

Ordinance No. 13

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY (M.B.B.S.)

1.0 AIMS & OBJECTIVES

1.1 AIMS

- 1 Graduate medical curriculum is oriented towards training students to undertake the responsibilities of a physician of first contact who is capable of looking after the preventive, promotive, curative & rehabilitative aspect of medicine.
2. With wide range of career opportunities available today, a graduate has a wide choice of career opportunities. The training, though broad based and flexible shall aim to provide an educational experience of the essentials required for health care in our country. Training is designed to meet internationally acceptable standards.
3. To undertake the responsibilities of service situations which is a changing condition and of various types, it is essential to provide adequate placement training tailored to the needs of such services as to enable the graduates to become effective instruments of implementation of those requirements. To avail of opportunities and be able to conduct professional requirements, the graduate shall endeavor to have acquired basic training in different aspects of medical care.
4. The importance of the community aspects, of health care and of rural health care services is to be recognized. This aspect of education & training of graduates shall be adequately recognized in the prescribed curriculum. Its importance has been systematically upgraded over the past years and adequate exposure to such experiences should be available throughout all the three phases of education & training. This has to be further emphasized and intensified by providing exposure to field practice areas and training during the internship period. The aim of the period of

rural training during internship is to enable the fresh graduates to function efficiently under such settings.

5. The educational experience shall emphasize health and community orientation instead of only disease and hospital orientation or being-concentrated - on-curative -aspects. As such all the basic concepts of modern scientific medical education are to be adequately dealt with.
6. There, must be enough experiences to be provided for self learning. The methods and techniques that would ensure this must become a part of teaching-learning process.
7. The medical graduate of modern scientific medicine shall endeavor to become capable of functioning independently in both urban and rural environment. He/she shall endeavor to give emphasis on fundamental aspects of the subjects taught and on common problems of health and disease avoiding unnecessary details of specialization.
8. The importance of social factors in relation to the problem of health and diseases shall receive proper emphasis throughout the course and to achieve this purpose, the educational process shall also be community based than only hospital based. The importance of population control and family welfare planning shall be emphasized throughout the period of training with the importance of health and development duly emphasized.
9. Adequate emphasis is to be placed on cultivating logical and scientific habits of thought, clarity of expression and independence of judgment, ability to collect and analyze information and to correlate them.

10. The educational process shall be placed in a historic background as an evolving process and not merely as an acquisition of a large number of disjointed facts without a proper perspective. The history of Medicine with reference to the evolution of medical knowledge both in this country and the rest of the world shall form a part of this process.
11. Lectures alone are generally not adequate as a method of training and are a poor means of transferring/acquiring information and even less effective at skill development and in generating the appropriate attitudes. Every effort shall be made to encourage the use of active methods related to demonstration and on first hand experience. Students will be encouraged to learn in small groups, through peer interactions so as to gain maximal experience through contacts with patients and the communities in which they live. While the curriculum objectives often refer to areas of knowledge or science, they are best taught in a setting of clinical relevance and hands on experience for students who assimilate and make this knowledge a part of their own working skills.
12. The graduate medical education in clinical subjects shall be based primarily on out-patient teaching, emergency departments and within the community including peripheral health care institutions. The out-patient departments shall be suitably planned to provide training to graduates in small groups.
13. Clinics shall be organized in small groups of preferably not more than 10 students so that a teacher can give personal attention to each student with a view to improve his skill and competence in handling of the patients.
14. Proper records of the work shall be maintained which will form the basis for the students' internal assessment and shall be available to the inspectors at the time of inspection of the college by the Medical Council of India.

15. Maximal efforts shall be made to encourage integrated teaching between traditional subject areas using a problem based learning approach starting with clinical or community cases and exploring the relevance of various preclinical disciplines in both understanding and resolution of the problem. Every attempt shall be made to de-emphasize compartmentalization of disciplines so as to achieve both horizontal and vertical integration in different phases.
16. Every attempt shall be made to encourage students to participate in group discussions and seminars to enable them to develop personality, character, expression and other faculties which are necessary for a medical graduate to function either in solo practice or as a team leader when he begins his independent career. A discussion group shall not have more than 20 students.
17. Faculty member shall avail modern educational technology while teaching the students and to attain this objective, Medical Education Units/ Departments shall be established in the medical college for faculty development and providing learning resource material to teachers.
18. To derive maximum advantage out of this revised curriculum, the vacation period to students in one calendar year shall not exceed one month, during the 4 1/2 years Bachelor of Medicine and Bachelor of Surgery (MBBS) Course.
19. Institution shall insure that adequate financial and technical inputs are provided.
20. History of Medicine: The students will be given an outline on History of Medicine. This will be taught in an integrated manner by subject specialists and will be coordinated by the Medical Education Unit of the Institution.
21. The Institution shall have a curriculum committee which would plan curricula and instructional method which will be regularly updated.
22. Integration of ICT in learning process will be implemented.

1.2 OBJECTIVES

At the end of undergraduate program, the medical student should be able to:

1. Recognize 'health for all' as a national goal and health right of all citizens and by undergoing training for medical profession fulfill his/her social obligations towards realization of this goal.
2. Learn every aspect of National policies on health and devote himself/herself to its practical implementation.
3. Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and Rehabilitative aspects of common diseases.
4. Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
5. Become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.
6. Be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
7. Be competent to practice preventive, promotive, curative and rehabilitative medicine in respect to the commonly encountered health problems.
8. Appreciate rationale for different therapeutic modalities; be familiar with the administration of the "essential drugs" and their common side effects.
9. Be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities.
10. Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine.

11. Possess the attitude for continued self learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
12. Be familiar with the basic factors which are essential for the implementation of the National Health Programs including practical aspects of the following:
 - Family Welfare and Material and Child Health(MCH)
 - Sanitation and water supply
 - Prevention and control of communicable and non-communicable diseases
 - Immunization
 - ~ Health Education
 - ~ IPHS standard of health at various level of service delivery, medical waste disposal.
 - Organizational institutional arrangements.
13. Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, "General and hospital management principal inventory skills and counseling.
14. Be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
15. Be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
16. Be competent to work in a variety of health care settings.
17. Have 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.

18 All efforts must be made to equip the medical graduate to acquire the practical skills.

2.0 COURSE STRUCTURE

2.1 TRAINING PERIOD AND TIME DISTRIBUTION

2.1.1 Every student shall undergo a period of certified study extending over 4½ academic years divided into 9 semesters, (i.e. of 6 months each) from the date of commencement of his study for the subjects comprising the medical curriculum to the date of completion of the examination and followed by one year compulsory rotating internship. Each semester will consist of approximately 120 teaching days of 8 hours each college working time, including one hour of lunch.

2.1.2 The period of 4½ years is divided into three phases as follows –

2.1.2.1 Phase-I (two semesters) - consisting of Pre-clinical subjects (Human Anatomy, Physiology including Bio-Physics, Bio-chemistry and introduction to Community Medicine including Humanities). Besides 60 hours for introduction to Community Medicine including Humanities, rest of the time shall be somewhat equally divided between Anatomy and Physiology plus Biochemistry combined (Physiology 2/3 & Biochemistry 1/3).

2.1.2.2. Phase-II (3 semesters) - consisting of para-clinical/ clinical subjects. During this phase teaching of para-clinical and clinical subjects shall be done concurrently. The para-clinical subjects shall consist of Pathology, Pharmacology, Microbiology, Forensic Medicine including Toxicology and part of Community Medicine. The clinical subjects shall consist of all those detailed below in Phase III. Out of the time for Para-clinical teaching approximately equal time be allotted to Pathology, Pharmacology, Microbiology and Forensic Medicine and

Community Medicine combined (1/3 Forensic Medicine & 2/3 Community Medicine). See Appendix-C.

2.1.2.3.Phase-III (Continuation of study of clinical subjects for seven semesters after passing Phase-I) The clinical subjects to be taught during Phase II & III are Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics and Gynaecology and Community Medicine. Besides clinical posting as per schedule mentioned herewith, rest of the teaching hours be divided for didactic lectures, demonstrations, seminars, group discussions etc. in various subjects. The time distribution shall be as per Appendix-C. The Medicine and its allied specialties training will include General Medicine, Paediatrics, Tuberculosis and Chest, Skin and Sexually Transmitted Diseases, Psychiatry, Radio-diagnosis, Infectious diseases etc. The Surgery and its allied specialties training will include General Surgery, Orthopaedics Surgery including Physio-therapy and Rehabilitation, Ophthalmology, Otorhinolaryngology, Anaesthesia, Dentistry, Radio-therapy etc. The Obstetrics & Gynaecology training will include family medicine, family welfare planning etc.

2.1.2.4 The first 2 semester (approximately 240 teaching days) shall be occupied in the Phase I (Pre-clinical) subjects and introduction to a broader understanding of the perspectives of medical education leading to delivery of health care. No student shall be permitted to join the Phase II (Para-clinical/clinical) group of subjects until he has passed in all the Phase I (Pre-clinical subjects).

2.1.2.5 After passing pre-clinical subjects, one and half year (3 semesters) shall be devoted to para-clinical subjects. Phase II will be devoted to para-clinical & clinical subjects, along with clinical postings. During

clinical phase (Phase III) pre-clinical and para-clinical teaching will be integrated into the teaching of clinical subjects where relevant.

2.1.2.6 Didactic lectures shall not exceed one third of the time schedule; two third schedule shall include practicals, clinicals or/and group discussions. Learning process shall include living experiences, problem oriented approach, case studies and community health care activities.

2.1.2.7 The University shall organize admission timings and admissions process in such a way that teaching in first semester starts by 1st of August each year.

2.1.2.8 Supplementary examination shall be conducted within 6 months. The students who pass the supplementary examination shall be allowed to appear in the second professional MBBS examination only after he/she completes the full course of study of three semesters (i.e. 18 months) for the second professional MBBS examination.

2.2 PHASE DISTRIBUTION AND TIMING OF EXAMINATION:

6 MONTHS	6 MONTHS	6 MONTHS	
1	2		1st professional examination (during second semester)
3	4	5	II professional examination (during fifth semester)
6	7		IIIrd professional Part I (during 7th semester)
8	9		IIIrd professional

Part II (Final
Professional).

- 2.2.1 Passing in Ist Professional is Compulsory before/proceeding to Phase II training.
- 2.2.2 A student who fails in the IInd professional examination, shall not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of Ind Professional examination.
- 2.2.3 Passing in IIIrd Professional (Part I) examination is not compulsory before entering for 8th & 9th semester training, however passing of IIIrd Professional (Part I) is compulsory for being eligible for IIIrd Professional (Part II) examination.
- 2.2.4 During third to ninth semesters, clinical postings of three hours duration daily as specified in the Table below is suggested for various departments, after Introductory Course in Clinical Methods in Medicine & Surgery of two weeks each for the whole class.

Table								
Total Subject	3 rd Semes-ter (weeks)	4 th Semes-ter (weeks)	5 th Semester (weeks)	6 th Semester (weeks)	7 th Semes-ter (weeks)	8 th Semes-ter (weeks)	9 th Semester (weeks)	Total (weeks)
General*** Medicine	6	-	4	-	4	6	6	26
Paediatrics	-	2	-	2	2	4	-	10
Tuberculosis and Chest Diseases	-	2	-	-	-	-	-	02
Skin & STD	-	2	-	2	-	2	-	06
Psychiatry	-	-	2	-	-	-	-	02
Radiology*	-	-	-	-	2	-	-	02
General **** Surgery	6	-	4	-	4	6	6	26
Orthopaedics**	-	-	4	4	-	-	2	10
Ophthalmology	-	4	-	4	-	-	2	10
Ear Nose and Throat	-	4	-	4	-	-	-	08
Obstetrics and Gynaecology including Family Welfare Planning	2	4	4	-	4	4	6	24
Community Medicine	4	4	-	4	-	-	-	12
Casualty	-	-	-	2	-	-	-	02
Dentistry	-	-	-	-	2	-	-	02
Total								
(in Weeks)	18	22	18	22	18	22	22	142

Clinical methods in Medicine and Surgery for whole class will be for 2 weeks each respectively at the start of 3rd semester

* This posting includes training in Radio-diagnosis and Radiotherapy where existent.

** This posting includes exposure to Rehabilitation and Physiotherapy.

*** This posting includes exposure to laboratory medicine and infectious diseases,

* This includes maternity training and Family medicine and the 3rd semester posting shall be in Family Welfare\Planning.

2.3 **INTERNSHIP**

2.3.1 General -- Internship is a phase of training wherein a graduate is expected to learn methods/modalities for actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently.

2.3.2 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, practice on simulators including zoes models.

2.3.3 **Specific Objectives**

At the end of the internship training, the student shall be able to:

2.3.3.1 Diagnose clinical common disease conditions encountered in practice and make timely decision for referral to higher level;

2.3.3.2 Use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services.

2.3.3.3 Manage all type of emergencies-medical, surgical obstetric, neonatal and paediatric, by rendering first level care;

2.3.3.4 Demonstrate skills in monitoring of the National Health Program and schemes, oriented to provide preventive and promotive health care services to the community;

- 2.3.3.5 Develop leadership qualities to function effectively as a leader of the health team organised to deliver the health and family welfare service in existing socio-economic, political and cultural environment;
- 2.3.3.6 Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.
- 2.3.4 Time allocation to each discipline is approximate and shall be guided more specifically by the actual experience obtained. Thus a student serving in a district or taluk hospital emergency room may well accumulate skill in surgery, orthopaedics, medicine, obstetrics and Gynaecology and Paediatrics during even a single night on duty. Responsible authorities from the medical college shall adjust the intern experience to maximize intern's opportunities to practice skills in patient care in rough approximation of the time allocation suggested.

2.3.5 Internship - Time Distribution

2.3.5.1 COMPULSORY

Community Medicine	2 months
Medicine including 15 days of Psychiatry	2 months
Surgery including 15 days Anaesthesia	2 months
Obst./Gynae. including Family Welfare Planning	2 months
Paediatrics	1 month
Orthopaedics including PMR	1 month
ENT	15 days
Ophthalmology	15 days
Casualty	15 days

- 2.3.5.2 Elective Posting (1x15 days) 15 days Subjects for Elective posting will be as follows:
- Dermatology and Sexually Transmitted Diseases.
 - Tuberculosis and Respiratory Diseases.
 - Radio-Diagnosis
 - Forensic Medicine
 - Blood Bank
 - Psychiatry

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

2.3.6 Other Details

- 2.3.6.1 All parts of the internship shall be done as far as possible in institutions of India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.
- 2.3.6.2 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 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.
- 2.3.6.3 The University shall issue a provisional MBBS pass certificate on passing the final examination.
- 2.3.6.4 The State Medical Council will grant provisional registration to the candidate on production of the provisional MBBS pass certificate. The provisional 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 may be suitably extended by the appropriate authorities.
- 2.3.6.5 The intern shall be entrusted with clinical responsibilities under direct supervision of senior medical officer. They shall not be working independently.
- 2.3.6.6 Interns will not issue a medical certificate or a death certificate or a medico-legal document under their signature.
- 2.3.6.7 Adjustment to enable a candidate to obtain training in elective clinical subjects may be made.

- 2.3.6.8 One year's approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital.

2.3.7 Assessment of Internship

- 2.3.7.1 The intern shall maintain a record of work which is to be verified and certified by the medical officer under whom he 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 date of evaluation, the Dean/Principal shall issue Certificate of satisfactory completion of training, following which the University shall award the MBBS degree or declare him eligible for it.

- 2.3.7.2 Satisfactory completion shall be determined on the basis of the following:-

- Proficiency of knowledge required for each case
SCORE 0-5
- The competency in skills expected to manage each case:
 - a) Competency for performance of self performance,
 - b) of having assisted in procedures,
 - c) of having observed.

SCORE 0-5

- Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports.

SCORE 0-5

- Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals).

SCORE 0-5

~ Initiative, participation in discussions, research aptitude.

SCORE 0-5

Poor /	Fair /	below average /	average /	above average /	excellent
0	1	2	3	4	5

2.3.7.3 A Score of less than 3 in any of above items will represent unsatisfactory completion of internship.

2.3.7.4 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.

3.0 ACADEMIC QUALIFICATION AND SELECTION CRITERIA FOR ADMISSION

3.1 Eligibility Criteria: No Candidate shall be allowed to be admitted to the Medical Curriculum proper of first Bachelor of Medicine and Bachelor of Surgery (MBBS) Course until:

3.1.1 He/she shall complete the age of 17 years on or before 31st December of the year of admission to the MBBS Course.

3.1.2 He/she has passed qualifying examination as under:

3.1.2.1 The higher secondary examination or the Indian School Certificate Examination which is Equivalent to 10+2 Higher Secondary Examination after a period of 12 years study, the last two years of study comprising of physics, Chemistry, Biology/Biotechnology and any other elective subjects with English at a level not less than the core course for English as prescribed by the National Council for Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on education.

Note: Where the course content is not as prescribed for 10+2 education structure of the National Committee, the candidates will have to undergo a period of one year pre professional training before admission to the Medical colleges.

Or

- 3.1.2.2 The Intermediate examination in science of an Indian University/Board or other recognized examining body with Physics, Chemistry and Biology/Bio-technology which shall include a practical test in these subjects and also English as a compulsory subject.

Or

- 3.1.2.3 The pre-professional/pre-medical examination with Physics, Chemistry and Biology/Bio technology, after passing either the higher secondary school examination, or the pre-university or an equivalent examination. The professional/pre-medical examination shall include a practical test in Physics, Chemistry & Biology/Bio-technology and also English as a compulsory subject.

Or

- 3.1.2.4 The first year of the three years degree course of a recognized University, with Physics, Chemistry and Biology/Bio-technology including a practical test in these subjects provided the examination is a "University Examination" and candidate has passed 10+2 with English at a level not less than a core course.

Or

- 3.1.2.5 B.Sc examination of an Indian University, provided that he/she has passed the B.Sc examination with not less than two of the following subjects Physics, Chemistry, Biology(Botany, Zoology)/Biotechnology and further that he/she has passed the earlier qualifying examination with the following subjects - Physics, Chemistry, Biology/Bio- technology and English.

Or

- 3.1.2.6 Any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University/Board, taking Physics, Chemistry and Biology/Bio technology including practical test in each of these subjects and English.

Note: The pre-medical course may be conducted either at Medical College or a Science College. Marks obtained in mathematics are not to be considered for admission to MBBS course. After the 10+2 course is introduced, the integrated courses should be abolished. Selection of Students: The selection of students to M.B.B.S. course shall be based solely on merit of the candidate and determination of merit shall be on the basis of a competitive entrance test.

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

3.2.1.1 A candidate must have passed in the subjects of Physics, Chemistry, Biology/Bio-technology and English individually and must have obtained a minimum of 50% marks taken together in Physics, Chemistry & Biology/Bio-technology at the qualifying examination and in addition must have come in the merit list prepared as a result of such competitive entrance test by securing not less than 50% marks in Physics, Chemistry and Biology/Bio-technology taken together, **At the qualifying examination and in addition must have come in the merit list prepared as a result of competitive entrance examination conducted by Malwanchal University, Indore / any designated agency approved by Malwanchal University, Indore or as decided by the Statutory body , securing not less than 50% marks in Physics, Chemistry & Biology/Biotechnology taken together in competitive examination.**

3.2.1.2 In respect of candidates belonging to Scheduled Castes, Scheduled Tribes or other Backward Classes the marks obtained in Physics, Chemistry and Biology/Bio-technology taken together in qualifying examination and competitive entrance examination be 40% instead of 50% as stated above.

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

3.2.1.4 Provided that the eligibility criteria for admission to persons with locomotory disability of lower limbs will be a minimum of 45% marks instead of 50% taken together in qualifying examination and competitive entrance examination for admission in MBBS course.

3.3 Migration

3.3.1 Migration from one medical college to other is not a right of a student. However, migration of students from one medical college to another medical college in India may be considered by the Medical Council of India only in exceptional cases on extreme compassionate grounds*, provided following criteria are fulfilled. Routine migrations on other grounds shall not be allowed.

3.3.2 Both the colleges, i.e. one at which the student is studying at present and one to which migration is sought, are recognized by the Medical Council of India.

3.3.3 The applicant candidate should have passed first professional MBBS examination.

3.3.4 The applicant candidate submits his application for migration, complete in all respects, to all authorities concerned within a period of one month of passing (declaration of results) the first professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination.

3.3.5 The applicant candidate must submit an affidavit stating that he/she will pursue 18 months of prescribed study before appearing at 11th professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination at the transferee medical college, which should be duly certified by the Registrar of the concerned University in which he/she is seeking transfer. The transfer will be applicable only after receipt of the affidavit.

3.3.6 Migration during clinical course of study shall not be allowed on any ground.

- 3.3.7 All applications for migration shall be referred to Medical Council of India by college authorities. The Institution / University shall not allow migrations directly without the approval of the Council. Council reserves the right, not to entertain any application which is not under the prescribed compassionate grounds and also to take independent decisions where applicant has been allowed to migrate without referring the same to the Council.
- 3.3.8 Compassionate grounds criteria for migration as laid down by MCI-
- 3.3.8.1 Death of a supporting guardian.
 - 3.3.8.2 Illness of the candidate causing disability.
 - 3.3.8.3 Disturbed conditions as declared by Government in the Medical College area.
- 3.3.9 Migration of students from one medical college to another medical college may be granted on any genuine ground subject to the availability of vacancy in the college where migration is sought and fulfilling the other requirements laid down in the Regulations. Migration would be restricted to 5% of the sanctioned intake of the college during the year. No migration will be permitted on any ground from one medical college to another located within the same city.
- 3.3.10 Migration of students from one College to another is permissible only if both the colleges are recognized by the Central Government under section 11 (2) of the Indian Medical Council Act, 1956 and further subject to the condition that it shall not result in increase in the sanctioned intake capacity for the academic year concerned in respect of the receiving medical college.
- 3.3.11 The applicant candidate shall be eligible to apply for migration only after qualifying in the first professional MBBS examination. Migration during clinical course of study shall not be allowed on any ground.
- 3.3.12 For the purpose of migration an applicant candidate shall first obtain "No Objection Certificate" from the college where he is studying for the present and the university to which that college is affiliated and also from the college to which the migration is sought and the university to which that college is affiliated. He/She shall submit his application for migration within a period of 1 month of passing (Declaration of result of the 1st Professional MBBS examination) along with the above cited four "No Objection Certificates" to: (a) the Director of Medical Education of the State, if migration is sought from one college to another within the same State or (b) the Medical Council of India, if the migration is sought from one college to another located outside the State.

3.3.13 A student who has joined another college on migration shall be eligible to appear in the IInd professional MBBS examination only after attaining the minimum attendance in that college in the subjects, lectures, seminars etc. required for appearing in the examination prescribed under Regulation 12(1).

Note-1: The Malwanchal University/Institutions shall frame appropriate guidelines for grant of No Objection Certificate or migration, as the case may be, to the students subject to provisions of these regulations.

Note-2 : Any request for migration not covered under the provisions of these Regulations shall be referred to the Medical Council of India for consideration on individual merits by the Director (Medical Education) of the State or the Head of Central Government Institution concerned. The decision taken by the Council on such requests shall be final.

Note-3: The Institution shall send intimation to the Medical Council of India about the number of students admitted by them on migration within one month of their joining. It shall be open to the Council to undertake verification of the compliance of the provisions of the regulations governing migration by the Colleges at any point of time.

4.0 COMMENCEMENT OF COURSE

4.1 The M.B.B.S. course shall commence with effect from 1st August of respective year or as per prevailing rules.

4.2 The last date up to which students can be admitted against vacancies arising due to any reason shall be 30th September of respective year or as per prevailing rules.

5.0 REGULATION RELATING TO ASSESSMENT OF ACADEMIC GROWTH OF STUDENTS

5.1 Examination Regulations - Essentialities for qualifying to appear in professional examinations. The performance in essential components of training are to be assessed, based on:

5.1.1 Attendance 75% attendance in a subject for appearing in the examination is compulsory inclusive of attendance in non-lecture teaching i.e. seminars, group discussions, tutorials, demonstrations, practicals, hospital (Tertiary Secondary, Primary) posting and bed side clinics etc.

5.1.2 Internal Assessment

- 5.1.2.1 It shall be based on day to day assessment (see note), evaluation of student assignment, preparation for seminar, clinical case presentation etc.:
- 5.1.2.2 Regular periodical examinations shall be conducted throughout the course. The questions of number of examinations shall be decided by the Institutions.
- 5.1.2.3 Day to day records shall be given importance during internal assessment.
- 5.1.2.4 Weightage for the internal assessment shall be 20% of the total marks in each subject.
- 5.1.2.5 Student must secure at least 35% marks of the total marks fixed for internal assessment in a particular subject in order to be eligible to appear in final university examination of that subject.
- 5.1.2.6 Internal assessment shall relate to different ways in which students participation in learning participation in learning process during semesters in evaluated. Some examples are as follows: Preparation of subject for students seminar. Preparation of a clinical case for discussion. Clinical case study/problem solving exercise. Participation in Project for health care in the community (planning stage to evaluation). Proficiency in carrying out a practical or a skill in small research project. Multiple choice questions (MCQ) test after completion of a system/teaching.

Each item tested shall be objectively assessed and recorded. Some of the items can be assigned as Home work/vacation work.

6.0 APPOINTMENT OF EXAMINERS

- 6.1 No person shall be appointed as an examiner in any of the subjects of the Professional examination leading to and including the final Professional examinations for the award of the MBBS degree unless he has taken at least five years previously, a doctorate degree of a recognized university or an equivalent qualification in the particular subject as per recommendation of the Council on teachers eligibility qualifications and has had at least five years of total teaching experience in the subject concerned in a college affiliated to a recognized university at a faculty position.

- 6.2 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 co-ordinator of the whole examination program so that uniformity in the matter of assessment of candidates is maintained. Where candidates appearing are more than 100, one additional examiner, for every additional 50 or part thereof candidates appearing, be appointed.
- 6.3 Non medical scientists engaged in the teaching of medical students as whole time teachers, may be appointed examiners in their concerned subjects provided they possess requisite doctorate qualifications and five year teaching experience of medical students after obtaining their postgraduate qualifications. Provided further that the 50% of the examiners (Internal & External) are from the medical qualification stream.
- 6.4 External examiners shall not be from the same university and preferably be from outside the state.
- 6.5 The internal examiner in a subject shall not accept external examiner ship for a college from which external examiner is appointed in his subject.
- 6.6 External examiners shall rotate at an interval of 2 years.
- 6.7 There shall be a Chairman of the Board of paper-setters who shall be an internal examiner and shall moderate the questions.
- 6.8 Except Head of the department of subject concerned in a college/institution, all other with the rank of reader or equivalent and above with requisite qualifications and experience shall be appointed internal examiners by rotation in their subjects; provided that where there are no posts of readers, then an Assistant Professor of 5 years standing as Assistant Professor may be considered for appointment as examiner.

7.0 UNIVERSITY EXAMINATIONS: THEORY AND PRACTICAL

- 7.1 Theory papers will be prepared by the examiners as prescribed. Nature of questions will be shot answer type/objective type and marks for each pat indicated separately. Question papers should preferably be of short structure/objective type.
- 7.2 Practicals/clinicals will be conducted in the laboratories or hospital wards. The objective will be to assess proficiency in skills, conduct of experiment, interpretation of data and logical conclusion. Clinical cases should preferably include common diseases and not esoteric syndromes or rare disorders. Emphasis should be on candidate's capability in eliciting physical signs and their interpretation. Clinical

cases/practicals shall take into account common diseases which the student is likely to come in contact in practice. Rare cases/obscure syndromes, long cases of neurology shall not- be put for final examination

- 7.3 Viva/oral includes evaluation of management approach and handling of emergencies. Candidates skill in interpretation of common investigative data, x-rays, identification of specimens, ECG etc. also is to be evaluated.
- 7.4 The examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary for knowledge, minimum skills along with clear concepts of the fundamentals which are necessary for him to carry out his professional day to day work competently. Evaluation will be carried out on an objective basis.
- 7.5 Question papers should preferably be of short structure/objective type.
- 7.6 Clinical cases/practicals shall take into account common diseases which the student is likely to come in contact in practice. Rare cases/obscure syndromes, long cases of neurology shall not be put for final examination.
- 7.7 During evaluation it shall be ascertained if the candidate has acquired the desired practical skills.
- 7.8 There shall be one main examination in a year and a supplementary to be held not later than 6 months after the publication of its results. Universities Examinations shall be held as under:-
- 7.8.1 First Professional:- In the second Semester of Phase 1 training, in the subjects of Anatomy. Physiology and Bio-Chemistry.
- 7.8.2 Second Professional:- In the Fifth Semester of Phase II training, in the subjects of Pathology, Microbiology, Pharmacy and Forensic Medicine.
- 7.8.3 Third Professional :- Pat I- in the Seventh Semester of Phase III, in the subjects of Ophthamology, Oto-rhyno-laryngology and Community Medicine.
- 7.8.4 Third Professional :- Pat II-(Final Professional) - At the end of Phase III training in the subjects of Medicine, Surgery, Obstetrics & Gynecology and Pediatrics."

Note:

- a) Results of University examinations shall be declared before the start of teaching for next semester.
- b) Passing in 1st Professional is compulsory before proceeding to Phase II training.
- c) A student who fails in the IInd professional examination, should not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination.
- d) Passing in IIIrd Professional (Part-1) is compulsory for being eligible for IIIrd Professional (Part II) examination

7.9 Distribution of marks to various disciplines:

7.9.1 First Professional examination:(Pre-clinical Subjects):-

7.9.1.1. Anatomy:

Theory-Two papers of 50 marks each {One applied question of 10 marks in each paper)	100marks
Oral (Viva)	20 marks
Practical	40 marks
Internal assessment (Theory-20; Practical-20)	40 marks
Total	200 marks

7.9.1.2 Physiology including Biophysics

Theory-Two papers of 50 marks each {One applied question of 10 marks in each paper)	100marks
Oral (Viva)	20 marks
Practical	40 marks
Internal assessment (Theory-20; Practical-20)	40 marks
Total	200 marks

7.9.1.3 Biochemistry :

Theory-Two papers of 50 marks each {One applied question of 10 marks in each paper)	100marks
Oral (Viva)	20 marks
Practical	40 marks
Internal assessment (Theory-20; Practical-20)	40 marks
Total	200 marks

7.9.1.4 Pass: In each of the subjects, a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practicals.

7.9.2 Second Professional Examination:
(Para-clinical subjects)

7.9.2.1 Pathology

Theory-Two papers of {One applied question of 10 marks in each paper)	40 marks each 80marks
Oral (Viva)	15 marks
Practical	25 marks
Internal assessment (Theory-15; Practical-15)	30 marks
Total 150 marks	

7.9.2.2 Microbiology

Theory-Two papers of (One applied question of 10 marks in each paper)	40 marks each 80 marks
Oral (Viva)	15 marks
Practical	25 marks
Internal assessment (Theory-15; Practical-15)	30 marks
Total 150 marks	

7.9.2.3 Pharmacology

Theory-Two papers of 40 marks each Containing one question on clinical therapeutics	80 marks
Oral (Viva)	15 marks
Practical	25 marks
Internal assessment (Theory-15; Practical-15)	30 marks
Total 150 marks	

7.9.2.4 Forensic Medicine

Theory-one paper	40 marks
Oral (Viva)	10 marks
Practical/Clinicals	30 marks
Internal assessment	

(Theory-10; Practical-10)

20 marks

Total 100 marks

7.9.2.5 Pass: In each of the subjects, a candidate must obtain 50 % in aggregate with a minimum of 50% in Theory including oral and minimum of 50% in Practicals/clinicals.

7.9.3 Third Professional - Part I To be conducted during end period of seventh semester.

7.9.3.1 Ophthalmology

Theory: One paper 40 marks /should contain one question on pre-clinical and para-clinical aspects, of 10 marks) oral (Viva) 10 marks Clinical 30 marks Internal assessment 20 marks (Theory-10; Practical-10) Total 100 marks

7.9.3.2 Oto-Rhino-Laryngology Theory: One paper 40 marks (should contain one question on pre-clinical and para-clinical aspects, of 10 marks) Oral (Viva) 10 marks Clinical 30 marks Internal assessment 20 marks (Theory-10 Practical-10) Total 100 marks

7.9.3.3 Community Medicine including Humanities

Theory: Two papers of 60 marks each 120 marks (includes problem solving, applied aspects of management at primary level including essential drugs, occupational (agro based) diseases, rehabilitation and social aspects of community). Oral (Viva) 10 marks Practical/Project evaluation 30 marks Internal assessment 40 marks (Theory -20; Practical-20) Total 200 marks

7.9.3.4 Pass: In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in practicals/clinicals.

7.9.4 Third Professional - Part II Each paper shall have two sections. Questions requiring essay type answers may be avoided.

7.9.4.1 Medicine Theory- Two papers of 60 marks each 120 marks Paper 1- General Medicine Paper II- General Medicine (including Psychiatry, Dermatology and S.T.D.) (Shall contain

one question on basic sciences and allied subjects) Oral (Viva) Interpretation of X-ray ECG, etc. 20 marks Clinical (Bed side) 100 marks Internal assessment 60 marks (Theory-30; Practical-0) Total 300 marks

- 7.9.4.2 Surgery Theory-Two papers of 60 marks each 120 marks Paper-1-General Surgery (Section 1) Orthopaedics (Section 2) Paper II-General Surgery including Anaesthesiology, Dental diseases and Radiology. (shall contain one question on basic sciences and allied subjects) Oral (Viva) Interpretation of Investigative data 20 marks Clinical (Bed Side) 100 marks Internal assessment 60 marks (Theory-30; Practical-30) 60 marks Total 300 marks Paper 1 of Surgery shall have one section in Orthopaedics. The questions on Orthopaedic Surgery be set and assessed by examiners who are teachers in the Orthopaedic surgery.
- 7.9.4.3 Obstetrics and Gynaecology Theory Two papers of 40 marks each 80 marks Paper I- Obstetrics including social obstetrics. Paper II - Gynaecology, Family Welfare and Demography (Shall contain one question on basic sciences and allied subjects) Oral (Viva) including record of delivery cases(20+10) 30 marks Clinical 50 marks Internal assessment (Theory-20; Practical-20) total 40 marks Total 200 marks
- 7.9.4.4 Pediatrics: (Including Neonatology) Theory: One paper 40 marks (Shall contain one question on basic sciences and allied subjects) Oral (Viva) 10 marks Clinical 30 marks Internal assessment 20 marks (Theory-10; Practical-10) Total 100 marks
- 7.9.4.5 Pass: In each of the subjects a candidate must obtain 50% in aggregate with a minimum of 50% in Theory including orals and minimum of 50% in Practicals/clinicals.
- 7.10 Criteria for passing
- 7.10.1 Results of University examinations shall be declared before the start of teaching for next semester.
- 7.10.2 Passing in 1st Professional is compulsory before proceeding to Phase II training.

- 7.10.3 A student who fails in the IInd professional examination, should not be allowed to appear IIIrd Professional Part I examination unless he passes all subjects of IInd Professional examination.
- 7.10.4 Passing in IIIrd Professional (Pat-1) is compulsory for being eligible for IIIrd Professional (Pat II) examination
- 7.11 Division and Merit list
- 7.11.1 The division shall be awarded only after 3rd part II university examination and shall be based on the aggregate marks obtained by the candidate at his /her successful attempts at the 1st, 2nd, 3rd part I and 3rd part II M.B.B.S. University examinations. There shall be only three divisions as follows—
- 1st division with honors : 75 % and above
 - 1st division : 60 % and above but below 75%
 - 2nd division : 50 % and above but below 60%
- 7.11.2 The merit shall be declared by the university after the declaration of result of 3rd Part II M.B.B.S. university examination on the basis of the integrated performance of all the four M.B.B.S. university examinations. The merit list shall include first 10 candidates securing at least 1st division and passing all M.B.B.S. university examination in first attempts with all subjects taken together.
- 7.12 Condonation of deficiency in marks
- 7.12.1 The grace marks up to a maximum of five marks may be awarded at the discretion of the University to a student who has failed only in one subject but has passed in all other subjects.
- 7.12.2 After condonation of marks the result of the concerned M.B.B.S. university examination shall be declared as "Pass by condonation" or "Pass by grace".

8.0 REVALUATION / RE-TOTALING

- 8.1 Re-totaling-The university on application and remittance of stipulated fees as prescribed by the university shall permit a recounting or opportunity to recount the marks received for various questions in an answer paper/papers for theory of all subject for which a candidate has appeared in the university examination. Any error in addition of marks awarded, if identified shall be suitably rectified.
- 8.2 Revaluation- Revaluation of theory papers in all years of study of the M.B.B.S. course shall be permissible by the university on application and remittance of the prescribed fees within the stipulated time. Such answer scripts shall be reevaluated by not less than two duly qualified examiners and the average obtained shall be awarded to the candidate and the result reconsidered accordingly.

9.0 CANCELLATION OF ADMISSION

- 9.1 The admission of the student at any stage of the study shall be cancelled by the Vice Chancellor based on the recommendation of the head of the institution if:
 - 9.1.1 He/ She is not found to be qualified or eligible as per MCI norms and guidelines.
 - 9.1.2 He/She is found to have produced false I forged documents or found to have used unfair means to secure admission.
 - 9.1.3 He/she is found to be involved in serious breach of discipline in the institution or the university campus.

APPENDIX-A

Prescribed Teaching Hours :-

Following minimum teaching hours are prescribed in various disciplines:

A, Pre-Clinical Subjects (Phase-1-First and Second Semester)

Anatomy	650 Hrs.
Physiology	480 Hrs.
Biochemistry	240 Hrs.
Community Medicine	60 Hrs.

B, Para-Clinical Subjects (Phase-II-5th to 7th Semester)

Pathology	300 Hrs.
Pharmacology	300 Hrs.
Microbiology	250 Hrs.
Community Medicine	200 Hrs.
(including 8 weeks postings of 3 hrs each)	
Forensic Medicine	100 Hrs.

Teaching of para-clinical subjects shall be 4 hrs per day in 3rd Hrs Semester and 3Hrs per day in 4th and 5th Semesters (See attached Time Table)

C Clinical Subjects

1. Clinical postings as per chart attached.
2. Theory lectures, demonstrations and Seminars etc. in addition to clinical postings as under. The clinical lectures to be held from 4th Semester onwards (See attached Time Table)

Gen-Medicine	300 Hours
Gen. Surgery	300 Hours
Paediatrics	100 Hours
Orhopedics	100 Hours
T.B. and Chest	20 Hours
Ophthalmology	100 Hours
Psychiatry	20 Hours
ENT	70 Hours
Skin and STD	30 Hours
Radiology	20 Hours
Community Medicine	50 Hours
Dentistry	10 Hours
Anaesthesia	20 Hours
Obst & Gynae.	300 Hours

Note:

This period of training is minimum suggested. Adjustments where required depending on availability of time shall be made.

This period of training does not include university examination period. Extra time available be devoted to other Sub-specialties.

Clinical methods in Medicine and Surgery for whole class will be for 2 weeks each respectively at the start of 3rd semester.

This posting shall include training in Radio diagnosis.

This posting includes exposure to Rehabilitation Physiotherapy-

This posting includes exposure to laboratory medicine and infectious diseases. This posting includes exposure to dressing and Anesthesia.

This includes maternity training and Family medicine and the 3rd semester posting shall be in Fairly Welfare Planning.

