



Hamdard Institute of Medical Sciences and Research Constituent Institution of Jamia Hamdard

HIMSR has been established in 2012 as an institution of national importance with the objective to impart quality medical education and training to Undergraduate and Post-graduate students in all branches of medicine. The institute is supported by 710 bedded teaching hospital, namely Hakeem Abdul Hameed Centenary Hospital

HIMSR is one of the finest self-financing unaided Private medical Institute in Delhi with infrastructure and faculty that support students to become outstanding medical professionals. It is affiliated to Jamia Hamdard

Hamdard Institute of Medical Sciences & Research is the great leap forward in line with the vision of the founders of Jamia Hamdard and in fulfilling the dream of Hakeem Abdul Hameed to create an institute for suffering humanity. It shall establish the philosophy of Hamdard "Compassion, Concern, Care and sharing in pain."

The Institute, over the years, has developed excellent organizational structure through its statutory and non-statutory bodies resulting in establishment of a well-regulated administrative machinery and achievement of excellence in academic functioning and medical research and providing high level of medical care to the patients.

The faculty of HIMSR is carefully selected by national level experts through an interview process ensuring excellent quality of the teachers. The teaching aids are contemporary, networked, interactive and upgradable. At HIMSR, great emphasis is put on conducting research and publishing scientific papers by the faculty. Regular up-gradation of professional knowledge is facilitated by regular clinical meetings, seminars, symposia etc. A new multi-speciality hospital with state-of-the-art facilities is coming up in the campus

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31/3/22

ADMISSION

Program of study: Bachelor of Medicine and Surgery (MBBS)

Study Period: Every student shall undergo a period of certified study extending over 4 ½ academic years, divided into nine Semesters from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.

Total number of seats: 150

Allocation of Seats in various categories:

- I) General category (Unreserved) seats
- II) Management Category Seats including NRI
- III) Reserved category Seats (Muslims minority)

- 1. Eligibility conditions:** As per NEET-UG
- 2. Qualifying examination:** As per NEET UG
- 3. Procedure for selection:** As per Medical Counselling Committee of Directorate General of Health Services UG merit list of respective categories.
- 4. Medical Examination:** The selected candidates shall have to undergo medical examination by a Medical Board set up by the HIMSR, consisting of Faculty members of the Institute. If, in the assessment of the Medical Board, a candidate is found medically unfit will be informed to DGHS and decision of the DGHS in this regard shall be final.

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GENERAL INFORMATION / INSTRUCTIONS FOR ADMISSIONS

FEE FOR MBBS 2021-2022 Course/Program	Category	Fee Structure
MBBS	General (Open merit) seats	14 lakhs per year for 5 years
	Reserved (Muslim Minority) seats	14 lakhs per year for 5 years
	NRI seats	USD 40,000 per year for 5 years

Other one time fee at the time of admission:

Particulars	Fee	NRI
Admission Fee	INR 30,000/-	USD 500/-
Enrolment Fee	INR 25,000/-	USD 400/-
Alumni Fund	INR 10,000/-	USD 200/-
Sports Fee	INR 25,000/-	USD 500/-

Other fees applicable for annual / supplementary examinations:

Examination fee (Annual)	INR 30,000/-	INR 30,000/-
Supplementary Exams (As and when applicable)	INR 10,000/- per subject	INR 10,000/- per subject
Re-totalling	INR 3000/- per paper	INR 3000/- per paper
Library Deposit (refundable)	INR 30,000/-	INR 30,000/-
Security Deposit (Refundable)	INR 2,50,000	INR 2,50,000
Tuition fee for extended years (if applicable)	INR 2.50 lakh per year /USD 7000 per year (NRI)	

Payment of Annual Fee: The details regarding mode of payment and documents to be brought will be displayed on the website of the institute at the time of counselling (www.himsr.co.in) Interested candidates should visit the website regularly during counselling for updates.

Note: Fee may be revised/ changed as per the recommendation of Fee Committee, HIMS R

Rules for Fees:

- The annual course fee for MBBS are required to be deposited every year within one month of the start of the academic session, and in case of failure to deposit the course fee in time as prescribed, the student shall be liable to pay fine of 1% per month or part thereof for a maximum period of 3 months and thereafter administration may take other necessary action including fine /expulsion from the course.
- Full annual fee will be charged for MBBS course for five years period

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- All the fees will be paid through online or Bank Demand Draft in favor of "Hamdard Institute of Medical Sciences & Research" payable at New Delhi.
- No fee concession/ scholarship is available for the students of MBBS
- The interns of MBBS batch shall be paid stipend at applicable rates for one year.
- The admitted student's Parents / Guardian shall execute a bond to undertake payment of full course fee in the event of discontinuation of the course.

HOSTEL FACILITY FOR MBBS STUDENTS

University has following two hostels for boys and girls admitted in MBBS:

- Ibn-e-Batuta Boys Hostel
- A.M. Hall of Residency (Girls Hostel)

Both the boys and girls hostels have furnished double seated rooms and have very good gymnasium and indoor games facilities. The hostels also have reading and recreation rooms.

It will be incumbent upon the student admitted to the hostel to join the mess and pay mess charges for three months in advance at the rates prescribed from time to time. Mess charges may be revised at any time due to escalation in the prices of food items. The Hostel mess will be managed on cooperative basis under the supervision of hostel authorities, on no profit-no loss basis. The University will provide infrastructural facilities and the manpower required to operate the mess. Availing of the Mess will be compulsory for the students admitted to Hostel from the very month of joining. The students admitted to the hostel are entitled to stay in the hostel during the academic session only and are required to vacate the rooms during the summer vacations. Washing clothes inside the hostel premises is not allowed. University has made arrangement of mechanical laundry for washing clothes for hostel inmates at a nominal rate. The Hostel inmates will be required to comply with the rules and regulations as per Jamia Hamdard Hostel Byelaws.

HOSTEL FEE STRUCTURE

Particulars	Fees
Hostel Charges (AC Room) (In campus)	INR 1, 20,000/- per year for double occupancy room INR 2,40,000/- per year for single occupancy room
Mess and Laundry charges	At prevailing rates

- Hostel fee shall be charged for the full academic year. In case a candidate is allotted in the middle of academic year, the hostel charges shall be calculated at quarterly basis. Full Hostel charges shall be payable for full quarter or part thereof. (First Quarter: 1st July to 30th September, Second Quarter: 1st October to 31st Dec. Third Quarter: 1st January to 31st March and Fourth Quarter; 1st April to 30th June)

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- A hosteler will have to deposit an amount of Rs. 10,000/- as Hostel Security Money. The Security money will not be refunded if a student over stays in the hostel for more than a month after the last examination held for a particular course.
- There will be an increase of 10% in the Annual Hostel Fees for every subsequent academic year.
- Mechanical Laundry Facility is available and is mandatory for hostellers in the University. An allottee will have to deposit the annual Laundry charge for washing of clothes as per rules of the University along with Annual Hostel Fee. The charges will be decided by the University every year.
- Availing the Mess facility will be compulsory for the hostellers' of Jamia Hamdard Hostels. The mess charges will be as prevalent/ decided by the concerned authorities.
- Hostellers will have to vacate the hostel at the end of the academic session (after annual/semester examinations). Seats in the hostel may be re-allotted to the student in the month of July when the new academic session begins.
- Hostel byelaws will be applicable to the hostellers

GUIDELINES FOR WITHDRAWAL OF ADMISSION AND REFUND OF FEE FOR MBBS PROGRAMME

1. One time admission fee and enrolment fee will not be refunded when seeking the withdrawal of admission.
2. In case a student / candidate withdraws his/her admission before commencement of the classes as notified in the current Prospectus (Important Dates for MBBS Programme) or on Jamia Hamdard website, the entire fee collected from the student / candidate at the time of admission / provisional admission shall be refunded after deduction of the processing fee which is Rs. 1000/-.
3. In case a student / candidate withdraws his/her admission on or after commencement of classes and before closure of admission as notified in the Prospectus (Important Dates for MBBS Programme) or on Jamia Hamdard website, the fee collected from the student / candidate at the time of admission / provisional admission shall be refunded after deduction @ Rs. 2055/- per day for General/Reserved category candidates and Rs. 4,930/- per day for NRI category from the commencement of classes till the date of withdrawal of admission.
4. In case a student / candidate withdraws his/her admission on or after closure of admission as notified in the General Information & Prospectus (Important Dates for MBBS Programme) or on Jamia Hamdard website, annual fee of the admission year deposited by the candidate/student will not be refunded.

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COMPETENCY BASED CURRICULUM, SYLLABUS AND EXAMINATION PATTERN

1. TIME DISTRIBUTION AND TRAINING PERIOD

- 1.1 Every learner shall undergo a period of certified study extending over 4 ½ academic years, divided into nine semesters from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.
- 1.2 Each academic year will have at least 240 teaching days with a minimum of eight hours of working on each day including one hour as lunch break.
- 1.3 Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include problem oriented learning, case studies, community oriented learning, self- directed and experiential learning.
- 1.4 The period of 4 ½ years is divided as follows:
- 1.4.1 **Pre-Clinical Phase [(Phase I) - First Professional phase of 13 months preceded by Foundation Course of one month]:** will consist of preclinical subjects – Human Anatomy, Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module and early clinical exposure, ensuring both horizontal and vertical integration.
- 1.4.2 **Para-clinical phase [(Phase II) - Second Professional (12 months)]:** will consist of Para-clinical subjects namely Pathology, Pharmacology, Microbiology, Community Medicine, Forensic Medicine and Toxicology, Professional development including Attitude, Ethics & Communication (AETCOM) module and introduction to clinical subjects ensuring both horizontal and vertical integration.

The clinical exposure to students will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care. A part of training during clinical postings should take place at the primary level of health care. It is desirable to provide learning experiences in secondary health

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care, wherever possible. This will involve:

- (a) Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings
- (b) Involvement in patient care as a team member,
- (c) Involvement in patient management and performance of basic procedures.

1.4.3 Clinical Phase – [(Phase III) Third Professional (28 months)]

- a) **Part I (13 months)** - The clinical subjects include General Medicine, General Surgery, Obstetrics & Gynaecology, Pediatrics, Orthopaedics, Dermatology, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Psychiatry, Respiratory Medicine, Radiodiagnosis & Radiotherapy and Anaesthesiology & Professional development including AETCOM module.
- b) **Electives (2 months)** - To provide students with opportunity for diverse learning experiences, to do research/community projects that will stimulate enquiry, self directed experimental learning and lateral thinking
- c) **Part II (13 months)** - Clinical subjects include:
 - i. Medicine and allied specialties (General Medicine, Psychiatry, Dermatology Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)
 - ii. Surgery and allied specialties (General Surgery, Orthopedics [including trauma]), Dentistry, Physical Medicine and rehabilitation, Anaesthesiology and Radiodiagnosis)
 - iii. Obstetrics and Gynecology (including Family Welfare)
 - iv. Pediatrics
 - v. AETCOM module

1.5 Didactic lectures shall not exceed one third of the schedule; two third of the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem oriented approach, case studies and community health care activities.

The admission shall be made strictly in accordance with the statutory notified time schedule towards the same.

Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year.



2. PHASE DISTRIBUTION AND TIMING OF EXAMINATION

Table 1: Time distribution of MBBS Programme & Examination Schedule

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
							Foundation Course	I MBBS			
I MBBS								Exam I MBBS	II MBBS		
II MBBS								Exam II MBBS	III MBBS		
III MBBS Part I									Exam III MBBS Part I	Electives & Skills	
III MBBS Part II											
Exam III MBBS Part II	Internship										
Internship											

- One month is provided at the end of every professional year for completion of examination and declaration of results.

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Table 2: Distribution of subjects by Professional Phase

Phase & year of MBBS training	Subjects & New Teaching Elements	Duration	University examination
First Professional MBBS	<ul style="list-style-type: none"> • Foundation Course (1 month) • Human Anatomy, Physiology & Biochemistry, introduction to Community Medicine, Humanities • Early Clinical Exposure • Attitude, Ethics, and Communication Module (AETCOM) 	1 + 13 months	I Professional
	<ul style="list-style-type: none"> • Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxicology, • Introduction to clinical subjects including Community Medicine • Clinical postings • Attitude, Ethics & Communication Module (AETCOM) 		II Professional
Second Professional MBBS	<ul style="list-style-type: none"> • Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxicology, • Introduction to clinical subjects including Community Medicine • Clinical postings • Attitude, Ethics & Communication Module (AETCOM) 	12 months	II Professional
Third Professional MBBS Part I	<ul style="list-style-type: none"> • General Medicine, General Surgery, Obstetrics & Gynecology, Pediatrics, Orthopedics, Dermatology, Psychiatry, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Respiratory medicine, Radiodiagnosis & Radiotherapy, Anesthesiology • Clinical subjects/postings • Attitude, Ethics & Communication Module (AETCOM) 	13 months	III Professional (Part I)
Electives	<ul style="list-style-type: none"> • Electives, Skills and assessment* 	2 months	
Third Professional MBBS Part II	<ul style="list-style-type: none"> • General Medicine, Pediatrics, General Surgery, Orthopedics, Obstetrics and Gynecology including Family welfare and allied specialties • Clinical postings/subjects • Attitude, Ethics & Communication Module (AETCOM) 	13 months	III Professional (Part II)

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***Assessment of electives shall be included in Internal Assessment.**

Table 3: Foundation Course (one month)

Subjects/ Contents	Teaching hours	Self Directed Learning (hours)	Total hours
Orientation ¹	30	0	30
Skills Module	35	0	35
Field visit to Community Health Center	8	0	8
Introduction to Professional Development & AETCOM module	-	-	40
Sports and extracurricular activities	22	0	22
Enhancement of language/ computer skills ²	40	0	40
	-	-	175

1. Orientation course will be completed as single block in the first week and will contain elements outlined in 9.1.
2. Based on perceived need of students, one may choose language enhancement (English or local spoken or both) and computer skills. This should be provided longitudinally through the duration of the Foundation Course.
3. Teaching of Foundation Course will be organized by pre-clinical departments.

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Table 4: First Professional teaching hours

Subjects	Lectures (hours)	Small Group Teaching/ Tutorials/ Integrated learning/ Practical (hours)	Self directed learning (hours)	Total (hours)
Human Anatomy	220	415	40	675
Physiology*	160	310	25	495
Biochemistry	80	150	20	250
Early Clinical Exposure**	90	-	0	90
Community Medicine	20	27	5	52
Attitude, Ethics & Communication Module (AETCOM) ***	-	26	8	34
Sports and extracurricular activities	-	-	-	60
Formative assessment and Term examinations	-	-	-	80
Total	-	-	-	1736

*including Molecular Biology.

** Early clinical exposure hours to be divided equally in all three subjects.

*** AETCOM module shall be a longitudinal programme running throughout the course

Table 5: Second Professional teaching hours

Subjects	Lectures (hours)	Small group learning (Tutorials / Seminars) /Integrated learning (hours)	Clinical Postings (hours) *	Self-Directed Learning (hours)	Total (hours)
Pathology	80	138	-	12	230
Pharmacology	80	138	-	12	230
Microbiology	70	110	-	10	190
Community Medicine	20	30	-	10	60
Forensic Medicine and Toxicology	15	30	-	5	50
Clinical Subjects	75**	-	540***	-	615
Attitude, Ethics & Communication Module (AETCOM)	-	29	-	8	37
Sports and extracurricular activities	-	-	-	28	28
Total	-	-	-	-	1440

* At least 3 hours of clinical instruction each week must be allotted to training in clinical and procedural skill laboratories. Hours may be distributed weekly or as a block in each posting based on institutional logistics.

** 25 hours each for Medicine, Surgery and Gynecology & Obstetrics.

***The clinical postings in the second professional shall be 15 hours per week (3 hrs (9-12noon) per day from Monday to Friday).

Table 6: Third Professional Part I teaching hours

Subjects	Teaching Hours	Tutorials/ Seminars /Integrated Teaching (hours)	Self- Directed Learning (hours)	Total (hours)
General Medicine	25	35	5	65
General Surgery	25	35	5	65
Obstetrics and Gynecology	25	35	5	65
Pediatrics	20	30	5	55
Orthopaedics	15	20	5	40
Forensic Medicine and Toxicology	25	45	5	75
Community Medicine	40	60	5	105
Dermatology	20	5	5	30
Psychiatry	25	10	5	40
Respiratory Medicine	10	8	2	20
Otorhinolaryngology	25	40	5	70
Ophthalmology	30	60	10	100
Radiodiagnosis and Radiotherapy	10	8	2	20
Anesthesiology	8	10	2	20
Clinical Postings*	-	-	-	756
Attitude, Ethics & Communication Module (AETCOM)		19	06	25
Total	303	401	66	1551

* The clinical postings in the third professional part I shall be 18 hours per week (3 hrs per day from Monday to Saturday).

Table 7: Third Professional Part II teaching hours

Subjects	Teaching Hours	Tutorials/Seminars / Integrated Teaching (hours)	Self - Directed Learning (hours)	Total* (hours)
General Medicine	70	125	15	210
General Surgery	70	125	15	210
Obstetrics and Gynecology	70	125	15	210
Pediatrics	20	35	10	65
Orthopaedics	20	25	5	50
Clinical Postings**				792
Attitude, Ethics & Communication Module (AETCOM)***	28		16	43
Electives				200
Total	250	435	60	1780

* 25% of allotted time of third professional shall be utilized for integrated learning with pre- and para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilized as integrated teaching by para-clinical subjects with clinical subjects (as Clinical Pathology, Clinical Pharmacology and Clinical Microbiology).

** The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday).

*** Hours from clinical postings can also be used for AETCOM modules.

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Table 8: Clinical postings

Subjects	Period of training in weeks			Total weeks
	II MBBS	III MBBS Part I	III MBBS Part II	
Electives	-	-	8* (4 regular clinical posting)	4
General Medicine ¹	4	4	8+4	20
General Surgery	4	4	8+4	20
Obstetrics & Gynaecology ²	4	4	8+4	20
Pediatrics	2	4	4	10
Community Medicine	4	6	-	10
Orthopedics - including Trauma ³	2	4	2	8
Otorhinolaryngology	4	4	-	8
Ophthalmology	4	4	-	8
Respiratory Medicine	2	-	-	2
Psychiatry	2	2	-	4
Radiodiagnosis ⁴	2	-	-	2
Dermatology, Venereology & Leprosy	2	2	2	6
Dentistry & Anesthesia	-	2	-	2
Casualty	-	2	-	2
	36	42	48	126

* In four of the eight weeks of electives, regular clinical postings shall be accommodated. Clinical postings may be adjusted within the time framework.

¹ This posting includes Laboratory Medicine (Para-clinical) & Infectious Diseases (Phase III Part I).

² This includes maternity training and family welfare (including Family Planning).

³ This posting includes Physical Medicine and Rehabilitation.

⁴ This posting includes Radiotherapy, wherever available.

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3. FOUNDATION COURSE

3.1 Goal: The goal of the Foundation Course is to prepare a learner to study medicine effectively. It will be of one month duration after admission.

3.2 Objectives: The objectives are to:

3.2.1 Orient the learner to:

1. The medical profession and the physician's role in society
2. The MBBS programme
3. Alternate health systems in the country and history of medicine
4. Medical ethics, attitudes and professionalism
5. Health care system and its delivery
6. National health programmes and policies
7. Universal precautions and vaccinations
8. Patient safety and biohazard safety
9. Principles of primary care (general and community based care)
10. The academic ambience

3.2.2 Enable the learner to acquire enhanced skills in:

1. Language
2. Interpersonal relationships
3. Communication
4. Learning including self-directed learning
5. Time management
6. Stress management
7. Use of information technology

3.2.3 Train the learner to provide:

1. First-aid
2. Basic life support

In addition to the above, students may be enrolled in one of the following programmes which will be run concurrently:

- a) Local language programme
- b) English language programme
- c) Computer skills
- d) These may be done in the last two hours of the day for the duration of the Foundation Course.
- e) These sessions must be as interactive as possible.
- f) Sports (to be used through the Foundation Course as protected 04 hours / week).

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- g) Leisure and extracurricular activity (to be used through the Foundation Course as protected 02 hours per week).
- h) Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.
- i) The time committed for the Foundation Course may not be used for any other curricular activity.
- j) The Foundation Course will have compulsory 75% attendance. This will be certified by the Dean of the college.
- k) The Foundation Course will be organized by the Coordinator appointed by the Dean of the college and will be under supervision of the heads of the preclinical departments.
- l) Every college must arrange for a meeting with parents and their wards.

4. EARLY CLINICAL EXPOSURE

4.1 Objectives: The objectives of early clinical exposure of the first-year medical students are to enable the learner to:

- a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment,
- b) Provide a context that will enhance basic science learning,
- c) Relate to experience of patients as a motivation to learn,
- d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship,
- e) Understand the socio-cultural context of disease through the study of humanities.

4.2 Elements

- a) Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to the care of the patient (this will be part of integrated modules).
- b) Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).
- c) Humanities: To introduce students to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

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5. ELECTIVES

5.1 What is Elective

Elective can be defined as a brief course made available to the learner during his/her undergraduate study period, where she/he can choose from the available options depending upon their interest and career preferences.

5.2 Objective (Why)

1. To provide an opportunity, where an undergraduate medical student can explore his/her deeper interest areas, by working in a medical specialty in hospital/ community setting or undertake a project under an identified expert, which can be an important component in the undergraduate medical education.
2. To help a student in identifying his/her future career path by direct experiences in diverse areas. A direct individual experience will help in developing self-directed learning skills.
3. To allow flexible learning options in the curriculum and may offer a variety of options including clinical electives, laboratory postings or community exposure in areas that students are not normally exposed as a part of regular curriculum. This will also provide opportunity for students to do a project, enhance self-directed learning, critical thinking and research abilities.

5.3 Method (How)

Two months are allotted for elective rotations (Block 1 & Block 2) after completion of the exam at end of the third MBBS Part I examination and before commencement of third MBBS Part II.

Electives will be made available to the learners in the beginning of the academic year (start of Phase III part I)

It is compulsory for learners to do an elective. The protected time for electives should not be used to make up for missed clinical postings, shortage of attendance or any other purpose.

The learner shall rotate through two elective blocks of 04 weeks each,

- (a) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a faculty researcher in an ongoing research project. During the electives regular clinical postings shall continue.
- (b) Block 2 shall be done in a clinical department (including specialties, super-specialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution OR as a supervised learning experience at a rural or urban community clinic.

The learner must submit a learning log book based on both blocks of the elective.

75% attendance in the electives and submission of log book maintained during elective is mandatory for eligibility to appear in the final MBBS examination.



Electives in other medical colleges or institutions within/ outside the country are not offered by HIMSR at present.

Mechanism for allocation of electives.

Electives will be displayed on the website and students should submit an application to the Dean, HIMSR mentioning at least two options in each category (Block 1 &2) within one month of starting final MBBS part I. If the applicants are more than the number allotted to each elective then the final discretion will be of the supervisor / Department. Allotment will be done by MEU in consultation with Dean and learner will be informed through mail/website.

Each researcher cannot take more than two candidates

Each Department cannot take more than 5 students in one program

6. PROFESSIONAL DEVELOPMENT INCLUDING ATTITUDE, ETHICS AND COMMUNICATION MODULE (AETCOM)

- 6.1 Objectives** of the programme: At the end of the programme, the learner must demonstrate ability to:
- a) understand and apply principles of bioethics and law as they apply to medical practice and research
 - b) understand and apply the principles of clinical reasoning as they apply to the care of the patients,
 - c) understand and apply the principles of system based care as they relate to the care of the patient,
 - d) understand and apply empathy and other human values to the care of the patient,
 - e) communicate effectively with patients, families, colleagues and other health care professionals.
 - f) understand the strengths and limitations of alternative systems of medicine,
 - g) respond to events and issues in a professional, considerate and humane fashion,
 - h) translate learning from the humanities in order to further his / her professional and personal growth.

6.2 Learning experiences:

- a) This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,
- b) Learning experiences may include – small group discussions, patient care scenarios, workshop, seminars, role plays, lectures etc.
- c) Attitude, Ethics & Communication Module (AETCOM module) developed by Medical Council of India should be used longitudinally for purposes of instruction.
- d) 75% attendance in Professional Development Programme (AETCOM Module) is required for eligibility to appear for final examination in each



- professional year.
- e) Internal Assessment will include:
- Written tests comprising of short notes and creative writing experiences,
 - OSCE based clinical scenarios / viva voce.
- f) At least one question in each paper of the clinical specialties in the University examination should test knowledge competencies acquired during the professional development programme.
- g) Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

7. LEARNER-DOCTOR METHOD OF CLINICAL TRAINING (CLINICAL CLERKSHIP)

7.1 Goal: To provide students with experience in:

- Longitudinal patient care,
- Being part of the health care team,
- Hands-on care of patients in outpatient and inpatient setting.

7.2 Structure:

- The first clinical posting in second professional shall orient students to the patient, their roles and the specialty.
- The learner-doctor programme will progress as outlined in Table 9.
- The learner will function as a part of the health care team with the following responsibilities:
 - Be part of the unit's outpatient services on admission days,
 - Remain with the admission unit until 6 PM except during designated class hours,
 - Be assigned patients admitted during each admission day for whom he/she will undertake responsibility, under the supervision of a senior resident or faculty member,
 - Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,
 - Follow the patient's progress throughout the hospital stay until discharge,
 - Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned patients (according to responsibilities outlined in table 9),
 - Participate in unit rounds on at least one other day of the week excluding the admission day,
 - Discuss ethical and other humanitarian issues during unit rounds,
 - Attend all scheduled classes and educational activities,
 - Document his/her observations in a prescribed log book / case record.

No learner will be given independent charge of the patient

- The supervising physician will be responsible for all patient care decision.

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7.3 Assessment

- a) A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.
- b) The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions, discharge summary etc.
- c) The log book should also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

Table 9: Learner - Doctor programme (Clinical Clerkship)

Year of Curriculum	Focus of Learner - Doctor programme
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness
Year 2	History taking, physical examination, assessment of change in clinical status, communication and patient education
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above and decision making, management and outcomes

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COMPETENCY BASED SYLLABUS

1. FIRST PROFESSIONAL: PRE-CLINICAL SUBJECTS

1.1 HUMAN ANATOMY

Competencies: The undergraduate must demonstrate:

- Understanding of the gross and microscopic structure and development of human body,
- Comprehension of the normal regulation and integration of the functions of the organs and systems on basis of the structure and genetic pattern,
- Understanding of the clinical correlation of the organs and structures involved and interpret the anatomical basis of the disease presentations.

Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the learner to understand the relationship between structure and function and interpret the anatomical basis of various clinical conditions and procedures.

1.2 PHYSIOLOGY

Competencies: The undergraduates must demonstrate:

- Understanding of the normal functioning of the organs and organ systems of the body,
- Comprehension of the normal structure and organization of the organs and systems on basis of the functions,
- Understanding of age-related physiological changes in the organ functions that reflect normal growth and development,
- Understand the physiological basis of diseases.

Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems in order to provide a context in which normal function can be correlated both with structure and with the biological basis, its clinical features, diagnosis and therapy.

1.2

BIOCHEMISTRY

The course will comprise Molecular and Cellular Biochemistry.

Competencies: The learner must demonstrate an understanding of:

- Biochemical and molecular processes involved in health and disease,
- Importance of nutrition in health and disease,
- Biochemical basis and rationale of clinical laboratory tests and demonstrate ability to interpret these in the clinical context.

Integration: The teaching/learning programme should be integrated



horizontally and vertically, as much as possible, to enable students to make clinical correlations and to acquire an understanding of the cellular and molecular basis of health and disease.

1.4 INTRODUCTION TO COMMUNITY MEDICINE

Competencies: The undergraduate must demonstrate:

- Understanding of the concept of health and disease,
- Understanding of demography, population dynamics and disease burden in National and global context,
- Comprehension of principles of health economics and hospital management,
- Understanding of interventions to promote health and prevent diseases as envisioned in National and State Health Programmes.

2. SECOND PROFESSIONAL: PARA-CLINICAL SUBJECTS

2.1 PATHOLOGY

Competencies: The undergraduate must demonstrate:

- Comprehension of the causes, evolution and mechanisms of diseases,
- Knowledge of alterations in gross and cellular morphology of organs in disease states,
- Ability to correlate the natural history, structural and functional changes with the clinical manifestations of diseases, their diagnosis and therapy

Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis, and management of diseases.

2.2 MICROBIOLOGY

Competencies: The undergraduate learner demonstrate:

- Understanding of role of microbial agents in health and disease,
- Understanding of the immunological mechanisms in health and disease,
- Ability to correlate the natural history, mechanisms and clinical manifestations of infectious diseases as they relate to the properties of microbial agents,
- Knowledge of the principles and application of infection control measures,
- An understanding of the basis of choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control and prevention of infectious diseases.

Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems with emphasis on host-

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microbe-environment interactions and their alterations in disease and clinical correlations so as to provide an overall understanding of the etiological agents, their laboratory diagnosis and prevention.

2.3 PHARMACOLOGY

Competencies: The undergraduate must demonstrate:

- Knowledge about essential and commonly used drugs and an understanding of the pharmacologic basis of therapeutics,
- Ability to select and prescribe medicines based on clinical condition and the pharmacologic properties, efficacy, safety, suitability and cost of medicines for common clinical conditions of national importance,
- Knowledge of pharmacovigilance, essential medicine concept and sources of drug information and industry-doctor relationship,
- Ability to counsel patients regarding appropriate use of prescribed drug and drug delivery systems.

Integration: The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing the interaction between drug, host and disease in order to provide an overall understanding of the context of therapy.

2.4 FORENSIC MEDICINE AND TOXICOLOGY

Competencies: The learner must demonstrate:

- Understanding of medico-legal responsibilities of physicians in primary and secondary care settings,
- Understanding of the rational approach to the investigation of crime, based on scientific and legal principles,
- Ability to manage medical and legal issues in cases of poisoning / overdose,
- Understanding the medico-legal framework of medical practice and medical negligence,
- Understanding of codes of conduct and medical ethics.

Integration: The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

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2.5 COMMUNITY MEDICINE –SAME AS 1.4

3 THIRD PROFESSIONAL PART-I

3.1 GENERAL MEDICINE

Competencies: The student must demonstrate ability to do the following in relation to common medical problems of the adult in the community:

- Demonstrate understanding of the patho-physiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management,
- Competently interview and examine an adult patient and make a clinical diagnosis,
- Appropriately order and interpret laboratory tests,
- Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures,
- Follow up of patients with medical problems and refer whenever required,
- Communicate effectively, educate and counsel the patient and family,
- Manage common medical emergencies and refer when required,
- Independently perform common medical procedures safely and understand patient safety issues.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide sound biologic basis and incorporating the principles of general medicine into a holistic and comprehensive approach to the care of the patient.

3.1 GENERAL SURGERY

Competencies: The student must demonstrate:

- Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children,
- Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition,
- Ability to apply the principles of asepsis, sterilization, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice,
- Knowledge of common malignancies in India and their prevention, early detection and therapy,
- Ability to perform common diagnostic and surgical procedures at the primary care level,
- Ability to recognize, resuscitate, stabilize and provide Basic & Advanced Life Support to patients following trauma,
- Ability to administer informed consent and counsel patient prior to

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- surgical procedures,
- Commitment to advancement of quality and patient safety in surgical practice.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

3.2 OBSTETRICS AND GYNAECOLOGY

Competencies in Obstetrics: The student must demonstrate ability to:

- Provide peri-conceptual counseling and antenatal care,
- Identify high-risk pregnancies and refer appropriately,
- Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings.
- Prescribe drugs safely and appropriately in pregnancy and lactation,
- Diagnose complications of labor, institute primary care and refer in a timely manner,
- Perform early neonatal resuscitation,
- Provide postnatal care, including education in breast-feeding,
- Counsel and support couples in the correct choice of contraception,
- Interpret test results of laboratory and radiological investigations as they apply to the care of the obstetric patient,
- Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

Competencies in Gynecology: The student must demonstrate ability to:

- Elicit a gynecologic history, perform appropriate physical and pelvic examinations and PAP smear in the primary care setting,
- Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
- Recognize and diagnose common genital cancers and refer them appropriately.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

3.4 PEDIATRICS

Competencies: The student must demonstrate:

- Ability to assess and promote optimal growth, development and nutrition of children and adolescents and identify deviations from normal,
- Ability to recognize and provide emergency and routine ambulatory

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and First Level Referral Unit care for neonates, infants, children and adolescents and refer as may be appropriate,

- Ability to perform procedures as indicated for children of all ages in the primary care setting,
- Ability to recognize children with special needs and refer appropriately,
- Ability to promote health and prevent diseases in children,
- Ability to participate in National Programmes related to child health and in conformation with the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Strategy,
- Ability to communicate appropriately and effectively.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

3.5 ORTHOPAEDICS (INCLUDING TRAUMA)

Competencies: The student must demonstrate:

- Ability to recognize and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral,
- Knowledge of the medico-legal aspects of trauma,
- Ability to recognize and manage common infections of bone and joints in the primary care setting,
- Recognize common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately,
- Ability to perform simple orthopaedic techniques as applicable to a primary care setting,
- Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of orthopaedic problems, their management and correlation with function, rehabilitation and quality of life.

3.6 FORENSIC MEDICINE AND TOXICOLOGY

Competencies: The learner must demonstrate:

- Understanding of medico-legal responsibilities of physicians in primary and secondary care settings,
- Understanding of the rational approach to the investigation of crime, based on scientific and legal principles,
- Ability to manage medical and legal issues in cases of poisoning / overdose,
- Understanding the medico-legal framework of medical practice and medical negligence,

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- Understanding of codes of conduct and medical ethics.

Integration: The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

3.7 COMMUNITY MEDICINE

Competencies: The learner must demonstrate:

- Understanding of physical, social, psychological, economic and environmental determinants of health and disease,
- Ability to recognize and manage common health problems including physical, emotional and social aspects at individual family and community level in the context of National Health Programmes,
- Ability to Implement and monitor National Health Programmes in the primary care setting,
- Knowledge of maternal and child wellness as they apply to national health care priorities and programmes,
- Ability to recognize, investigate, report, plan and manage community health problems including malnutrition and emergencies.

Integration: The teaching should be aligned and integrated **horizontally** and vertically in order to allow the learner to understand the impact of environment, society and national health priorities as they relate to the promotion of health and prevention and cure of disease.

3.8 DERMATOLOGY, VENEREOLOGY & LEPROSY

Competencies: The undergraduate student must demonstrate:

- Understanding of the principles of diagnosis of diseases of the skin, hair, nail and mucosa,
- Ability to recognize, diagnose, order appropriate investigations and treat common diseases of the skin including leprosy in the primary care setting and refer as appropriate,
- A syndromic approach to the recognition, diagnosis, prevention, counseling, testing and management of common sexually transmitted diseases including HIV based on national health priorities,
- Ability to recognize and treat emergencies including drug reactions and refer as appropriate.

Integration: The teaching should be aligned and integrated horizontally, and vertically in order to emphasize the biologic basis of diseases of the skin, sexually transmitted diseases and leprosy and to provide an understanding that skin diseases may be a manifestation of systemic disease.



3.9 PSYCHIATRY

Competencies: The student must demonstrate:

- Ability to promote mental health and mental hygiene,
- Knowledge of etiology (bio-psycho-social-environmental interactions), clinical features, diagnosis and management of common psychiatric disorders across all ages,
- Ability to recognize and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately,
- Ability to recognize alcohol/ substance abuse disorders and refer them to appropriate centers,
- Ability to assess risk for suicide and refer appropriately,
- Ability to recognize temperamental difficulties and personality disorders,
- Assess mental disability and rehabilitate appropriately,
- Understanding of National and State programmes that address mental health and welfare of patients and community.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social-environmental interactions that lead to diseases/ disorders for preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and community.

3.10 RESPIRATORY MEDICINE

Competencies: The student must demonstrate:

- Knowledge of common chest diseases, their clinical manifestations, diagnosis and management,
- Ability to recognize, diagnose and manage pulmonary tuberculosis as contemplated in National Tuberculosis Control programme,
- Ability to manage common respiratory emergencies in primary care setting and refer appropriately.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to recognize diagnose and treat TB in the context of the society, national health priorities, drug resistance and co-morbid conditions like HIV.

3.11 OTORHINOLARYNGOLOGY

Competencies: The learner must demonstrate:

- Knowledge of the common Otorhinolaryngological (ENT) emergencies and problems,
- Ability to recognize, diagnose and manage common ENT emergencies

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- and problems in primary care setting,
- Ability to perform simple ENT procedures as applicable in a primary care setting,
- Ability to recognize hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life.

3.12 OPTHALMOLOGY

Competencies: The student must demonstrate:

- Knowledge of common eye problems in the community
- Recognize, diagnose and manage common eye problems and identify indications for referral,
- Ability to recognize visual impairment and blindness in the community and implement National programmes as applicable in the primary care setting.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function, rehabilitation and quality of life.

3.13 (A) RADIODIAGNOSIS

Competencies: The student must demonstrate:

- Understanding of indications for various radiological investigations in common clinical practice,
- Awareness of the ill effects of radiation and various radiation protective measures to be employed,
- Ability to identify abnormalities in common radiological investigations.

Integration: Horizontal and vertical integration to understand the fundamental principles of radiologic imaging, anatomic correlation and their application in diagnosis and therapy.

3.13 (B) RADIOTHERAPY

Competencies: The student must demonstrate understanding of:

- Clinical presentations of various cancers,
- Appropriate treatment modalities for various types of malignancies,
- Principles of radiotherapy and techniques.

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Integration: Horizontal and vertical integration to enable basic understanding of fundamental principles of radio-therapeutic procedures.

3.14 ANAESTHESIOLOG

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Competencies in Anaesthesiology: The student must demonstrate ability to:

- Describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anaesthesia / surgery,
- Describe and discuss the roles of Anaesthesiologist as a peri-operative physician including pre-medication, endotracheal intubation, general anaesthesia and recovery (including variations in recovery from anaesthesia and anaesthetic complications),
- Describe and discuss the management of acute and chronic pain, including labour analgesia,
- Demonstrate awareness about the maintenance of airway in children and adults in various situations,
- Demonstrate the awareness about the indications, selection of cases and execution of cardio- pulmonary resuscitation in emergencies and in the intensive care and high dependency units,
- Choose cases for local / regional anaesthesia and demonstrate the ability to administer the same,
- Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

Integration: The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the preclinical department of Anatomy, para- clinical department of Pharmacology and horizontal integration with any/all surgical specialities is proposed.

4 THIRD PROFESSIONAL PART-2

4.1 GENERAL MEDICINE – AS PER 3.1

4.2 GENERAL SURGERY – AS PER 3.2

4.3 OBSTETRICS & GYNAECOLOGY – AS PER 3.3

4.4 PEDIATRICS – AS PER 3.4

4.5 ORTHOPAEDICS – AS PER 3.5

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PROFESSIONAL EXAMINATION RULES AND GUIDELINES

ELIGIBILITY TO APPEAR FOR PROFESSIONAL EXAMINATIONS

The performance in essential components of training are to be assessed, based on:

1.1 ATTENDANCE

- Attendance requirements are 75% in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase – **the learner must have 75% attendance in theory and 80% in practical in each phase** of instruction in that subject.
- If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have 75% attendance in each subject and 80% attendance in each clinical posting.
- Students who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination.

1.2 INTERNAL ASSESSMENT

- Internal assessment shall be based on day-to-day assessment. It shall include assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.
- Regular periodic examinations shall be conducted throughout the course. There shall be three internal assessment examinations in each Preclinical / Para-clinical subject and two examinations in each clinical subject in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
- When subjects are taught in more than one phase, the internal assessment will be done in each phase and will contribute proportionately to final assessment. For example, General Medicine will be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
- Day to day records and log book (including required skill certifications) will be given importance in internal assessment.
- The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent specialties. The proportion of the marks for each constituent specialty shall be as per the time of instruction allotted to each.
- **Students must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject**

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in order to be eligible for appearing at the final University examination of that subject. The internal assessment marks for each subject will be out of 100 for theory and out of 100 for practical/ clinical (except in General Medicine, General Surgery and OBG, in which theory and clinical will be of 200 marks each).

- Internal assessment marks will reflect as separate head of passing at the summative examination.
- The results of internal assessment should be displayed on the notice board within a 1-2 weeks of the test.
- Students should complete the required certifiable competencies for that phase of training and should also complete the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

2 UNIVERSITY EXAMINATIONS :

- University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.
- Nature of questions will include different types such as structured essays (Long Answer Questions- LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.
- Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan
- Viva/oral examination should assess approach to patient management, emergencies, and attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.
- There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main examination.
- A student must graduate within 10 years of his/her joining of the first part of the MBBS course.

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2.1 University Examinations shall be held as under:

(a) First Professional

- The first Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.
- A maximum number of four permissible attempts would be available to clear the first Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt.

(b) Second Professional

- The second Professional examination shall be held at the end of second professional training (11 months), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) Third Professional

- Third Professional Part I shall be held at end of third Professional part 1 of training (12 months) in the subjects of Ophthalmology, Otorhinolaryngology, Community Medicine and Forensic Medicine and Toxicology
- Third Professional Part II - (Final Professional) examination shall be at the end of training (14 months including 2 months of electives) in the subjects of General Medicine, General Surgery, Obstetrics & Gynecology and Pediatrics. The discipline of Orthopedics, Anesthesiology, Dentistry and Radiodiagnosis will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.
- The discipline of Psychiatry and Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis will constitute 25% of the total theory marks in General Medicine incorporated as a separate section in paper II of General Medicine.

Table 10 : Marks distribution for various subjects

Phase of Course	Written-Theory - Total	Practicals / Orals/ Clinicals	Pass Criteria
First Professional			
Human Anatomy - 2 papers	200	100	
Physiology - 2 papers	200	100	
Biochemistry - 2 papers	200	100	

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Second Professional			<u>Internal Assessment:</u> 50% combined in theory and practical (not less than 40% in each) for eligibility for appearing for University Examinations <u>University Examination</u> Mandatory 50% marks separately in theory and practical (practical = practical/ clinical + viva)
Pharmacology - 2 Papers	200	100	
Pathology - 2 papers	200	100	
Microbiology - 2 papers	200	100	
Third Professional Part - I			
Forensic Medicine & Toxicology - 1 paper	100	100	
Ophthalmology - 1 paper	100	100	
Otorhinolaryngology - 1 paper	100	100	
Community Medicine - 2 papers	200	100	
Third Professional Part - II			
General Medicine - 2 papers	200	200	
General Surgery - 2 papers	200	200	
Pediatrics - 1 paper	100	100	
Obstetrics & Gynaecology - 2 papers	200	200	

Note: At least one question in each paper of the clinical specialties will test knowledge - competencies acquired during the professional development programme (AETCOM module); Skills competencies acquired during the Professional Development programme (AETCOM module) must be tested during clinical, practical and viva.

In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

3. CRITERIA FOR PASSING IN A SUBJECT:

A candidate shall obtain 50% marks in University conducted examination separately in Theory and Practical (practical includes: practical/ clinical and viva voce) in order to be declared as passed in that subject.

4. APPOINTMENT OF EXAMINERS

- Person appointed as an examiner in the particular subject must have at least four years of total teaching experience as Assistant professor after obtaining postgraduate degree in the subject in a college affiliated to a recognized/approved/permitted medical college.
- For the Practical/ Clinical examinations, there shall be at least four examiners for 100 students, out of whom not less than 50% must be external examiners. Of the four examiners, the senior-most internal examiner will act as the Chairman and coordinator of the whole examination programme so that uniformity in the matter of assessment of candidates is maintained. Where candidates appearing are more than 100, two additional examiners (one external & one internal) for every additional 50 or part there of candidates appearing, be appointed.

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c) In case of non-availability of medical teachers, approved teachers without a medical degree (engaged in the teaching of MBBS students as whole-time teachers in a recognized medical college), may be appointed examiners in their concerned subjects provided they possess requisite doctorate qualifications and four years teaching experience (as assistant professors) of MBBS students. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.

- External examiners may not be from the same University.
- The internal examiner in a subject shall not accept external examinership for a college from which external examiner is appointed in his/her subject.
- A University having more than one college shall have separate sets of examiners for each college, with internal examiners from the concerned college.
- External examiners shall rotate at an interval of 2 years.
- There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- All eligible examiners with requisite qualifications and experience can be appointed internal examiners by rotation in their subjects.
- Internal examiners should be appointed from same institution for unitary examination in same institution. For pooled examinations at one centre approved internal examiners from same university may be appointed.
- **The grace marks up to a maximum of five marks** may be awarded to a student for clearing the examination as a whole but not for clearing a subject resulting in exemption.

5. MODERATION AND PRINTING:

1. Head of the Department shall moderate the question paper and ensure that all questions fall within the prescribed syllabus. The format of question paper and the distribution of marks in each subject shall be as per the rules of graduate medical education of National Medical Commission

Only 30% of the paper can be changed during moderation.

The moderated question papers shall be typed in the examination cell by the person appointed by the dean for the same. The printed papers shall be sealed in an envelope which will be duly signed by the persons under whose supervision the paper was printed and by the Dean of the Faculty. Dean shall be responsible for keeping the sealed envelopes in his/her custody and make it available to the Superintendent / Dy. Superintendent of examination on the day of examination for that paper.

Note:

- (a) The names of persons proposed by the Dean to act as Superintendent / Dy. Superintendent and the list of invigilators and other staff engaged in examination should reach the office of the controller of Examination at least two weeks before the commencement of examination to obtain the approval of the competent authority and notification.



6. CONDUCT OF EXAMINATION:

- i) **Date sheet** should be notified and displayed on the Department notice board at least 30 days before the examination.
- ii) Students appearing for examination should be informed in advance, by way of notice board or putting a line in the date sheet, asking them not to bring mobile phone and any other objectionable material to the examination hall on the day of examination. If brought, such items will not be allowed in examination hall and University will not be responsible for these items in any manner.
- iii) Use of any unfair means will lead to automatic disqualification from the exam

7. EVALUATION OF ANSWER SCRIPTS:

1. The answer sheets will be handed over to all the four examiners during practical examination and examiners are expected to check and submit the compiled result on the last day of the practical examination.

Note:

- (a) As per UGC guidelines on Academic Reforms in Universities 2009, "*answer-books or sheets are to be 'encoded' (before being passed on to examiner / evaluator and decoded (before tabulation)*".

8. CODING/DECODING AND TABULATION WORK:

1. In tune with the UGC guidelines stating that "*The candidates' answer-sheets need to be assigned confidential codes, that is, they are encoded, before being passed on for evaluation/assessment*", coders and decoders will be appointed for all papers. .
2. All coding/decoding and tabulation work shall be done by the teachers whose names are pre-approved by the competent authority. The pool of teachers for this work shall be prepared by the CoE. Dean of the Faculties shall be required to submit the names of teachers who may be assigned these works.
3. Marks will be got entered into the system by two independent tabulators, already got approved by the competent authority, under the overall supervision of the Dean. Tabulators will be assisted by the System analyst and the Dealing Assistant responsible for that Faculty.

Re-evaluation and Re-Totaling:

1. Re-evaluation is not allowed under any circumstances.
2. Re-totalling is allowed only for theory papers.
3. Student should apply for re-totalling within 2 weeks of declaration of results. Applications received after 1 week will not be entertained.
4. Fee for Re-totalling is Rs.2500/-per paper.

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Anti Ragging Measures

Ragging' means

The doing of any act which causes or is likely to cause any physical, psychological or physiological harm

Or apprehension or shame or embarrassment to a student, and includes—

teasing or abusing or playing practical joke on or causing hurt to any student, asking any student to do any act, or perform anything, which he/she would not, in the ordinary course, be willing to do or perform

Punishment: Depending upon the act of misconduct the HIMSRS authority may impose any of the following punishments on any student found guilty of any of the acts of indiscipline or misconduct mentioned above. The punishment are:

1. Cancellation of admission or withdrawal of degree or denial of registration for a specified period.
2. Rustication up to four semester period and/or declaring any part or the entire Jamia Hamdard Campus out of bounds.
3. Expulsion.
4. Admonition/Reprimand.
5. Be fined with a sum that may be specified
6. Stoppage of any or all academic processes

MENTEE MENTORSHIP PROGRAM AT HIMSRS

We at Hamdard Institute of Medical Sciences & Research aim at mentoring relationships based on trust, confidentiality, mutual respect and sensitivity. We consider it as an essential component for a successful career building by bridging the gap between the students and faculties. As a new entrant to the professional course at HIMSRS, the student has a unique opportunity to be mentored by a faculty member. The mentor-mentee relationship is based on mutual trust, respect, guidance, encouragement and a willingness to learn and share. The central point being encouragement, constructive comments, and openness.

The mentor encourages the mentee to reach her/his full potential by sharing knowledge and experience, and provides emotional support, encouragement and a better environment in college by being a role-model, motivator and counsellor who helps the student in understanding the

- (i) Institution's culture and the medical course,
- (ii) becoming familiar with campus life and its support services,
- (iii) communicating and socializing with staff and peers,



- (iv) becoming informed about administrative procedures,
- (v) transitioning to new methods of learning and working,
- (vi) setting goals: short term goals for learning and long-term goals for transferring knowledge in skills relating to communication, critical thinking, responsibility, flexibility, and teamwork.

The role of the mentee is expected to be of an enthusiastic, curious, and ambitious one when discussing their interests with the mentor.

It is envisaged that every mentoring relationship will be unique in its nature and scope and will develop over time. The variable perspectives and different experiences of every mentor and mentee will add to the success of the program. Clarity, Communication, Commitment being our key to successful mentoring programmes.

INTERNSHIP

Internship is a phase of training wherein a graduate will acquire the skills and competencies for practice of medical and health care under supervision so that he/she can be certified for independent medical practice as an Indian Medical Graduate. In order to make trained work force available, it may be considered as a phase of training wherein the graduate is expected to conduct actual practice under the supervision of a trained doctor. The learning methods and modalities have to be done during the MBBS course itself with larger number of hands on session and practice on simulators.

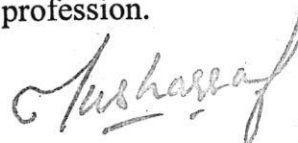
Goal:

The goal of the internship programme is to train medical students to fulfill their roles as doctors of first contact in the community.

Objectives:

At the end of the internship period, the medical graduate will possess all competencies required of an Indian Medical Graduate, namely:

- Independently provide preventive, promotive, curative and palliative care with compassion,
- Function as leader and member of the health care team and health system,
- Communicate effectively with patients, families, colleagues and the community,
- Be certified in diagnostic and therapeutic skills in different disciplines of medicine taught in the undergraduate programme,
- Be a lifelong learner committed to continuous improvement of skills and knowledge,
- Be a professional committed to excellence and is ethical, responsive and accountable to patients, community and profession.



TIME DISTRIBUTION

Community Medicine (Residential posting)	2 months
General Medicine including 15 days of Psychiatry	2 months
General Surgery including 15 days Anaesthesia	2 months
Obstetrics & Gynaecology including	
Family Welfare Planning	2 months
Pediatrics	1 month
Orthopaedics including PM & R	1 month
Otorhinolaryngology	15 days
Ophthalmology	15 days
Casualty	15 days
Elective posting (1x15 days)	15 days

Subjects for Elective posting will be as follows:

1. Dermatology, Venereology & Leprosy
2. Respiratory Medicine
3. Radio diagnosis
4. Forensic Medicine & Toxicology
5. Blood Bank
6. Psychiatry

Note: Structure internship with assessment at the end in the college.

OTHER DETAILS:

- The core rotations of the internship shall be done in primary and secondary/ tertiary care institutions in India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.
- Every candidate will be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of the College authorities and University concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.
- The University shall issue a provisional MBBS pass certificate on passing the final examination.
- The State Medical Council will grant provisional registration to the candidate upon production of the provisional MBBS pass certificate. The provisional

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- registration will be for a period of one year. In the event of the shortage or unsatisfactory work, the period of provisional registration and the compulsory rotating internship shall be suitably extended by the appropriate authorities.
- The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician. They shall not work independently.
- Interns will not issue medical certificate or death certificate or other medico-legal document under their signature.
- Each student should get a learning experience in primary/secondary and urban/rural centers in order to provide a diverse learning experience and facilitate the implementation of national health programmes/ priorities. These shall include community and outreach activities, collaboration with rural and urban community health centers, participation in government health missions etc.
- In recognition of the importance of hands-on experience, full responsibility for patient care and skill acquisition, internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital. A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas: provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/University, the State Government and the District administration, who shall regulate the training of such trainee. Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College.

ASSESSMENT OF INTERNSHIP:

- The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.
- Based on the record of work and objective assessment at the end of each posting, the Dean/Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship, following which the University shall award the MBBS degree or declare him eligible for it.
- Full registration shall only be given by the State Medical Council/Medical Council of India on the award of the MBBS degree by the University or its declaration that the candidate is eligible for it.

*****END*****

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