Multichannel Monitor	1
Fetal Monitor for Antepartum Surveillance	2
Computer for data entry (Gloves, Syringes, needles, torch, measuring tape etc.)	1

(xiii) Laboratory equipment for following investigations should be Available in the concerned departments for training of students:

- Hemogram
- Urine examination
- Semen analyses
- Renal Function Test (RFT),
- Liver Function Test (LFT), including Serum Blutamase Test (SBT),
- Electrolytes,
- Blood sugar
- Culture facilities,
- 24 hr. urine albumin
- VDRL,
- TORCH HIV, Serum BHCG
- Hormonal Assay (Desirable)
- Chlamydia and other reproductive tract infection testing.

GENETIC LAB.

- Cytology,
- Chromosome study,
- PCR for various abnormalities.
- Facilities for biochemical tests and enzyme studies for prenatal diagnosis.
- Blood gas analyzer
- Thalassemia study.
- ABO and Rh typing.
- PCR for tuberculosis.
- Viral markers for Hepatitic studies.
- Coagulation profile,
- fibrinogen degradation products,
- Blood bank facilities.
- Cryopreservation.
- Assisted reproductive techniques.

(12) DEPARTMENT OF ANAESTHESIOLOGY

OPD-Anaesthesia Clinic	
Blood Pressure Instrument (Non-invasive)	1
Weighing machine	1
Height scale	1

Ward (Recovery)	
Resuscitation equipments (CPR)	
Adult Dummy	1
Paediatric dummy	1
Artificial breathing bag with face Masks.	
Defibrillator	1
Suction machine	
Electrical Manual	5
Oxygen therapy unit	2
Pulse oximeter	2
E.C.G. Monitor	2
E.T.Co2 Monitor	1
Simple anaesthesia machine with resuscitation equipments and accessories	1
Mechanical Ventilator	2

(13) DEPARTMENT OF RADIO-DIAGNOSIS

Conventional X-ray Unit for routine X-ray and IVV.	4
Mobile X-Ray units	
a) 30 MA	2
b) 60 MA	2
Fluoroscopic unit	1
Both conventional and image intensifying unit for gastro-enterology & gynae work etc.	1
Ultrasonography equipment independently for Obstetrics and Gynaecology.	2+1 additional unit
CT Scan- 64 detector/ 128 slice, or updated version as per the norms	1
Mammography	
MRI 1.5 Tesla if PG is to be started (preferable)	

(14) PHYSICAL MEDICINE AND REHABILITATION

a. OPD and OT equipment for PMR:

Name of equipment	Quantity
Minor procedure and operation theatre equipment (May be shared)	2 set

Musculoskeletal ultrasound	1
EMG NCV machine	1
Urodynamic lab (can be shared with another department)	1
C arm (can be shared with another department)	1

b. Physical Therapy Equipment for department of PMR:

Shortwave Diathermy	1
Microwave diathermy	1
Ultrasonic therapy	1
TENS, Interferential therapy, Electrical stimulation	1 each
Cervical and lumbar traction	1
Paraffin Wax bath	1
Hydrocollator with Hot packs	1
Quadriceps table	1
Heel/ankle exerciser/Multi gym	1
Tilt table	1
Walker, rollator, wheelchair	1 each
Cryotherapy	1
Shoulder elbow wrist CPM	1
HIP knee CPM	1
Parallel bar	1

c. Occupational therapy equipment for PMR:

Corner chair	1
Wooden peg board	1 set
Standing frame	1
C.P. chair	1
Bolster swing/ bolster	1 set
Wedges	1 set
Therapy ball / Physio ball	1 set
Medicinal Ball	1 set
Balance board/ Equilibrium Board	1
Trampoline	1
Sanding boards-(i) Vertical sanding, (ii) Overhead Sanding, (iii) Horizontal sanding	1 each
Supinator & Pronator	1
Assistive devices - Eating Aids with utensils	1
ADL training set	1
Hand exercise table	1
Sensory integration panel	1

d. Prosthetic & Orthotic Equipment for PMR

Air Compressor	1
Dust Collector	1
Removable Mandrel	1
Drape Frames	1
Industrial Work bench	1
Hot Water bath for melting LTTP sheet	1
Pneumatic hand drill machine	1
Combination grinder & Polisher	1
Grinder and polisher attachments	1
Parallel jaw vice (Bench vice)	1
Anvil	1
Goniometer set	1
Hole punch tool	1
Drill bit set	1
Hacksaw frame	1
Hacksaw blades	1
Riveting bar	1
Leather cutting knife (Rapi)	1
Hot air gun	1
LTTP cutting scissor	1
Scissor For Synthetic Fibre	1
TOOLS HOLDER	1
Examination Couch	1
Hot air oven	1

ASPIRATIONAL

(15) RADIO-THERAPY

Examination Table	2
ENT examination set up	1
Gynae./pelvic examination tables	1
Treatment planning and mould room including	
i) Computerised treatment planning system	1
ii) Simulator	1
iii) Immobilization cast making system	1

Brachytherapy setup

i) Manual after loading intercavitary system (sets)	1
ii) Manual afterloading	

	1
Interstitial/surface mould system (sets)	
Teletherapy set-up	
Isocentrically mounted	1
Rotational telecobalt	
Unit minimum 80 cm SSD	
Radiation Protection and Dosimetry set-up	
i) Secondary standard dosimeter with ionization chamber	1
ii) Survey meter	1
iii) Area/Zone monitors (by BARC)	2

As per the number of staff members in the department

Radiotherapy department

Dual Photon energy linear accelerator with electrons and multi-leaf collimeter	1
Remote controlled intra-cavitary system.	1
Remote controlled interstitial system	1
CT-Sim 3D treatment	1

Planning system

Isodose plotte (Automatic)	1
Customised shielding	1

Block making system

Customised compensator making system	1
Computerised Dosimetry system	1
Thermoluminescent dosimetry system	1
Intra operative Radiotherapy and stereotactic radiotherapy set up alongwith linear accelerator (multi leaf)	1

N.B. Normally one teletherapy unit should be provided for every 1000 new cancer cases. All radiation therapy equipments (tele/Brachy) should be BARC type approved with BARC Sanctioned layout/installation plan.

C. OTHER DEPARTMENTS

(1) MEDICAL EDUCATION UNIT – As per Notification

(2) DEPARTMENT OF AUDIO-VISUAL AIDS (DESIRABLE)

ARTIST SECTION

Drawing Board size 42"x27"	1
Drawing Board size 22" x 30"	1
Instrument Box steadler	1
Plastic Transparent Set square 10"	1 pair
Plastic Scale transparent 18:	1
Parallel ruler 18"	1
Proportional Compass.	1
Bowpen "Stanley" one for fine and one for thick line.	2
"T" scale 24" wooden	1
"T" scale 48" wooden	1
Frenat curves Plastic 1 set of 12	1 set
Protractor Plastic Semiround 6" dia.	1
Kent paper size 22"x30"	12
Scolor drawing paper 22"x30"	12
Drawing paper Norway 72 lbs.	12
Water colour tubes "Winsor and Newton"	24
Postercolours in different shades.	13
Reeves Indian Black ink.	12
Water colour box "peliken"	
Sable Hari brushes 16	1
Series No. 00 to 6 and 10	8
Speed ball nibs style A.B.C. &D.	1 set
Crequil Nibs	12
Drawing Nibs 303 and 304	12
Clip holders.	6
Computer facilities	As required

(3) MODELLING SECTIONS AND PHOTOGRAPHY (DESIRABLE)

Modeling Instrument box.	1
Saw for wood work.	1
Ben saw iron.	1
Jamboor	1
Plier	1
Plier Goldsmith.	1
Scissors ordinary	1
Scissors Goldsmith	1
Hammer	1
Mortar Iron.	1
Buck et Iron.	1

Chisel.	1
Tagari Iron	1
E.I. Bowls.	4
Drill machine	1
Modelling clay	As required
Chalk clay.	As required
Multani clay.	As required
Yellow clay.	As required
Soft stone powder.	As required
Plaster of paris	As required
Old raddy	As required
Gum.	As required
Stand paper	As required
Plasticine.	As required
Wires G.I. copper and wire netting.	As required
Synthetic Enamel colours 1/16 gallon	As required
Oil colour brushes.	As required
Soap and coconut oil	As required
Epidiascope B & L or alatis.	4
Radiant Screen size. 72" x 72"	2
16 mm. Film projector bell and Howell	1
Camera Rollielflex automatic.	1
Microscopic attachment of Contax.	1
Micro Projectr Zeiss or B&L.	1
Enlarger Omega D 2.	1
Dark room and developing equipment	1 set
35 mm. Slide projector viewlex.	2

4) WORKSHOP AND ELECTRIC SECTION

Lathe machine 6" center height 10" automatic gear change box (heavy duty with gapped).	1
Lathe machine small 3" center height 8" automatic gear change box. German make	1
Milling machine type with dividing head attachment	1
Stand Drill Machine electric	1
Shaping machine Bench model	1
Spraying painting composer max. pressure 140 lbs. & continuous pressure must be 30 lbs.	
Complete with spray gun and pressure rubber tube	1

Electric welding machine max. amperage 200 amp. with accessories electrode, holder, shade and earthing slip and extension wire.	1
Acetylene welding with oxyacetylene bottle and complete set of torch	1
AVO's multimeter English make	1
Electric Soldering Irons 250 watts, 60 watts, with two nose-one fine and one abroad	1
Electric blower	1
Frequency generator	1
Ampere meter	1
Battery charger	1
Electroplating unit outfit	1
Carpenter's section instrument and appliances including electric saw and sander	1 set
Glass blowing appliances	1

Note: -

1. All kinds of endoscopes shall be fiberoptic preferably with a videoscope.
2. For effective teaching and training facilities close circuit TVs (CCTVs) shall be provided in the departments of Microbiology, Pathology, and Surgery and other allied specialities including Gynaecology.
3. In order to make teaching hospital more effective, it is necessary that a periodical upgrading of the instruments in various departments and sections should be undertaken for which required financial support shall be rendered.

BUILT UP AREA REQUIREMENTS (50 ADMISSIONS)

ITEM DETAILS	NO.	AREA (Sq. M.) Each	Total (Sq. m.)	Remarks
(1)	(2)	(3)	(4)	(5)
Administrative Block				
Principal/Dean's Office		36	36	
Staff Room		54	54	
College Council Room		80	80	
Officer Superintendent's Room		10	10	
Office		150	150	
Record Room		100	100	
Common Room – Boys		50	50	
Girls		50	50	
Cafeteria		100	100	
Central Library		1000	1000	
Lecture Theatres	3	220	660	80 Seating Capacity
	1	400	400	150 Seating Capacity
Auditorium	1	500	500	250-350 Seating Capacity
Common Laboratories	6	120	720	
	2	75	150	
Central Research Laboratory	1	100	100	
Department Total			4160	

COMMON REQUIREMENTS FOR ALL DEPARTMENTS

Accommodation for Staff Of All Departments in following pattern

Professor & Head	1	18	18
Additional Professors/			
Asso. Prof.	1	15	15
Asst. Prof.	1	15	15
Tutor/Demonstrators	2	15	30
Department Office/Clerical Room	1	12	12
Non-teaching staff room	1	12	12
Department Total			442

Teaching Hospital

Dean's Room	36	36	
Medical Superintendent's Room	36	36	
Hospital offices for the supportive staff	150	150	
Waiting space for visitors	200	200	
Enquiry office	50	50	
Reception	200	200	
Store Rooms	300	300	
Central Medical Record Section	150	150	
Linen Rooms	300	300	
	50	50	
Hospital & Staff Committee Room			
Central Lecture Theatre of Gallery 1	330	330	Seating capacity of 100 Persons
Central Registration and Statistics Department	200	200	
Central Laboratories	150	150	
Central Casualty Department (Incl. Minor O.T.)	150	150	
Central Hospital Pharmacy	100	100	
Central Kitchen	150	150	
Incinerating Plant	40	40	
Common Facilities		2592	7 Sq. M. per bed (1.5 m. distance b/w 2 beds; Bed width 1m')
Clinical Departments - Indoor			
Accommodation for Nurses Duty Room	20	20	
Laboratory for routine Examinations	15	15	
Examination and treatment room	15	15	
Ward pantry	15	15	
Store room for linen and other equipments	15	15	
Residents Doctors & Students	20	20	

duty room		
Office for Heads of each department & Heads of Units	20	20
Room for Other Unit Staff	20	20
Clinical Demonstration Rooms (at least one for each department)	20	20
Total for 14 Wards/12 Departments		2240

Operation Theatre Unit

Waiting room for patients	15	15
Preparation room	15	15
Operation Theatre	75	75
Post-operative recovery room	30	30
Soiled Linen room	15	15
Instrument Room	15	15
Sterilisation Room	15	15
Nurses Room	20	20
Surgeon's and Anaesthetist's Room 2	20	40
Assistant's Room	20	20
Observation Gallery for students	60	60
Store rooms	15	15
Washing room	10	10
Dressing up room	10	10
Central Sterilisation Unit	10	10
Laundry	10	10
Total for 9 O.T.s	9	3375

Labour Room

Waiting room for patients	15	15
Preparation room	15	15
Labour Room	100	100
Post Partum Recovery Room	75	75
Soiled Linen room	15	15
Instrument Room	15	15
Sterilisation Room	15	15
Nurses Room	20	20

Surgeon's and Anaesthetist's Room	20	20
Assistant's Room	20	20
Observation Gallery for students	30	30
Store rooms	15	15
Washing room	10	10
Dressing up room	10	10
Eclampsia Room	75	75
Laundry	10	10
Total for Labour Room		460

Radio-Diagnosis

Room for 300mA, 500mA, 800mA IITV System, Fluroscopy System	36	36
Ultrasound room	15	15
Room for 60mA Mobile X-Ray System	15	15
	80	80
Accommodation for CT Scan System Store Room	15	15
Museum	25	25
Waiting Room	40	40
Department Total		226

Anesthesiology Department

Accommodation for Anaesthesia Officer in Operation Theatres	20	20
HOD and Heads of Units Accommodation for other unit	20	20
Department Total		60

Physical Medicine & rehabilitation	1500	1500
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The space provided should house OPD consultation area, intervention and procedure room, special investigation room, Physiotherapy gymnasium, occupational therapy, prosthetic & orthotic services including IPD & OT services and other services		1500
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Total Department		1500
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Desirable Department

Radiotherapy

Teletherapy Unit	100	
Intracavitary Treatment room	50	50
Endocavitary surface mould therapy room	50	50
Planning Room	50	50
Room for metalling treatment	50	50
Record Room	100	100
Medical Physics Lab.	50	50
Out patient waiting room	200	200
Indoor beds	200	200
Day care ward for short chemotherapy/radiotherapy	70	70

Department Total		920
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Clinical Departments – Outdoor	6000	6000
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Waiting/reception space rooms for patients and attendants		
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Enquiry and record room		
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Examination rooms and case demonstration rooms for each	4	
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For each department Dispensary

- Dressing room in surgery & its specialities
- Refraction rooms,
- Dark rooms,
- Dressing rooms in Ophthalmic Deptt.
- Plaster rom,
- Plaster cutting room etc., in Orthopaedics Deptt.
- Sound proof audiometry room,
- ENG Lab.,
- Speech therapy rooms in ENT Deptt.
- Child welfare,
- Immunization room etc. in paediatrics Deptt.
- Antenatal,
- Family welfare,
- Sterility
- Cancer detection clinics in OBG Deptt.
- Dental Section

OPD TOTAL	6000
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HOSPITAL TOTAL	18673
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Residential Quarters/Hostels

Qtrs. @20% teaching (20% of 88=17)	200	3400
Qtrs. @ 20% Non teaching (20% of 200 = 40)	100	4000
Nurses @ 20% (20% of 150 = 30)		
	100	3000
Residents @ 100 % = 74	30	2220
Interns @ 100 %	1000	1000
Hostels for 187 students (i.e. @75% of 250)		1870

TOTAL RESIDENTIAL COMPLEX	15490
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TOTAL	40702
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ADD 15 %	6105
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GRAND TOTAL	46807
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FACULTY REQUIREMENT FOR MBBS ADMISSIONS

S. No.	Department	Designation	50 seats	100 seats	150 seats	200 seats	250 seats
1	ANATOMY	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	2	3
		Asst. Prof.	1	2	3	4	5
		Tutor/ Demonstrator	2	4	5	5	6
2	PHYSIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	2	3
		Asst. Prof.	1	2	3	4	5
		Tutor/ Demonstrator	2	4	4	5	6
3	BIOCHEMISTRY	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	2	3
		Asst. Prof.	1	2	3	3	4
		Tutor/ Demonstrator	2	4	4	4	4
4	PHARMACOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	1	2	3	4	4
		Tutor/ Demonstrator	2	4	4	5	6
5	PATHOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	2	3	3	4
		Asst. Prof.	2	3	3	4	5
		Tutor/ Demonstrator	2	4	5	5	6
6	MICROBIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	2	3
		Asst. Prof.	2	2	3	4	4
		Tutor/ Demonstrator	2	4	4	5	5
7	FORENSIC MED., TOXICO	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	1	1	2	4
		Tutor/ Demonstrator	1	2	3	4	4
8	COMMUNITY MEDICINE	Professor	1	1	1	1	1
		Associate Prof.	1	2	2	3	3
		Asst. Prof.	1	3	4	5	6
		Statistician (Minimum A.P. level)	1	1	1	1	1
		Tutor/Demonstrator/ Senior Resident	2	4	5	6	6
9	GENERAL MEDICINE	Professor	1	1	1	1	1
		Associate Prof.	1	3	4	6	7

		Asst. Prof.	2	4	5	7	8
		Senior Resident	2	4	5	7	8
10	PEDIATRICS	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	3	3
		Asst. Prof.	1	2	3	4	5
		Senior Resident	1	2	3	4	4
11	DERMATOLOGY	Professor	0	0	1	1	1
	Prof/ Assoc. Prof. upto 100 seats	Associate Prof.	1	1	1	1	1
		Asst. Prof.	1	1	1	1	1
		Senior Resident	1	1	1	1	2
12	PSYCHIATRY	Professor	0	0	1	1	1
	Prof/ Assoc. Prof. Upto 100 Seats	Associate Prof.	1	1	1	1	1
		Asst. Prof.	1	1	1	1	1
		Senior Resident	1	1	1	1	2
		Clin. Psychologist	1	1	1	1	1
13	RESPIRATORY MEDICINE	Professor	0	1	1	1	1
		Associate Prof.	1	1	1	1	1
		Asst. Prof.	1	1	1	1	2
		Senior Resident	1	1	1	1	2
14	GENERAL SURGERY	Professor	1	1	1	1	1
		Associate Prof.	1	3	4	6	7
		Asst. Prof.	2	4	5	7	8
		Senior Resident	2	4	5	7	8
15	ORTHOPEDICS	Professor	1	1	1	1	1
		Associate Prof.	1	1	2	3	3
		Asst. Prof.	1	2	3	4	5
		Senior Resident	1	2	3	4	4
16	OTORHINOLARYNGIOLOGY (ENT)	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	2	2
		Asst. Prof.	1	1	2	2	3
		Senior Resident	1	1	2	2	3
17	OPHTHALMOLOGY	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	2	2
		Asst. Prof.	1	1	2	2	3
		Senior Resident	1	1	2	2	3
18	OBSTETRICS & GYNECOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	1	3	4	4
		Asst. Prof.	1	2	4	4	5
		Senior Resident	1	2	4	4	5

19	ANESTHESIOLOGY	Professor	1	1	1	1	1
		Associate Prof.	1	2	3	4	5
		Asst. Prof.	2	4	5	5	6
		Senior Resident	2	3	4	5	5
20	RADIODIAGNOSIS	Professor	0	1	1	1	1
	Prof/ Assoc. Prof. Up to 50 Seats	Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	1	2	3	3
		Senior Resident	1	2	3	3	3
21	DENTISTRY	Professor	0	0	0	1	1
	Prof/ Assoc. Prof. Up to 100 Seats	Associate Prof.	1	1	1	1	1
	Not required if Dental coll. Present in campus/ city/ town	Asst. Prof.	1	1	1	1	1
		Senior Resident	1	1	1	1	1
22	EMERGENCY MEDICINE	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	1	1	2	2
		Senior Resident	4	9	9	9	9
23	Physical Medicine & Rehab.	Professor	1	1	1	1	1
		Associate Prof.	1	1	1	1	2
		Asst. Prof.	1	2	2	2	3
		Senior Resident	1	2	3	4	4

(1) DEPARTMENT OF FORENSIC MEDICINE INCLUDING TOXICOLOGY

For conducting **medicolegal autopsies**, it shall have following staff other than the faculties and SR, and infrastructure as detailed below:

Staff:

1. Autopsy technician / Technician- 2
2. Autopsy assistants/ Forensic Nurses to offer round the clock services- 3
3. Clerk- 1
4. Attendants to offer round the clock services- 5.
5. Photographer- 1

Note: Autopsy technician, assistant and autopsy attendants must also have females in it so that while conducting autopsy on female dead body, presence of one female person could be ensured if faculty conducting autopsy is not female.

Note: Mortuary block/ Autopsy block shall have air condition facility.

Aspirational: to have Poison Information Centre and Analytical Toxicology Laboratory/ Forensic Science Laboratory, having following staff (for 24 x 7 services) other than the faculties and SR, and infrastructure as detailed below:

1. Senior Forensic Scientist	1
2. Junior Forensic Scientist	1
3. Scientific Assistant (Toxicology)	1
4. Lab technician-	2-3
5. Technical Assistant	2
6. Store Keeper cum clerk cum computer operator	1
7. Peon & attendant	3
8.	

Desirable: to have functional clinical forensic medicine unit (CFMU) with following staff (for 24 x 7 services) other than the faculties and SR, and infrastructure as detailed below:

1. Nursing staff- preferably forensic nurses- 4-5 for round the clock services-
2. Clerk- 1

Note: Adequate arrangement of rooms shall be provided to all teaching staff including SR as per the number of staff.

Provision of **Video-conferencing room** in the department to give evidence in the court of law to meet requirement of Digital India with appropriate facility of Internet, Computer, Video camera, etc.

For a functional Poison Information Centre and Analytical Toxicology lab, following equipments shall be provided:

1. Digital Spectrophotometer
2. Chemical Balance
3. Distillation Plant
4. Spectroscopic Lens with Adjustable Slit.
5. TLC, HPLC, GC-MS

Notes: For purpose of working out the deficiency.

1. In view of shortage of faculty available for phase 1 and phase 2 teaching, following Teaching faculties can be accommodated at the equivalent level:

General Medicine, Pediatrics- can be employed as teachers in Physiology, Biochemistry, Pharmacology and Community Medicine, only if the faculty from these branches are not available.

General Surgery- can be employed as teachers in Anatomy only if the faculty from these branches are not available.

The deficiency of teaching faculty and Tutors/Demonstrators/Resident Doctors shall be counted separately.

2. For Teaching Faculty:

- (a) For calculating the deficiency of faculty, Prof., Assoc. Prof. and Asst. Prof in respective departments shall be counted together.
- (b) Any excess teaching faculty in higher cadre can compensate the deficiency of lower cadre of the same department only.
- (c) Any excess teaching faculty of lower cadre/ category in any department cannot compensate the deficiency of any teaching faculty in the higher cadre/category of the same department or any other department e.g. excess of Assistant Professor cannot compensate the deficiency of Associate Professor or Professor.
- (d) Excess/Extra teaching faculty of any department cannot compensate the deficiency of any teaching faculty in any other department.

3. For Tutors/Demonstrators/Resident Doctors:

- (a) Excess Tutors/Demonstrators/SR of one department cannot compensate the deficiency of Tutor/Demonstrator/ SR in any other department.
- (b) Any excess/ extra teaching faculty of same or any other department cannot compensate the deficiency of Tutor/Demonstrator/SR. e.g. excess of Assistant Professor cannot compensate the deficiency of Tutor /Demonstrator /SR.

4. A separate department of Dentistry/Dental faculty is not required where a dental college is available in same campus/city and run by the same management.

5. Colleges running PG program require staff, beds & other requirements as per the prevalent PG Regulations.

Guidelines for Aadhaar Enabled Biometric Attendance System (AEBAS) in Medical Colleges

1. It is mandatory for Medical Colleges to get registration of faculty/ demonstrators /tutors/Senior Resident in AEBAS system.
2. Medical Colleges should install the AEBAS devices in sufficient number as per need and each device should be connected with the WiFi/ optical fiber internet connection for above mention seamless marking of the attendance for medical people. Medical Colleges should maintain AEBAS machines in working condition. Any glitches, fault, damage or shutting of machines should be avoided or addressed immediately by the Medical College/Standalone PG Institute so that daily data related to biometric attendance can be obtained. NMC will view seriously if biometric attendance data is not generated continuously without any reasons for more than 2 days.
3. Medical Colleges/Standalone PG Institutes should use preferably wall mounted fingerprint Aadhaar enabled STQC certified devices. In case of issue with finger print authentication for user then in such cases wall mounted IRIS scan based/wall mounted face recognition STQC certified devices which should be AEBAS competent can be used.
4. Medical Colleges should notify the office timing and circulate such timing to all the faculties/staff for strict adherence. It is expected that all Faculties/other Staff should follow the office timings/shift duties allotted to them.
5. All the above mentioned staff categories should be instructed to mark their attendance through Aadhaar Enabled Biometric Machines (AEBAS) twice per day (i.e. when they come to Medical College and when they leave the Medical College after work). Occasional exemption in either not marking attendance in time or out time marking of attendance should be done with the approval because of acceptable reasons of the compliant authority.
6. Govt. Medical Colleges/Standalone PG Institutes must follow their respective State/UT/Central Govt. rules for taking action against the employees for not following office timings in marking attendance on AEBAS. Private Medical Colleges should follow their own guidelines which should be in sync with NMC's regulations or guidelines in this regard.
7. AEBAS is only an IT platform for attendance for capturing or record. There is no change in the instructions relating to office hours, late attendance etc.
8. The faculties/demonstrators/tutors/Senior Residents on leave/official duty should mandatorily enter such details in the AEBAS through add leave and add tour module respectively.
9. If any faculty/demonstrator/tutor/senior resident retire/or has resigned/ or taken VRS from the Medical Colleges/Standalone PG Institute, then in such case nodal officer should block the attendance ID of such employee. In case of transfer/appointment of employee from one Medical College/Standalone PG Institute to another, Nodal officer should use transfer-out module of AEBAS system and receiving medical college nodal officer should transfer-in such employees.

10. Any breach of the cyber security/hacking of the online attendance monitoring system in any medical college should be brought to the notice of the NMC immediately.
11. Marking attendance of faculty/sr. residents/tutors/demonstrators through AEBAS is to be implemented immediately on a daily basis by all Medical colleges/Standalone PG Institutes. For any future renewal, recognition, CoR (Continuation of Recognition), surprise inspections, increase UG/PG seats, approval PG course, College applying for new establishment should register while they submit their application form. New Medical College, data from AEBAS portal will be used for decision making.
12. All Medical College/Standalone PG Institute will be responsible for proper operation and maintenance of AEBAS system & machines.

Aadhaar Enabled Biometric Attendance System (Nodal Officer User Manual for Transfer)

Transfer: Transfer module is used to transfer the employee from one organization/unit to another.

Steps for transferring the employee are as follows:

1. Go  **Manage Employee** → **Active Employees**

Here Nodal Officer can view list of Employees with option to Edit and view employee Details.

Active Employees on (BAS)

Search by Name/Mobile									
S.No.	Attendance ID	Aadhaar Number	Employee Name	Reporting Officer Name	Mobile No.	Designation	Division	Office Location	Detail
1	XXXXXX	XXXXXXXX	A P Raju		XXXXXX	Tradesman G Technical	General Infrastructure	CGO Complex A-Block	 
2	XXXXXX	XXXXXXX	A Jenishly		XXXXXX	Programmer (NG)	NIC Delhi State Unit	CGO Complex A-Block	 
3	XXXXXX	XXXXXXXX	A Ravikumar		XXXXXX	Scientist - E	IVFRT (FRT)	MEA - Jawahar Lal Nehru Bhawan	 

2. Nodal Officer can search Employee by Name/Mobile No. and click on  **Detail** to transfer a employee. A new screen will appear with complete employee detail.

Manage Employee
View Employee Information
Home Manage Employee

Employee Detail

Aadhaar Number : XXXXXXXXXXXXXXXX

Employee Name : A P Raju

Organization Name : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Designation : XXXXXXXXXXXXXXXX

Division within Organization : General XXXXXXXX

Office Location : XXXXXXXXXXXXXXXX

DOB : XXXXXXXXXXXX

Gender : Male

Mobile No. : XXXXXXXXXXXXXXXX

E-Mail : XXXXXXXXXXXXXXXX

Aadhar Status : Aadhar Verified

 Deactivate

 Transfer

3. For initiating the Transfer of Employee Click on "Transfer" . A Pop-up window will appear to choose an Organization to Transfer and with a reason.

Aadhaar Enabled Biometric Attendance System (Nodal Officer User Manual for Transfer)

4. On successful transfer following message will appear



5. Now the nodal officer of the transferred organization should login with their credentials and Go to **Manage Employee** → **Transfer Employees**

Transfer Employees on (BAS) Search Old Transferred Employees

S.No.	Attendance ID	Aadhaar Number	Employee Name	Mobile No.	Designation	Division	Office Location	Detail
1	XXXXXXX	XXXXXXXX	Lokesh Singh	XXXXXXXX	Programmer	National Informatics Centre(NIC)	Electronics Niketan	Process

6. Click On "Process" button. This will open a new window showing employee details.

Aadhaar Enabled Biometric Attendance System (Nodal Officer User Manual for Transfer)

Edit [update Employee information](#)

[Home](#) [Manage Employees](#)

Personal Details Organization Details

Employee Name *

Lokesh Singh

Date of Birth (dd-mm-yyyy)

19-10-1986

Gender *

Male

Enter Aadhaar Number *

XXXXXXXXXX

Mobile No. *

XXXXXXXXXXXX

E-Mail *

XXXXXXXXXXXXXX

Next

7. Now change the organization details and submit.



Edit [update Employee information](#)

[Home](#) [Manage Employees](#)

Personal Details Organization Details

Organization Name *

National Informatics Centre (NIC) - Delhi

Employee Type *

Contractual Employee

Division/Unit within Organization *

Select Division

Office Location *

CGO Complex A- Block

Submit



8. Now employee is transferred successfully and Active in your Organization for marking Attendance.

Additional information regarding to implementation of NIC solution for Aadhar Enabled Biometric Attendance System (AEBAS) for Medical Colleges under NMC

This in continuation of NMC letter no F.no D-130024/07/2022/NMC/DMMP/028293 dated 01st Aug 2022, queries were raised from various Medical colleges in WhatsApp group formed for implantation of NMC IT projects.

1. NMC is setting up portal at <https://central.nmcindia.ac.in> for monitoring of attendance, probable date of hosting is 22nd August 2022.
2. College may start onboarding on this portal after launch of the portal.
3. Only STQC certified biometric authentication devices may be used for marking attendance in AEBAS system. List of STQC certified devices is available at https://attendance.gov.in/faq/compatible_devices . Medical Colleges may arrange for procurement, installation and configuration of STQC certified devices directly from market by following due process of procurement. While procuring devices from any vendor Medical Colleges may procure with detailed terms and conditions to ensure smooth after sale support for at least 3 year warranty period.
4. College may use NICSi empaneled agencies attach in the letter dated 1st Aug 2022. NICSi has contracted with vendors with detailed terms and conditions to ensure compliance of 3 years warranty and after sale services. If required and deem fit, NICSi may be approached at pi@nicsi.nic.in (011-22900533, 22900548) and Health-NICSi@nic.in (011- 22900508).
5. There are queries regarding using existing devices. Medical College may analyze the cost of repair/maintenance /rollout/warranty etc. in comparison to cost of procurement of new devices with 3 years warranty as per NICSi empanelment or any other sources.



No. 10(18)/2017-NICSI

Date: 04/12/2019

To,

M/s Mantra Softech (India) Pvt.Ltd
B-203, Shapath Hexa, Opp. Gujarat High Court,
Serkhej-Gandhinagar Highway, Ahmedabad-380060

Kind Attn. Mr. Uttam Singh, Mobile No. 91-9227266220
Email id: uttam@mantratec.com

Subject:- Empanelment of selected Agency consequent upon finalization of Tender No. NICSI/End Point Terminal for BAS/2018/07 for Selection of Vendor for Supply and Commissioning of End Point Terminals for Biometric Attendance System (BAS).

Dear Sir,

I am directed to refer to your letter no. nil dated 25.11.2019 acceptance for offer to match L1 rates as per Clause 5 of Annexure-2 of tender document against Tender No. NICSI/End Point Terminal for BAS/2018/07 for Selection of Vendor for Supply and Commissioning of End Point Terminals for Biometric Attendance System (BAS) and to inform that the competent authority of NICSI has decided to empanel your firm on the following terms and conditions and prices mentioned in this empanelment letter.

Part-I

1. Approved Rates

		UNITS	UNIT PRICE
1.	Cost of New Devices		
1.1	Wall Mount Tablet	Per Device	6975.00
1.2	IRIS Scanning Devices	Per Device	3795.00
1.3	Desktop Compatible Finger Print Scanning Devices	Per Device	1650.00
2.	Annual AMC Cost for Existing Devices		
2.1	Wall Mount Tablet	Per Device	1050.00
2.2	IRIS Scanning Devices	Per Device	600.00
2.3	Desktop Compatible Finger Print Scanning Devices	Per Device	190.00
3.	Annual Application Roll Out Services per location per User		
3.1	0-20 Devices	Per location Per User	100.00
3.2	20-50 Devices	Per location Per User	80.00
3.3	50-100 Devices	Per location Per User	60.00
3.4	100 & Above Devices	Per location Per User	40.00

Note:- Local Taxes (GST) will be paid extra as applicable.

Part-II

INTRODUCTION

Biometric Attendance System (BAS) is a centralized system to mark attendance of all the Government employees and other registrants such as trainees, central scheme beneficiaries, students in schools/colleges, teachers, employees of public funded entities / PSU / trusts etc. which is visible on real time basis and maintained on the common attendance portal ensuring transparency and accountability. Below are the functionalities of BAS currently managed by National Informatics Center (NIC).

- i. Managing, Assessing and processing the On-boarding request received from various government organization. On-boarding request follows procedure of submitting a form online which is then assessed by the NIC helpdesk team depending upon the size of organization i.e. no. of employees to be registered on BAS system.
- ii. Creating hierarchy of the organization registered – Rights available to nodal officer appointed within the organization.
- iii. Administration rights to organization's nodal officer appointed to attendance portal who manages the BAS system administratively within the organization.
- iv. Employee Registration.
- v. Attendance marking through Tablets, Desktop Devices (finger print scanning device) and IRIS devices.
- vi. Real time authentication n.
- vii. Email and SMS service integration.
- viii. Real time MIS dashboards.
- ix. Information available on public platform.
- x. Notifications.

The existing system uses NIC Cloud services for the application and database servers at backend. Attendance marking has been facilitated through various end-point devices such as wall mount – Tablets, Desktop Devices and Iris scan machines, thus ensuring the ease of marking attendance for the employees. Through these devices, Biometric of the employee is captured and further authenticated from UIDAI via AUA/ASA servers and marked within seconds.

Subsequently, NIC also maintains centralized MIS portal and dashboard on public platform which work through the application infrastructure and the process of biometric authentication and attendance marking works through application programming interface model. The dashboard presents real time statistical information on attendance and details. Furthermore, features such as SMS & Email is also integrated through the application as an added feature.

2. Scope Of Work

The **Scope Of Work** for vendor is to provide end point terminals (Wall mounted tablets, Desktop Compatible Finger Print Scanning Devices and IRIS Scanning Devices), Application Support and AMC of the existing devices which are currently operational on

BAS platform. Vendor empanelled through this tender are required to undertake work across PAN India. Broadly, the scope of work for vendor shall be as follows:

- a) **Device Management and Commissioning:** Supply, Installation, Site Survey (if required), Maintenance, Application APK/ Patches/ Updates.

The vendor empanelled through this tender will be responsible to supply and install end point terminals as defined through this tender however the responsibility of providing internet connectivity and power will be sole responsibility of the user. After installing all the devices at the user location, it is imperative to note for vendor to ensure that the BAS application at the client end is installed on end point terminals for marking of attendance. Once installed, vendor has to provide demo to the user department regarding functionality of the devices and ensure all devices are running smoothly for attendance marking purposes. Failure to do so, penalty will be applicable as defined in this tender. Further, vendor must ensure that the devices installed are periodically checked and tested with updated version of client application. Further, the devices must be complied with all security measures as defined by UIDAI at the application level. Any problem related to hardware and software (OS and Client application) at client location will be the sole responsibility of the empanelled vendor.

The user department MAY procure SIMs of any network that suits their location, so that, even if any network or power fault happens, the tablets that they have installed in their premises may work continuously without any hassle. This portion should be the individual user department responsibility. Empanelled vendor or NICSI or NIC will NOT hold the responsibility of the working condition of SIMs that they hold or even otherwise for bill payments of those SIMs.

- b) **AMC of the existing devices-** As defined through this tender, vendor will be required to provide AMC on the existing devices installed at the user site on needful basis. It will be the responsibility of NICSI or user department to provide detailed report to vendor which will constitute details such as no. of active devices, make and model of devices installed at the user site at different locations, no. of faulty devices and organizational details. Further, depending on the situation and the requirement, vendor may have to visit the user department on needful basis as requested by NICSI. Vendor must be able to provide AMC to the all existing functional devices and provide complete support against the devices and ensure the attendance marking is operational and linked to the centralized BAS system. The faulty device need to be included in AMC and shall be repaired by the vendor on chargeable basis.
- c) **Application Roll Out services-** These type of services will be availed by such users who will be responsible to provide tablets or end point terminals at their own cost. The empanelled vendor will be responsible to provide application roll out services to such users and these services will include but not limited to:
- i. Installing client application and deployment of application on end point terminals.
 - ii. Troubleshooting of issues pertaining to application software at client site.
- d) **Device Warranty:** The agency shall provide onsite comprehensive Warranty of all devices supplied for a period of 03 (three) years from the date of final acceptance of the equipment.
- e) **Warranty shall cover the below:**

- i. Upon finding any defects in the device, the user will inform the selected agency or NIC/ NICSI stating the nature of any defect. Upon receipt of such request, the selected vendor shall expeditiously repair the defective equipment or replace it with brand new genuine/ authentic ones having similar or higher specifications at no cost to the user.
 - ii. During the warranty period, the vendor shall also be responsible to ensure adequate and timely availability of spare parts needed for repairing the supplied goods.
 - iii. During warranty period, besides service/maintenance of Hardware and System Software and all driver software upgradation, installing patches and services shall also be provided by the empanelled agency at no extra cost.
 - iv. During the term of warranty, the service/repair calls will have to be attended by the agency within 24 hours from the time of such calls. Remote support or on-call services should be provided without any further delay and if needed replacement should be done within 5 days. Failure to do so, a penalty will be charged as per the clause defined in the tender. In case of major defects requiring the defective card/item/equipment to be taken to the agency's workshop, it should be returned within a week duly repaired and an immediate substitute equipment will be provided by the agency for the smooth operation.
 - v. If the performance of any individual equipment or device fails to meet the contract specifications then the same shall be replaced by the agency free of cost during the term of the warranty period.
 - vi. The agency shall provide necessary Software updation related to devices free of cost during the warranty period and also during the period of AMC.
- f) Application Support Services:** It will be the responsibility of the vendor to ensure that all devices installed at different locations are operational and marking of attendance is done on daily basis. Once the new devices are installed, vendor must ensure that client application is installed and connected to the centralized BAS system. Any device level support will be responsibility of vendor. Further, queries received by NICSI/ NIC related to devices, installation and application support at the device level will be forwarded to the vendor directly which should be facilitated and closed within stipulated timeframe. There will be cases pertaining to queries which will be received directly from user department which has to be resolved by the vendor. Thus, vendor should have a web based call management system with ticket generation for each call or queries received from various users. The vendor shall also provide MIS dashboard with complete report on no. of queries received, tickets raised, open tickets and closed tickets. The MIS dashboard should be accessible by NICSI to monitor the SLA's during warranty/ AMC period. The Support must be provided in both languages i.e. Hindi and English. Vendor must provide atleast one toll free number to all user department for the support.
- g) Capacity Building-** Vendor must ensure hands on training to user department on portal and devices.
- h) Coordination with different stakeholders (NIC, NICSI & User department) for smooth functioning of attendance system.**

3. EMPANELMENT CONDITIONS

- 3.1 This empanelment will be valid up to 06.11.2022 in the first instance. It may be extended for **another year** depending upon the need of NIC / NICSI's project requirements with mutual consent.
- 3.2 All empanelled Vendors must honor all tender conditions and adherence to all aspects of fair trade practices in executing the purchase orders placed by NICSI on behalf of its clients. Failing this, NICSI may forfeit their EMD.
- 3.3 In the event, an empanelled Company or the concerned division of the Company is taken over /bought over by another company, all the obligations and execution responsibilities under the agreement with NICSI, should be passed on for compliance by the new company in the negotiation for their transfer.
- 3.4 Empanelled Vendor cannot sub contract any part of scope of work under any category of the tender to any other company.
- 3.5 In case an empanelled Vendor is found in breach of any condition(s) of tender at any stage during empanelment, legal action as per rules/laws, shall be initiated against the vendor and EMD/Security Deposits shall be forfeited.
- 3.6 NICSI may, at any time, terminate the empanelment by giving written notice before 30 days to the empanelled Vendor without any compensation, if the empanelled Vendor becomes bankrupt or otherwise insolvent, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to NICSI.
- 3.7 In case vendor empanelled through this tender is not providing services as per SLA's defined or fails to provide services as per agreed timelines or SLA's or Terms and conditions defined in Work order/ Purchase order/ RfP document, NICSI has right to call revised financial bids from all technically qualified vendors.
- 3.8 Tender process will be over after the issue of empanelment letter to the selected vendor. Thereafter, information submitted by the participating vendors before and during the bidding process may be put by NICSI in the public domain. Competent Authority in NICSI may not exercise the privilege given under Right to Information Act Section 8(1) (d) which says "there shall be no obligation to give any citizen information including commercial confidence, trade secrets or intellectual property, the disclosure of which would harm the competitive position of a third party, unless competent authority is satisfied that larger public interest warrants the disclosure of such information".

4. SECURITY DEPOSIT

In the case of the Vendor who has been selected for empanelment, the vendor must give Security Deposit for the equivalent amount of EMD. Security Deposit will be in the form of Bank Guarantee (BG) of any commercial bank drawn in the name of National Informatics Centre Services Inc, New Delhi, valid till empanelment. EMD of successful vendors will be returned after they sign letter of empanelment with NICSI and submit a security deposit of equal amount for the period of empanelment/extended empanelment. The BG will be released after the empanelment or extended empanelment or complete execution of all the purchase orders issued under this empanelment, whichever is later and thereafter the Security Deposit / BG shall be returned to the empanelled vendor without any interest. In case of default by the empanelled vendor on non-acceptance of the

purchase orders, this Security Deposit/BG will be forfeited and empanelment will be cancelled.

Security deposit must be made in the form of Bank Guarantee equal to the EMD amount

Validity	Valid for the period of empanelment / extended empanelment. The BG will be released after the empanelment or execution of all pending Purchase Orders, whichever is later
Instrument	One single deposit in the form of Bank Guarantee
Amount	Equal to EMD amount

5. PAYMENT TERMS

- 5.1 The agency will submit Pre-receipted bills in triplicate (having details of concerned work-order number, Date and Project-Number of NICSI) in the name of National Informatics Centre Services Incorporated, New Delhi along with relevant supporting documents. Payment will be made only upon submission of the Bill along with all the completed documents. An invoice will contain the items ordered under one Purchase Order only. Bill / Invoice shall not be combined for more than one purchase order.
- 5.2 Payment shall be done as per Payment Terms for Delivery of Devices.
- 5.3 Payments shall be subject to deductions of any amount for which the supplier is liable under the empanelment or tender conditions. Further all payments to agency will be made subject to deduction of applicable penalty and TDS (Tax deduction at Source) as per the income Tax Act, 1961, and other taxes, if any, as per Government of India rules
- 5.4 Any delay beyond the delivery and installation schedule as per purchase order will render the Vendor liable for penalty at the rate as mentioned in this tender document.
- 5.5 Penalty will also be charged in case of failure in providing Maintenance support during warranty period.
- 5.6 In case the submission of bills to NICSI, along with the necessary documents, is delayed by the agency beyond 30 days from the date of issue of bill, the entire liability towards payment of interest/penalty to the tax authorities would be on the cost of respective agencies. The entire amount will be deducted from the payment due to respective Vendor.
- 5.7 All the Vendors/Channel Partners should raise their bills in the name of National Informatics Centre Services Incorporated, New Delhi. However, the ordered items should be delivered to the user locations as per the Purchase Order by the Supplier, after Stock Entry and billing at NICSI Headquarters.
- 5.8 All payments will be made through RTGS only.

Payment Terms for Delivery of Devices**A. Payment Schedule**

S. No.	Project Activity/ Scope of Work	Deliverables	Payment
1.	Supply of items	Delivery Certificate	80%
2.	Installation and Integration	Installation Certificate	20%
3.	AMC	AMC certificate	Quarterly

B. For payment on Item Delivery:

- The Vendor will deliver the items at designated locations as per the purchase order and obtain signature with date and stamp on Delivery Proof (s) of the concerned user.
- The Vendor will submit a copy of Proof of Delivery along with the bill duly signed by the NIC/NICSI/User Department Project Coordinator, with his name, date of delivery, designation and office seal, legibly recorded.
- The Vendor will submit the bills & delivery certificate to the NICSI Head Quarters, New Delhi.

C. For payment on Item Installation:

- Vendor has to install the ordered items and will prepare installation report for each location as per the purchase order and get it signed by the concerned User/Officer In-charge or his/her authorized person/officer.
- The Vendor will submit all installation reports, to NICSI Headquarters, New Delhi.
- In the case of Vendor unable to bring installation report even after 180 days of delivery and there is no written complaint from the User about the System Installation, it will be assumed that the installation is complete and the bills will be processed.

6. PENALTY Terms

S. No	Activity	Rate
i.	Devices Supply, Installation and Commissioning	Any unjustified and unacceptable delay in delivery, installation and commissioning schedule will render the agency liable for liquidated damage at the rate of 0.1% (point one percent) of the purchase order value per day for first 10 days, 0.2%(point two percent) per day for next 10 days, 0.3% (point three percent) per day for next 10 days, subject to maximum 30 days in total. After that the purchase order may be cancelled. NICSI will have option to get it done through alternate sources, the cost of supply, installation or commission on such default shall be recovered from agency from its outstanding payment or BG/ Security Deposit

ii.	Maintenance during warranty/AMC period	Under warranty support, penalty per day per equipment at the rate of 0.2% (point two percent) of the purchase value of the equipment. Maximum penalty will be limited to 10% of the purchase order value. If system remains down beyond 10 days, the devices should be replaced with new one with same or higher specification as empanelled. Failure to replace the device within 5 days will attract an additional penalty of 0.2% of PO value per day subjected to maximum of 5 (five days). Beyond this, NICSI will have an option to get it rectified/ procured through alternate sources. The cost of repair/ procurement along with applicable penalty will be settled from the security deposit submitted by the vendor.
iii.	In case of delays beyond 30 days, for reasons solely attributable to the agency, NICSI reserves the right to cancel the purchase order and levy purchase order cancellation charges at 10% of purchase order value.	
iv.	For three consecutive cases of cancellation of work orders on account of delays by the agency, NICSI reserves the right to either invoke the termination Clause or terminate the Contract altogether	
v.	NICSI also reserves the right to invoke the Security Deposit furnished by the Selected Agency at the time of signing the Contract with NICSI, if for any reason of default stated in the tender, the Contract of the Selected Agency is terminated	

Part-III

7. TECHNICAL SPECIFICATION OF THE DEVICES

A. Casing

- i. The rugged casing should be inflexible, durable and any other tough material of at least 5mm thickness with black and the like colors to withstand daily usage.
- ii. The casing should not suffer any damage or disfiguration on being dropped from a height of up to 2 meters. Display screen can be vertically/horizontally oriented in the casing.
- iii. The casing should be designed to cover/hide android taskbar of the tablet, to prevent misuse of any other functionality.
- iv. The casing should have provision to access the power/reset button of the tablet. The access should be easy but controlled. The Vendor should make arrangements to provide an external tool to perform the power on/off and/or reset function of the tablet through the casing.
- v. The fingerprint scanner should be ergonomically placed to support ease of usage for biometric attendance in standing posture of the users.
- vi. Inbuilt replaceable battery with min. battery backup of up to 120 minutes. Charging/operation on AC 100-240 volt range with inbuilt surge protection.

B. Connectivity

- i. Mandatory Edge/3G/4G mobile data support.
- ii. Both Wi-Fi IEEE 802.11b/g/n and LAN (Ethernet) interface are mandatory.

C. Operating system

- i. Should be un-rooted and Safety Net passed (As per UIDAI Guidelines)
- ii. Or Android 4.4 OS or above (1.0 GHz Processor or above) for Tablets

- iii. Or Linux OS 4.4.12 or above (800 Mhz ARM Cortex A8 Processor or above) for Tablets
- iv. Or Windows 7.0 and above (for Desktop Devices)

D. Software

- i. Full featured Web Browser
- ii. STQC certified Single Finger-print biometric device for Aadhaar Authentication with driver, in-built template extractor software/SDK (mandatorily with license, if required)
- iii. API/SDK for Android (4.4.2 or above) platform.
- iv. Should be a plug & play device needless for any additional license deployment.
- v. The device should have integrated micro USB or standard USB type connector.

E. Tablets / Wall mount Devices

- i. RAM 1GB or above with Built-in Storage 4GB or above
- ii. Integrated STQC Certified finger print scanner
- iii. Expandable storage through micro SD, minimum 8 GB in Android/4 GB in Linux
- iv. USB Port- Minimum one Micro USB port and an optional additional USB Port
- v. Front facing Camera with VGA resolution (if any)
- vi. Built-in Speakers, Mic Earphone 3.5 mm jack
- vii. 3.5" or above TFT LCD for Android with Capacitive touch screen, 1024X600. For Linux 3.5" or above.
- viii. Ethernet LAN port with RJ45 for wired LAN 802.3. USB circuits can be used for Ethernet Port
- ix. Wi-Fi wireless LAN 802.11b/g/n
- x. GSM 3G/ 4G Data SIM card slot/GPRS Dongle/GPS
- xi. SAR (radiation values) within acceptable range as per Indian Standards
- xii. Battery 2500 mAH or above (120 mins)/ External UPS/ POE (Power over Ethernet)
- xiii. Separate charging non-USB port with AC adapter 200-240 volt range
- xiv. Wall mount rugged attractive casing with ABS

F. Desktop Devices

- i. STQC certified single finger-print biometric device for Aadhaar Authentication and extractor software/SDK (STQC Certificate must be submitted).
- ii. API/SDK for Windows (7.0 and above) platform.
- iii. Device should be plug & play with any Windows (7.0 and above) without need of any additional license to be deployed.
- iv. The device should have integrated USB 2.0 type connector.
- v. Device must come with connector cables to allow connection of the device to Micro USB and Standard USB ports

G. Iris Devices

- i. STQC certified single finger-print biometric device for Aadhaar Authentication and extractor software/SDK (STQC Certificate must be submitted).
- ii. API/SDK for Windows (7.0 and above) platform.

- iii. Device should be plug & play with any Windows (7.0 and above) without need of any additional license to be deployed.
- iv. The device should have integrated USB 2.0 type connector.
- v. Device must come with connector cables to allow connection of the device to Micro USB and Standard USB ports.

Note: The vendor must provide all necessary technical support for integration of device drivers with attendance software and associated UIDAI applications.

Part-IV

8. GENERAL TERMS & CONDITIONS

CONDITIONS

- 8.1 All terms and conditions governing prices and supply given above, as applicable to NICSI, will be made equally applicable to NIC.
- 8.2 In the event of an selected agency or the concerned division of the company being taken over /bought over by another company, all the obligations and execution responsibilities under the agreement with the NIC/NICSI, should be passed on for compliance by the new company in the negotiation for their transfer.
- 8.3 Vendors agrees with NICSI for honoring all aspects of fair trade practices in executing the work orders placed by NICSI.
- 8.4 The selection and work awarded under this tender is not assignable by the selected agency. The selected agency shall not assign its contractual authority to any other third party. The agency should not assign or sublet the work or any part of it to any other agency in any other form than defined in this tender. If found doing so, shall result in termination of contract and forfeiture of Security Deposit.
- 8.5 In case the selected agency is found in breach of any condition(s) of tender or work order, at any stage during the course of services or warranty period of devices, the legal action as per rules/laws, shall be initiated against the Vendor and EMD/Security Deposits shall be forfeited, besides being liable to be debarred and blacklisted for at least three years, for further dealings with NICSI.
- 8.6 No commitment of any kind, contractual or otherwise shall exist unless and until a formal written contract has been executed by NICSI. Any notification of preferred Vendor status by NICSI shall not give rise to any enforceable rights by the Vendor. NICSI may cancel this tender/empanelment at any time prior or after the empanelment being executed by NICSI.
- 8.7 NICSI may use this tender for executing any projects anywhere in India during the validity of this tender.
- 8.8 NICSI, without assigning any reason can reject any tender(s), in which any prescribed condition(s) is/are found incomplete in any respect and at any processing stage. The selected agency should not use NICSI empanelment to take orders directly from any other departments. Doing so will result in cancellation of empanelment and

forfeiture of Security Deposit and the Vendor will be debarred from participating in any NICSI Tender for at least three years.

- 8.9 The decision of NICSI arrived during the various stages of the evaluation of the bids is final & binding on all vendors.
- 8.10 Printed/written conditions mentioned in the tender bids submitted by vendors will not be binding on NICSI.
- 8.11 Upon verification, evaluation / assessment, if in case any information furnished by the vendor is found to be false/incorrect, their total bid shall be summarily rejected.
- 8.12 NICSI will not be responsible for any misinterpretation or wrong assumption by the vendor, while responding to this tender.
- 8.13 NICSI may by written notice sent to the vendor; terminate the work order and/or the contract, in whole or in part at any time of its convenience. The notice of termination will specify that termination is for NICSI's convenience, the extent to which performance of work under the work order and /or the contract is terminated, and the date upon which such termination becomes effective. NICSI reserves the right to cancel the remaining part and pay to the selected vendor the amount for partially completed Services.
- 8.14 During the contract period, if any product becomes end of life, the selected agency must ensure that an equivalent or better product is offered to NICSI. Due to any unavoidable circumstances, if the vendor is not in a position to execute future orders, NICSI should be intimated the same with convincing justifications, at least three months in advance. NICSI will conduct independent enquiry about such claims and the availability of equivalent/better product. The decision arrived at by NICSI in such matters will be final. If the inability shown by the Vendor is only due to some financial/technical reasons, such requests will not be considered. However for all cases in which the User Department has transferred fund to NICSI for procurement, the Vendor must supply equivalent or better product to fulfill NICSI's obligation to the User Department. Any failure to adhere to this will result in forfeiting the Security Deposit and debarring the Vendor from participating in NICSI tenders for minimum three years.
- 8.15 The vendor shall be solely responsible for discharge of all the legal obligations/ statutory requirements under various labour legislations as may be in force from time to time so far as the workmen engaged by him for this work are concerned. Such engaged manpower or the vendor will have no right or claim of any kind from NICSI or its clients.
- 8.16 Staff of the agency must carry Identity card issued by the agency while on duty at NICSI or client site. Be it private or public areas, the employees are to be frisked/ checked by the security personnel, both while entering and leaving the premises
- 8.17 NICSI will not reimburse any amount towards Provident Fund, Employees Insurance or Bonus or any other funds/contribution in the scheme which Government may make it mandatory or introduced in future. These issues must be settled between the

empanelled agencies and the manpower engaged by them from time to time as per the government rules and regulations.

- 8.18 The responsibility of fulfilling the requirements of EPF, ESIC and other allowances of the engaged manpower shall be of the empanelled agency. NICSI or its clients shall remain indemnified of any conflict of such nature arising between the agency and its employees. NICSI may ask the empanelled agency to submit documentary proofs of such nature as and when need arises.
- 8.19 Outsourcing/Consortiums/Sub-contracting is not allowed for the purpose of participating in this RFP.
- 8.20 The selected agency should not use NICSI empanelment to take orders directly from any other departments. Doing so will result in cancellation of empanelment and forfeiture of Security Deposit and the Vendor will be debarred from participating in any NICSI Tender for at least three years.

9. PRICE VARIATION CLAUSE

- 9.1 During the validity of the empanelment including the extended period, if any, if the Vendor quotes, sells or exhibits written intention to sell any empanelled item of the same or equivalent configuration/specification to any other Department/Organization at a price lower than the price fixed for NICSI under same terms and conditions as defined in this tender, the Vendor shall voluntarily pass on the price difference to NICSI. The effective date will be date of selling / intent to sell at lower rate.
- 9.2 In the event of lowering of government levies subsequent to the finalization of the panel, the vendor shall automatically pass on the benefits to NICSI, and in the event of increasing of government levies subsequent to the finalization of the panel; NICSI shall consider the case on merit and the pro-rata benefits to the Vendor may be considered if full reference with documentary evidence is submitted.
- 9.3 During the validity of the empanelment including the extended period, if any, in case NICSI notices **that the market rates have come down** from the time the rates were finalized or selection of new system configuration based on market trends or for the reasons of technological changes, NICSI may ask the **technically qualified** vendors to re-quote the prices and the Vendor(s) will be selected on the basis of financial evaluation procedure given earlier. All those technically qualified vendors, whose EMD have been returned by NICSI during/after the evaluation of the tender, will have to submit the EMD of the same amount along with the revised price quotations. The time gap between such re-quotes/revision of rates will be as per tender document.
- 9.4 **Exchange Rate Fluctuation:** Vendor will submit the foreign exchange rate (USD) applicable on bid submission date, as given on the RBI website (if applicable as per financial bid format). The foreign exchange rate published at RBI site on the last day of bid submission (closing rate) will be recorded as the reference rate. The request by empanelled Vendors for rate revision due to the fluctuation in foreign exchange rate (USD), will be considered only when the fluctuation is more than 10% of the defined reference value. Method of rate revision due to above fluctuation is given below. If the fluctuation is downwards, NICSI will revise price downwards as per the defined method.

The following method shall be adopted for Exchange Rate Variation Calculation

B₁ = Base Rate, as per RBI website as of last date of bid submission
 B₂ = Current Rate, as of date when calculation of payment to be processed.
 FC = Foreign Currency Component (in %)
 L₁ = Empanelment Rate before Exchange Rate Variation,
 $ERV = \{[(B_2 - B_1)/B_1] \times FC\% \times L_1\}$

For example:

- Foreign Exchange of INR 60/\$ is assessed from RBI website (closing rate) during financial evaluation and is finalized as Base Rate.
- During issuance of PI, it is assessed that foreign exchange rate is INR 66/\$ (i.e. +10%).
- Base rate "B₁" will now shift from INR 60/\$ to INR 66/\$ for all calculation purposes.

Note: Base Rate "B₁" changes as-and-when a variation of $\pm 10\%$ is assessed during issuance of PI or as indicated by the rate revision committee.

- 9.5 For subsequent revisions, the rate revision committee will record the foreign exchange rate applicable on the finalization date. In such cases, NICSI will take decision of giving complete / partial benefit of the variation by examining other existing similar government empanelment and prevalent market rates. NICSI may also invite revised financial bid from technically qualified vendors (if number of such vendors is more than two) and empanelment size will be reduced to at most two Vendors Decision of NICSI in this regard will be final and no representation of any kind will be entertained.

10. Award of Work

- 10.1 NICSI has the right to choose any subset of the tendered items for placement of purchase/work orders.
- 10.2 NICSI will be free to allocate the work to any of the empanelled Vendors or to an agency of User Department's choice.
- 10.3 In case Work Orders are placed on more than one agency, the distribution of work orders will be at the sole discretion of NICSI or the User Department.
- 10.4 Work/Purchase order will be placed on the empanelled Vendor (or partner) in hardcopy format or in softcopy mode either through e-mail containing the scanned copy of the Purchase Order or an alert through e-mail for downloading the Purchase Order.
- 10.5 Objection, if any, to the Purchase Order must be reported to NICSI by the supplier within Seven (7) working days counted from the Date of Purchase Order for modifications, otherwise it is assumed that the supplier has accepted the Purchase Order in totality. This is applicable in case of electronic publishing/delivery of Purchase Order also.

- 10.6 After receiving the Purchase Order, amendment if any, is requested by the supplier or done by NICSI, the timelines of the work/purchase order shall be from the amendment date and not from the original Purchase Order date.
- 10.7 Subsequent to the issue of Purchase Orders, the supplier shall collect necessary related documents (copy of final Pro-forma Invoice from NICSI issued in the name of user-department) from NIC/ NICSI/End User for getting State Entry/Road Permit (wherever required) for complete, safe and timely delivery of the ordered products

11. Stock Entry and Billing to End User

- 11.1 The suppliers will have to raise their invoices from New Delhi in the name of NICSI New Delhi, for all NICSI procurements. In case of NICSI direct procurement tender clause 14 will not be applicable.
- 11.2 After carrying out the Acceptance Testing, the supplier will have to submit its invoice/bill and the copy of the Acceptance test report/Certificate at NICSI Stores at New Delhi, so that NICSI can book the purchase and issue their Sale-Invoice in the name of user-department.
- 11.3 For all NICSI procurements under projects, after collecting the Sale-Invoice from NICSI, the supplier has to ensure the safe and onward transportation of the items from NICSI store /Delhi to the end user location at their own responsibility and expenditure. The Supplier is responsible for safe and secure delivery and installation of these items at user location(s). The supplier may use the insurance policy of NICSI for getting the item insured for safe delivery and settle the claim, if any, directly with insurer. NICSI may issue NOC in favor of supplier if needed for settling the claim.

12. Acceptance Testing, Delivery and Installation

- 12.1 The items must be supplied in full as per ordered configuration for acceptance testing.
- 12.2 Vendor shall preload the BAS client application in the ordered devices, wherever applicable.
- 12.3 No item with short supply or alternate product with different technical specifications shall be taken up for acceptance testing under any circumstances. The supplier must ensure the availability of ordered items/spares in their stock before accepting the purchase order. The acceptance tests will include the verification of specification of ordered item, functional testing and reliability test, running of the evaluation test as conducted during technical evaluation of the items quoted by vendor. The systems must give same performance results as shown during initial Technical Evaluation tests. In case of urgent user requirement, the process of acceptance testing may be relaxed to successful installation of equipment at customer site. In such cases user/project manager's request is mandatory.
- 12.4 The offered items, in addition to meeting the evaluation tests, should also contain the same subsystems (Brand/Manufacturer) as were given at the time of initial evaluation tests.
- 12.5 Failure to fulfill any of the aforementioned conditions will entail cancellation of the Purchase Order along with forfeiture of the Security Deposit/Performance Bank Guarantee. Further, NIC/NICSI can procure same items from alternate sources at the risk and cost of the defaulting vendor.

- 12.6 During empanelment period, if any item's specifications / model changes & becomes non-available due to obsolescence/ up-gradation of technology, vendor within already approved cost may offer the item with equivalent or having better features in terms of performance and specifications. The item should be offered to NICSI for evaluation with full configuration at least one month prior to the acceptance testing date. The item(s) so offered will be evaluated at NICSI /any other site as decided by NICSI for its acceptance. The vendor should provide detailed technical documents and technical manpower support so as to enable NICSI to carry out the evaluation process again on the new item. In evaluating such change request, only the tender specification will be referred. In the case of main components, any change in the empanelled configuration due to technological up-gradation/ non-availability will be permitted by equivalent/better item of the same OEM. If no equivalent product meeting tender specification is available with that OEM, a communication from the OEM is mandatory in this regard before offering product of a different OEM.
- 12.7 The tentative schedule for conducting of acceptance testing shall be provided along with comprehensive material details by supplier within 15 working days from the date of purchase order to NICSI, so that all the related documentation work by NICSI could be completed and tested products can be delivered and installed within the stipulated time frame as per purchase order.
- 12.8 The testing of items must be generally completed as specified in the purchase order before the delivery date as per purchase order.
- 12.9 Normally, testing and acceptance of the Systems will be done at the Factory premises/Testing Lab of the Vendor/Authorized Partner, or at NIC/NICSI Headquarters in India (as the case may be) or any other premises in India or abroad suggested by supplier where it will be tested as per ordered specifications where representatives from supplier and NIC/NICSI will be present. The testing location/premises must be suitable/ agreeable to NIC/NICSI.
- 12.10 NIC/NICSI reserves the right to reject any item, if found unsuitable and /or not conforming to the approved specifications. The rejected items, if any, shall have to be taken back and replaced by good items forthwith at the cost of the vendor. No payment will be made for rejected items.
- 12.11 The items which are accepted after testing should be sealed inside carton under the joint signatures of the representative(s) of NIC/NICSI and supplier's representative and then sent along with the packing list giving serial numbers and part numbers of all possible Items and copy of the acceptance test report to the specific location or to the actual sites of installation. The top cover of the carton must have a label carrying the complete NIC/NICSI Purchase Order Number, supplier's bill number and Delivery location.
- 12.12 A sticker mentioning the Service Support Call Centre Number of the vendor and warranty details should be pasted by vendor on each box.
- 12.13 For a product becoming end of life, it is the responsibility of the empanelled vendor to get the replacement product approved pro-actively. If there is no replacement product available, the same has to be communicated to NICSI with justification from OEM, at least three months in advance so that NICSI do not quote rate for such product to users. For all such cases where either NICSI has issued Pro-forma Invoice (PI) or the fund has come to NICSI from user departments, the vendor will supply Systems, if necessary with higher configuration at the empanelled rates. If the vendor fails to follow the above requirement, Security Deposit of that vendor will be forfeited and empanelment may be cancelled. If the vendor follows the procedure of intimating NICSI well in advance about the non-availability with proper documentary evidence, the empanelment can be kept in suspension till a suitable and equivalent product is approved by NICSI. However, for any pending POs such relaxation will not be applicable. All aspects of safe delivery shall be the exclusive responsibility of the vendor. The schedule to be given for delivery at site is to be strictly adhered to in view of the strict time schedule for implementation of various Projects. Proof of

Delivery as per the format provided in Annexure-4: Delivery and Installation duly signed by the NIC/ NICSI Project Coordinator/User Department, should reach NIC/NICSI Head Quarters (as the case may be), New Delhi within 4 weeks of the delivery. All aspects of safe delivery shall be the exclusive responsibility of the vendor. The schedule to be given for delivery at site is to be strictly adhered to in view of the strict time schedule for implementation of various Projects. Proof of Delivery as per the format duly signed by the NIC/ NICSI Project Coordinator/User Department, should reach NIC/NICSI Head Quarters (as the case may be), New Delhi within 4 weeks of the delivery.

- 12.14 At the destination site, the cartons will be opened only in the presence of authorized person/user and vendor's representative.
- 12.15 Supplier must apply to the respective authority for issue of road permit /e-waybill well in time. Necessary documents needed for applying for Road Permit will be collected by the vendor from NIC/NICSI/End User immediately on getting the Purchase Order from NIC/NICSI. If after proper and timely communication with the User Department, there is any delay in the issuance of road permit, the vendor will be entitled to get appropriate extension for delivery period provided that the acceptance testing was done and complete material was ready for dispatch 7 days before the due date of delivery as specified in purchase order.
- 12.16 Delays on account of getting relevant permits shall not make vendor eligible for waiver of penalties.
- 12.17 In case any discrepancy with regard to sign, stamp or date etc on the delivery certificate, a mail from concerned user/NICSI Coordinator/NIC user may be treated as delivery challan.
- 12.18 The vendor shall provide equipment manual and User manual along with each equipment, even if more than one equipment is ordered for a single location.

13. **LIMITATION OF LIABILITY**

- a) Neither Party shall be liable to the other Party for any indirect or consequential loss or damage (including loss of revenue and profits) arising out of or relating to the Contract.
- b) Except in the case of Gross Negligence or Willful Misconduct on the part of the selected agency or on the part of any person acting on behalf of the selected agency executing the work or in carrying out the Services, the Selected Agency, with respect to damage caused by the Selected Agency including to property and/or assets of NICSI or its clients shall regardless of anything contained herein, not be liable for any direct loss or damage that exceeds (A) the Contract Value or (B) the proceeds the Selected Agency may be entitled to receive from any insurance maintained by the Selected Agency to cover such a liability, whichever of (A) or (B) is higher. For the purposes of this Clause, "Gross Negligence" means any act or failure to act by a Party which was in reckless disregard of or gross indifference to the obligations of the Party under the Contract and which causes harmful consequences to life, personal safety or real property of the other Party which such Party knew, or would have known if it was acting as a reasonable person, would result from such actor failure to act. Notwithstanding the foregoing, Gross Negligence shall not include any action taken in good faith for the safeguard of life or property. "Willful Misconduct" means an intentional disregard of any provision of this Contract which a Party knew or should have known if it was acting as a reasonable person, would result in harmful consequences to life, personal safety or real property of the other Party but shall not include any error of judgment or mistake made in good faith.
- c) This limitation of liability slated in this Clause, shall not affect the Selected Agency's liability, if any, for direct damage by Selected Agency to a Third Party's real property, tangible personal property or bodily injury or death caused by the

Selected Agency or any person acting on behalf of the Selected Agency in executing the work or in carrying out the Services.

14. INDEMNITY

- I) The Selected Agency shall indemnify NICSI from and against any costs, loss, damages, expense, claims including those from third parties or liabilities of any kind howsoever suffered, arising or incurred inter alia during and after the Contract period out of:
 - a. Any negligence or wrongful act or omission by the Selected Agency or any third party associated with Selected Agency in connection with or incidental to this Contract or;
 - b. Any breach of any of the terms of this Contract by the Selected Agency, the Selected Agency's Team or any third party
 - c. Any infringement of patent, trademark/copyright arising from the use of the supplied goods and related services or any party thereof
- II) The Selected Agency shall also indemnify the Purchaser against any privilege, claim or assertion made by a third party with respect to right or interest in, service provided as mentioned in any Intellectual Property Rights and licenses.
- III) NICSI/User department stand indemnified from any employment claims that the hired manpower / agency's manpower may opt to have towards the discharge of their duties in the fulfillment of the work orders.
- IV) Each party also stands indemnified from any compensation arising out of accidental loss of life or injury sustained by such party's manpower while discharging their duty towards fulfillment of the purchase orders caused by the negligence or willful misconduct of the other Party or its agents and representatives.

15. Confidentiality and Security

- i. The selected agency and their personnel will not, either during the term or after expiration of this contract, disclose any proprietary or confidential information relating to the services, contract or business or operations of NICSI or its clients without the prior written consent of NICSI or the concerned User Department.
- ii. The agency will ensure that no information about the software, hardware, and database, the policies of NICSI/User Department is taken out in any form including electronic form or otherwise, from the client site by the manpower posted by them.

16. FORCE MAJEURE

If at any time, during the continuance of the empanelment, the performance in whole or in part by either party of any obligation under the empanelment is prevented or delayed by reasons beyond the control of a party such as war, hostility, acts of public enemy, civil commotion, sabotage, fires, floods, explosions, epidemics quarantine restrictions, strikes, natural calamities, lockouts, acts of state or acts of God

(hereinafter referred to as "events"), provided notice of happenings of any such event is duly endorsed by the appropriate authorities/chamber of commerce in the country of the party giving notice, is given by party seeking concession to the other as soon as practicable, but within 21 days from the date of occurrence and termination thereof, neither party shall, by reason of such event, be entitled to terminate the empanelment/contract, nor shall either party have any claim for damages against the other in respect of such nonperformance or delay in performance, and deliveries under the empanelment/contract shall be resumed as soon as practicable after such event has come to an end or ceased to exist, provided further, that if the performance in whole or in part or any obligation under the empanelment is prevented or delayed by reason of any such event for a period exceeding 60 days, NICSI may at its option, terminate the empanelment. Neither Party shall be liable for any failure or delay in the performance of its obligations under the contract or Work Orders hereunder to the extent such failure or delay or both is caused, directly, without fault by such Party, by reason of such event. NICSI shall however, be responsible to pay the empanelled Vendor for the services successfully rendered to the satisfaction of NICSI/user department under the work orders/ purchase orders issued pursuant to the contract.

17. TERMINATION OF CONTRACT

- I. NICSI may, terminate this Empanelment/Work Order by giving the Selected Agency a 30 (Thirty) days prior and written notice indicating its intention to terminate the Contract under the following circumstances:
 - i. NICSI is of the opinion that there has been such event of default on the part of the Selected Agency which would make it proper and necessary to terminate this Contract and may include failure on the part of the Selected Agency to respect any of its commitments with regard to any part of its obligations under this Contract.
 - ii. The Selected Agency has failed to commence the provision of Services, or has without any lawful excuse under these conditions suspended the work for 30 consecutive days.
 - iii. Where it comes to NICSI's attention that the Selected Agency is in a position of actual conflict of interest with the interests of the Purchaser in relation to any of Terms and Conditions of the Contract or has without authority committed breach of Terms of the Contract in best judgment of NICSI.
 - iv. In the event of the quality of Temporary Staffing Personnel and/or services as per the Scope of Work under the Contract with NICSI not found acceptable by NICSI/User Department.
 - v. The Selected Agency has neglected or failed to observe and perform all or any of the terms acts, matters or things under this Contract to be observed and performed by it.
 - vi. The Selected Agency has acted in any manner to the detrimental interest, reputation, dignity, name or prestige of NICSI.
 - vii. The Selected Agency has been declared insolvent/bankrupt.

II. Consequences of Termination



- i. NICSI shall have the right to carry out the unexecuted portion of work either by itself or through selecting other Empanelled Agency.
- ii. In the event of termination of this Contract, NICSI shall be entitled to impose any such obligations and conditions and issue any clarifications as maybe necessary to ensure an efficient transition and effective business continuity which the Selected Agency shall be obliged to comply with.
- iii. In the event that the termination of this Contract is due to the expiry of the Term of this Contract, a decision not to grant any (further) extension by NICSI, or where the termination is prior to the expiry of the stipulated term due to the occurrence of any event of default on the part of the Selected Agency, the Selected Agency herein shall be obliged to provide all such assistance to the successor or any other person as may be required by NICSI.
- iv. Where the termination of the Contract is prior to its stipulated term on account of a default on the part of the Selected Agency or due to the fact that the survival of the Selected Agency as an independent corporate entity is threatened/has ceased, NICSI shall pay the Selected Agency for that part of the Services which have been authorized by NICSI and satisfactorily performed by the Selected Agency up to the date of termination. Without prejudice any other rights, NICSI may retain such amounts from the payment due and payable by NICSI to the Selected Agency as may be required to offset any losses caused to NICSI as a result of any act/omissions of the Selected Agency.
- v. NICSI may take possession of the works and all deliverables of the Selected Agency and use or employ the same for completion of the work or employ any other Selected Agency or other person or persons to complete the works. The Selected Agency shall not in any way object or interrupt or do any act, matter or thing to prevent or hinder such actions, other Empanelled Agencies or other persons employed for completing and finishing or using such deliverables.
- vi. When the Contract is terminated by NICSI for all or any of the reasons mentioned above, the Selected Agency shall not have any right to claim compensation on account of such termination.

18. Dispute Resolution

The Vendor and NICSI shall endeavor their best to amicably settle, by direct negotiation, all disputes arising out of or in connection with the empanelment.

In case any dispute between the Parties, does not settle by negotiation, the same may be resolved exclusively by arbitration and such dispute may be submitted by either party for arbitration. Arbitration shall be held in New Delhi and conducted in accordance with the provisions of Arbitration and Conciliation Act, 1996 or any statutory modification or re-enactment thereof. Each Party to the dispute shall appoint one arbitrator each and the third to be appointed by the Department of Information Technology, Government of India.

The "Arbitration Notice" should accurately set out the disputes between the parties, the intention of the aggrieved party to refer such disputes to arbitration as provided herein, the name of the person it seeks to appoint as an arbitrator with a request to the other party to appoint its arbitrator within 45 days from receipt of the notice. All notices by one party to the other in connection with the arbitration shall be in writing and be made as provided in this tender document.

Each Party shall bear the cost of preparing and presenting its case, and the cost of arbitration, including fees and expenses of the arbitrators, shall be shared equally by the Parties unless the award otherwise provides. The Vendor shall not be entitled to suspend the Service/s or the completion of the job, pending resolution of any dispute between the Parties and shall continue to render the Service/s in accordance with the provisions of the Contract/Agreement/Empanelment notwithstanding the existence of any dispute between the Parties or the subsistence of any arbitration or other proceedings.

19. APPLICABLE LAW

The empanelment/work-order(s) will be governed by the laws and procedures established by the Govt. of India within the framework of applicable legislation and enactment made from time to time concerning such commercial dealings/processing. All disputes in this connection shall be settled in Delhi jurisdiction only.

Any other clauses not specifically mentioned in this Empanelment, but were part of the terms and conditions of the tender no. NICSI/End Point Terminal for BAS/2018/07 shall ipso facto be applicable to this empanelment.

You are requested to acknowledge receipt of this letter immediately and submit a signed copy of each and every page of this letter within seven days (7 days) from the date of the issue this letter as your acceptance of this empanelment letter along with all the terms and conditions. You are also requested to submit the security deposit as per tender terms and condition within 7 days.

Yours faithfully,

(J.B. Singh)

Management Consultant-Tender

Copy to: -

1. HOD, Tender Process Section, NIC, New Delhi
2. Project Coordinators, NICSI, New Delhi
3. Account Section, NICSI, New Delhi
4. Project Coordinators NIC/NICSI, New Delhi
5. Company Secretary, NICSI, New Delhi
6. Guard File

*****END*****

दूरभाष / Phone : 25367033/35/36/37/41

25366650, 1800111154

ई-मेल/ E-mail : admin@nmc.org.in

वेबसाइट/ Website : www.nmc.org.in

पॉकेट - 14, सेक्टर-8, द्वारका

फेस-1, नई दिल्ली-110077-

Pocket- 14, Sector- 8, Dwarka,

Phase - I, New Delhi-110077

राष्ट्रीय आयुर्विज्ञान आयोग

National Medical Commission
(Administration Section)

File No. NMC/DS(NMC)/Misc/2022-406

Dated the 27th July, 2022ADVISORY

Sub:- To install cameras in Medical Colleges - Regarding.

All Medical Colleges and Institutions are hereby advised to install cameras in their institute premises at the following prescribed places with suggested numbers of cameras:-

Sr. No.	Prescribed Places for Camera Installation	Prescribed Numbers of Cameras to be installed
1	Main Entrance of the Hospital & College	1
2	Patient Registration Counter	2
3	OPDs (depending upon number of OPDs in the college); It should cover the Medicine OPD, Surgical OPD, Gynaecological OPD, Paediatrics OPD, Ortho OPD etc.	5
4	Pre anesthesia area and recovery area in the operation theatre complex	2
5	Faculty Lounge and Attendance marking area	2
6	All 5 Lecture Theatres	5
7	Anatomy Dissection Hall	1
8	Physiology Lab/Bio Chemistry UG Labs	2
9	Patho and Micro Biology Labs	2
10	Pharmacology Lab	1
11	Patient Attendant waiting area	1
12	Emergency and Casualty Ward	1
	Total	25

2. Suggesting specifications of the cameras to be installed are as under:-

- DVR with High Procession Power, with networking for remote accessibility, recommended with 16 channels
- CCTV cameras with 4K resolution

(Dr. Suresh Chandra Sharma)
Chairman, NMC

27.7.2022

दूरभाष/ Phone : 25367033/35/36/37/41
25366650,1800111154
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पॉकेट-14, सेक्टर-8, द्वारका,
फेस-1, नई दिल्ली - 110077
Pocket- 14, Sector- 8, Dwarka,
Phase - 1, New Delhi-110077

राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission

F.No. D-130024/07(3)/2022/NMC/DMMP

Date: 27th Aug, 2022

To,

The Directors/Principal/ Deans
All the Govt./Private Medical Colleges/
Medical Colleges of Deemed Universities
All States & UTs

Sub: Clarification regarding the installation of CCTV cameras in Medical Colleges - regarding.

Dear Madam/Sir,

I am directed to refer to NMC's **ADVISORY** no. NMC/DS(NMC)/Misc/2022/406 dated 27.7.2022 (copy enclosed) on the subject mentioned above. A lot of queries were being received in the NMC seeking clarifications regarding CCTV installation/infrastructure. Based on the same, the Medical Colleges are required to follow the following specifications for smooth functioning/integration of CCTV:

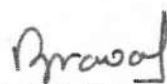
- i. The Camera should be on if the compliant IP is ready.
- ii. MCs may use NVR for local storage and can send the feed to NMC CCC through MCs router provided by local internet service provider. In case MCs want to share feed directly to NMC CCC through local switch and Internet service provider router without local storage on NVR then such cases Camera should be with minimum 3 days full storage.
- iii. Based on the service availability, performance and reliability, Colleges may use existing bandwidth (MPLS or ILL). For any future bandwidth requirement, NMC will inform the colleges.
- iv. The Colleges do not have to purchase any analytics software.
- v. For procurement of CCTV cameras and other related infrastructure required at the college's end, they may choose their approved procurement rule/channel.
- vi. 2K onvif compliant camera may also fulfill the requirement except at Lecture Hall where 4K Camera must require. Positioning of the camera is equally important.

[Signature]

Page 1 of 2

- vii. Once the camera and associated LAN infrastructure will be ready, colleges will request NMC to provide an IP pool. IP pool will be provided by the NMC only.
 - viii. For connectivity colleges either can use their existing LAN or create a separate VLAN to segregate the traffic and transfer the data via a router or need to purchase a 24-port L2 switch and connect directly with the college router. This switch is in addition to the existing 8-port CISCO switch supplied under the DMMP-II project
 - ix. College having multiple standalone buildings can either connect all the building LAN to a particular point may be a NOC room and that connects to a router or may provision a separate router for each building and drop the ISP connectivity directly to the respective building.
 - x. For further clarification please write to director.nmc@nmc.org.in
2. All Medical colleges have to follow the aforementioned guidelines/specifications while installing the CCTV.
3. This issues with the approval of the Competent Authority.

With Regards,


(Pankaj Agrawal)
Director, NMC

Copy forwarded for necessary information and action to:

- 1. The ACS/Principal Secretaries/Secretaries, Deptt. of Medical Education of all States/UTs
- 2. DME of all States/UTs
- 3. PPS to Hon'ble Chairman, NMC

Pro-Forma for Display of Information on the College Website

The Following Details are mandatory to be filled up by the Medical College and displayed on their website (once entered should be updated without removal of data)

S No.	Information of the medical college/institution Year of Inception: Government/private:	
1.	Name	
2.	Address with pin code	
3.	University address with pin code	
4.	Official website	
5.	Dean/ Principal/ Director	
6.	Mobile Number	
7.	Email ID of Dean	
8.	Hospital	
9.	Date and Year of Registration of the Hospital (DD/MM/YYYY)	
10.	Number of Beds	
11.	Number of Beds for emergency	
12.	Date of the First Letter of Permission(LoP) of MBBS (DD/MM/YYYY) & number of seats	
13.	Status of Recognition	
14.	Number of MBBS and PG broad specialty and super specialty students admitted in this session*	MBBS: MD/MS: DM/MCh:

15.	Inpatients registered and admitted (Previous month record)	
16.	Outpatients registered (Previous month record)	
17.	Number of Deaths reported to the Municipality/ village register(month-wise) (Previous month record)	
18.	Address and pin code of the Corporation/ Village where the Death records are reported	
19.	Website link/ email ID/ hyperlink of the corporation in case Death Records are reported	
20.	Number of Births reported(Month-wise)	
21.	Address and pin code of the Corporation/village where the Birth records are reported	
22.	Website link/ email ID/ hyperlink of the corporation in case Birth Records are reported	
23.	Number of Rooms in Men's Hostel and students accommodated	
24.	Total Number of Rooms in Women's Hostel and students accommodated	
25.	Name of the Grievance Redressal Officer (PIO & CPIO):	
26.	Address with Pin code	

27.	Telephone Number Email Id	
28.	Grievances reported (Previous month record)	

29. Details of Post- Graduation Courses offered

Post Graduate Course	Year of Commencement of the Course	Number of Students Currently pursuing the Course	Number of Students admitted in the current session

30. Department wise list of Faculty Members

Department	Name of the faculty Qualification IMR Number	Current Designation & Date of promotion	Nature of employment Regular/ permanent or contract/outsou rced	Details of Service in the Last 5 years					Number of lectures taken/year, small teaching group with Topics covered
				1	2	3	4	5	

N.B.

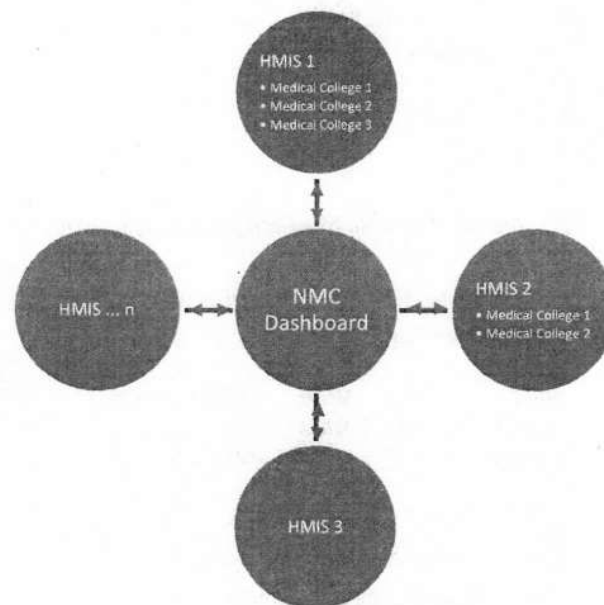
1. Publications by faculty should be attached as annexure.
2. Publications should be quoted in Vancouver referencing style.
3. Medical Educator Training/ research methodology and dates.
4. Additional Information, if any, may also be provided.

ANNEXURE-1

Sr. No	Faculty Name	Publication in Vancouver referencing style.	Pubmed Indexed Yes/No	Scopes

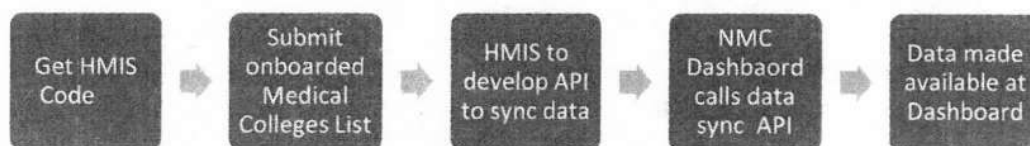
Hospital Management Information System (HMIS) Integration with NMC Dashboard

NMC Dashboard will provide a consolidated picture of all Medical Colleges. Medical Colleges may be using different HMIS applications. The objective of NMC Dashboard is to provide a seamless and unified view of OPD and IPD transactions happening in medical colleges. Patient Level data will be sent from each HMIS application for OPD and IPD initially. Data for other modules like Lab, OT, etc. will be added later on.



NMC Dashboard will pull and sync data from multiple HMIS Applications

To enable the viewing of data on NMC Dashboard, Multiple HMIS applications need to integrate with dashboard by submitting basic details and getting HMIS ID. The list of NMC Medical Colleges using the HMIS should be submitted in prescribed format so that they may be displayed at dashboard. The details include the API endpoint that will be exposed by HMIS to share the data with dashboard. NMC Dashboard will use this API to sync data, consolidate it and display at Dashboard.



NMC Dashboard Integration Process

Medical College - HMIS and NMC Dashboard Integration Steps

1. To get ABDM Health Facility ID, visit <https://facility.abdm.gov.in/> and follow the instructions. In case of any issue, please contact Shri Ashish Agnihotri of NHA/ABDM; Mobile: +91-8800328879.

2. Every HMIS has been given a unique code, like

HMIS CODE	HMIS NAME
001	eHospital
002	NextGen eHospital
003	e-Sushrut

To get code for your HMIS, please send mail to vaibhav.khokhar@nic.in

3. The details of HMIS being used in Medical College should be sent on mail to vaibhav.khokhar@nic.in in the following format:

MEDICAL COLLEGE NAME	ABDM HEALTH FACILITY ID	HMIS HEALTH FACILITY ID	HMIS CODE	HMIS NAME	STATE LGD CODE	STATE LGD NAME	DISTRICT LGD CODE	DISTRICT LGD NAME

All location codes like state and district should be LGD compliant. To get the LGD code for state and district, please visit <https://lgdirectory.gov.in/>

4. Frequency of data exchange will be hourly/6 hourly/ 12 hourly etc. NMC Dashboard will pull data from API Endpoint provided by Medical College. The API to provide data will be developed by Medical College through HMIS developer.
5. To open the port for data exchange in secure manner, please provide following details:
 - a. API endpoint
 - b. Public IP (if hosted outside NICNET) / Private IP (if hosted within NICNET)
 - c. Port
 - d. Credentials to access the API
 - i. Client id
 - ii. Client secret
 - iii. Token endpoint URL
6. De-duplication of data will be done on the bases of UHID for a given health facility id (Medical College).
7. Module Codes used:

Module Code	Module Name
01	OPD REGISTRATION
02	IPD (including Admission, Discharge, Transfer)

API Specification for Data syncing with NMC Dashboard

API endpoint: hmis.nmc.com (API endpoint to be shared by HMIS)

Method: GET

"Inputs in Request Header":

```
"hfIdABDM": "IN0710000001", // either hfId ABDM or hfId HMIS must be sent
"hfIdHMIS": "66", // either hfId ABDM or hfId HMIS must be sent
"fromDate": "25/05/2022 00:00:00", // DD/MM/YYYY HH:MM:SS time is inclusive
"toDate": "29/05/2022 23:59:59" // DD/MM/YYYY HH:MM:SS time is inclusive
"Content-Type": "application/json"
"Authorization": "bearer: token obtained from token endpoint"
```

"Output": {

```
"metadata": {
  "code": 200,
  "message": "transaction successful",
  "timestamp": "02/04/2020 19:12:15",
  "version": "1.0.0"
},
"result": [
  {
    "from_date": "25/05/2022 00:00:00",
    "to_date": "25/06/2022 23:59:59",
    "hf_id_hmis": "66", // either hfId ABDM or hfId HMIS must be sent
    "hf_id_abdm": "IN0710000001", // either hfId ABDM or hfId HMIS must be sent
    "health_facility_name": "Andhra Hospital", // required
    "module_wise_kpi": [
      {
        "module_code": 1,
        "module_name": "OPD",
        "hmis_code": 002, // required. Refer HMIS Codes listed in table above ,
        "opd_count": 2, // required. Count of data returned in below listed patient details array
        "patient_details": [
          {
            "patient_name": "Harsh Tyagi", // required
            "patient_age": 32, // *required
            "address": "319 B, Pocket - N, Sarita Vihar, New Delhi - 110076", // required
            "patient_abha_id": "",
            "patient_identification_proof": "Aadhaar Card",
            "patient_identification_number": "302545687895",
            "patient_mobile_number": "8945465478",
            "transaction_type": 1, // (1=new, 2= Revisit, 3=Casualty), required
            "uhid_number": "20220000587", // required
            "department_visited_name": "", // required
            "department_visited_code": "", // required
            "datetime_of_transaction": "25/05/2022 05:26:45" // required
          }
        ]
      }
    ]
  }
]
```

```

{
  "patient_name": "Atul Kumar", // required
  "patient_age": 20, // *required
  "address": "319 B, Pocket - N, Sarita Vihar, New Delhi - 110076", // required
  "patient_abha_id": "",
  "patient_identification_proof": "Aadhaar Card",
  "patient_identification_number": "402545687897",
  "patient_mobile_number": "9945465465",
  "transaction_type": 1, // (1=new, 2= Revisit, 3=Casualty), required
  "uhid_number": "20220000587", // required
  "department_visited_name": "", // required
  "department_visited_code": "", // required
  "datetime_of_transaction": "25/05/2022 05:26:45" // required
}
],
{
  "module_code": 2,
  "module_name": "IPD",
  "hmis_code": 002, // (001- eHospital, 002 – NextGen eHospital) , required,
  "ipd_count": 1, //required. Count of data returned in below listed patient details array
  "patient_details": [
    {
      "patient_name": "Harsh Tyagi", // required
      "patient_age": 32, // required
      "address": "319 B, Pocket - N, Sarita Vihar, New Delhi - 110076", // required
      "patient_abha_id": "",
      "patient_identification_proof": "Aadhaar Card",
      "patient_identification_number": "302545687895",
      "patient_mobile_number": "8945465478",
      "transaction_type": 1, // (1=admission, 2= discharge, 3=transfer) , required
      "uhid_number": "20220000587", // required
      "admission_number": "45548544", // required
      "department_admitted_name": "", // required
      "department_visited_code": "", // required
      "datetime_of_transaction": "25/05/2022 05:26:45" // required
    }
  ]
}
]
}

```

User Manual

NextGen eHospital



Ministry of Health
and Family Welfare
Government of India



Health Facility Configuration

DOCUMENT RELEASE NOTE:

Health Facility Configuration

Version	1.0
Date of Release	01 June, 2022
Department	NextGen eHospital and ORS Division, NIC

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7. Register users
8. Building Configuration
 - i. Hospital Building Infrastructure

User Manual for NextGen eHospital Configuration

1. Introduction: Nodal Officer of the Health Facility receives Login Credentials on approval of on boarding request. Nodal Officer needs to login using the provided credentials and configure the health facility to make different modules functional. The processes to configure the health facility is as described below.
2. Visit the homepage of application. The NextGen eHospital URL is <https://nextgen.ehospital.nic.in>. Following screen will appear.



Figure 1

3. Login using the credentials of Nodal Officer or any other user who has roles to configure OPD Module.
 - ✓ Enter Username.
 - ✓ Enter Password.
 - ✓ Enter the Captcha Code.
 - ✓ Click on the LOGIN button.

The screenshot displays the login interface of the NextGen Hospital system. At the top, the header includes the official logo of the Ministry of Health and Family Welfare, Government of India, alongside the 'NextGen Hospital' branding. The main content area is dominated by a login form. This form contains three input fields: 'Username', 'Password', and 'Captcha'. The 'Captcha' field is populated with a grid of characters. Below these fields is a prominent 'Login' button. A 'Forgot?' link is located to the right of the password field. To the right of the login form, a sidebar provides quick access to various system components through icons and text links: Home, Dashboard, About Us, User Manuals, Gallery, Contact Us, and Code Directory. The bottom of the page features a dark footer with the 'NIC' (National Informatics Centre) logo and the 'MIC' (Ministry of Information and Communications) logo.

Figure 2

4. User can reset the password by clicking on Forgot Password.

- ✓ Enter User id
- ✓ Click on Forgot link
- ✓ OTP Will be received on registered mobile number
- ✓ Verify OTP
- ✓ Enter new password
- ✓ Confirm new password
- ✓ Click of Set Password Button.

The screenshot displays the 'Forgot Password' interface of the NextGen Hospital system. At the top, the header includes the Ministry of Health and Family Welfare logo on the left and the NextGen Hospital logo on the right. Below the header, the main content area features a 'Forgot Password' form. The form has a title 'Forgot Password' and a subtitle 'Enter your User ID and OTP to reset your password'. It contains two input fields: 'User ID' and 'OTP'. Below these fields is a 'RESET PASSWORD' button. The footer of the page includes the NIC logo and the text 'NIC National Informatics Centre'.

Figure 3

5. Following Screen will appear on successful login by Nodal Officer:

- ✓ Nodal Officer will see different tabs.
- ✓ Generate Health ID.
- ✓ Health Facility Configuration tabs will appear based on modules requested by health facility. e.g. OPD Configuration, OPD Clinic OPD Registration and Billing tab is visible as the health facility has selected OPD Module.

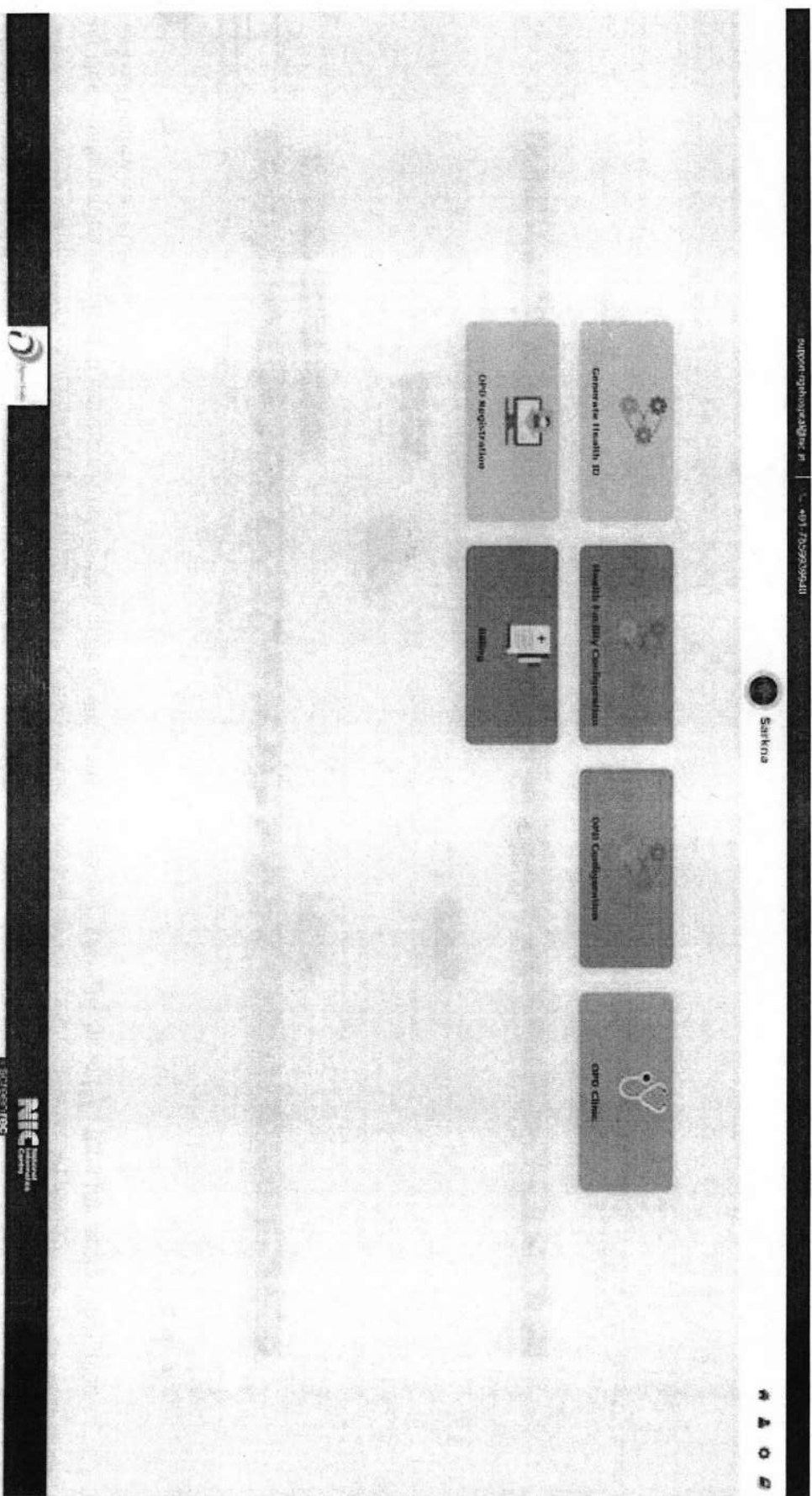


Figure 4

i. Department Unit Configuration:

-

ADDENDUM 2: EQUIPMENT

SECRET/NOFORN

ii. Configure Units:

- ✓ Select Department.
- ✓ Select Unit.
- ✓ Click on the Add/Update Unit.
- ✓ Selected Departments and Units shown in available units.

Hospital Administration

Department Unit Configuration

Hospital Users

Billing Configuration

CONFIGURE DEPARTMENTS | **CONFIGURE UNITS** | **CONFIGURE RESTRICTION CHARGE AND LODGE**

CONFIGURE UNITS

Unit Name: Availability: **Add/Update Unit**

Sr. No.	Unit Name	Availability	Status	Update
1	Emergency	Available	☒	Update
2	Surgical Unit	Available	☒	Update

New Unit

Save

Figure 6

iii. Configure Registration Charge and Logo:

- ✓ Select the Basic Registration Charges (Rs.).
- ✓ Choose File- Browse the health facility logo.
- ✓ Click on save button.

Figure 7



7. Manage Users: Nodal Officer of health facility will register users for his health facility.

- ✓ Enter Name, Gender, Date of Birth
- ✓ Select User Type: e.g. Doctor, Nurse, Registration Desk Operator, etc.
- ✓ Enter Mobile Number and Email ID.
- ✓ Select User ID (Auto Generate).
- ✓ Select Department: e.g. Biochemistry, Anatomy, Anesthesiology, etc.
- ✓ Assign Roles: the roles assigned will be visible to the user on login. So a combination of menus which need to be shown to the user should be selected.
- ✓ Correct Mobile number of the user should be provided. Password will be sent on SMS to this number. This mobile number will also be used to send OTP for resetting password.

User Registration

Name: [Text Field] Gender: [Dropdown] Date of Birth: [Date Picker]

User Type: [Dropdown] Mobile Number: [Text Field] Email ID: [Text Field]

Department: [Dropdown]

ASSIGN ROLES

Health Facility Menus

Save

Figure 8

8. **Building Configuration** -> Hospital Building Infrastructure: This link is used to manage health facility building infrastructure. The following screen will appear:

- ✓ Nodal Officer should configure health facility building infra.
- ✓ Multiple Buildings, Blocks, Floors and Rooms can be added.
- ✓ This configuration will be used to select location. e.g. in OPD Roster, only those rooms will appear which are configured here.

Building Type:

- ✓ Multi Block

The screenshot displays the 'Hospital Building Infrastructure' configuration interface. The sidebar on the left includes 'Hospital Administration' and 'Hospital Building Infrastructure'. The main content area features a 'Building Type' section with 'Multi Block' selected. Below this, there are four input fields: 'Building Name', 'Block Name', 'Floor Name', and 'Room Name', each accompanied by a dropdown arrow. At the bottom of the form, there are 'Add' and 'Cancel' buttons.

Figure 9



✓ Single Block



Hospital Administration

Department Unit Configuration

Manage Users

Building Configuration



Settings

AAA

Hospital Building Infrastructure

Building Type ☐ Multi Block ☒ Single Block

Building Name*

Building Address

Floor Name*

Floor Address

Room Name*

Room Address

123456789

0123456789

0123456789

0123456789

Figure 10

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NIC
National Insurance Corporation

User Manual

NextGen eHospital



Ministry of Health
and Family Welfare
GOVERNMENT OF INDIA



OPD Registration

DOCUMENT RELEASE NOTE:

OPD Registration

Version	1.0
Date of Release	03 June, 2022
Department	NextGen eHospital and ORS Division, NIC

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10. Patient Visit Details Report
11. Daily Collection Report
12. Consolidate MIS Report
13. Duplicate Registration Slip

User Manual for NextGen eHospital Configuration

1. Introduction: OPD Registration module is used to Register patients and view MIS Reports related to OPD Registration.
2. Visit the homepage of application. The NextGen eHospital URL is <https://nextgen.ehospital.nic.in>. Following screen will appear.



Figure 1

3. Login using the credentials of Nodal Officer or any other user who has roles to configure OPD Module.

- ✓ Enter Username.
- ✓ Enter Password.
- ✓ Enter the Captcha Code.
- ✓ Click on the LOGIN button.

The screenshot shows the login interface of the eHospital system. At the top, there is a header with the Ministry of Health and Family Welfare logo, the eHospital logo, and the text 'eHospital'. Below the header, there is a login form with the following fields and elements:

- Username:** A text input field.
- Password:** A password input field with a 'Show/Hide' toggle.
- Captcha:** A captcha image and a text input field.
- Login:** A button to submit the login credentials.
- Forgot Password:** A link to reset the password.

On the right side of the login form, there is a sidebar with icons for various modules: Home, Dashboard, About Us, User Manager, Gallery, Contact Us, and Team Directory. At the bottom of the page, there is a footer with the text 'NIC Software Solutions Pvt. Ltd.' and the eHospital logo.

Figure 2

4. User can reset the password by clicking on Forgot Password

- ✓ Enter User id
- ✓ Click on Forgot link
- ✓ OTP Will be received on registered mobile number
- ✓ Verify OTP
- ✓ Enter new password
- ✓ Confirm new password
- ✓ Click of Set Password Button.

Ministry of Health and Family Welfare

NextGen eHospital

Forgot Password

Send OTP

User ID

NIC

Home Dashboard About Us User Manual Contact Us Code Directory

Figure 2

5. Following Screen will appear on successful login by Nodal Officer:

- ✓ Nodal Officer will see different tabs.
- ✓ Generate Health ID.
- ✓ Health Facility Configuration tabs will appear based on modules requested by health facility. e.g. OPD Configuration, OPD Clinic OPD Registration and Billing tab is visible as the health facility has selected OPD Module.

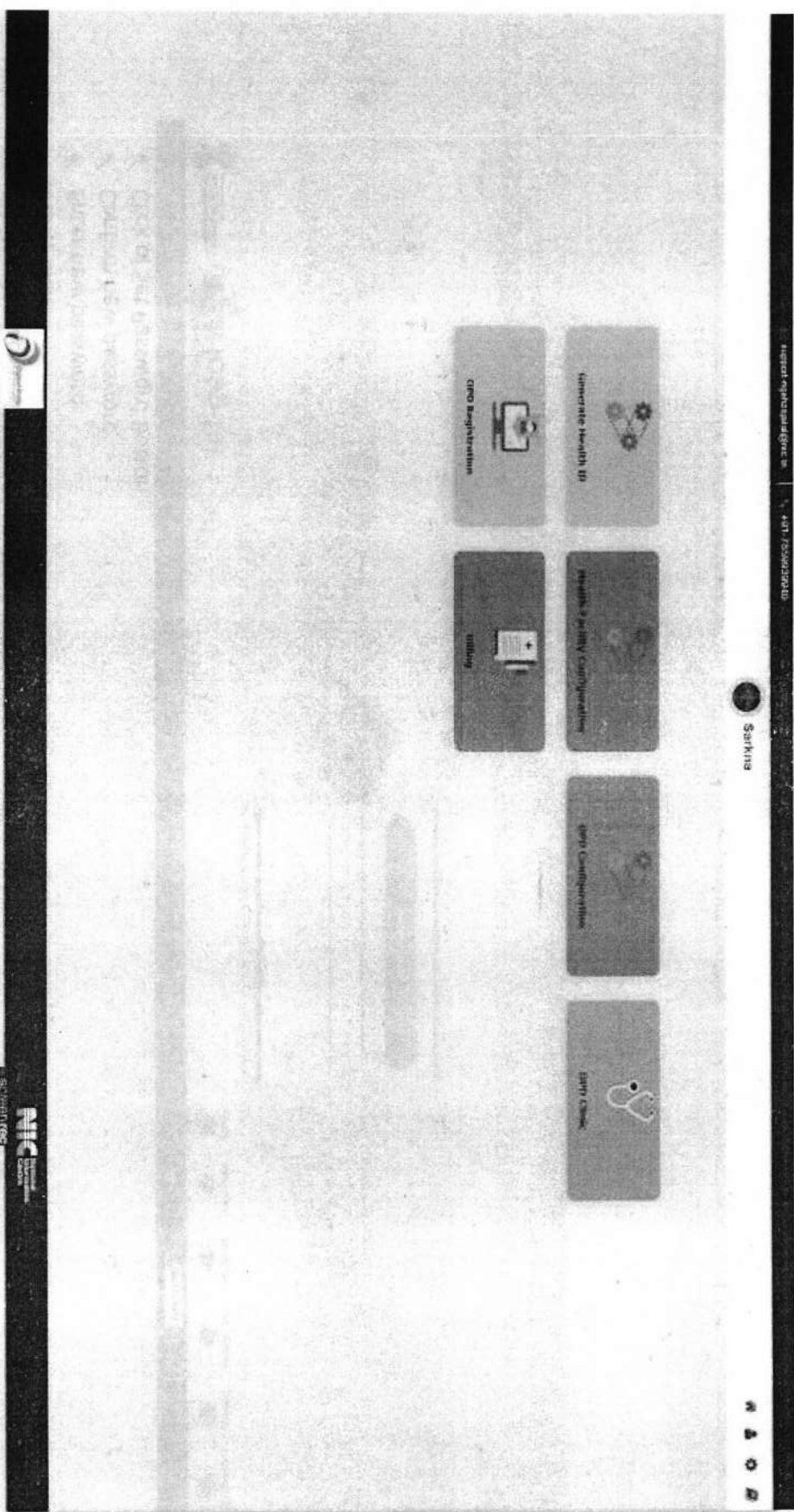


Figure 4

6. New Registration: Patient Registration Page will open as shown below.

- ✓ The Registration parameters configured in OPD Registration will be visible in addition to mandatory parameters.
- ✓ Parameters in Visit Details section will be as per the configuration of Registration Level in OPD Configuration. E.g. in below screen, registration level is configured as clinic.
- ✓ Click on Add Referring Patient and Fill the Details: Referring Hospital, Referring Department, Referring Date and Registration Number.
- ✓ Fill Patient Details: Insurance Scheme Name, Insurance Policy Number, Name, Gender, Date of Birth, Address, etc.
- ✓ Fill Patient Other Information: Citizenship, Religion, Occupation, Education and Yearly Income.
- ✓ Fill Covid-19 Patient Details.
- ✓ Select Patient Visit Details (Select Department/clinic/unit) where patient has to visit.
- ✓ Click on Register Button.
- ✓ Registration slip will open on successful registration.
- ✓ **In case of Follow Up Patient:** patient can be searched using Mobile Number, Patient Name or Health Facility Registration Number (generated during first visit of patient). The patient details will be auto-filled. Select Patient Visit Details and click on register button. Registration slip will be opened on successful registration.

Figure 3

7. Casualty/Emergency Registration :

- ✓ The Registration parameters configured in OPD Registration for Casualty/Emergency Registration will be visible in addition to mandatory parameters.
- ✓ Parameters in Visit Details section will be as per the configuration of Registration Level in OPD Configuration. E.g. in below screen, registration level is configured as clinic.
- ✓ Click on Add Referring Patient and enter the details: Referring Hospital, Referring Department, Referring Date and Registration Number.
- ✓ Click on the MLC Patient and Fill the Details: Unknown Patient, Brought By, Brought By Name, Brought Dead, 1st MLC Number and Police Station.
- ✓ Fill Patient Casualty Information: Unknown Patient, Brought By, Brought By Name and Brought Dead.
- ✓ Fill Patient Details: Mobile Number, Name, DOB, Gender, etc.
- ✓ Fill the Visit Details: Department and Clinic.
- ✓ Select Patient Visit Details (Select Department and Clinic) where patient has to visit.
- ✓ Click on Register Button.
- ✓ Registration slip will open on successful registration.
- ✓ **In case of Follow Up Patient:** Patient can be searched using Mobile Number, Patient Name or Health Facility Registration Number (generated during first visit of patient). The patient details will be auto-filled. Select Patient Visit Details and click on register button. Registration slip will be opened on successful registration.

Figure 6

8. Update Registration: In Update Registration user can update the details of patient by using their UHID.

- ✓ Fill the Update Patient Data: Enter the UHID.
- ✓ Click on the Search Button.

The screenshot shows a web application interface for updating patient data. At the top, there's a navigation bar with links like 'Home', 'Patient Registration', 'Update Patient Data', 'Reports', and 'Checklist Registration Site'. The main content area is titled 'Update Patient Data' and features a search input field with a 'Search' button. Below the search field is a table with the following columns: UHID, Name, Age, Sex, Address, and Status. The table is currently empty. At the bottom right of the table area, there is a 'Cancel' button.

Figure 7

-

5010-11-100C

5010-11-100C

9. Patient Summary Report: This report display patient count (New and Revisit) in a particular clinic.
✓ Click on Patient Summary Report.

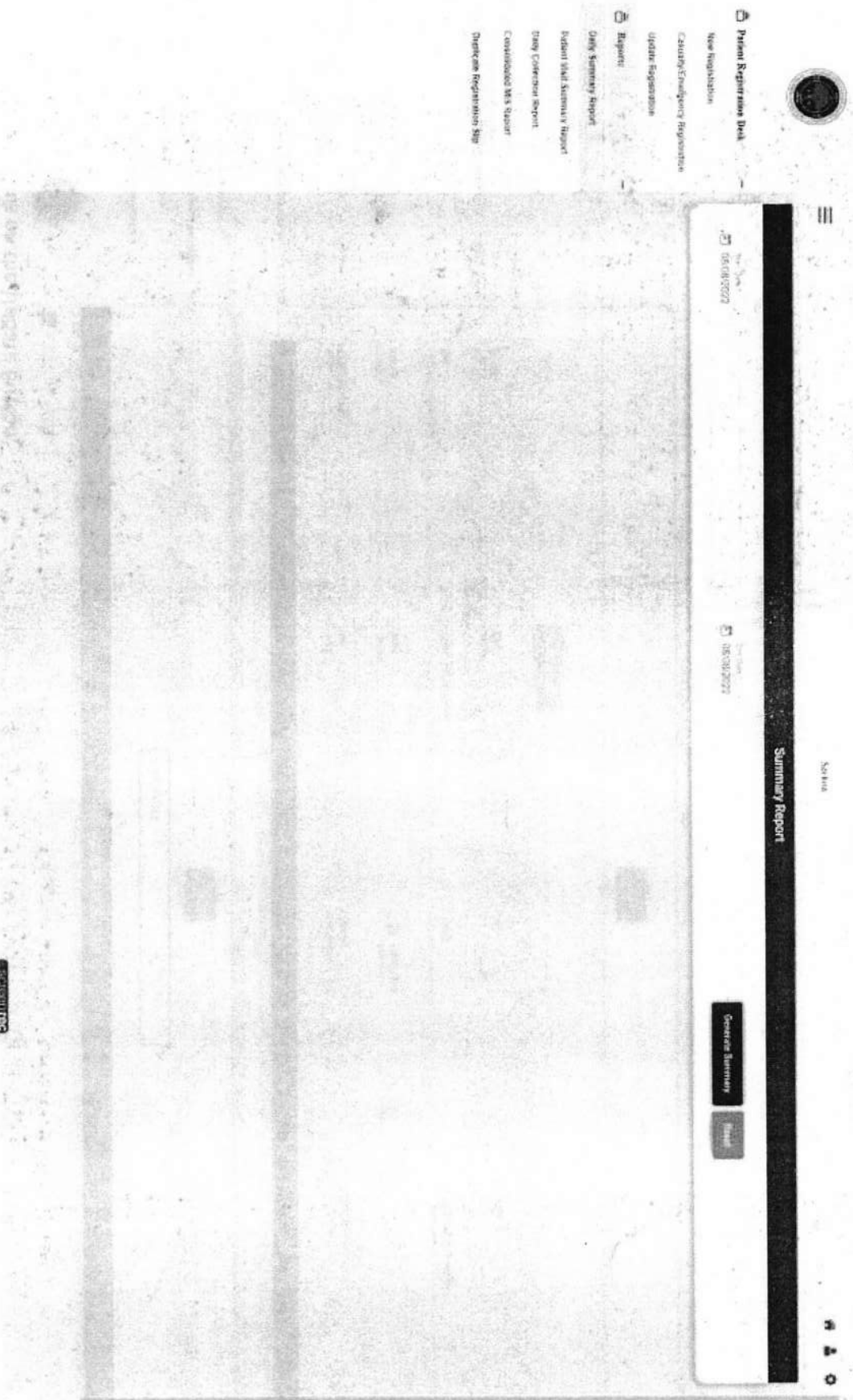


Figure 9

- ✓ Enter the Start Date and End Date.
- ✓ Click on the Generate Summary.
- ✓ Following screen will appear:

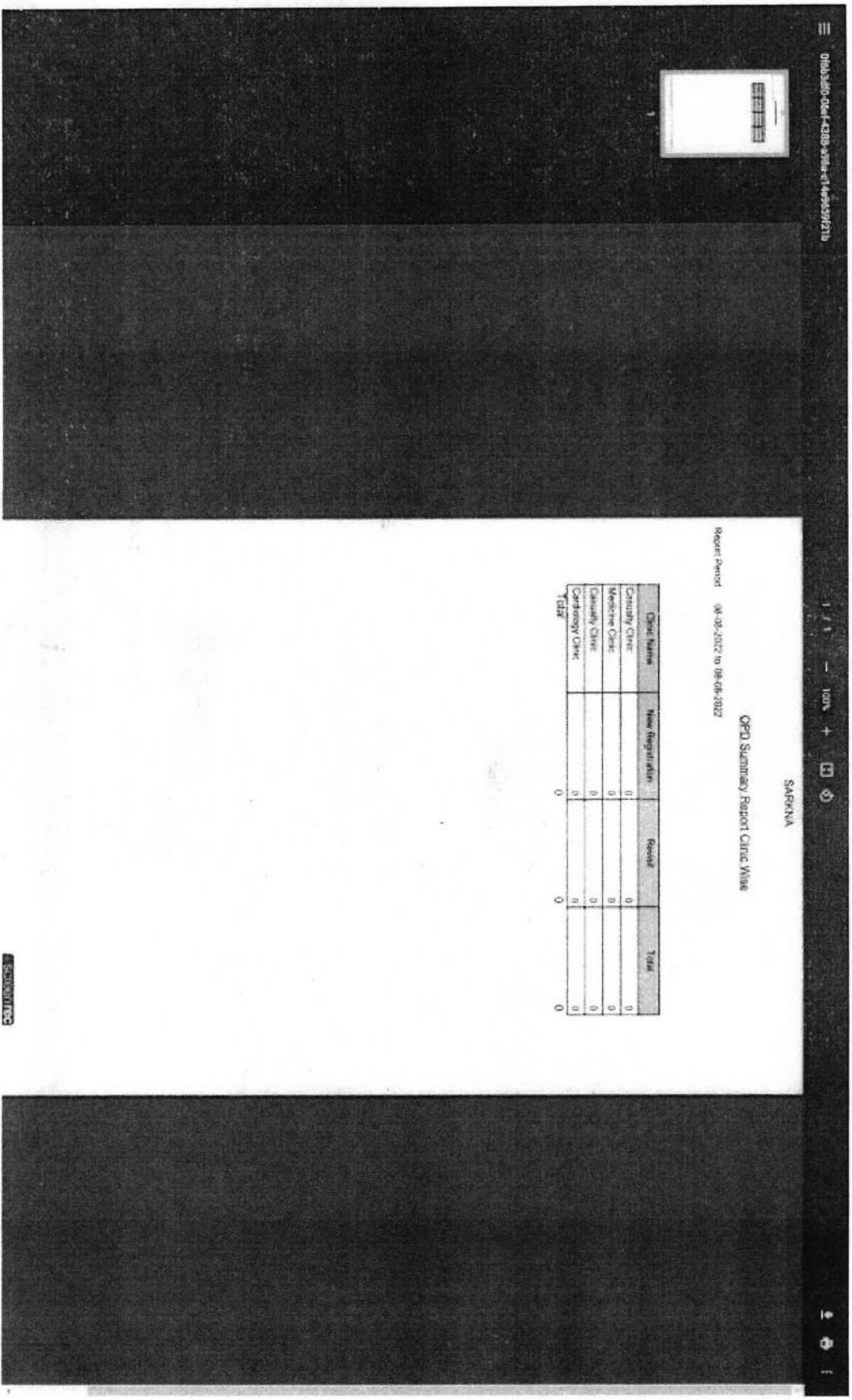


Figure 10

10. Patient Visit Details Report: This report display patient details (Name, DOB, Gender, etc).

The screenshot shows the 'Patient Visit Report' interface. On the left, a sidebar contains the following menu items: Patient Registration Desk, New Registration, Campaign/Marketing Registration, Update Registration, Reports, New Summary Report, Patient Visit Summary Report, Data Collection Report, E-Consent/MDA Report, and Customer Registration ID. The main content area displays the following information:

- Search:** 20-06-2022
- Filter:** 20-06-2022
- Gender:** Male
- Buttons:** Generate Summary, Print

Below the search and filter fields, there is a table with columns for Patient Name, DOB, Gender, and Visit Date. The table contains one entry: Srinivas Reddy, 20-06-2022, Male, 20-06-2022.

Figure 11

- ✓ Select Date Range, Department, Unit, Clinic and Doctor.
- ✓ Click on Submit Button.
- ✓ Visit Details report in following format will appear:

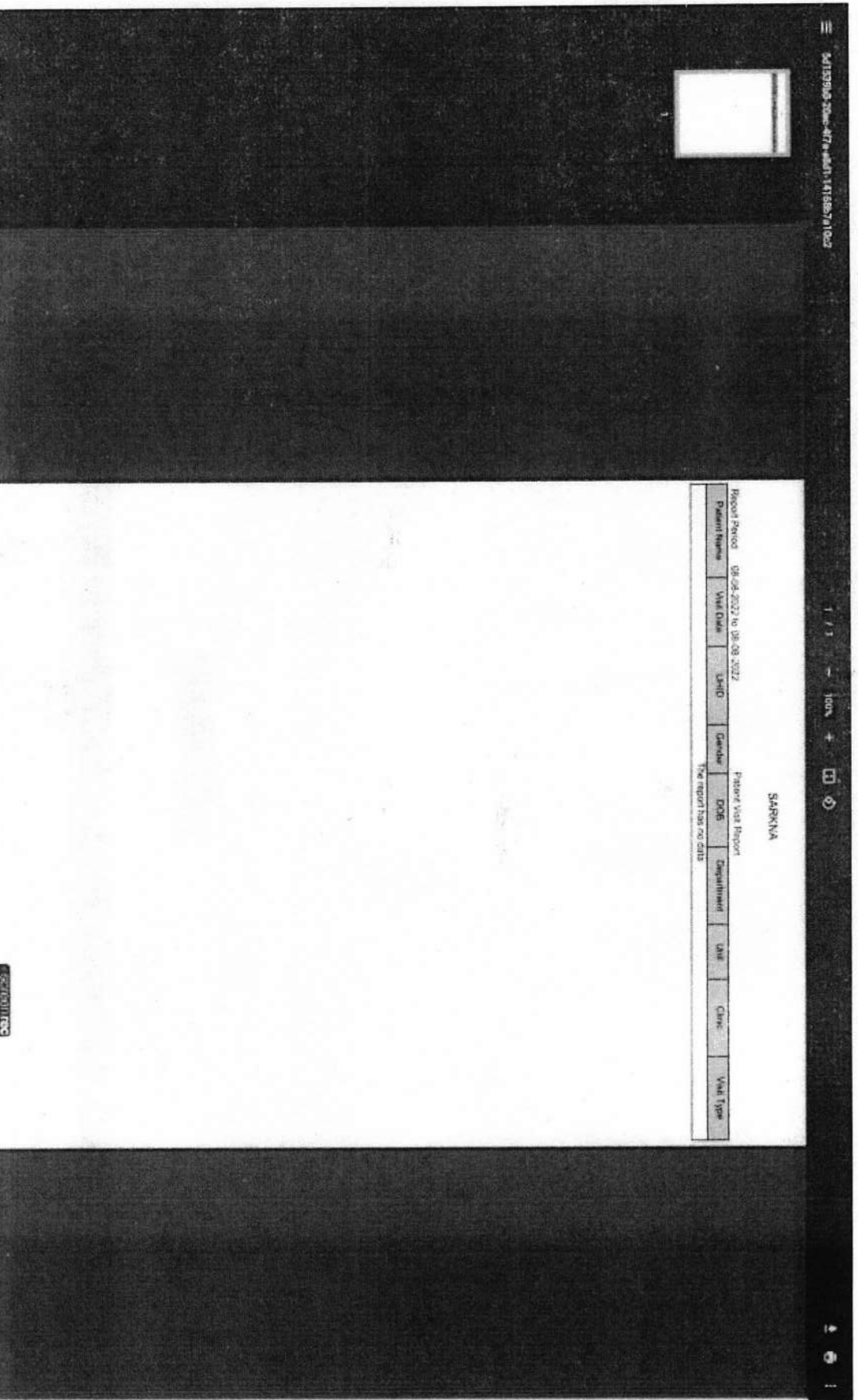


Figure 12

11. User Wise Collection Report: This report display Daily Collection Report.

✓ Click on Patient Summary report.

The screenshot displays the 'Daily Collection Report' page. On the left, a sidebar lists various reports. The main content area has a header 'Daily Collection Report' and a sub-header 'Patient Summary Report'. Below this, there's a date range selector showing '08/08/2023' to '08/08/2023'. A 'Generate Collection Report' button is prominently displayed. To the right of the button, there's a 'Print' button. Below these buttons, a table is shown with columns for 'Patient ID', 'Patient Name', 'Age', 'Sex', 'Status', and 'Collection Date'. The table contains one row of data. At the bottom right, a box indicates 'Total: 14854'.

Figure 13

- | | | | | | |
|---|------------------|-------------------|-------------|-------------------------|--|
| Report Period: 08-08-2022 to 08-08-2022 | | | | Daily Collection Report | |
| Filter Category | Registration Fee | Number of Patient | Amount(Pa.) | | |
| The report has no data | | | | | |

Section Two

12. Consolidate MIS Report:

- ✓ Click on Patient Consolidate MIS Report.
- ✓ Fill the Consolidate MIS Report: Registration Type, Report Type, Date Range, Department, etc.

The screenshot displays the 'Consolidated MIS Report' form. On the left, a sidebar menu lists various report categories: New Registration, Casualty's Emergency Registration, Urology Registration, Reports, Daily Summary Report, Patient Visit Summary Report, Daily Collection Report, Consolidated MIS Report (highlighted), and Diagnostic Registration Spt. The main form area contains the following fields:

- Registration Type:** A dropdown menu with 'All' selected.
- Report Type:** A dropdown menu with 'Summary Report' selected.
- Date Range:** Two date pickers showing '08/08/2022'.
- Time Range:** Two time pickers showing '00:00' and '23:59'.
- Department:** A dropdown menu with 'SMD' selected.
- Buttons:** 'Generate Summary' and 'Reset' buttons are located at the bottom right of the form.

At the bottom of the form, there are logos for 'NHC' (National Health Commission) and 'MIC' (Ministry of Health and Family Welfare, Government of India).

Figure 15

- ✓ Click on Generate Summary Button.
- ✓ Report in following format will appear:



Figure 16

13. Duplicate Registration Slip: Duplicate Registration Slip generate by UHID, Name or Mobile Number.

The screenshot displays the 'Patient Registration Slip' form in the NextGen Hospital software. The form is titled 'Patient Registration Slip' and includes a 'Patient ID' field with the value '2022000002'. Below this, there are fields for 'Patient Name' and 'Patient Mobile Number'. There are two buttons, 'Search' and 'Print', located below the 'Patient Mobile Number' field. The interface also shows a sidebar with navigation options: 'Patient Registration Slip', 'New Registration', 'Cancel/Emergency Registration', 'Update Registration', 'Reports', 'Daily Summary Report', 'Patient Visit Summary Report', 'Daily Collection Report', 'Consentment M & S Report', and 'Duplicate Registration Slip'. The 'Duplicate Registration Slip' option is highlighted in the sidebar.

Figure 17

- ✓ Fill the Patient Search Details: UHID, Name and Mobile Number.
- ✓ Click in the Search Button.
- ✓ Patient Details will be shown in screen page.

Patient Search

20230906002

Name

Mobile Number

Search

Patient ID	Name	Gender	Date of Birth	Mobile Number
11272508000	Neeraj K. J. R.	M	11/04/1992 (00:00:00)	74098529177

Showing 1 of 1 results

Figure 18

Appendix

20210664002

Article Number

Sarkna
Sarkna, PHE Chittora, Sarkna, Sarkna, Sepau
DHOLPUR RAJASTHAN DOW 328027



References

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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Dagmar H. Hoegh-Guldberg, MPP

Duplicate Registrations: \$100

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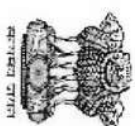
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Water per litre $\frac{5}{4}$ — $\frac{1}{4}$

Screening

User Manual

NextGen eHospital



Ministry of Health
and Family Welfare
Government of India



OPD Configuration

DOCUMENT RELEASE NOTE:

OPD Configuration

Version	1.0
Date of Release	27 May, 2022
Department	NextGen eHospital and ORS Division, NIC

Table of Contents

1. Introduction
2. Home Page
3. Login
4. Forgot Password
5. Add/Update OPD Clinic
6. Configure OPD Registration Parameters
7. Configure OPD Registration Level
8. Configure OPD Roster
9. Revisit Fee

OPD Configuration

1. Introduction: Configuration specific to OPD Module is performed in this module. It includes managing OPD Clinics, OPD Registration Level, OPD Roster and Revisit Fee
2. Visit the homepage of application. Following screen will appear:



Figure 1

3. Login using the credentials of Nodal Officer or any other user who has roles to configure OPD Module.
 - ✓ Enter Username.
 - ✓ Enter Password.
 - ✓ Enter the Captcha Code.
 - ✓ Click on the LOGIN button.
 - ✓ Click on the Forget Password if user(s) forget the password.

Figure 2

4. User can reset the password by clicking on Forgot Password.

- ✓ Enter User id
- ✓ Click on Forgot link
- ✓ OTP Will be received on registered mobile number
- ✓ Verify OTP
- ✓ Enter new password
- ✓ Confirm new password
- ✓ Click of Set Password Button.

The screenshot displays the 'Forgot Password' interface of the NextGen eHospital system. At the top, the header bar includes the Ministry of Health and Family Welfare logo on the left, the NextGen eHospital logo in the center, and a 'Forgot Password' link on the right. Below the header, the main content area features a form with an 'OTP' input field and a 'RESETING OTP' button. The footer of the page contains the NIC logo and the text 'NIC National Informatics Commission'.

Figure 3

5. Add/Update/View OPD Clinic:

- ✓ Select Department (in case Department Configuration required is selected as Yes in health facility Configuration other Department option will not be visible).
- ✓ Enter Clinic Name.
- ✓ Enter Registration slip tagline: This tagline will be printed in OPD Registration Slip.
- ✓ Click on Save Clinic Button.
- ✓ List of added clinics is displayed.
- ✓ Select Existing clinic to update.

OPD Configuration

Configure Clinic
Configure Patient Registration Form
Master Configuration
Report Form

OPD CLINIC

S. No.	Department	Clinic	Registration Slip Tagline	Status	Update
1	Cardiology	Cardiology Clinic	Registration Slip to bring Patient to OPD Cardiology	☒	☐
2	Medicine	Medicine Clinic	Registration Slip to bring Patient to OPD Medicine	☒	☐
3	General	General Clinic	Registration Slip to bring Patient to OPD General	☒	☐

Figure 4

6. Configure OPD Registration Parameters: Registration Parameters that will be visible at Registration page can be configured using this option. Check (Tick) the registration parameters that needs to be displayed at registration page.

OPD Configuration

Configure OPD

Configure Patient Registration Fees

Patient Configuration

Register Fee

Add and Configure OPD Registration Parameters

New Registration

☐ Check/Uncheck All

Registration Parameters

☒ Name	☒ Title	☒ Gender	☒ Full Name
☒ Date of Birth	☒ Age in Yrs	☒ Age at Marriage	☒ Age in Days
☒ Address	☒ State	☒ Contact	☒ Email
☒ Mobile Number	☒ Guardian Relationship	☒ Guardian Name	☒ Citizenship
☒ Insurance Scheme	☒ Primary Contact	☒ Petrol	
☒ Occupation	☒ Education	☒ Yearly Income	

Save **Refresh**

Figure 5



Settings



Add and Configure OPD Registration Parameters

- ☐ OPD Configuration
 - Configure Clinic
 - Configure Patient Registration Form
 - Register Configuration
 - Reset Fee

View Registration

☐ Check/Uncheck All

☒ Mandatory Fields

☒ Open (24 Hours)

☒ Address

☐ Gender Relationship

☐ Patient Consent

☐ Education

Registration / Fee

☒ Fee

☒ Age in Yrs

☒ Gender

☐ Gender Name

☐ Precise

☐ Yearly Income

☒ Fee

☒ Age in Months

☒ Gender

☐ Email

☐ Underprip

☒ First Name

☒ Age in Days

☐ Middle Name

☐ Insurance Scheme

☐ Occupation

Save

Cancel

Figure 6

7. Configure OPD Registration Level: Patient can be registered at different levels via Department/Clinic/Room/Practitioner.

- ✓ If Registration level is selected as Practitioner, then Practitioner's name will be displayed at Registration Page and Registration Desk Operator will have the option to register the patient to a particular practitioner.
- ✓ If registration Level is selected as Room, then only room no. will be visible to Registration Desk Operator at Registration Page. Practitioner will be automatically assigned based on OPD Roster.
- ✓ Similarly, in case of Department/Unit/Clinic; practitioner will be auto-assigned to patient based on OPD roster.
- ✓ Nodal officer should select registration level as per the requirement of health facility.

Figure 7

8. **Configure OPD Roster:** OPD Roster maps practitioners' of a department to clinic and rooms based on their duty assignment at the health facility.

✓ Click on OPD Roster menu. Following screen will appear

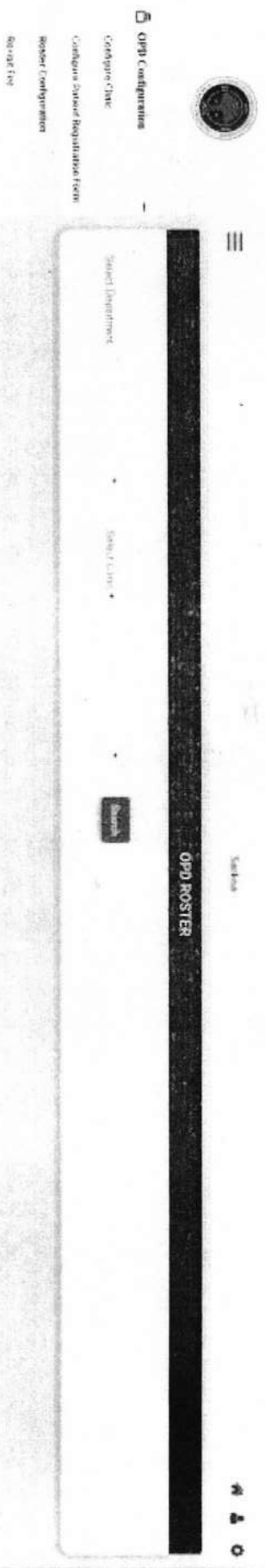


Figure 8

- ✓ Select the Department and Clinic
- ✓ Click on the Search Button



Search

NextGen

OPD Configuration

Configure Clinic

Configure Patient Registration Form

Router Configuration

Device Fee

OPD POSTER

Select Department
Clinic

Select Clinic
Capacity Chart

Search

From

To

NextGen

Add View

Figure 9

Source: NHC

- ✓ Select the Clinic for which roster is to be configure and click on New Roster button. Following screen appears:

The screenshot displays the 'OPD ROSTER' configuration interface. On the left sidebar, under 'OPD Configuration', the following options are listed: 'Configure Clinic', 'Configure Patient Registration Form', 'Roster Configuration', and 'Register Fee'. The main content area features a 'New Roster' button at the top. Below it, there are three dropdown menus labeled 'Select Clinic', 'Select Roster', and 'Select Doctors'. At the bottom of the main area, there are two date pickers: 'From' (set to 16/04/2022) and 'To' (set to 31/12/2026), followed by a 'New Roster' button.

Figure 10

- ✓ Select Date range for which OPD Roster will be applicable.
- ✓ Select Days, Rooms and Practitioners/Doctors.
- ✓ Click on Save Roster
- ✓ View OPD Roster: Click on View button to see existing Roster. It can be updated in case of changes in roster. Its details will be displayed as below:

OPD Configuration

Configure Clinic

Configure Patient Registration form

Roster Configuration

Roster Fee

From: 14/04/2022 To: 31/12/2022

ADD OPD ROSTER

Days: Select Days

Mon Tue Wed Thu Fri Sat Sun

Rooms: Select Rooms

CENTRO General Casualty Dialysis

Doctors: Select Doctors

Dr. Ramesh Singh

Save Roster

Update Roster

Figure 11

9. Revisit Fee

Hospital can configure revisit fee duration Day wise and Current Calendar Year wise. Hospital can configure revisit fee Day wise or Current Calendar wise as per requirement

Configure Revisit Fee Duration

Days wise:

- ✓ Select Revisit Days and Revisit Fee.
- ✓ Click on the save button.
- ✓ Following screen will display.

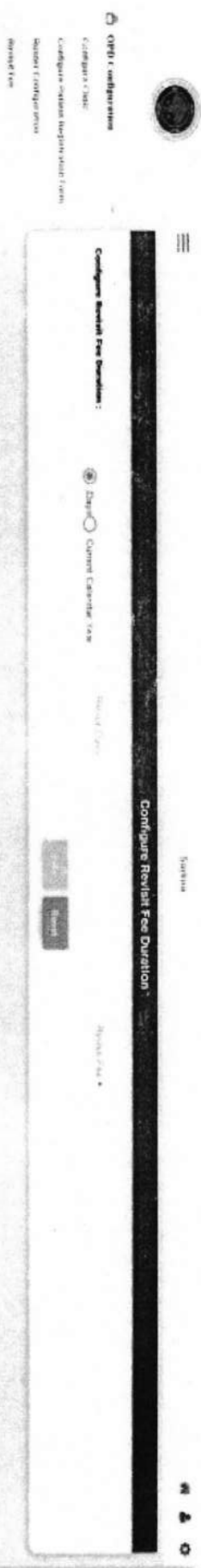


Figure 12

Current Calendar Year wise:

- ✓ Select Revisit Fee.
- ✓ Click on the save button.
- ✓ Following screen will display.

OPD Configuration

Configure Time

Configure Patient Appointment Form

Insurance Configuration

Revisit Fee

Configure Revisit Fee Duration

Day ☒ Month ☐ Calendar Year ☐

From: To:

Figure 13

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Under Graduate Medical Education Board)

No. U.11022/2/2023-UGMEB

Date the 23rd June, 2023

PUBLIC NOTICE

Subject :- Seeking Comments of the stakeholders on National Medical Commission (Maintenance of Standards of Medical Education) Regulations, 2023 - Reg.

Undergraduate Medical Education Board proposes to make the above mentioned regulations in exercise of powers conferred by the National Medical Commission Act, 2019 and particularly by sections 10, 24, 25 and 57 of the said Act. A draft regulation in this regard is being shared for public comments.

2. It is requested to share comments on the draft regulations at the following email id comments.ugregulations@nmc.org.in in MS Word (.docx) format or machine readable PDF Format within 30 days of publication of this notice with a subject tagline “Comments on draft regulations regarding National Medical Commission (Maintenance of Standards of Medical Education) Regulations, 2023”.


23/6/2023
(Shambhu Sharan Kumar)
Director, UGMEB

NATIONAL MEDICAL COMMISSION [MAINTENANCE OF STANDARDS OF MEDICAL EDUCATION] REGULATIONS, 2023

WHEREAS the National Medical Commission shall continuously work to maintain high quality and high standards in medical education and regulate medical institutions and medical professionals as per the mandate of the National Medical Commission Act, 2019.

WHEREAS in the exercise of overall powers conferred by the National Medical Commission Act, 2019 and particularly by sections 10, 24, 25 and 57 of the said Act, National Medical Commission makes the following Regulations to ensure smooth compliance with its functions in general and particularly to maintain a high quality and high standards in medical education.

CHAPTER I – PRELIMINARY

1. **Short title**—These Regulations may be called the “National Medical Commission [Maintenance of Standards of Medical Education] Regulations, 2023.

2. **Commencement** – These Regulations shall come into force, at once, on such a designated day by the National Medical Commission through Notification.

3. **Definitions** – In these Regulations, unless the context otherwise requires the terms defined herein shall bear the meaning assigned to them below and their cognate expressions and variations shall be construed accordingly –

- a. **“Act”** shall mean National Medical Commission Act, 2019 [Act No. 30 of 2019].
- b. **“Commission”** shall mean the National Medical Commission duly established under Section 3 of the National Medical Commission Act, 2019.
- c. **“Evaluation”** shall mean the expression or activity of ‘Evaluation/inspection’ which shall include virtual and/or physical inspection.

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- d. **“MARB”** shall mean the Medical Assessment and Rating Board constituted under Section 16 of the National Medical Commission Act, 2019.
- e. **“Medical college or medical institution”** – unless the context otherwise requires, shall mean any college or by whatever name called, in which a person may undergo a course of study or training which will qualify him for the award of any recognized graduate or post-graduate medical qualification.
- f. **“MSR”** shall mean the Minimum Standards Requirements as notified by the Post Graduate Medical Education Board or Under Graduate Medical Education Board as such or by way of guidelines and which shall also include, explanatory notes, circulars and advisories etc., issued from time to time.
- g. **“PGMEB”** - refers to Post Graduate Medical Education Board constituted under Section 16 of the National Medical Commission Act, 2019.
- h. **“UGMEB”**- refers to Undergraduate Medical Education Board constituted under Section 16 of the National Medical Commission Act, 2019.

CHAPTER –II

4. The mandate of annual disclosure –

- 1) After its establishment, the medical college or medical institution is obligated to furnish an annual disclosure report to the corresponding Board, satisfying such conditions provided under the notified MSRs by UGMEB or PGMEB and regulations of NMC as the case may be.
- 2) without prejudice to anything stated above, the concerned Board may seek such additional information with regard to the annual disclosure report, as and when deemed necessary for their assessment and otherwise from the concerned medical institution or concerned agencies having or exercising control over that medical college or medical institution.
- 3) It shall be the duty of the medical college or medical institution or the concerned agency or agencies exercising control over such medical college or medical institution to furnish the information (including additional information) by the concerned Board in the prescribed mode.

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5. Evaluating the report

- 1) Keeping in mind the overall objectives of the Act, the respective Board (PGMEB or UGMEB) may undertake the evaluation of the Annual Disclosure Report for verifying whether the medical college or medical institution fulfils the required conditions prescribed by way of MSRs or NMC Regulations as the case may be, which shall include
 - i. Verification of physical infrastructure,
 - ii. availability of required number of qualified faculty for actual teaching and research and to undertake necessary student learning activities on a regular and continued basis,
 - iii. availability of adequate clinical material in terms of number of patients of different specialties, variety of patients to fulfill all round training of students, number of variety of procedures, surgeries, laboratory investigations, radiological investigations and other relevant investigations,
 - iv. assessment of the teaching methodology adopted,
 - v. the methods and modes of assessment, grading of the students,
 - vi. review of feedback from students,
 - vii. 360-degree evaluation of teaching faculty and
 - viii. other parameters related to standards of medical education that may be added from time to time by the respective boards or NMC.
- 2) Without prejudice to (a) above or elsewhere in these Regulations, at its sole discretion, the respective Board may seek any additional information or clarification or additional documents etc., from the medical college or medical institution while considering the Annual Disclosure Report referred above.
- 3) The Medical College shall furnish such information or clarification or additional documents etc., sought under sub-section (b) at the earliest but not later than 30 days from the date of receipt of communication from the respective Board or such additional time to be provided by the respective Board on specific request from the applicant in that regard.

Provided, the medical college or medical institution shall adhere to the prescribed format or pro-forma, while furnishing of information or clarification or additional documents etc., as required by the concerned Board.

- 4) If the applicant fails to submit such information or clarify or provide additional documents etc., as mandated by the respective Board within such prescribed time including any additional time provided by the respective Board, shall be deemed as non compliance with the Regulations and shall attract penalty.

6. Joint or independent evaluation etc.,

- 1) Notwithstanding anything stated elsewhere in these Regulations, any of the Board (other than corresponding Board) individually or collectively, may cause to evaluate the accuracy and/or truth and/or veracity of the averments made out in the Annual Disclosure Report from the medical college or medical institution.
- 2) When such evaluation as enumerated under sub-section (a) is undertaken, it shall be the duty of the concerned medical college or medical institution to provide all necessary support to the concerned Board or Boards as the case may be, in their course of evaluation, which shall also include disclosure of documents, providing additional evidence as the case may be, providing oral statements etc.
- 3) Without prejudice to anything stated above, the concerned Board or Boards conducting evaluation under this provision, shall mandatorily share such conduct of an evaluation immediately and outcome of such evaluation to other Boards and NMC at the earliest but not exceeding three days.

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- 4) After such inspection under this Regulation, if the concerned Board or Boards contemplate any remedial measure or action etc., such measure or action shall be intimated to the medical college or medical institution, through the concerned Board (UGMEB or PGMEB). Provided it shall be the administrative responsibility of the concerned Board to oversee that such measure or action intimated are duly complied with by the medical college or medical institution.

7. Consequence of compliance

- 1) If the medical college or medical institution is found out to be successfully meeting requirements as prescribed for the UGMEB or PGMEB as the case may be, the concerned Board shall provide a renewal certificate for continuation of the course/s and admission of students thereof for the next/ coming Academic Year.
- 2) Any deficiency noted will attract penalties with or without the decision above.

8. Penalties

- 1) Where the respective Board has reason to believe that a medical institution has failed to comply with any statutory provision, regulations framed there under or has not complied with the Minimum Standards of Requirements as prescribed by the respective Boards, or has conducted themselves in any manner which is not in accordance with the goals of medical education and practice, the Board shall either penalize the medical college or medical institution and /or conduct further enquiry into such act and wherever needed provide an opportunity to rectify the same.
- 2) For purposes of penalties, the regulations (Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations, 2023) will be followed in addition to withholding processing of application for any new schemes for that academic year or for such number of years.

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Provided that the medical institution, may be granted a reasonable opportunity to rectify the deficiencies and any further action shall be taken if it fails to meet the requisite norms.

Provided further that the NMC may also initiate criminal proceedings for furnishing false information, or fabrication of false documents as per the criminal law in force at that time.

9. Appeal to NMC –

- 1) A medical college or medical institution or any such aggrieved person may file an appeal before the Commission with an appropriate fee as specified against any order which shall comprise the following-
 - i) Disapproval of a scheme for establishment of a medical institution or
 - ii) Where no decision is taken within one month of submitting such scheme or
 - iii) Imposition of penalty

Provided, such an appeal is filed within fifteen days of passing such an order or lapse of time, as the case may be.

10. Appeal to the Central Government

- 1) Where an applicant/ medical college or medical institution is aggrieved by the decision of the Commission or where the Commission fails to give its decision within forty-five days from the date of receipt of such an appeal, a second appeal may be filed before the Central Government within 30 days from the date of such order or lapse of time, as the case may be.
- 2) The decision of the Central Government in this regard shall be final.

-The End-

Shankar

Ujjay. v. 035.

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)

No. U.14021/8/2023-UGMEB

Dated the 23rd June 2023

CIRCULAR

Subject : Withdrawal of Guidelines under Graduate Medical Education Regulation 2023

It is informed that the Circular of even number dated 12.06.2023 thereby issuing Guidelines under Graduate Medical Education Regulations 2023, stands “**WITHDRAWN AND CANCELLED**” with immediate effect.

2. This issues with the approval of Competent Authority in UGMEB.


23/6/2023
(Shambhu Sharan Kumar)
Director, UGMEB

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
(Undergraduate Medical Education Board)

No.U.14021-8-2023-UGMEB/

Dated the 12th June 2023

CIRCULAR

Subject : Guidelines under Graduate Medical Education Regulation 2023

Consequent upon publication of Graduate Medical Education Regulations 2023 in Gazette of India vide Notification dated 2nd June 2023 and in suppression of Graduate Medical Education Regulations 1997(as amended), Under Graduate Medical Education Board(UGMEB) hereby issues following new Guidelines for the MBBS Course :

- (i) CBME Curriculum
 - (ii) Manpower Requirement for Research Facilities in a Medical College.
 - (iii) Family Adoption Program
 - (iv) Admission of students under "Disability Category" in MBBS Course.
 - (v) Format for submission of information regarding admission of in a medical college
2. All previously issued Notifications/circulars/clarifications shall now be void and superseded by these new guidelines.
 3. These new guidelines shall be applicable to all the admission made in MBBS Course in a medical college in the academic year 2023-24.
 4. This issues with the approval of the competent authority in UGMEB, National Medical Commission.


12/6/2023
(Shambhu Sharan Kumar)
Director, UGMEB

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राष्ट्रीय आयुर्विज्ञान आयोग
National Medical Commission
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
[Post Graduate Medical Education Board]

File No.N-P016(11)/2/2023-PGMEB-NMC.

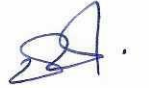
dated the 6th September, 2023

PUBLIC NOTICE

Sub: Seeking Comments of the stakeholders on draft Post-Graduate Medical Education Regulations-2023 – reg.

The Post-graduate Medical Education Board is seeking public comments for draft **Post-Graduate Medical Education Regulations-2023**. A copy of the draft regulation is attached herewith.

2. It is requested to share comments on the draft regulations at the following email id comments.pgregulations@nmc.org.in in MS Word (.docx) format or machine readable PDF Format within 10 days from the date of publication of this notice with a subject tagline "Comments on draft Post-Graduate Medical Education Regulations-2023".



(Rita Singh)
Under Secretary (PGMEB)

[To be published in the Gazette of India, Extraordinary, Part-III, Section-4]

**NATIONAL MEDICAL COMMISSION
POST-GRADUATE MEDICAL EDUCATION BOARD
Pocket 14, Sector 8, Dwarka,
NEW DELHI – 110 077**

POST-GRADUATE MEDICAL EDUCATION REGULATIONS-2023

File No.N-P016(11)/2/2023-PGMEB-NMC - In exercise of overall powers conferred by the National Medical Commission Act, 2019 *vis-à-vis* medical education in general and specifically by sub-section (1) of Section 25 and sub-section (2) of Section 57 of the said Act, National Medical Commission makes the following Regulations namely –

Short title – These Regulations may be called the “Post-graduate Medical Education Regulations-2023” or “PGMER-23” in its abbreviated form.

Commencement – These Regulations shall come into force from the date of their publication in the official gazette.

CHAPTER I PRELIMINARY

1.1 FOCUS AND GOAL

The focus and goal of post-graduate medical education shall be to produce competent specialist and /or Medical teacher recognized by the fraternity as the graduating scholar, building upon his undergraduate education, skills who shall –

- i. Recognize the health needs of the community and carry out professional obligations ethically keeping in view the objectives of the national health policy;
- ii. have mastered most of the competencies, pertaining to the respective Speciality, that is required to be practised at the secondary and the tertiary levels of the health care delivery system;
- iii. be aware of the contemporary advances and developments in the respective discipline concerned and shall progress accordingly;
- iv. have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology;
- v. have acquired the basic skills in the teaching of medical and paramedical professionals;
- vi. acquire basic management skills in human resources, materials and resource management related to health care delivery, general hospital management, principal

inventory skills and counselling;

- vii. Develop personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals;
- viii. become an exemplary citizen by observing the highest standards of professional ethics and working towards fulfilling social and professional obligations to respond to national aspirations.

The institutions imparting post-graduate medical education shall continually work to synchronize the institutional goals with the national goals to produce the kind of trained manpower with high knowledge, appropriate skills and impeccable ethical standards required.

1.2 DEFINITIONS – In these Regulations, unless the context otherwise requires the terms defined herein shall bear the meaning assigned to them below and their cognate expressions and variations shall be construed accordingly –

- a. **“Act”** shall mean National Medical Commission Act, 2019 [Act No. 30 of 2019].
- b. **“Commission”** shall mean the National Medical Commission duly established under Section 3 of the National Medical Commission Act, 2019.
- c. **“Medical Institution”** shall mean ‘*Medical Institution*’ as defined in Section 2(i) of the National Medical Commission Act, 2019; and shall include a common expression medical college as well.
- d. **“MSR”** shall mean the Minimum Standards of Requirements for Post-graduate courses in medical institution as notified by the Post-graduate Medical Education Board (PGMEB) from time to time, which shall also include, explanatory notes, circulars, advisories etc.
- e. **“NEET-PG”** shall mean ‘National Eligibility-cum-Entrance Test for admission in Broad Speciality’ courses.
- f. **“NEET-SS”** shall mean ‘National Eligibility-cum-Entrance Test for Super Speciality’ courses as referred to under Section 14 of the National Medical Commission Act, 2019.
- g. **“NEET”** shall mean the common final year examination or National Exit Test as referred to under Section 15 of the National Medical Commission Act, 2019.
- h. **“University”** shall mean the Health University as defined under Sub-Section (f) of Section 2 or a University as defined under sub-section (x) of Section 2; both under the National Medical Commission Act, 2019, as the case may be.
- i. **“Feeder Speciality”** shall mean broad specialty qualification required to pursue super-speciality course of qualification.

CHAPTER II

COURSES OF SPECIALITIES AND COMPONENTS OF POST-GRADUATE TRAINING

2.1 LIST OF QUALIFICATIONS, DURATION OF THE COURSE AND COMPONENTS OF POST-GRADUATE TRAINING

Sl. No.	Name of Qualification	Duration of Course (including period of examination)
i.	Post-graduate Broad Speciality Qualifications (Annexure-1)	3 Years/ 2 years*
ii.	Post-graduate Super Speciality Courses (Annexure-2)	3 Years
iii.	Post-graduate Diploma Courses (Annexure-3) @	2 Years
iv.	Post-Doctoral Certificate Courses (PDCC) (Annexure-4)	1 year
v.	Post-Doctoral Fellowship (PDF) Courses (Annexure-5)	2 years
vi.	DM/M.Ch (6 years Course) (Annexure-6)	6 years

* The period of training, including the period of examination, shall be two years for the students, who possess a recognised two-year post-graduate diploma course in the same subject.

@ Medical colleges/institutes may apply to Medical Assessment and Rating Board (MARB) for converting diploma seats to degree seats. No more new applications will be entertained for permission to start or increase in number of diploma seats.

2.2 COMPONENTS OF THE POST-GRADUATE CURRICULUM

The major components of the post-graduate curriculum shall be:

- Theoretical knowledge
- Practical and clinical skills
- Writing thesis
- Soft skill attributes including communication skills.
- Training in research methodology, medical ethics and medico legal aspects.

CHAPTER III

ESTABLISHMENT OF POST-GRADUATE MEDICAL INSTITUTIONS AND STARTING OF NEW POST-GRADUATE MEDICAL COURSES

3.1 PERMISSION

- Permission to start the post-graduate course along with an undergraduate medical course

in a medical college/institute or permission to start a post-graduate course in already established undergraduate medical college/institution and determination of number of seats to be permitted shall be as per the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations in vogue, Post-Graduate Medical Education Regulations (PGMER) in vogue, Teachers Eligibility Qualifications in Medical Institutions Regulations in vogue, MSR in vogue, Curriculum requirements of respective speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.

Post-graduate courses will be permitted only if the medical college/institution fulfills all the requirements for running the undergraduate medical college

- ii. Existing or proposed non-teaching hospitals owned and managed by government can start post-graduate courses without having undergraduate college, if they fulfil the norms and procedures prescribed in the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations in vogue, Post-Graduate Medical Education Regulations (PGMER) in vogue, Teachers Eligibility Qualifications in Medical Institutions Regulations in vogue, MSR in vogue, Curriculum requirements of respective speciality as notified/informed from time to time on website or by other methods by Post-Graduate Medical Education Board (PGMEB), other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time.

MARB shall do the assessment as per the guidelines and Assessment Form prescribed by the PGMEB. MARB shall evaluate the Assessment Report and put up before the Committee comprising of following members:

President of MARB	-	Chairman
Member of MARB/Expert (to be nominated by President of MARB)	-	Member
President/ Member of UGMEB (to be nominated by President of UGMEB)	-	Member
President/ Member of PGMEB (to be nominated by President of PGMEB)	-	Member

Director/Deputy Secretary of MARB will be Member Secretary

The Committee will deliberate on the application, with relevant reports regarding whether the medical institution fulfils the prescribed conditions mentioned in above mentioned documents and take one of the following decision(s) –

- a. Whether to permit to start the post-graduate course/speciality or not;
- b. the number of seats to be permitted in the Department from the next Academic Year

Once permitted, seats will be called recognised seats for the purpose of registration of degree awarded by University.

3.2 ACCREDITATION

Every permitted post-graduate medical course will have to be accredited by PGMEB as below:

The medical college/institute which has started a new postgraduate course of a qualification shall apply for accreditation of the post-graduate medical course to the President, Postgraduate Medical Education Board (PGMEB) at least three months prior to the expected date of examination to be conducted by the affiliating university in which the first admitted batch is due to appear. Letter from the medical college/institution informing about the exact date of the Practical Examination should reach PGMEB at least fifteen days prior to the date of the Practical Examination. PGMEB will do the assessment of medical college/medical institution running the post-graduate courses. The Assessment Report shall be put before a Committee, comprising the following members:

President of PGMEB	-	Chairman
Member of PGMEB/Expert (to be nominated by President of PGMEB)	-	Member
President/ Member of UGMEB (to be nominated by President of UGMEB)	-	Member
President/Member of MARB (to be nominated by President of MARB)	-	Member
Director/Deputy Secretary of PGMEB will be Member Secretary		

If any deficiency is found, then the Committee will ask the medical college/institution for Compliance. The Committee will examine the Assessment/Assessment and Compliance Report regarding whether the medical institution fulfils the prescribed conditions and Report on Assessment of the Examination. Decision(s) will be taken by the Committee on the following:

- c. Whether to accredit the post-graduate course/speciality in the medical college/institution or not;
- d. number of seats to be permitted in the Department from the next Academic Year

If the medical college/institute is denied accreditation, then there will be no admission from the next academic year; and the medical college/institute will apply afresh for permission to restart the course.

Failure to seek timely accreditation of the existing post-graduate course shall invite exemplary penalty as per the Sanctions and Penalty Clause mentioned in Chapter-IX of this regulation.

3.3 INCREASE OF SEATS

Procedures, methods and criteria for increase of seats will be same as prescribed in **sub Section 3.1 (Permission)**

Increase of seats so granted in already accredited post-graduate course shall be deemed to be recognised post-graduate seats for the purpose of registration of the students. If the Speciality is already accredited, then the medical college/institute shall not apply for accreditation again.

3.4 MONITORING OF STANDARDS OF MEDICAL EDUCATION

The standards of the Medical Education shall be monitored as per the Maintenance of Standards of Medical Education Regulations, 2023 in vogue. Medical college/institute shall pay Annual Fee, as notified by the National Medical Commission from time to time, for the purpose of annual evaluation. Every medical college/institute will pay Affiliation Fee for every course as per the amount fixed in the guidelines from time to time.

3.5 MINIMUM STANDARDS OF REQUIREMENTS (MSR)

Medical colleges/institutes shall follow the guidelines prescribed by the Post-graduate Medical Education Board in the Minimum Standards of Requirements (MSR) document for post-graduate medical education. PGMEB shall notify the Minimum Standards of Requirements (MSR) from time to time for physical infrastructure of the hospital and medical college/institute, teaching staff and other staff, clinical material (prescribed number of patients as per curriculum requirement, laboratory and radiological investigations) for all-round training of the post-graduate students. The PGMEB shall also notify the modifications or amendments in the MSR from time to time which shall have to be mandatorily followed by the medical colleges/institutes.

CHAPTER IV

ADMISSION, COUNSELLING, ETC.

- 4.1 ELIGIBILITY CRITERIA** - Eligibility to pursue a 'Broad specialty post-graduate programme in Medicine' will be on the basis of computation of the Marks obtained in the common final year undergraduate examination to be known as the 'National Exit Test', conducted by the National Medical Commission or caused to have been conducted by National Medical Commission. Till the first batch based on National Exit Test (NExT) becomes eligible for admission in Broad Speciality, the existing system of admission through National Eligibility-cum-Entrance Test-Post-graduate (NEET-PG) as per Post-Graduate Medical Education Regulation, 2000 (PGMER-2000) shall continue.

Provided further that eligibility to pursue super specialty programme/course in Medicine shall be by securing the minimum eligible score at the National Eligibility-cum-Entrance Test-Super Speciality (NEET-SS) Exam conducted either by the National Medical Commission or caused to have been conducted by National Medical Commission. List of feeder broad specialty qualification required by a person to pursue Super-Speciality course of recognized qualification is as per Annexure

- 4.2 CONDUCT OF NEET-SS** – Either the National Medical Commission may conduct the NEET-SS for all super specialty courses or may designate any such agency or authority by whatever name called, to cause the NEET-SS to be conducted.

Provided National Medical Commission may designate multiple agencies or authorities or a combination of agencies or authorities, to conduct NEET-SS if such designation suits the purpose.

Without prejudice to anything stated above the Post Graduate Medical Education Board shall determine the manner, and modalities etc., of conducting the NEET-SS for Super Speciality courses by way of Notification.

- 4.3 COMMON COUNSELLING** – Without prejudice to anything stated in the present Regulations or other NMC Regulations, there shall be common counselling for admission to Post-graduate courses in medicine for all medical institutions in India solely based on the merit list of respective exams.

Provided the common counselling may have multiple rounds as may be necessary.

PGMEB of NMC shall publish guidelines for the conduct of common counselling and the designated authority under **Section 4.4** shall conduct common counselling in conformity with such published guidelines.

Admission Schedule for Post-graduate Broad Specialty Courses (MD/MS)

Sl. No.	Schedule for Admission	Central Counselling	State Counselling to be conducted by respective Counselling authorities*
		All India Quota/ Deemed/ Central Universities/ Institutes/ AFMS	
1.	Conduct of exam	As per NExT Regulation or in case admission is to be based on NEET-PG, then Exam will be conducted in the month of March	
2.	Declaration of result	As per NExT Regulation or in case admission is to be based on NEET-PG, then Exam will be declared by first week of April	
3.	First round of counselling	10 th to 20 th May	20 th to 31 st May
4.	Last date of joining	31 st May	5 th June
5.	Second round of counselling	1 st June to 10 th June	11 th to 20 th June
6.	Last date of joining	20 th June	30 th June
7.	Mop up/Third Round	1 st July, - 10 th July	10 th July to 20 th July
8.	Last date of joining	20 th July,	31 st July
9.	Online stray vacancy round for All India Quota/Central and Deemed Universities	21 st July - 31 st July	1 st – 5 th August
10.	Last Date of Joining	10 th August	
11.	Commencement of academic session	1 st July	

- Note:**
1. For the purpose of ensuring the above time-schedule, Saturday, Sunday or Holidays (except National Holiday) shall be treated as working days.
 2. Keeping in view the circumstances and exigencies, Post-Graduate Medical Education Board may alter the number of rounds and schedule of counselling

The following Matrix shall be applicable with regard to permissibility to students to exercise fresh choice during counselling:-

Round	Free Exit	Exit with forfeiture of Fees	Ineligibility for further counselling	Amount of Registration Fee
AIQ I/ Deemed	✓			Government – Rs.25,000 (half for SC/ST/OBC) Deemed – Rs.2,00,000
AIQ II/ Deemed	✓			
AIQ-III/Mop Up		If not joined	If joined	
State Quota I	✓			Government – Rs.25,000 (half for SC/ST/OBC)
State Quota II	✓			
State Quota-III/Mop Up	✓	If not joined	If joined	Private – Rs.2,00,000

Time Schedule for completion of Admission process for PG (Super Specialty) Medical Courses:

Sl.No.	Schedule for Admission	Super Specialty
1.	Conduct of Entrance Examination	by 10 th July
2.	Declaration of the result of the qualifying/Entrance Examination.	by 15 th July
3.	First round of counselling/admission	by 31 st July
4.	Last date for joining the allotted college and the course	between 1 st and 7 th August
5.	Second round of counselling / admission	by 20 th August
6.	Last date of joining for the second round of counselling / admission	by 27 th August
7.	Commencement of academic session/term	1 st August
8.	Last date up to which students can be admitted/joined against vacancies arising due to any reason	31 st August

Note: Keeping in view the circumstances and exigencies, Post-Graduate Medical Education Board may alter the number of rounds and schedule of counselling.

4.4 Government to appoint a designated authority for Common Counselling – For admission to broad specialty post-graduate courses in medicine in medical institutions, the Central Government or its designated authority shall be the counselling agency for the All-India quota seats and State Government/U.T. Administration shall be the counselling agency for the State/Union Territory quota seats. For all the seats in the Super Speciality Courses, the Central Government or its designated authority shall be the counselling agency.

4.5 Prohibition for any student seeking admission in any other way than counselling – No medical institute shall admit any candidate to the Post-Graduate Medical Education

course in contravention of these regulations.

Provided the medical institution granting admission to any student in contravention of these Regulations, shall be fined Rupees one crore or fee for the entire course duration, whichever is higher, per seat for the first time and for the second time of non-compliance, Rupees two crore or double the amount of fees for the entire course duration, whichever is higher per seat; and for any subsequent non-compliance or continued contravention, the medical institution shall be fined Rupees two crore or double the amount of fees for the entire course duration whichever is higher per seat and barred from granting admissions to any student for minimum two academic years from the next academic year.

Provided further that such Student admitted in contravention of this mandate shall be discharged from the Medical College and double the number of seats shall be reduced for one or more years.

- 4.6 Submission of the final list** – The respective designated authorities (who have conducted the Common Counselling) shall submit the final list of students in the prescribed proforma to the Post-graduate Medical Education Board within one week of the completion of the common counselling, which in turn shall publish that list in the NMC website. Provided each institution shall also submit the final list of students admitted, in the prescribed proforma to the PGMEB within one week of the last date of the joining course, declared by the PGMEB.

Provided only those medical institutions that were permitted to start the post-graduate medical course prior to the date of notification of Common Counselling are allowed to admit students; and those medical institutions, who get requisite permission after the date of notification of Common Counselling shall participate in the next academic year's common counselling to admit students.

Explanation: Requisite permission shall also apply *mutatis mutandis* for increase of seat strength in medical institutions already established.

- 4.7 Student Migration** – No student designated to a medical institution, notwithstanding anything stated in these Regulations, shall be permitted migration to any other medical institution.
- 4.8 Reservation of Seats** - The reservation of seats in medical colleges/institutions for respective categories shall be as per applicable laws prevailing in States/Union Territories. An all India merit list as well as State-wise merit list of the eligible candidates shall be prepared on the basis of the marks obtained in NExT or NEET-PG and candidates shall be admitted to post-graduate courses from the said merit lists only.

Provided further that 5% seats of annual sanctioned intake capacity in Government or government aided higher educational institutions shall be filled up by candidates with benchmark disabilities in accordance with the provisions of the Rights of Persons with Disabilities Act, 2016 based on the merit list of NExT or NEET-PG for admission to post-graduate medical courses. For this purpose, the "Specified Disability" contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 is annexed at **Annexure-7** and the eligibility of candidates to pursue a course in medicine with specified disability shall be in accordance with **Annexure-8**. If the seats reserved for

the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats should be included in the annual sanctioned seats for the respective category.

- 4.9 Feeder Broad Speciality Qualifications for Super Speciality courses -** Prior requirement of Broad Speciality degree qualification to pursue Super Specialty course for qualification will be called Feeder Course. List of Feeder Courses to pursue Super Speciality course of qualification is as per **Annexure-9**.

CHAPTER V **TRAINING**

5.1 PERIOD OF TRAINING

The period of training for the award of various post-graduate degrees and diplomas shall be as per **Chapter-II Section 2.1**.

5.2 TRAINING PROGRAMME

- (i) The training given to the post-graduate students during their stay in the accredited institutions for the award of various post-graduate degrees, shall determine the expertise of the specialist and /or medical teachers produced.

Provided that in respect of MD/MS students admitted with effect from academic session 2021, the training imparted as part of District Residency Programme in District Health System, as provided for in this **Section 5.2(XI)** of these Regulations shall be considered as training imparted in a medical institution.

- (ii) All post-graduate students will work as full-time resident doctors. They will work for reasonable working hours and will be provided reasonable time for rest in a day.
- (iii) Every institution undertaking post-graduate training programme shall set up an Academic Cell, under the chairmanship of a senior faculty member, which shall ensure and monitor the implementation of training programmes in each specialities.
- (iv) The training programmes shall be updated as and when required while keeping in mind the curriculum requirement and other relevant requirements prescribed by NMC from time to time. The structured training programme shall be written and strictly followed, to enable the examiners to determine the training undergone by the candidates.
- (v) Post-graduate students of broad and super specialty degree courses shall maintain a dynamic e-log book which needs to be updated on weekly basis about the work being carried out by them and the training programme undergone during the period of training. MS/M.Ch students shall mandatorily enter details of surgical procedures assisted or done independently.
- (vi) The record (Log) books shall be checked, assessed and authenticated monthly by the postgraduate guide imparting the training.
- (vii) The post-graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.
- (viii) During the training for award of Degree/Diploma/Super-specialty in clinical

disciplines, there shall be proper training in basic medical sciences related to the disciplines concerned. During the training programmes emphasis has to be laid on preventive and social aspects.

- (ix) All post-graduate medical college/institution will have facilities for teaching the basic science subjects as per guidelines.
- (x) Post-graduate training shall consist of training of the students through lectures, seminars, journal clubs, group discussions, participation in laboratory and experimental work, involvement in research, clinical meetings, grand rounds, clinico-pathological conferences, practical training in diagnosis and medical and surgical treatment, training in the basic medical sciences as well as in allied clinical specialties, etc. as per the requirement of speciality training.

Specialities where patient treatment is involved the teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care.

A post-graduate student of a degree course in broad specialties/super specialties would be required to present one poster presentation or to read one paper at a national/Zonal/state conference of the respective specialty or to have one research paper published/accepted for publication as the first author in the journal of the respective specialty to make him eligible to appear in the post-graduate degree examination.

(xi) Common Course work

The following course work shall be common and mandatory for all broad and super specialty post-graduate students irrespective of the specialty.

(a) Course in Research Methodology

- i. All post-graduate students shall complete an online course in Research Methodology.
- ii. The students shall have to register on the portal of the designated training institutions.
- iii. The students shall complete the course in the first year.
- iv. The online certificate generated on successful completion of the course and examination thereafter, will be acceptable evidence of having completed this course.
- v. The above certification shall be a mandatory requirement to be eligible to appear for the final examination of the respective post-graduate course.
- vi. This requirement shall be applicable for all post-graduate students.

(b) Course in Ethics

- i. All post-graduate students shall complete course in Ethics including Good Clinical Practices and Good Laboratory Practices, whichever is relevant to them, to be conducted by institutes/universities.
- ii. The students shall complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without completing the above course.

(c) Course in Cardiac Life Support Skills

- i. All post-graduate students shall complete a course in Basic Cardiac Life Support (BCLS) and Advanced Cardiac Life Support (ACLS) skills to be conducted by the institute.
- ii. The students shall complete the course in the first year.
- iii. No post-graduate student shall be permitted to appear in the examination without the above certification.

(d) Others

Institutions may arrange training in any other courses like awareness in medical audit; exposure to human behavior studies; and finance and accounts, etc which are beneficial to the post-graduate students.

(xii) DISTRICT RESIDENCY PROGRAMME (DRP)

I. Preamble:

Doctors have to be trained in diverse settings including those which are close to the community. Hence, they should be trained in the District Health System / the District Hospitals.

II. Objectives:

The main objectives of the District Residency Programme (DRP) would be:

- a. to expose the post-graduate student to District Health System/ District Hospital and involve them in health care services being provided by District Health System /District Hospital for learning while serving;
- b. to acquaint them with the planning, implementation, monitoring and assessment of outcomes of the National Health programmes at the district level; and
- c. to orient them to promotive, preventive, curative and rehabilitative services being provided by various categories of healthcare professionals under the umbrella of National Health Mission.

In doing so, the post-graduate medical students would also be contributing towards strengthening of services of the District Health System as specialty resident doctors working as members of the district teams.

III. Definition of District Hospital:

For the purpose of this programme, a District Hospital shall be a functional public sector/government-funded hospital of not less than 50 beds with facilities/staff for the designated specialties at that level/facility.

IV. Definition of District Health System:

For the purpose of this programme, the District Health System shall include all public sector/government-funded hospitals and facilities (including community health centers, primary health centers, sub-health centers, urban health centers, etc.), as well as community outreach system in a district. This would also include district system engaged in running respective public health services including the implementation of national and state public health programmes.

V. District Residency Programme:

All post-graduate students pursuing MD/MS in broad specialties in all medical colleges/institutions under the purview of National Medical Commission shall undergo a compulsory residential rotation of three months in District Hospitals/ District Health System as a part of the course curriculum. Such rotation shall take place in the 3rd or 4th or 5th semester of the post-graduate programme. In case of those students who have taken admission after completion of Diploma in the relevant specialty, District Residency Programme shall take place in third semester only. Similarly, the post-graduate diploma students shall undergo the District Residency Programme in the third semester.

This rotation shall be termed as 'District Residency Programme' (DRP) and the post-graduate medical student undergoing training shall be termed as a 'District Resident'.

VI. Training and Responsibilities of District Residents:

The District Resident will work under the overall directions and supervision of the District Residency Programme Coordinator (DRPC).

During this rotation, the Resident doctor will be posted with the concerned/aligned specialty team/unit/ sections/services at the District Health System/ District Hospital; The clinical responsibilities assigned to the Residents would include serving in outpatient, inpatient, casualty and other areas pertaining to their specialty and encompass night duties.

Post-graduate students of specialties where direct patient care is not involved will be trained by District Health System/ District Hospital teams within the available avenues in coordination with the District Health Officer/Chief Medical Officer. They would be trained in and contribute to the diagnostic/laboratories services, pharmacy services, forensic services, general clinical duties, managerial roles and public health programmes etc., as applicable. They may also be posted in research units / facilities, laboratories and field sites of the Indian Council of Medical Research and other national research organizations.

VII. Stipend and Leave for District Residents:

The District Residents shall continue to draw full stipend from their respective medical colleges for the duration of the rotation subject to the attendance record submitted by the appropriate district authorities to the parent medical college/institution, based on methods and system as prescribed. Subject to exigencies of work, the District Resident will be allowed one weekly holiday by rotation. They shall also be entitled to leave benefits as per the rules/ guidelines of the parent college / university.

VIII. Training during DRP and Certification thereof:

- a. Quality of training shall be monitored by log books, supportive supervision and continuous assessment of performance. The attendance and performance of District Residents shall be tracked by the District Residency Programme Coordinator (DRPC) of the District concerned, as well as the parent Medical College through an appropriate electronic/digital or mobile enabled system. Such monitoring systems shall also be accessible to the State/Union Territory Steering Committee and the National Coordination Cell.
- b. The District Residents would remain in contact with their designated post-graduate teachers and departments at their parent Medical College / Institution by phone and e-

communication for guidance, learning, and for being able to participate remotely in scheduled case discussions, seminars, journal clubs, thesis discussion, etc. and other academic activities.

- c. Satisfactory completion of the District Residency shall be an essential condition before the candidate is allowed to appear in the final examination of the respective post-graduate course.
- d. The District Residency Programme Coordinator (DRPC) shall issue certificate of satisfactory completion of DRP and report on the performance of the District Resident on a prescribed format to be decided by the PGMEB to the concerned medical college and the Govt. of the State/UT.

IX. Responsibility of Medical College/Medical Institution:

It shall be incumbent upon all medical colleges/ institutions to place the post-graduate students at the disposal of the Government of concerned State/Union Territory for the District Residency Programme. The faculty of the concerned departments would provide guidance to the District Residents by phone/e-communication in accordance with **Section 5.2.VI.**

X. Responsibility of State Government /Union Territory:

The State Government /Union Territory shall implement the District Residency Programme within their jurisdiction as under:-

- a. The Programme shall be coordinated jointly by the Directorate of Medical Education and the Directorate of Health Services. An Officer of the State Government /Union Territory shall be designated as the State/UT District Residency Programme (DRP) Nodal Officer. The concerned Government shall be responsible for the facilitation, oversight and supervision of the District Residency Programme.
- b. The designated State/UT DRP Nodal officer shall identify and designate District Health System/ District Hospital that are suitable for such rotation in terms of availability of specific specialties, specialists, facilities and services available in consultation with the Directorate of Health Services of the State and the medical colleges, and develop a placement schedule of the Post-graduate Residents of the medical colleges due for rotation at least 6 months in advance. This official will also be responsible for grievance redressal at State level.
- c. The State DRP Nodal officer shall undertake rule-based allotment of the training facilities to the Post-graduate Residents
- d. The State Government shall provide appropriate amenities to the District Residents, including, amongst others, suitable accommodation, mess, transportation to work place (if living quarters is far away), security, especially for lady Residents. Accommodation could be by means of government premises or that rented by concerned State Government and should conform to prescribed norms.
- e. The District Residents shall remain under the jurisdiction of respective State/ UT DRP Nodal officer where they are undergoing District Residency.
- f. In case all the Post-graduate Residents of a State/UT cannot be absorbed within their respective jurisdiction, possibility of posting them to other States/Union Territories may be explored by mutual understanding in consultation with the respective Governments facilitated by the National Coordination Cell.
- g. It shall be permissible for the post-graduate students from the North East Zone

(NEZ) in various medical colleges/institutions in the country, to undergo District Residency Programme in their respective States.

- h. The State Government/UT may consider providing additional honorarium to the District Residents as a token of recognition of their contribution to the healthcare services of the States. In addition, the concerned Governments may make provisions to incentivize postings to remote and difficult areas, and encourage volunteering by post-graduate students to serve at these places.
- i. The concerned State Government shall also designate a senior official of the District Health System as the District Residency Programme Coordinator (DRPC) in each District for coordinating between the State DRP Nodal officer and the medical colleges. The District Residency Programme Coordinator shall also be responsible for orienting the Post-graduate Residents to the District health system, supervising the postings within the district, ensuring their accommodation, safety and transport needs, and for grievance redressal, etc. District Residency Programme Coordinator shall be the competent authority for sanctioning leave to District Residents.

XI. Responsibility of National Medical Commission:

All Medical institutions will submit the DRP posting details of the students to PGMEB of National Medical Commission within one week of completion of DRP. The PGMEB of National Medical Commission will monitor the training programme and may direct necessary changes to the State Government and Medical institutions, if so desired.

XII. Constitution of National/State Oversight Mechanisms:

- a. The National Medical Commission shall constitute a National Steering Committee in consultation with the Ministry of Health and Family Welfare, Government of India to oversee the implementation of the District Residency Programme.
- b. The National Steering Committee shall be chaired by President, Post-Graduate Medical Education Board (PGMEB) or his nominee. The Committee shall comprise nominated members from the Ministry of Health and Family Welfare (not below the rank of Director/Deputy Secretary), Nominee of Directorate General of Health Services (DGHS) and representatives of at least six State Governments/Union Territories. The Committee may submit quarterly reports to the Central Government.
- c. The National Steering Committee shall establish a National Coordination Cell (NCC) under the PGMEB of National Medical Commission which shall be responsible for the smooth and efficient implementation of the District Residency Programme and grievance redressal at national level.
- d. The Governments of State/Union Territory shall constitute a State/Union Territory level Steering Committee chaired by Principal Secretary/ Secretary (Health) and comprising Principal Secretary/Secretary (Medical Education), Director of Health Services, Director of Medical Education, Registrar of the Health University and Deans of the medical colleges to facilitate the implementation of the District Residency Programme.

XIII. Launch of the District Residency Programme:

The District Residency Programme shall be implemented with the PG (broad specialty) batch that has joined for the post-graduate course in the Academic Session 2021.

5.4 CURRICULUM

The Post-graduate Medical Education Board shall publish the model curriculum and the outcome objectives of the same from time to time on the NMC website, which shall form the base for the development of a detailed medical curriculum by the concerned Universities, along with the appropriate methodology to impart meaningful education.

5.5 STIPEND TO POSTGRADUATE STUDENTS

The post-graduate students undergoing post-graduate degree/Diploma/Super-Specialty course in all the institutions shall be paid stipend at par with the stipend being paid to the post-graduate students of State Government medical institutions/Central Government medical institutions, in the State/Union Territory where the institution is located.

5.6 LEAVE RULES FOR POSTGRADUATE STUDENTS

The following leave rules will be followed:

- a. Every post-graduate student will be given minimum 20 days of paid leave per year.
- b. Subject to exigencies of work, post-graduate students will be allowed one weekly holiday
- c. Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations
- d. Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations
- e. In addition to minimum 20 days' paid leave, the candidates will be allowed academic paid leave of 5 days per year for entire duration of training period.

The training period shall be as per **Section 2.1 (Chapter-II)**. If a candidate avails leave in excess than the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 80% (eighty percent) of the attendance.

5.7 ACCOMODATION TO POSTGRADUATE STUDENTS

It will be mandatory for the college to provide appropriate residential accommodation to the post-graduate students. However, it will not be mandatory for the post-graduate students to stay in the hostel.

CHAPTER VI

ROLE OF UNIVERSITITES

- 6.1** It shall be the duty of all concerned Universities with the medical institutions under them, to partner with the National Medical Commission –

- a. To implement an appropriate curriculum to provide high-quality and affordable post-graduate medical education to the student to make him a competent specialist and/or medical teacher.
 - b. To provide training in clinical and practical skills along with theoretical knowledge, laying emphasis upon attitude, ethics and communication skills to ensure imparting competency-based medical education.
 - c. Encourage scholars in both self-directed and Assisted learning.
 - d. Provide periodic and transparent assessment of medical education being imparted by Medical Institutions to meet with highest global standards.
 - e. provide a combination of both formative and summative assessment for overall successful completion of the Post-graduate programme.
 - f. Provide periodic and transparent assessment of medical education being imparted by medical institutions across the nation to meet with highest global standards.
 - g. Inspire confidence in the students to handle emergencies and calamities at all levels.
- 6.2** Without prejudice to the above, the concerned University and medical institutions under them shall ensure that proper records of the work be maintained so that they form the basis of objective, efficient and transparent internal assessment of scholars.
- Provided further that, these maintained and well-classified documents shall be made available for consultation at all times, particularly for the purposes of assessment of the medical college either by the concerned University or NMC.
- 6.3** It shall be the constant endeavor of the concerned University to constantly develop strategies for optimal utilization of evolving technology by the faculty, medical education department and scholars during the period of training at the post-graduation level.
- 6.4** It shall be the constant endeavor of the concerned University to maximize the use of digital technology for conducting examination and issuance of Degree/Diploma and other certificates in digital mode which should be available on Digi locker platform. All the Universities should make all out efforts to start issuance of Certificates in digital mode on Digi locker platform as early possible.

CHAPTER VII

DEPARTMENT, UNITS, FACULTY AND SENIOR RESIDENTS

7.1 Department:

The name of the Department will be as per the name of the Speciality subject (qualification) (**Annexure-1, Annexure-2**). Each Department will be headed by a Professor.

Unit:

All Departments with inpatient beds will have unit structure (Units), if applicable.

Faculty:

Professor, Associate Professor and Assistant Professor will be considered as faculty and they will be full time. Appointment and promotion of faculty in various teaching Specialities imparting post-graduate medical education in medical institutions, falling within the purview of the national medical Commission, has to be in accordance with the norms of Teachers Eligibility Qualifications in Medical Institutions Regulations, in vogue. The number of faculty requirement and the number of post-graduate students registrable under teach faculty will be as per PGMER and PG-MSR norms in vogue.

In Government institutions, where there is a post of Additional Professor, and a faculty, who fulfills all the requirements to become Professor will be considered as Professor for all purposes. However, the Government will convert the designation at the earliest. Similarly, in Government institutions, where there is a post of Reader, and a faculty, who fulfills all the requirements to become Associate Professor will be considered as Associate Professor for all purposes. However, the Government will convert the designation at the earliest.

Senior Resident:

Senior Resident should have post graduate/super speciality qualification in the respective speciality.

Post-graduate courses under any other body like the National Board of Examinations in Medical Sciences (NBEMS), etc. are not permissible against the very same units, teaching personnel and infrastructure for courses under these regulations.

- 7.2 The faculty of a medical college/institute shall assist the National Medical Commission/ Boards whenever required for the purpose of assessment and as experts, etc.
- 7.3 The position of Dean/Director/Principal of Medical College/Institution should be held by a person possessing recognized post-graduate medical degree from a recognized/accredited institution with a minimum of ten years teaching experience as Professor/Associate Professor in a Medical College/ Institution, out of which at least five years should be as Professor in the Department. Appointment to these posts shall be made on seniority-cum-merit basis. The Dean/Director/Principal of Medical Institution shall not hold the post of Head of the Department.
- 7.4 The Medical Superintendent of the affiliated teaching hospital shall possess a recognized post-graduate medical degree from a recognized/accredited institution with a minimum of ten years teaching experience as Professor /Associate Professor in the relevant departments of the Hospital, out of which at least five years should be as Professor. Appointment to these posts shall be made on seniority-cum-merit basis. Medical Superintendent shall not occupy the position of the Head of the Department. However, he can head the unit.

CHAPTER VIII

EXAMINATIONS

8.1 EXAMINATIONS

The medical college/institute will conduct the Formative Assessment (examination) and the University will conduct the Summative Assessment (examination).

The summative examination shall consist of Theory and Practical. Obtaining a minimum of 40% marks in each theory paper and not less than 50% aggregate in all the four papers for degree examination in broad specialty and super specialty subjects and obtaining 50% marks in practical examination shall be mandatory for passing the examination as a whole. Hence a candidate shall secure not less than 50% marks in theory and practical including clinical, Objective Structured Clinical Examination (OSCE) and viva voce examination. Five per cent of practical marks will be of dissertation. External examiner outside the state will evaluate dissertation thesis and take viva on it and marks will be given on quality of dissertation and performance in viva voce.

No grace mark is permitted in post-graduate examination either for theory or for practical.

8.2 Examiners

- a. The examiner for the post-graduate examination in Broad and Super Specialties shall have three years' experience as recognized Post-graduate Guide in the concerned subject.
- b. The minimum number of examiners for post-graduate examination shall be four. Out of which, at least two shall be external examiners and least one of them shall be from different university outside the state.
- c. An examiner shall not be appointed for more than two consecutive regular examinations for the same institution.

8.3 Valuation

- a. All the teachers of the other colleges of the concerned University or other Universities, who are eligible to be post-graduate examiners, can perform the valuation of the answer scripts.
- b. All the answer scripts shall be subjected for two valuations by the concerned University. The average of the total marks awarded by the two valuers for the paper, which is rounded off to the nearest value, shall be considered for computation of the results. All the answer scripts, where the difference between two valuations is 15% and more of the total marks prescribed for the paper, shall be subjected to third valuation. The average of the best two total marks, awarded by the three evaluators for the paper, rounded off to the nearest value, shall be considered for final computation of the results.
- c. After the computation and declaration of the results, under no circumstances, revaluation is permitted by any authority.
- d. All the Health Universities/Institutions imparting post-graduate courses shall implement digital valuation.

8.4 Number of Examinations

The university shall conduct not more than two examinations in a year, for any subject, with an interval of not less than 4 and not more than 6 months between the two examinations.

8.5 Methodology

A. Broad Specialties: Doctor of Medicine (MD)/Master of Surgery (MS)

MD/MS examinations, in any subject shall consist of theory papers, and clinical/practical and oral examinations.

a. Theory

The theory examination may be of descriptive theory paper type or Multiple Choice Question (MCQ) type of equal duration of exam time. The descriptive type of theory exam shall be of four theory papers. The first and the fourth paper shall be on basic medical sciences and recent advances, respectively.

The theory examination shall be held well in advance before the clinical and practical examination.

b. Clinical/Practical and Oral

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination for other subjects shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental/ laboratory studies and his ability to perform such studies as are relevant to his subject.
- iii. The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty.

B. Super Specialties: Doctorate of Medicine (DM)/Magister Chirurgiae (M.Ch.)

The Examination consists of theory and clinical/practical and oral.

a. Theory

There shall be four theory papers. The first and the fourth paper shall be on basic medical sciences and recent advances respectively. The theory examination shall be held well in advance before the clinical and practical examination.

b. Clinical/Practical and Oral:

- i. Clinical examination for the subjects in clinical sciences shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist/teacher, for which candidates shall be examined for one long case and two short cases.
- ii. Practical examination may consist of carrying out special investigative techniques for Diagnosis and Therapy. M.Ch. candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive enough to test the candidate's overall knowledge of the subject.

C. Post-graduate Diploma

Diploma examination in any subject shall consist of theory and practical/clinical and oral.

a. Theory

There shall be three Theory papers. The first paper shall be on basic medical sciences. The theory examination will be held well in advance before the clinical examination.

b. Clinical and Oral

Clinical examination for the subject in clinical Science shall be conducted to test/aimed at assessing the knowledge and competence of the candidate for undertaking independent work as a specialist for which a candidate shall examine a minimum of one long case and two short cases.

The oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty.

CHAPTER IX

SANCTION AND PENALTY

9.1 PENALTY FOR VIOLATION OF REGULATIONS

For non-compliance or intentional attempt of non-compliance act or omission, the PGMEB will penalize the medical college/institution.

9.2 Without prejudice to anything stated at Section 9.1 above, the imposition of the penalty may include one/more/ all of the following –

- a. Issuance of warning with direction to rectify/comply as the case may be by the medical institution;
- b. Monetary penalty not exceeding INR one crore per every violation/act of omission committed by the medical institution;
- c. monetary penalty not exceeding Rupees five lakhs for the faculty/ Head of the Department (HoD)/ Dean/Director/Doctor submitting false declaration/documents/records (including patients' records). Further, they can also be charged or penalized for misconduct under the Professional Conduct Regulations in vogue.
- d. Withholding the accreditation process;
- e. recommending to MARB for withholding processing of application(s) for any new course including increase of seats in the existing course for that academic year or for such number of years.
- f. Reducing the number of students in the next or subsequent academic years to be admitted by the medical institution;
- g. Stoppage of admission to one or more of the courses in the next or subsequent academic years.

- h. Recommending to NMC for withdrawal of permission;
- i. Withholding and withdrawal of accreditation for a period up to five academic years.
- j. Any attempt to pressurize PGMEB or NMC through individuals or agency will lead to immediate halt of the processing the application/request by the medical institution.

Provided further that the medical institution, may be granted a reasonable opportunity to rectify the deficiencies and any further action shall be taken if it fails to meet the requisite norms. Provided further that, the PGMEB or the NMC may also initiate criminal proceedings for furnishing false information, or fabrication of false documents as per the criminal law in force at that time.

CHAPTER X

MISCELLANEOUS

10.1 Faculty Development Programme

The Post-graduate Medical Education Board shall prescribe the Faculty Development Programme to enhance the skills of the faculty for post-graduate training, which will have to be mandatorily followed.

10.2 Animal Experimentation

Animal experimentation should continue to be included as an integral part of the competency based curriculum of post-graduate courses in Physiology and Pharmacology in medical institutions.

However, the use of non-animal, human relevant methods may be encouraged for teaching and training of post-graduate students in these subjects, wherever possible. If animals are used as a part of research studies or thesis work, biomedical ethics and relevant rules and guidelines framed under the Prevention of Cruelty to Animals Act, 1960, must be strictly adhered to.

10.3 Collaborative Research

Impetus may be provided to Research in medical field to produce Physician Scientists of highest caliber by collaborative arrangement with other scientific organizations of excellence as well as Institutes of Eminence/ Excellence conferred by the Government of India. Inter-disciplinary research with AYUSH may be encouraged.

CHAPTER XI

AMENDMENTS, SAVING CLAUSE AND REPEAL

11.1 Provision to Amend the Post-Graduate Medical Education Regulations - 2023

National Medical Commission is empowered to make any addition, deletion, substitution or any other amendment to Post-graduate Medical Education Regulations -2023, as and

when required. The Post-graduate Medical Education Board is empowered to issue advisories and clarifications as and when required. The National Steering Committee constituted under **Section 5.3(XII)** to oversee the District Residency Programme (DRP) and will suggest practical ways in implementing District Residency Programme to achieve the objectives.

11.2 Saving Clause

Notwithstanding anything contained in these Regulations, any actions made under the “*Post-graduate Medical Education Regulations, 2000*” or the “*The Opening of a New or 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 Post-Graduate course of Study or Training) Regulations, 2000*” or the recommendation of the Councils prior to that, shall be protected.

11.3 Repeal

The “*Post-graduate Medical Education Regulations, 2000*” and “*The Opening of a New or 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 Post-Graduate course of Study or Training) Regulations, 2000*” are hereby repealed.

DR VIJAY OZA, PRESIDENT (PGMEB)

Note: These Regulations are being published in English and Hindi, the English version shall prevail in case of any doubt about the interpretation of these Regulations.

Annexure-1
[See Section 2.1(i)]

**LIST OF RECOGNISED POST-GRADUATE BROAD SPECIALITY
QUALIFICATIONS (MD/MS)**

A. MD (Doctor of Medicine)

1. MD (Aerospace Medicine)
2. MD (Anatomy)
3. MD (Anesthesiology)
4. MD (Biochemistry)
5. MD (Biophysics)
6. MD (Community Medicine)
7. MD (Dermatology, Venerology and Leprosy)
8. MD (Emergency Medicine)
9. MD (Family Medicine)
10. MD (Forensic Medicine and Toxicology)
11. MD (General Medicine)
12. MD (Geriatrics)
13. MD (Health Administration)
14. MD (Hospital Administration)
15. MD (Immunohematology and Blood Transfusion)
16. MD (Laboratory Medicine)
17. MD (Marine Medicine)
18. MD (Master of Public Health (Epidemiology))
19. MD (Microbiology)
20. MD (Nuclear Medicine)
21. MD (Paediatrics)
22. MD (Palliative Medicine)
23. MD (Pathology)
24. MD (Pharmacology)
25. MD (Physical Medicine and Rehabilitation)
26. MD (Physiology)
27. MD (Psychiatry)
28. MD (Radiation Oncology)
29. MD (Radio-diagnosis)

30. MD (Respiratory Medicine)
31. MD (Sports Medicine)
32. MD (Tropical Medicine)

B. MS (Master of Surgery)

1. MS (General Surgery)
2. MS (Obstetrics & Gynecology)
3. MS (Ophthalmology)
4. MS (Orthopedics)
5. MS (Otorhinolaryngology - Head and Neck) - *earlier known by Otorhinolaryngology*
6. MS (Traumatology and Surgery)

Annexure-2
[See Section 2.1(ii)]

**LIST OF RECOGNISED POST-GRADUATE SUPER SPECIALITY
QUALIFICATIONS (DM/MCh)**

1. DM (Cardiac Anaesthesia)
2. DM (Cardiology)
3. DM (Child and Adolescent Psychiatry)
4. DM (Clinical Haematology)
5. DM (Clinical Immunology and Rheumatology)
6. DM (Critical Care Medicine)
7. DM (Endocrinology)
8. DM (Geriatric Mental Health)
9. DM (Hepatology)
10. DM (Infectious Disease)
11. DM (Interventional Radiology)
12. DM (Medical Gastroenterology)
13. DM (Medical Genetics)
14. DM (Medical Oncology)
15. DM (Neonatology)
16. DM (Nephrology)
17. DM (Neuro Anaesthesia)
18. DM (Neurology)
19. DM (Neuro-radiology)
20. DM (Onco-Pathology)
21. DM (Organ Transplant Anaesthesia and Critical Care)
22. DM (Paediatric and Neonatal Anaesthesia)
23. DM (Paediatric Cardiology)
24. DM (Paediatric Critical Care)
25. DM (Paediatric Gastroenterology)
26. DM (Paediatric Hepatology)

27. DM (Paediatric Nephrology)
28. DM (Paediatric Neurology)
29. DM (Paediatric Oncology)
30. DM (Pulmonary Medicine)
31. DM (Virology)

A. MCh (Magister of Chirurgiae)

- 1.* MCh (Cardiac Surgery)
2. MCh (Endocrine Surgery)
3. MCh (Gynaecological Oncology)
4. MCh (Hand Surgery)
5. MCh (Head and Neck Surgery)
6. MCh (Hepato-Pancreato-Biliary-Surgery)
7. MCh (Neurosurgery)
8. MCh (Paediatric Cardio Thoracic and Vascular Surgery)
9. MCh (Paediatric Orthopaedics)
10. MCh (Paediatric Surgery)
11. MCh (Plastic & Reconstructive Surgery)
12. MCh (Reproductive Medicine and Surgery)
13. MCh (Surgical Gastroenterology)
14. MCh (Surgical Oncology)
- 15.* MCh (Thoracic Surgery)
16. MCh (Urology)
17. MCh (Vascular Surgery)
- 18.* MCh (Cardio Vascular & Thoracic Surgery)

* Existing Cardio Vascular & Thoracic Surgery (CTVS) course is being bifurcated into Cardiac Surgery and Thoracic Surgery with change in curriculum and other requirements. There will be transition period of three years. At the end of three years (i.e. after 2026) there will no admission in course. Changes in Curriculum and other requirements will be gradual, and will be notified. There will be no new permission to start or increase in seats in Cardio Vascular & Thoracic Surgery (CTVS) Course after publication of these Regulations.

LIST OF RECOGNISED POST-GRADUATE DIPLOMA QUALIFICATIONS

1. Allergy and Clinical Immunology
2. Anesthesiology (D.A.)
3. Clinical Pathology (D.C.P.)
4. Community Medicine (D.C.M.)/ Public Health (D.P.H.)
5. Dermatology, Venerology and Leprosy (DDVL)
6. Forensic Medicine (D.F.M.)
7. Health Education (D.H.E.)
8. Health Administration (D.H.A.)
9. Immuno-Haematology & Blood Transfusion (D.I.H.B.T.)
10. Marine Medicine (Dip. M.M.)
11. Microbiology (D.Micro)
12. Nutrition (D.N.)
13. Obstetrics & Gynecology (D.G.O.)
14. Occupational Health (D.O.H.)
15. Ophthalmology (D.O.)
16. Orthopedics (D.Ortho.)
17. Otorhinolaryngology (D.L.O.)
18. Paediatrics (D.C.H.)
19. Physical Medicine & Rehabilitation (D.Phy. Med. & R.)
20. Psychiatry (D.P.M.)
21. Radiation Medicine (D.R.M.)
22. Radio-diagnosis (D.M.R.D.)
23. Radio-therapy (D.M.R.T.)
24. Radiological Physics (D.R.P.)
25. Sport Medicine (D.S.M.)
26. Tropical Medicine & Health (D.T.M. & H.)
27. Tuberculosis & Chest Diseases (D.T.C.D.)
28. Virology (D.Vir.)

**LIST OF RECOGNISED POST-DOCTORAL CERTIFICATE COURSES (PDCC)
QUALIFICATION**

1. PDCC in Organ Transplant Anaesthesia
2. PDCC in Paediatric Endocrinology
3. PDCC in Laboratory Immunology
4. PDCC in Nuclear Nephrology
5. PDCC in Renal Pathology
6. PDCC in Gastro-Radiology
7. PDCC in Aphaeresis Technology and Blood Component Therapy
8. PDCC in Pain Management
9. PDCC in Haemato-Oncology
10. PDCC in Paediatric Endocrinology
11. PDCC in Paediatric ENT
12. PDCC in Spine Surgery

Annexure-5
[See Section 2.1(v)]

**LIST OF RECOGNISED POST-DOCTORAL FELLOWSHIP (PDF)
QUALIFICATION**

LIST OF DM/M.CH COURSES OF SIX YEARS DURATION

1. DM Neurology
2. M.Ch Neurosurgery

Schedule to the Rights of Persons With Disabilities (RPWD) Act, 2016

“SPECIFIED DISABILITY”

1. Physical disability

- A. Locomotor disability (a person’s inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including –
- (a) “leprosy cured person” means a person who has been cured of leprosy but is suffering from –
 - (i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
 - (ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
 - (iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall be construed accordingly;
 - (b) “cerebral palsy” means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;
 - (c) “dwarfism” means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;
 - (d) “muscular dystrophy” means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;
 - (e) “acid attack victims” means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.
- B. Visual impairment—
- (a) “blindness” means a condition where a person has any of the following conditions, after best correction—
 - (i) total absence of sight; or
 - (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
 - (iii) limitation of the field of vision subtending an angle of less than 10 degree.
 - (b) “low-vision” means a condition where a person has any of the following conditions,

namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
- (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. Hearing impairment—

- (a) “deaf” means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b) “hard of hearing” means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

D. “speech and language disability” means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. **Intellectual disability**, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of every day, social and practical skills, including -

- (a) “specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
- (b) “autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. **Mental behaviour**,— “mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

4. **Disability** caused due to—

- (a) chronic neurological conditions, such as—
 - (i) “multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
 - (ii) “parkinson's disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

- (b) Blood disorder—
 - (i) “haemophilia” means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
 - (ii) “thalassemia” means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
 - (iii) “sickle cell disease” means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and organ damage; “hemolytic” refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.
- 5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
- 6. Any other category as may be notified by the Central Government.

Note: Any amendment to the Schedule to the RPWD Act, 2016, shall consequently stand amended in the above Annexure.

Guidelines regarding admission of students with “Specified Disabilities” under the Rights of Persons with Disabilities Act, 2016 with respect to admission in Post-graduate Courses in Modern Medicine

- Note 1.** The “Certificate of Disability” shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017 notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 15th June 2017.
2. The extent of “specified disability” in a person shall be assessed in accordance with the “Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)” notified in the Gazette of India by the Ministry of Social Justice and Empowerment [Department of Empowerment of Persons with Disabilities (*Divyangjan*)] on 4th January 2018.
3. The minimum degree of disability should be 40% (Benchmark Disability) in order to be eligible for availing reservation for persons with specified disability.
4. The term ‘Persons with Disabilities’ (PwD) is to be used instead of the term ‘Physically Handicapped’ (PH).

S. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
1.	Physical Disability	A. Locomotor Disability, including Specified Disabilities (a to f).	a. Leprosy cured person*	Less than 40% disability	40-80% disability. Persons with more than 80% disability may also be allowed on case to case basis and their functional competency will be determined with the aid of assistive devices, if it is being used, to see if it is brought below 80% and whether they possess sufficient motor ability as required to pursue and complete the course satisfactorily.	More than 80%
			b. Cerebral Palsy**			
			c. Dwarfism			
			d. Muscular Dystrophy			
			e. Acid attack victims			
			f. Others*** such as Amputation, Poliomyelitis, etc.			

			* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at. ** Attention should be paid to impairment of vision, hearing, cognitive function, etc. and corresponding recommendations be looked at. *** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for medical course.			
	B. Visual Impairment (*)	a. Blindness	Less than 40% disability	----	Equal to or more than 40% Disability	
		b. Low vision				
	C. Hearing Impairment @	a. Deaf	Less than 40% Disability	----	Equal to or more than 40% Disability	
		b. Hard of hearing				
	(*) Persons with Visual impairment / visual disability of more than 40% may be made eligible to pursue Post-graduate Medical Education and may be given reservation,subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier etc. @ Persons with hearing disability of more than 40% may be made eligible to pursue Post-graduate Medical Education and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices. In addition to this, the individual should have a speech discrimination score of more than 60 %.					
D. Speech & language disability\$	Organic/ neurological causes	Less than 40% Disability	-	Equal to or more than 40% Disability		
\$ Persons with Speech Intelligibility Affected (SIA) shall be eligible to pursue post-graduate courses, provided Speech Intelligibility Affected (SIA) score shall not exceed 3(three), which is 40% or below. Persons with Aphasia shall be eligible to pursue post-graduate courses, provided Aphasia Quotient (AQ) is 40% or below.						

Sl. No.	Disability Type	Type of Disabilities	Specified Disability	Disability Range		
				Eligible for Medical Course, Not Eligible for PwD Quota	Eligible for Medical Course, Eligible for PwD Quota	Not Eligible for Medical Course
2.	Intellectual Disability		a. Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental aphasia)#	# Currently there is no Quantification scale available to assess the severity of SpLD, therefore the cut-off of 40% is arbitrary and more evidence is needed.		
				Less than 40% Disability	Equal to or more than 40% disability and equal to or less than 80%. But selection will be based on the learning competency evaluated with the help of the remediation/assisted technology/aids/infrastuctural changes by the Expert Panel	More than 80% or severe nature or significant cognitive/intellectual disability

			b. Autism spectrum disorders	Absence or Mild Disability, Asperger syndrome (disability of up to 60% as per ISAA) where the individual is fit for post-graduate course by an expert panel	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	More than 60% disability or presence of cognitive/intellectual disability and/or if the person is unfit for pursuing post-graduate course by an expert panel
3.	Mental behaviour		Mental illness	Absence or mild Disability: less than 40% (under IDEAS)	Currently not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	No mental disorder is barred from pursuing PG Medical education subject to being eligible in NEXT/NEET-PG
4.	Disability caused due to	a. Chronic Neurological Conditions	i. Multiple Sclerosis	Less than 40% Disability	40-80% disability	More than 80%
			ii. Parkinsonism			
		b. Blood Disorders	i. Haemophilia	Less than 40% Disability	40-80% disability	More than 80%
			ii. Thalassemia			
			iii. Sickle cell disease			
5.	Multiple disabilities including deaf blindness		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, Visual, Hearing, Speech & Language disability, Intellectual Disability, and Mental Illness as a component of Multiple Disability. Combining Formula as notified by the related Gazette Notification issued by the Govt. of India $a + \frac{b(90-a)}{90} \left[\quad \right]$ (where a= higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability arising when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual.		

Annexure-9
[See Section 4.9]

FEEDER BROAD SPECIALTY QUALIFICATIONS FOR SUPER SPECIALITY COURSES

A. DM (Doctorate of Medicine)

Sl. No.	Area of Specialization	Feeder Broad Specialty Qualification(s)
1.	DM (Cardiac Anaesthesia)	MD Anaesthesia
2.	DM (Cardiology)	MD General Medicine MD Paediatrics MD Respiratory Medicine
3.	DM (Child and Adolescent Psychiatry)	MD Psychiatry
4.	DM (Clinical Haematology)	MD Biochemistry MD General Medicine MD Paediatrics MD Pathology
5.	DM (Clinical Immunology and Rheumatology)	MD General Medicine MD Paediatrics
6.	DM (Critical Care Medicine)	MD Anaesthesia MD General Medicine MD Paediatrics MD Respiratory Medicine MD Emergency Medicine
7.	DM (Endocrinology)	MD General Medicine MD Paediatrics
8.	DM (Geriatric Mental Health)	MD Psychiatry
9.	DM (Hepatology)	MD General Medicine MD Paediatrics
10.	DM (Infectious Disease)	MD General Medicine MD Paediatrics MD Microbiology MD Respiratory Medicine
11.	DM (Interventional Radiology)	MD Radio-diagnosis
12.	DM (Medical Gastroenterology)	MD General Medicine

Sl. No.	Area of Specialization	Feeder Broad Speciality Qualification(s)
13.	DM (Medical Genetics)	MD/MS in any subject
14.	DM (Medical Oncology)	MD General Medicine MD Paediatrics
15.	DM (Neonatology)	MD Paediatrics
16.	DM (Nephrology)	MD General Medicine MD Paediatrics
17.	DM (Neuro Anaesthesia)	MD Anaesthesia
18.	DM (Neurology)	MD General Medicine MD Paediatrics
19.	DM (Neuro-radiology)	MD Radio-diagnosis
20.	DM (Onco-Pathology)	MD Pathology
21.	DM (Organ Transplant Anaesthesia and Critical Care)	MD Anaesthesia
22.	DM (Paediatric and Neonatal Anaesthesia)	MD Anaesthesia
23.	DM (Paediatric Cardiology)	MD Paediatrics
24.	DM (Paediatric Critical Care)	MD Paediatrics
25.	DM (Paediatric Gastroenterology)	MD Paediatrics
26.	DM (Paediatric Hepatology)	MD Paediatrics
27.	DM (Paediatric Nephrology)	MD Paediatrics
28.	DM (Paediatric Neurology)	MD Paediatrics
29.	DM (Paediatric Oncology)	MD Paediatrics
30.	DM (Pulmonary Medicine)	MD General Medicine MD Respiratory Medicine MD Paediatrics
31.	DM (Virology)	MD Microbiology

B. M.Ch. (Magister of Chirurgiae)

Sl. No.	Area of Specialization	Feeder Broad Speciality Qualification(s)
1.*	M.Ch (Cardiac Surgery)	MS General Surgery
2.	M.Ch. (Endocrine Surgery)	MS General Surgery
3.	M.Ch. (Gynaecological Oncology)	MD/MS Obstetrics & Gynaecology
4.	M.Ch. (Hand Surgery)	MS Orthopaedics
5.	M.Ch. (Head and Neck Surgery)	MS Otorhinolaryngology – Head & Neck MS General Surgery
6.	M.Ch. (Hepato-Pancreato-Biliary Surgery)	MS General Surgery
7.	M.Ch. (Neurosurgery)	MS General Surgery MS Otorhinolaryngology – Head & Neck
8.	M.Ch. (Paediatric Cardio Thoracic and Vascular Surgery)	MS General Surgery
9.	M.Ch. (Paediatric Orthopaedics)	MS Orthopaedics
10.	M.Ch. (Paediatric Surgery)	MS General Surgery
11.	M.Ch. (Plastic & Reconstructive Surgery)	MS General Surgery MS Otorhinolaryngology – Head & Neck
12.	M.Ch. (Reproductive Medicine and Surgery)	MD/MS Obstetrics and Gynaecology
13.	M.Ch. (Surgical Gastroenterology)	MS General Surgery
14.	M.Ch. (Surgical Oncology)	MS General Surgery MS Otorhinolaryngology – Head & Neck MS Orthopaedics MS Obstetrics and Gynaecology
15.*	M.Ch. (Thoracic Surgery)	MS General Surgery
16.	M.Ch. (Urology)	MS General Surgery
17.	M.Ch. (Vascular Surgery)	MS General Surgery
18.*	M.Ch. (Cardio Vascular & Thoracic Surgery)	MS General Surgery

* Existing Cardio Vascular & Thoracic Surgery (CTVS) course is being bifurcated into Cardiac Surgery and Thoracic Surgery with change in curriculum and other requirements. There will be transition period of three years. At the end of three years (i.e. after 2026) there will no admission in course. Changes in Curriculum and other requirements will be gradual, and will be notified. There will be no new permission to start or increase in seats in Cardio Vascular & Thoracic Surgery (CTVS) Course after publication of these Regulations.

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National Medical Commission
स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड
[Post Graduate Medical Education Board]

File No.N-P016(11)/1/2023-PGMEB-NMC.

dated the 6th September, 2023

PUBLIC NOTICE

Sub: Seeking Comments of the stakeholders on draft Minimum Standard of Requirements for Post-Graduate Courses-2023 (MSR-23) – reg.

The Post-graduate Medical Education Board is seeking public comments for draft **Minimum Standard of Requirements for Post-Graduate Courses-2023 (MSR-23)**. A copy of the draft MSR is attached herewith.

2. It is requested to share comments on the draft MSR at the following email id comments.pgmsr@nmc.org.in in MS Word (.docx) format or machine readable PDF Format within 10 days from the date of publication of this notice with a subject tagline "*Comments on draft PG-MSR-2023*".



(Rita Singh)
Under Secretary (PGMEB)

**NATIONAL MEDICAL COMMISSION
POST-GRADUATE MEDICAL EDUCATION BOARD
Pocket 14, Sector 8, Dwarka,
New Delhi-110 077**

New Delhi, dated the 6th September, 2023

Minimum Standard of Requirements for Post-Graduate Courses-2023 (MSR-23)

No.N-P016(11)/1/2023-PGMEB-NMC. In exercise of the powers conferred vide sub-section (1) (a), (c), (d) and (e) of Section 25 of the National Medical Commission Act, 2019, the Post-Graduate Medical Education Board (PGMEB) issues the following guidelines under Regulation 10 of the Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses and Assessment and Rating Regulations, 2023 and Section 3.5 of the Post-Graduate Medical Education Regulation-2023. These Guidelines may be called the “**Minimum Standard of Requirements for Post-graduate Courses-2023 (MSR-2023)**”. These guidelines will come into force with immediate effect.

1. General Guidelines

- i. Medical institutions will fulfill the specific and unique requirements for individual specialities as per Post-Graduate Medical Education Regulation (PGMER) in vogue, TEQ-2022 in vogue, curriculum requirements of respective speciality as notified on website or informed through any other method by National Medical Commission (NMC) time to time, other relevant regulations, explanatory notes, circulars and advisories etc., issued from time to time will be followed.
- ii. There shall be proportionate increase in the faculty, infrastructure and other staff in a subject of Radio-diagnosis, Anaesthesia, Pathology, Microbiology, and Biochemistry with the increase in the number of beds in the hospital. Also, there shall be proportionate increase in the faculty and infrastructure, if workload in the Department is more. The departments shall have adequate number of latest in-house equipments, as per curriculum requirement, operated and managed by the respective department for the training of post-graduate students. The departments shall have digital library and seminar hall with well-equipped high speed internet, Wi-Fi connected media room to have direct relay from in-house operation theaters and also to conduct or attend global scientific live programmes. All institutions imparting post-graduate education shall necessarily have a simulation laboratory for the training of post-graduate students.
- iii. All post-graduate medical college/institution will have facilities for teaching the basic science subjects as per guidelines.

2. Infrastructure requirements

- i. Hospital will have minimum 200 beds and will compulsorily have the following functional Departments:
 - a) Biochemistry
 - b) Pathology
 - c) Microbiology
 - d) Radio-Diagnosis
 - ii. 75 per cent of the hospital beds should be occupied throughout the year by patients requiring inpatient care.
 - iii. Minimum 15 per cent of the total beds in the Department imparting post-graduate training should be Intensive Care Unit (ICU) beds/High Dependency Unit (HDU) beds exclusively of that Department.
 - iv. There shall be adequate space and sufficient number of examination cubicles available in the Out-Patient Department.
 - v. There shall be one teaching room for each teaching department with a capacity to accommodate adequate number of students for clinical case discussions/demonstrations. Each such room shall have audio-visual facilities.
 - vi. The institution shall have adequate in-house laboratory and imaging facilities for the training of post-graduate students, which should be fully run and governed by the respective department.
 - vii. Laboratories shall provide all the investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge, science and technology and for research requirements.
 - viii. Imaging facilities shall be contemporary and in keeping with the latest technology available for diagnosis and interventions. The institution shall have in-house CT scan facilities and MRI facilities before starting any post-graduate course. These facilities shall be run and managed by the Radio-diagnosis department.
 - ix. There should be digital data of records of investigations done in various Departments/Laboratories.
 - x. There should be a Departmental Library with essential books and journals as per curriculum requirements.
3. Clinical material/investigation workload required for post-graduate courses in broad specialities will be as per **Annexure-I** and as per the curriculum requirement.
 4. Ratio of recognized post-graduate teacher to the number of students will be as per **Annexure-II**.

5. Number of minimum and maximum beds in a Unit, faculty and senior resident requirements for number of post-graduate seats in different specialties will be as per **Annexure-III.**

ANNEXURE-I

QUANTIFICATION OF THE CLINICAL MATERIAL/INVESTIGATION WORKLOAD REQUIRED FOR POST-GRADUATE COURSES IN SPECIALITIES

Clinical material/ investigation workload required for post-graduate courses will be as per curriculum requirement in curriculum documents of each speciality as notified by NMC time to time on website, etc. Following are additional general /specific guidelines.

Sl. No.	Parameter	Starting of Post-graduate Course [for annual intake of maximum 02 (two) post-graduate students]	Increase of each additional Post-graduate seat
1.	Out-Patients Attendance (General Guidelines for All Departments where there is Out-Patient clinics)	Average daily Out-Patients attendance should not be less than 50 in General Medicine; General Surgery; Paediatrics; Orthopaedics; Obstetrics and Gynaecology; Respiratory Medicine; Otorhinolaryngology; Ophthalmology; Dermatology, Venereology & Leprosy; Psychiatry; Emergency Medicine; and Family Medicine. Average daily Out-Patients attendance in other clinical broad specialities and Super Specialities should be at least 25.	20% increase.
2.	Bed Occupancy (General Guidelines for All Departments where there is In-Patients)	The average bed occupancy for the Department should be at least 75%.	Same as for starting of PG course.
3.	Operative Workload (Guidelines for All Surgical Departments)	The Surgical post-graduate student should get Operation Theatre Training for at least two full days in a week. Second Year onwards, trainees will get training as First Assistant/Supervised performance two full days in a week. Accordingly, every faculty will preferably get two full days of Operation Table independently with or without supervision. Decision of Unit Chief will be followed. Every Unit will perform minimum three major and six minor surgeries on operation day of the Unit.	At least 20% increase.
4.	Anaesthesia Workload (General Guidelines for	PG seat will be based on the workload, number of operations being performed in the institution daily and number of operation	Same as for starting of PG course.

Sl. No.	Parameter	Starting of Post-graduate Course [for annual intake of maximum 02 (two) post-graduate students]	Increase of each additional Post-graduate seat
	Anaesthesia Department)	theatres fully working (2 seats per operation table working for full day for all the working days), if other criteria are fulfilled. The number of General Anaesthesia and Spine Anaesthesia taken together should co-relate with the number of major surgeries.	
5.	Delivery including LSCS workload (Guidelines for all Departments)	20 deliveries per week (for two seats).	At least 20% increase.
6.	Radiological workload* (General Guidelines for all Departments)	i. Plain X-Rays - at least 50 per day ii. Ultrasound - at least 30 per day iii. In-house CT Scan - at least 10 per day iv. Special investigations - at least 3 per day v. In-house MRI – at least 3 per day	At least 20% increase.
7.	Histopathology Workload* (General Guidelines for Surgical and Pathological Departments)	Total number of Histopathology investigations should be at least 20% of major surgeries performed in all disciplines in the institute.	Proportionate increase with surgical load.
8.	Cytopathology Workload* (General Guidelines for all Departments)	Total number of Cytopathology investigations should be at least 1% of the total daily OPD load of the hospital.	Proportionate increase with OPD load.
9.	Haematology workload* (General Guidelines for all Departments)	Total Haematological investigations should be at least 15% of the total daily OPD load of the hospital.	Proportionate increase with OPD load.
10.	Biochemistry Workload* (General Guidelines for all Departments)	Total Biochemical investigations should be at least 15% of the total daily OPD load of the hospital.	Proportionate increase with OPD load.
11.	Microbiology Workload* (General Guidelines for All Departments)	Total Microbiological investigations should be at least 5% of the total daily OPD load of the hospital.	Proportionate increase with OPD load.

Note:

- * - For the purpose of counting the laboratory and diagnostic investigations, fractions of routine and standard laboratory tests should not be counted as a separate investigations.

ANNEXURE-II

RATIO OF RECOGNIZED POST-GRADUATE TEACHER TO THE NUMBER OF STUDENTS

- (1) The ratio of recognized Post-Graduate teacher to the number of students to be admitted for the post-graduate courses shall be as under:

	Government College + Non-Govt. Colleges ***	Other Non-Government Colleges
Professor/ Associate Prof as Unit Head/ Associate Prof.*	1:3	1:2
Associate Professor	1:2	1:1
Asst. Professor**	-	-
Bed Requirement in a Unit (Minimum/Maximum) and Seats	As per Annexure-II	As per Annexure-II

*** Non-governmental medical college/Medical Institution with 15 years of standing, should have been running the post-graduate course since 10 years and should have completed at least one renewal of recognition assessment in the concerned subject satisfactorily, and has applied for increase in seats.

* **For Associate Professor** - If an Associate Professor fulfils all the eligibility criteria for the post of Professor as laid down in the “**Teachers Eligibility Qualifications in Medical Institutions, Regulations, 2022**”, and fulfils all the requirement of post-graduate teacher as per **Post-Graduate Medical Education Regulations**, in vogue but has not been promoted to the higher post due to administrative non-availability of post or delay in filling up of post in the Govt. organization if he/she continue to work at the same government organization then such post-graduate teacher shall be allotted 3 (three) post-graduate students”.

** **For Assistant Professor** - If an Assistant Professor fulfils all the requirements of post-graduate Teacher as per **Post-Graduate Medical Education Regulations**, in vogue, he shall be considered a post-graduate teacher and shall be allotted 1 (one) post-graduate student.

Counting of Beds:

ICU beds exclusively of the respective Department under its administrative control shall be included in bed strength of the Department.

(2) The number of students to be admitted in case of Post-Graduate degree (Super Speciality) courses

- (i) The ratio of Post-graduate teacher to the number of students to be admitted for super specialities course shall be as under:

Post-Graduate Teachers: Students - Ratio for Super Specialist Subjects*		
	Govt. Colleges	Non-Govt. Colleges
Professor	1:2	1:2
Associate Prof.	1:2	1:2
Assistant Prof.	1:1	1:1
Bed Requirement in a Unit (Minimum/Maximum) and Seats	As per Annexure-II	As per Annexure-II
Max. Seats per Unit	4 (20 beds) 5 (30 or more beds)	4 (20 beds) 5 (30 or more beds)

- * In Departments where units are not prescribed, the number of post-graduate students that can be admitted in a Department shall depend upon the number of Faculty available in the said Department. There is no upper limit prescribed, however number of seats shall be determined on the basis of available clinical material/ workload/facilities.

The ratio of post-graduate teacher to the number of students to be admitted for super specialities course shall be 1:2 for Professor/Associate Professor and 1:1 for remaining cadre in each unit per year subject to a maximum of 4 post-graduate seats for the course per unit of 20 beds per academic year and to a maximum of 5 post-graduate seats for the course per unit per academic year provided the complement of 10 teaching beds per seat is added to the prescribed bed strength of 20 for the unit.

ANNEXURE-III

TABLE SHOWING BEDS, FACULTY AND POST-GRADUATE SEATS IN DIFFERENT SPECIALTIES

Name of the Department	Minimum No of Beds in a Unit	Maximum Number of Beds	Faculty Requirement	Senior Resident (SR) Requirement	No of Post-graduate Seats	Other Criteria
General Medicine	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
General Surgery	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Orthopaedics	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Paediatrics	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Obstetrics & Gynaecology	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Psychiatry	6	15	See Foot Note 3 and 4	One SR will be required in each unit, if the department is having above 6 beds	1 PG seat / 3 beds, if other criteria are fulfilled.	See A and B at Footnote

Name of the Department	Minimum No of Beds in a Unit	Maximum Number of Beds	Faculty Requirement	Senior Resident (SR) Requirement	No of Post-graduate Seats	Other Criteria
Otorhinolaryngology	12	30	See Foot Note 5 and 6	One SR will be required in each unit, if the department is having above 12 beds	1 PG seat / 6 beds, if other criteria are fulfilled.	See A and B at Footnote
Ophthalmology	12	30	See Foot Note 5 and 6	One SR will be required in each unit, if the department is having above 12 beds	1 PG seat / 6 beds, if other criteria are fulfilled.	See A and B at Footnote
Dermatology Venereology and Leprosy	6	15	See Foot Note 3 and 4	One SR will be required in each unit, if the department is having above 6 beds	1 PG seat / 3 beds, if other criteria are fulfilled.	See A and B at Footnote
Anaesthesia	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload, number of operation tables fully working(2 seats per operation table) if other criteria are fulfilled.	See A and B at Footnote
Radiology	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the investigative workload and number of clinical beds if other criteria are fulfilled.	See A and B at Footnote
Pathology	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the investigative workload, if other criteria are fulfilled.	See A and B at Footnote
Microbiology	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the investigative workload, if other criteria are fulfilled.	See A and B at Footnote

Name of the Department	Minimum No of Beds in a Unit	Maximum Number of Beds	Faculty Requirement	Senior Resident (SR) Requirement	No of Post-graduate Seats	Other Criteria
Biochemistry	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the investigative workload, if other criteria are fulfilled.	See A and B at Footnote
Forensic Medicine	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload, if other criteria are fulfilled.	See A and B at Footnote
Pharmacology	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload, if other criteria are fulfilled.	See A and B at Footnote
Anatomy	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload, if other criteria are fulfilled.	See A and B at Footnote
Physiology	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload, if other criteria are fulfilled.	See A and B at Footnote
Respiratory Medicine	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Emergency Medicine	16	40	See Foot Note 1 and 2	SR will be required as per curriculum requirements	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote

Name of the Department	Minimum No of Beds in a Unit	Maximum Number of Beds	Faculty Requirement	Senior Resident (SR) Requirement	No of Post-graduate Seats	Other Criteria
Radiation Oncology	6	15	See Foot Note 3 and 4	One SR will be required in each unit, if the department is having above 6 beds	1 PG seat / 3 beds, if other criteria are fulfilled.	See A and B at Footnote
Sports Medicine	as per curriculum requirement	as per curriculum requirement	See Foot Note 3 and 4	as per workload and curriculum requirement	as per workload and curriculum requirement.	See A and B at Footnote
Tropical Medicine	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Geriatrics	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Palliative Medicine	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Family Medicine	16	40	See Foot Note 1 and 2	One SR will be required in each unit, if the department is having above 16 beds	1 PG seat / 8 beds if other criteria are fulfilled.	See A and B at Footnote
Physical Medicine and Rehabilitation	6	15	See Foot Note 3 and 4	One SR will be required in each unit, if the department is having above 6 beds	1 PG seat / 3 beds, if other criteria are fulfilled.	See A and B at Footnote

Name of the Department	Minimum No of Beds in a Unit	Maximum Number of Beds	Faculty Requirement	Senior Resident (SR) Requirement	No of Post-graduate Seats	Other Criteria
Other Broad Specialty where inpatient beds are not required	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload and other requirements and factors.	See A and B at Footnote
Super Specialty subjects where inpatient beds are required	16/as per curriculum requirement	30	See Foot Note 1 and 2	As per the workload and no. of PG seats	1 PG seat / 5 beds if other criteria are fulfilled. Maximum seats permitted per unit will be 5.	See A and B at Footnote
Super Specialty subjects where inpatient beds are not required	Not Required	Not Required	As per the workload and no. of PG seats	As per the workload and no. of PG seats	PG seat will be based on the workload and other requirements and factors.	

- Footnote:**
- If the beds are 30 or above, then minimum faculty will be 3 per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*
 - If the beds are less than 30, then minimum faculty requirement will be 2 faculty per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*
 - If the number of beds are more than 12, then the minimum faculty will be 3 per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*
 - If the beds are less than 12, then minimum faculty requirement will be 2 faculty per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*
 - If the number of beds are more than 24, then the minimum faculty will be 3 per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*

6. *If the number of beds are less than 24, then the minimum faculty will be 2 faculty per Unit. The Unit will be headed by a Professor or Associate Professor and remaining faculty can be Associate Professor/Assistant Professor.*

A: *Curriculum Requirement*

B: *Faculty as per MCI Gazette Notification No.MCI-18(1)/2019-Med./100889 dated 04.04.2019.*

FREQUENTLY ASKED QUESTIONS FOR

“GUIDELINES FOR ESTABLISHMENT OF NEW MEDICAL INSTITUTIONS, STARTING OF NEW MEDICAL COURSES, INCREASE OF SEATS FOR EXISTING COURSES, AND ASSESSMENT AND RATING REGULATIONS FOR UNDERGRADUATE MEDICAL EDUCATION, 2023 (UG-MSR 2023)”.

Disclaimer: These FAQs are in the nature of explanation for ease of understanding of the general public and cannot be upheld in a court of law. Please refer to the relevant Guidelines for legal validity.

Q1. Since when will these guidelines be applicable?

These guidelines are applicable since the date of publication i.e. from 1st August, 2023.

Q2. To whom are these guidelines applicable?

(i) These guidelines are applicable to every medical college/institution which comes under the jurisdiction of National Medical Commission and/or wishes to apply for establishment of new medical college or increase in seats for academic session 2024-25 onwards.

(ii) All the existing medical colleges shall be eligible for continuing their admissions with permitted/recognised number of MBBS seats from the academic year 2024-2025 only if they fulfil the requirements mentioned in these guidelines published on 1st August, 2023.

Q3. Whether the colleges can be allowed to apply for increase in seats beyond seat capacity of 150?

No medical colleges/institutes shall be allowed to increase its admission capacity beyond 150, after publication of these guidelines (UG-MSR 2023).

However, such medical colleges/institutions who have already applied for increase of MBBS seats (for 200 or 250) for the academic year 2023-24 but were not granted permission due to some reason, may seek/apply for permission to increase in admission capacity with same number (either 200 or 250 seats) in the year 2024-25. **This provision is applicable to them only for one year i.e. 2024-25.**

In case, they fail to obtain the permission for increase in admission capacity in MBBS course during the academic year 2024-25 for any reason, admissions shall be restricted to 150 seats only.

Q4. What are the prerequisites for application for increase in seats to the limit of 150?

(i) Colleges seeking increase in seats for admission, shall have admitted batch fulfilling all the criteria for number of seats admitted for the preceding academic year and also shall be fulfilling all the minimum requirements for increase in seat capacity.

(ii) The medical college shall follow the ratio of 100 MBBS seats for 10 lakh population in that state/ U.T.

Q5. What is the role of State Government States/UTs as per new UG-MSR 2023 ?

State Governments/UTs are required to consider and verify the ratio of 100 MBBS seats for 10 lakh population in their state/ U.T. while issuing new Essentiality Certificate for establishment of new medical college or increase of MBBS seats in an existing medical college in the State/UT.

Q6. Whether the college can be allowed to admit students under any additional permitted seat quota?

No excess admission shall be allowed in any circumstances under any quota.

All admissions including for reserved quota shall be within the number of seats granted for admission to that college e.g. if a college has been allowed to admit additional 5 seats under EWS quota, then these 5 seats shall be adjusted from the total sanctioned seats.

Q7. Is it necessary to seek fresh Essentiality Certificate from the government and fresh Consent of Affiliation from the university while applying for increase in seats?

The required certificates shall be valid (as per MARB Regulations) at the time of application submitted by the institution/college for establishment of new medical college/increase of MBBS seats.

Q8. Whether the Department of Respiratory Medicine and Department of Physical Medicine and Rehabilitation can continue functioning after the publication of these guidelines?

These two departments can continue functioning and seek application for Postgraduation Courses as per PGMER 2023. The faculty of Respiratory Medicine department can be counted for Medicine and that of PMR can be counted for Orthopedics for UG courses.

Q9. Is the department of Emergency medicine done away with in UG in the new guidelines?

Emergency services are mandatory for every hospital affiliated to the medical college. However, the management of the department at UG level shall be arranged by the Head of the institution in such a way that 24 x 7 services shall be made available, year-round for the patients and it shall be the primary responsibility of the concerned department to provide adequate training of the undergraduate students in that department during their

clinical postings. The Department of Emergency Medicine shall be under PGMER as published from time to time.

Q10. For whom will the Aadhar Enabled Biometric Attendance System (AEBAS) & Close Circuit TV Monitoring be applicable?

All the medical colleges are required to install AEBAS, linked to Command & Control Centre of National Medical Commission. It is mandatory for every faculty and every student of all Medical Colleges/ Institutions and hospitals to mark their attendance through AEBAS only. This shall be the sole responsibility of the management of the concerned medical college/institute to install the required number of bio-metric/face recognition machines & provide other necessary infrastructure for the same.

Q11. What will be the minimum requirement of attendance?

At least 75% attendance of the total working days (excluding vacations) for all faculty and students is mandatory. It shall be the responsibility of Head of the Department to check that attendance of the students is as per the requirement for every phase of training including foundation course, theory classes, family adoption program, clinical rounds, practicals and any other requirement as per the mandate.

During vacation period, other than sick leave or leaves availed due to emergency situations, the faculty on duty shall not avail any leave. Emergency leaves shall necessarily be certified by Head of the department or Head of the institution. If the faculty is deputed to other institution for faculty development program or any NMC assessment or any medical education activity, the same requires to be certified by corresponding Head/ authority and the same shall be counted for attendance in his parent institution.

Q12. Cader of Tutors/ Demonstrators is put together and cadre of senior resident doctors is mentioned separately. How do we meet the deficiency of Senior Resident Doctors?

Tutors and S.R.s together shall meet the total number of required persons.

Q.13. Are the PG students considered as S.R. in particular specialty?

PG students are not S.R.s. They shall be junior resident doctors. S.R.s are candidates with PG qualifications of the concerned specialty.

I/3617832/2023

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राष्ट्रीय आयुर्विज्ञान आयोग National Medical Commission

स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड

Post Graduate Medical Education Board (PGMEB)

F.No.N-P016(11)/2/2023-PGMEB-NMC
2023

Dated: 25th September,

PUBLIC NOTICE

Subject: Seeking Comments of the stakeholders on draft Post-Graduate Medical Education Regulations, 2023 - reg.

The Post-graduate Medical Education Board vide public notice of even number dated 25.9.2023 had sought public comments on Draft Post-Graduate Medical Education Regulations, 2023.

2. Requests have been received from stakeholders to extend the time-line for receiving of comments on the Draft. Accordingly, the concerned stakeholders are requested to submit their comments at the email id **comments.pgregulations@nmc.org.in** in MS Word (.docx) format or machine readable PDF Format latest by 5th October, 2023 with the subject tagline "Comments on draft Post-Graduate Medical Education Regulations-2023".

Signed by Aujender Singh

Date: 25-09-2023 14:31:56

Reason: Approved
(Aujender Singh)

Deputy Secretary, PGMEB

PRESS RELEASE:

UGMEB at the National Medical Commission is committed to providing a medical education system that improves access to quality and affordable medical education, ensures availability of adequate and high-quality medical professionals in all parts of the country; that promotes equitable and universal healthcare that encourages community health perspective and makes services of medical professionals accessible to all the citizens.

Various courts had made observations on crowding of medical colleges. As for example, recently, in W.P. No. 17263 of 2020 in case of K.R. Vasudevaa vs. State of T.N. and others, dtd 30.07.2021, Madurai bench of Madras High court has cautioned NMC against crowding of medical colleges.

Taking these aspects into consideration, and with an objective of providing the right teaching environment to the medical student and improving the overall quality of education, the provision of limiting UG seats in each State to 100 per million population has been included in the recently notified MSR guidelines 2023. It is expected that this will reduce regional disparities in availability of healthcare professionals and will go a long way in ensuring effective quality of education. With this ratio there will be still potential for addition of about 40,000 MBBS seats in country if the medical colleges are evenly distributed.

This decision of NMC has been applauded by various state branches of IMA, students' associations, and medical fraternity in general. NMC shall continue its endeavour to improve quality of medical training in the country.

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राष्ट्रीयआयुर्विज्ञानआयोग
National Medical Commission
(Undergraduate Medical Education Board)

No. U-11022/3/2023-UGMEB

Dated: 15.11.2023

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PUBLIC NOTICE

With reference to Ministry of Health and Family Welfare letter No V. 11025/253/2023-MEP(Pt.1) dated 1st November, 2023 for re-examining the provisions of the ratio of 100 MBBS Seats for 10 lakh population in the states, it is informed that a decision has been taken by the Undergraduate Medical Education Board, National Medical Commission that the "OBJECTIVE" clause under Chapter-1 of *"Guidelines for Under Graduate Courses under Establishment of New Medical Institutions, Starting of New Medical Courses, Increase of Seats for Existing Courses & Assessment and Rating Regulations, 2023"* (notified by UGMEB on 16th August, 2023) shall be implemented from academic year 2025-26.

(Dr.Aruna V.Vanikar)

President, UGMEB

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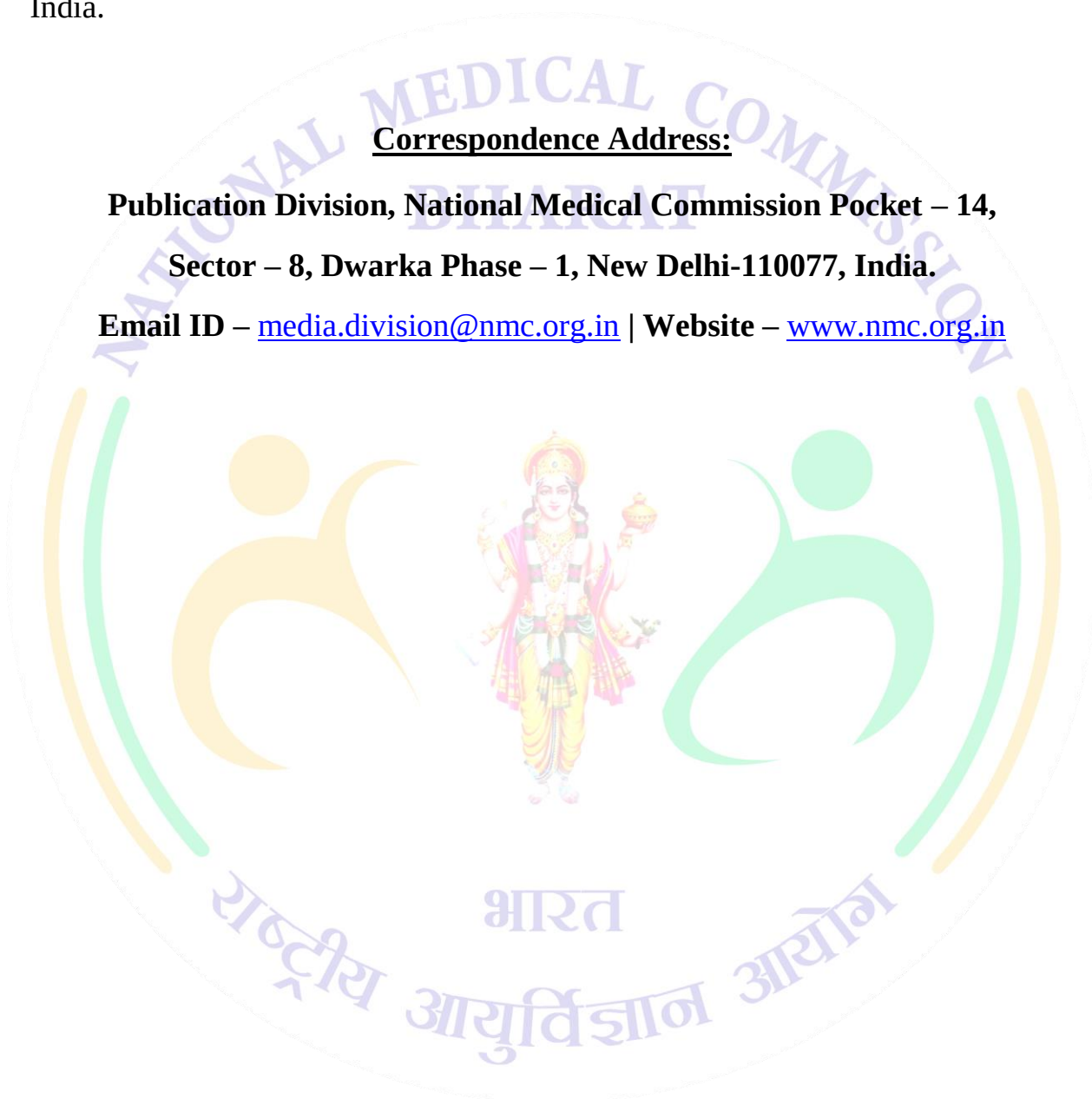
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About National Medical Commission (NMC):

The National Medical Commission (NMC) is India's premier regulatory body overseeing medical education and practice. Committed to upholding the highest standards in healthcare education, NMC ensures the delivery of quality medical education and training across the nation.

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