

The Annual Quality Assurance Report (AQAR) of the IQAC

All NAAC accredited institutions will submit an annual self-reviewed progress report to NAAC, through its IQAC. The report is to detail the tangible results achieved in key areas, specifically identified by the institutional IQAC at the beginning of the academic year. The AQAR will detail the results of the perspective plan worked out by the IQAC. (Note: The AQAR period would be the Academic Year. For example, July 1, 2012 to June 30, 2013)

Part – A

I. Details of the Institution

1.1 Name of the Institution	Mahatma Gandhi Institute of Medical Sciences
1.2 Address Line 1	Sevagram
Address Line 2	Wardha
City/Town	Wardha
State	Maharashtra
Pin Code	442102
Institution e-mail address	dean@mgims.ac.in
Contact Nos.	07152-284343 extn - 209
Name of the Head of the Institution:	Dr KR Patond
Tel. No. with STD Code:	07152-284343 extn - 210

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+919049577833

Name of the IQAC Co-ordinator:

Dr Anshu

Mobile:

+919822726984

IQAC e-mail address:

anshu@mgims.ac.in

1.3 **NAAC Track ID** (For ex. MHCOGN 18879) _____

1.4 Website address:

www. mgims.ac.in

Web-link of the AQAR:

www.mgims.ac.in

For ex. <http://www.ladykeanecollege.edu.in/AQAR201213.doc>

1.5 Accreditation Details

Sl. No.	Cycle	Grade	CGPA	Year of Accreditation	Validity Period
1	1 st Cycle	A	3.16	2011	5
2	2 nd Cycle				
3	3 rd Cycle				
4	4 th Cycle				

1.6 Date of Establishment of IQAC : DD/MM/YYYY

30/03/2012

1.7 AQAR for the year (*for example 2010-11*)

2014-15

1.8 Details of the previous year's AQAR submitted to NAAC after the latest Assessment and Accreditation by NAAC ((for example AQAR 2010-11 submitted to NAAC on 12-10-2011)

- | | |
|-------------------|-----------------------|
| i. AQAR 2011-12 | 26/06/2013(received) |
| ii. AQAR 2012-13 | 28/02/2014 (received) |
| iii. AQAR 2013-14 | 19/06/2015 (received) |
| iv. AQAR | (DD/MM/YYYY) |

1.9 Institutional Status

University State Central Deemed Private

Affiliated College Yes No

Constituent College Yes No

Autonomous college of UGC Yes No

Regulatory Agency approved Institution Yes No
(eg. AICTE, BCI, MCI, PCI, NCI)

Type of Institution Co-education Men Women
Urban Rural Tribal

Financial Status Grant-in-aid UGC 2(f) UGC 12B
Grant-in-aid + Self Financing Totally Self-financing

1.10 Type of Faculty/Programme

Arts Science Commerce Law PEI (Phys Edu)

TEI (Edu) Engineering Health Science Management

Others (Specify)

1.11 Name of the Affiliating University (for the Colleges)

Maharashtra University of Health Sciences, Nashik
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1.12 Special status conferred by Central/ State Government-- UGC/CSIR/DST/DBT/ICMR etc

Autonomy by State/Central Govt. / University

University with Potential for Excellence UGC-CPE

DST Star Scheme UGC-CE

UGC-Special Assistance Programme DST-FIST

UGC-Innovative PG programmes Any other (*Specify*)

UGC-COP Programmes

2. IQAC Composition and Activities

2.1 No. of Teachers

2.2 No. of Administrative/Technical staff

2.3 No. of students

2.4 No. of Management representatives

2.5 No. of Alumni

2.6 No. of any other stakeholder and
community representatives

2.7 No. of Employers/ Industrialists

2.8 No. of other External Experts

2.9 Total No. of members

2.10 No. of IQAC meetings held

2.11 No. of meetings with various stakeholders: No. Faculty
Non-Teaching Staff Students Alumni Others

2.12 Has IQAC received any funding from UGC during the year? Yes No
If yes, mention the amount

2.13 Seminars and Conferences (only quality related)

(i) No. of Seminars/Conferences/ Workshops/Symposia organized by the IQAC

Total Nos. International National State
Institution Level

(ii) Themes

2.14 Significant Activities and contributions made by IQAC

- 1. Moodle installed as virtual learning environment
- 2. E-learning initiated: Training of trainers completed
- 3. National Conference of Health Professions Education organized
- 4. Nine workshops on themes related to medical education conducted
- 5. Dept of Pediatrics becomes IAP accredited CPR training centre
- 6. Infertility laboratory started
- 7. Computerized radiotherapy system started
- 8. MGIMS website redesigned to be more student and patient friendly
- 9. Extension activities expanded to Melghat and Gandhi Memorial Leprosy Foundation

2.15 Plan of Action by IQAC/Outcome

The plan of action chalked out by the IQAC in the beginning of the year towards quality enhancement and the outcome achieved by the end of the year *

Plan of Action	Achievements
1. Since campus is now wifi enabled, all staff and students have individual intramail IDs and students are comfortable with use of the internet, the next logical step is to initiate e-learning to complement classroom, clinical and community-based teaching	<ul style="list-style-type: none"> - MGIMS website upgraded. MGIMS Classroom added to it - Moodle installed as the virtual learning platform - First batch of teachers trains themselves through MOOC run by Moodle.org - Core group constituted: The E-learning subgroup under Medical Education Unit is first trained in use of Moodle in Phase one through four sessions each across one month - In phase two next year, these faculty will train all faculty in the pedagogy of blended learning
2. To provide affordable super-speciality facilities on campus	<ul style="list-style-type: none"> - State-of-the-art cardiac catheterization lab and intensive coronary care unit added to Kasturba Hospital
3. To audit facilities for patient care using the NABH audit tool	<ul style="list-style-type: none"> - Kasturba Hospital awarded A1 grade in a six monthly assessment carried out by the empanelment committee for the Rajiv Gandhi Jeevandayee Aarogya Yojana
4. Host National Conference in Health Professions Education (NCHPE 2014)	<ul style="list-style-type: none"> - NCHPE 2014 was conducted from 24-27 September 2014 by the MEU. - The theme of the conference was Socially responsive health professions education: Forging partnerships between academic institutions and the healthcare delivery system - Nine workshops on medical education related themes conducted - Around 300 delegates participated
5. Improve skills training	<ul style="list-style-type: none"> - Dept of Pediatrics becomes IAP accredited CPR training centre - To conduct workshops in basic and advanced pediatric life support skills
6. Improve extension activities in tribal areas	<ul style="list-style-type: none"> - MGIMS has extended patient care services to Gandhi Memorial Leprosy Foundation - A new hospital is being planned in Utawali, Melghat which is a tribal belt in Amravati which is known for malnutrition related neonatal deaths

** Attach the Academic Calendar of the year as Annexure 2.*

2.15 Whether the AQAR was placed in statutory body Yes No

Management Syndicate Any other body

Provide the details of the action taken

This was tabled in the Local Management Committee meeting as an Annual Report. The meeting was held on 1 Sep 2015. The report was approved and then forwarded to the Governing Council.

Part – B
Criterion – I

I. Curricular Aspects

1.1 Details about Academic Programmes

Level of the Programme	Number of existing Programmes	Number of programmes added during the year	Number of self-financing programmes	Number of value added / Career Oriented programmes
PhD	7			
PG	20			1
UG	1			4
PG Diploma	6			
Advanced Diploma				
Diploma				
Certificate	3			
Others	1			
Total	37			5
Interdisciplinary				5
Innovative	3	2		1

1.2 (i) Flexibility of the Curriculum: CBCS/**Core**/Elective option / Open options

(ii) Pattern of programmes:

Pattern	Number of programmes
Semester	
Trimester	
Annual	All programmes are annual

1.3 Feedback from stakeholders* Alumni Parents Employers Students
(On all aspects)

Mode of feedback : Online Manual Co-operating schools (for PEI)

**Please provide an analysis of the feedback in the Annexure3*

1.4 Whether there is any revision/update of regulation or syllabi, if yes, mention their salient aspects.

No, as this institute is affiliated to MUHS Nashik. However feedback about necessary changes required in the curriculum is submitted to the University through Board of Studies Members and Management Council members of the institute. Changes based on competency based curriculum prescribed by MCI have been communicated to us through MUHS. Communication skills training has been introduced for I MBBS

1.5 Any new Department/Centre introduced during the year. If yes, give details.

1. Cardiac catheterization lab and intensive cardiac care unit started at Kasturba Hospital
2. IAP accredited CPR training centre started by Department of Pediatrics
3. Infertility Lab inaugurated in Gynecology OPD
4. Multispeciality OPD started in Gandhi Memorial Leprosy Foundation
5. New dormitory complex inaugurated at Kasturba Rural Health Training Centre (KRHTC) Anji

Criterion – II

2. Teaching, Learning and Evaluation

2.1 Total No. of permanent faculty

Total	Asst. Professors	Associate Professors	Professors	Others
143	56	25	60	2

2.2 No. of permanent faculty with Ph.D. -

4

2.3 No. of Faculty Positions Recruited (R) and Vacant (V) during the year

Asst. Professors		Associate Professors		Professors		Others		Total	
R	V	R	V	R	V	R	V	R	V
8	20	1	12	2	0	0	0	11	32

2.4 No. of Guest and Visiting faculty and Temporary faculty - 8

5

3

0

2.5 Faculty participation in conferences and symposia:

No. of Faculty	International level	National level	State level
Attended	27	127	140
Presented papers	12	58	49
Resource Persons	7	25	35

2.6 Innovative processes adopted by the institution in Teaching and Learning:

-) Moodle installed as virtual learning environment
-) MGIMS Classroom created on MGIMS server to initiate e learning
-) Readiness of students to begin e-learning assessed
-) E-learning Core group created and trained in Moodle
-) Sessions on blended learning conducted over 4 sessions. This team will now train all faculty in creating e-learning modules
-) Communication skills workshop started for I MBBS students
-) Final year MBBS students trained in doctor-patient interviewing skills, body language and breaking bad news

2.7 Total No. of actual teaching days

240

during this academic year

2.8 Examination/ Evaluation Reforms initiated by the Institution (for example: Open Book Examination, Bar Coding, Double Valuation, Photocopy, Online Multiple Choice Questions)

Examination reforms have been initiated by University based on recommendations of institutional faculty who are Board of Studies members: (a) online paper setting has been started by MUHS (b) Double valuation of papers has begun. (c) Students are provided photocopy of their answer sheets on request from University (d) Paper revaluation has been stopped (e) Paper setters are provided with unique passwords and multiple paper sets are prepared (f) Closed circuit TV installed both in theory examination halls and practical halls according to MUHS guidelines (g) Internal vigilance squad appointed.

2.9 No. of faculty members involved in curriculum restructuring/revision/syllabus development as member of Board of Study/Faculty/Curriculum Development workshop

8	3	3
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2.10 Average percentage of attendance of students

70% for theory and 80% for practicals

2.11 Course/Programme wise distribution of pass percentage :

Title of the Programme	Total no. of students appeared	Division				
		Distinction %	I %	II %	III %	Pass %
I MBBS	99	4	73	21	0	92.9
II MBBS	101	8	71	10	0	98.1
III MBBS Part-1	63	1	47	14	0	100
III MBBS Part-2	65	0	44	20	0	84.6

2.12 How does IQAC Contribute/Monitor/Evaluate the Teaching & Learning processes :

-) Once the regular IQAC meetings are conducted, the quality control mechanisms are formulated. This message is disseminated to the faculty through the Curriculum Committee notifications and circulars or during College Council meetings. Feedback collected is fed into the cycle and changes are made as required.
-) This process takes care of planning time tables, schedules, coordinating between departments, assessment schedules etc.
-) IQAC collects and analyzes student feedback
-) Internal vigilance squad is in place
-) Others as per university rules

2.13 Initiatives undertaken towards faculty development

<i>Faculty / Staff Development Programmes</i>	<i>Number of faculty benefitted</i>
Refresher courses	53
UGC – Faculty Improvement Programme	Not applicable
HRD programmes	
Orientation programmes	18
Faculty exchange programme	
Staff training conducted by the university	
Staff training conducted by other institutions	57
Summer / Winter schools, Workshops, etc.	122
Others(consultative meeting)	51

2.14 Details of Administrative and Technical staff (College)

Category	Number of Permanent Employees	Number of Vacant Positions	Number of permanent positions filled during the Year	Number of positions filled temporarily
Administrative Staff	39	11	4	-
Technical Staff	92	38	25	-

Criterion – III

3. Research, Consultancy and Extension

3.1 Initiatives of the IQAC in Sensitizing/Promoting Research Climate in the institution

- The IQAC coordinates organization of Research Methodology workshops for postgraduate guides and new post-graduate students
- Promotes and provides guidance to undergraduate students to apply for research scholarship under ICMR-STs scheme, MUHS short term Research grant scheme
- Postgraduate students are now given grants of upto Rs 25000 each by Kasturba Health Society for their thesis purpose, based on the quality of their projects.
- Faculty are encouraged to apply for funded research projects and publish in indexed and peer reviewed journals

3.2 Details regarding major projects

	Completed	Ongoing	Sanctioned	Submitted
Number	30	37	37	-
Outlay in Rs. Lakhs		684.83		

3.3 Details regarding minor projects (society grant for thesis)

	Completed	Ongoing	Sanctioned	Submitted
Number	42	44 (PG thesis)	44	44
Outlay in Rs. Lakhs	3.14			

3.4 Details on research publications

	International	National	Others
Peer Review Journals	79	66	-
Non-Peer Review Journals			
e-Journals	1		
Conference proceedings			

3.5 Details on Impact factor of publications: Pubmed indexed: 49

Range Average h-index Nos. in SCOPUS

3.6 Research funds sanctioned and received from various funding agencies, industry and other organisations

Nature of the Project	Duration Year	Name of the funding Agency	Total grant sanctioned	Received
Major projects	2014-15	*	6,84,83,000	6,84,83,000
Minor Projects	2014-15	KHS	314,000	314,000
Interdisciplinary Projects				
Industry sponsored				
Projects sponsored by the University/ College				
Students research projects <i>(other than compulsory by the University)</i>	2014-15	ICMR-STs	90,000	90,000
Any other(Specify)				
Total			68887000	68887000

*See annexure

3.7 No. of books published i) With ISBN No. Chapters in Edited Books

ii) Without ISBN No.

3.8 No. of University Departments receiving funds from

ICMR 4 UGC-SAP CAS DST-FIST
 DPE DBT Scheme/funds

3.9 For colleges Autonomy CPE DBT Star Scheme
 INSPIRE CE Any Other (specify)

3.10 Revenue generated through consultancy

Institutional policy states that though we are involved in consultancy to national and international groups, individuals do not accept any revenue.

3.11 No. of conferences /CMEs organized by the Institution

Level	International	National	State	University	College
Number	12	17	109		8
Sponsoring agencies	FAIMER	MCI, ICMR, DST, DBT	MUHS		KHS

3.12 No. of faculty served as experts, chairpersons or resource persons

3.13 No. of collaborations International National Any other
 State

MGIMS carries out research in collaboration with the following agencies: ICMR, PATH/SIIL, WHO-SEARO, DST, DBT, Govt of India, Govt of Maharashtra, IARC, UGC and MUHS

3.14 No. of linkages created during this year - 8

3.15 Total budget for research for current year in lakhs :

Total

12110.09 lakhs

The funding is received from Govt of India (50%), Govt of Maharashtra (25%) and Kasturba Health Society (25%)

3.16 No. of patents received this year -- Nil

Type of Patent		Number
National	Applied	
	Granted	
International	Applied	
	Granted	
Commercialised	Applied	
	Granted	

3.17 No. of research awards/ recognitions received by faculty and research fellows
Of the institute in the year

Total	International	National	State	University	Dist	College
47	8	14	4	0	2	4

3.18 No. of faculty from the Institution
who are Ph. D. Guides
and students registered under them

7

19

3.19 No. of Ph.D. awarded by faculty from the Institution

5

3.20 No. of Research scholars receiving the Fellowships (Newly enrolled + existing ones)

JRF 2 SRF 3 Project Fellows Any other 3

3.21 No. of students Participated in NSS events:

University level State level 65
National level International level

3.22 No. of students participated in NCC events:

University level State level
National level International level

3.23 No. of Awards won in NSS:

University level 2 State level
National level International level

3.24 No. of Awards won in NCC:

University level	<input type="text"/>	State level	<input type="text"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.25 No. of Extension activities organized

University forum	<input type="text"/>	College forum	<input type="text" value="2"/>		
NCC	<input type="text"/>	NSS	<input type="text" value="1"/>	Any other	<input type="text"/>

3.26 Major Activities during the year in the sphere of extension activities and Institutional Social Responsibility

-) **Orientation camp:** This is carried out each year where the newly admitted batch of students stay for a fortnight in Bapu Kuti. They are ingrained Gandhian values and taught the value of ethics, simplicity and morality. They perform shramdan and spin khadi. Classes on Anatomy, Physiology and Biochemistry are also conducted. Communication Skills Workshop was introduced this year.
-) **Village adoption scheme and Social service camp:** Students of each batch adopt a nearby village. Students stay in the village for a fortnight. They are taught to survey the lifestyle of villagers and study sanitation, hygiene and nutrition. Specialists visit the camp and screen villagers for common ailments like anemia, sickle cell disease, diabetes, microfilaria, parasites etc. Ophthalmic screening is done for refractory errors and gynaecological screening is also done.
-) **ROME camp:** Final year students stay in the Rural Training Centres. They are taught about the health care delivery system at the primary and secondary levels. They are also taught about National Health Programmes in the camp
-) **Multispecialty Hospital being planned for tribal people at Utavali, Melghat:** KHS has acquired a 7.5 acre plot to construct a new multispeciality hospital to serve the poor tribals of Melghat. The hospital will be located in Utawali in Amravati district.
-) **Multispeciality OPD started in Gandhi Memorial Leprosy Foundation Wardha**

Criterion – IV

4. Infrastructure and Learning Resources

4.1 Details of increase in infrastructure facilities:

Facilities	Existing	Newly created	Source of Fund	Total
Campus area	73379 sq m			73379 sq m
Class rooms	7	-		7
Laboratories	11	-		11
Seminar Halls	22	-		22
No. of important equipments purchased (1-0 lakh) during the current year.	*			*
Value of the equipment purchased during the year (Rs. in Lakhs)	6,30,99,564			6,30,99,564
Others				

LIST OF EQUIPMENT PURCHASED IN 2014-15

Anatomy

Mortuary Cabinets

Anesthesia

Advanced workstations with electronic cassette vaporizers and ET control

Advanced anesthesia workstation

Point of care platelet function analyzer

Fibreless intubating bronchoscope with C-MAC video

recording system

Fibreoptic intubating bronchoscope

High-end blood and fluid warmers

Syringe and IV infusion pumps

Community Medicine

Auto analyzers

Dermatology

Trinocular microscope with inbuilt camera system

Obstetrics and Gynecology

Intrauterine insemination laboratory equipment

Utawali Project

Multipara monitors

Defibrillator

Suction machines

Warmer

Ophthalmology

Optical Biometer- IOL Master 500

Medical Multi Spot Green Laser

Pathology

Donor couch

Blood collection monitor

Slide cabinets

Binocular microscopes

Radiodiagnosis

X-ray machine 300 mA

X-ray machine 500 mA

Radiotherapy

Dual energy with electron linear accelerator

4.2 Computerization of administration and library

)	Advanced Hospital Information System installed
)	Digital library of MUHS has 2074 e resources
)	UpToDate: evidence based decision support software available to all faculty and students on campus server
)	DELNET (IMedC) services made available
)	Infotract collection subscribed
)	Medline search available
)	MGIMS Website updated

4.3 Library services

		Existing		Newly added		Total	
		No.	Value	No.	Value	No.	Value
Text Books	164	384		384		27730	
Reference Books	220						5,85,955.00
e-Books							
Journals							
Indian	58	164				164	63,12,872.00
Foreign	106						
e-Journals							
Digital Database) Uptodate.com) MUHS Digital Library) DELNET) Cengage IMedC					4	
CD & Video						1238	
Others (specify)							

4.4 Technology up gradation (overall)

	Total Computers	Computer Labs	Internet	Browsing Centres	Computer Centres	Office	Departments	Others
Existing	236		1 Gbps	library	1(HIS)	All	All	
Added	15			-				
Total	251			1	1	All	All	

4.5 Computer, Internet access, training to teachers and students and any other programme for technology upgradation (Networking, e-Governance etc.)

The Hospital Information System (HIS) at MGIMS is a state-of-the-art, fully integrated hospital information system. The system provides the health workers in the hospital with a full suite of tools for registering patients, ordering tests, retrieving test results and generating electronic discharge summaries. It was introduced in 2005.

This system captures, stores and retrieves all data related to half a million outpatients and 45,000 inpatients every year. Most laboratories are paperless now, and residents and consultants are able to access all test results, radiologic images- anytime anywhere. The system has close to 18 modules- all functioning – that capture data from registration, insurance, admission counters, outpatient departments, labs (Pathology, Microbiology, Biochemistry and radiology), inpatient departments, blood bank, operating rooms, Pharmacy, Kitchen and discharge counter. A Picture Archival and Communication System (PACS) now enables doctors to access the radiology images (radiographs, CT images, MRI images and USG) on their desktops.

Free high speed wi-fi is available all over campus. The unique addition to the system is the use of iPads at the point of care- now the doctors can access the patient data at the bedside itself. This application – specially designed and developed for MGIMS- has been introduced for the first time in India- no public or private hospital in the country is using iPads at the point of care. They can peep into the patients’ records, review past histories, and generate electronic discharge summaries using this system. The system has minimized human errors, increased the accuracy of data and improved patient outcomes.

4.6 Amount spent on maintenance in lakhs :

i) ICT	<input type="text"/>
ii) Campus Infrastructure and facilities	<input type="text"/>
iii) Equipments	<input type="text"/>
iv) Others	<input type="text"/>
Total :	<input type="text" value="2,21,00,000"/>

Criterion – V

5. Student Support and Progression

5.1 Contribution of IQAC in enhancing awareness about Student Support Services

-)] Student Guidance and Counseling Centre launched which takes care of psychosocial issues of undergraduates and postgraduates.
-)] Regular monthly mentor-mentee meetings held

5.2 Efforts made by the institution for tracking the progression

-)] The mentoring cell regularly reviews mentor-mentee meetings. It compiles feedback reports received from mentors, analyzes it. This is discussed with management. Action taken is shared with students
-)] The IQAC collects feedback from students, analyzes it and shares it with faculty. The feedback is shared with faculty in the college council. Action taken is shared with students

5.3 (a) Total Number of students 395

(b) No. of students outside the state 191

(c) No. of international students NA

	No	%		No	%
Men	196	52.65%	Women	199	47.31

Last Year 2013-14						This Year 2014-15					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
52	13	11	23	1	100	31	9	9	14	2	65

Demand ratio 239:1 Dropout % - 0

5.4 Details of student support mechanism for coaching for competitive examinations (If any)

Not applicable. The institute does not support any coaching. MGIMS students gets first preference for admission into PG courses. The eligibility criterion for admission is of one year of rural service in an NGO recognized by the institute.

No. of students beneficiaries N/A

5.5 No. of students qualified in these examinations N/A

	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>
NET	SET/SLET	GATE	CAT	
IAS/IPS etc	State PSC	UPSC	Others	<input style="width: 40px; height: 25px;" type="text"/>

5.6 Details of student counselling and career guidance

Student guidance and counseling center has become functional since September 2014. It operated between Monday to Friday from 3-5 pm. On holidays team members are contactable on mobile

No. of students benefitted 6

5.7 Details of campus placement (Rural placement scheme)- Our students are posted to NGOs which are working in rural areas

<i>On campus</i>			<i>Off Campus</i>
Number of Organizations Visited	Number of Students Participated	Number of Students Placed	Number of Students Placed
75			92

5.8 Details of gender sensitization programmes

Special sessions are conducted during the Orientation camp at the Gandhi ashram and during Social Service camp where these issues are discussed with students

5.9 Students Activities

5.9.1 No. of students participated in Sports, Games and other events

State/ University level National level International level

No. of students participated in cultural events

State/ University level National level International level

5.9.2 No. of medals /awards won by students in Sports, Games and other events

Sports : State/ University level National level International level

Cultural: State/ University level National level International level

5.10 Scholarships and Financial Support

	Number of students	Amount
Financial support from institution	7	1,87,570
Financial support from government	69	38,74,985
Financial support from other sources		
Number of students who received International/ National recognitions		

5.11 Student organised / initiatives

Fairs : State/ University level National level International level

Exhibition: State/ University level National level International level

5.12 No. of social initiatives undertaken by the students

5.13 Major grievances of students (if any) redressed: not received any

Criterion – VI

6. Governance, Leadership and Management

6.1 State the Vision and Mission of the institution

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram today is committed to the pursuit of professional excellence by evolving an integrated pattern of medical education and it seeks to provide accessible and affordable health care primarily to underprivileged rural communities.

6.2 Does the Institution has a Management Information System

Yes. The institute has installed an advanced management information system. All accounts, personnel information, student information, stocks etc. are handled online .

6.3 Quality improvement strategies adopted by the institution for each of the following:

6.3.1 Curriculum Development

- A curriculum committee handles all curriculum related issues. Representatives from all departments are part of this committee.
- Suggestions for improvement in curriculum are sent to the University for improvement via Board of Studies members from the institute
- Six faculty from the institute are on the Board of Studies. Three of them have been involved in Curriculum development at MUHS level and one at MCI level
- Basic medical education workshops have special time dedicated to teaching faculty about curriculum development
- MEU organized workshops on Community based medical education, competency based curriculum and inter-professional education, curriculum review and planning

6.3.2 Teaching and Learning

- It is mandatory for each teacher to undergo the Basic Medical Education Workshop. These workshops are conducted regularly by the MEU
- Each department takes feedback from its students and carries out innovations in its teaching strategies accordingly
- Feedback collected from students
- Small group teaching is encouraged. Problem based learning introduced
- Skills lab training included in curriculum.
- MEU organized National Conference on Health Professions Education (NCHPE 2014)
- Workshops organized on active engagement of learners, reflective practice, simulation in medical education

6.3.3 Examination and Evaluation

- University guidelines followed
- Vigilance squad ensures absence of cheating. CCTV cameras installed in examination hall
- Meticulous record keeping of internal assessment done. Marks submitted online to university regularly
- Students shown answer sheets and given feedback after internal assessment

6.3.4 Research and Development

- Undergraduates mentored on how to apply for research projects. Encouraged to apply for ICMR STS projects and MUHS research grant
- Postgraduates have to undergo research methodology workshop mandatorily
- Presentation of thesis/ research protocol to ethics committee is mandatory

6.3.5 Library, ICT and physical infrastructure / instrumentation

- Online subscription to DELNET database established
- Further subscriptions for digital library through MUHS
- Library subscribes to Uptodate which is accessible to all through institutional wi-fi
- Issue of books and periodicals is done using an electronic software
- Computer and internet access available in library

6.3.6 Human Resource Management

- Personal promotion scheme exists for faculty: done on basis of pre-established criteria like quality of teaching, administration, research etc
- Excellence awards for Non Teaching staff to encourage
- Removing contract basis of non-teaching staff. Efforts to give them permanent jobs

6.3.7 Faculty and Staff recruitment

- Pooled through national level advertisements and interviews with University approved selection panel

6.3.8 Industry Interaction / Collaboration

-not applicable

6.3.9 Admission of Students

Through National level entrance test conducted all over the country in several centres: Nagpur, Delhi, Mumbai, Hyderabad, Varanasi, and Kolkata

6.4 Welfare schemes for

-) Health insurance scheme for all employees
-) Group insurance scheme
-) Provident fund
-) Workers welfare fund

Teaching	4
Non teaching	4
Students	1

6.5 Total corpus fund generated

6.6 Whether annual financial audit has been done Yes No

6.7 Whether Academic and Administrative Audit (AAA) has been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Authority
Academic	Yes	MUHS	yes	CC
Administrative	Yes	CAG	yes	Internal auditor

6.8 Does the University/ Autonomous College declare results within 30 days?

For UG Programmes Variable

For PG Programmes Yes No

6.9 What efforts are made by the University/ Autonomous College for Examination Reforms?

The University has introduced online question paper setting. Examiners from inside and outside the state are given individual log-ins and thus a large number of questions paper sets are developed for each subject. Similarly MCQ question banks are also prepared. These are validated and moderated at the university

A separate committee for Examination Reforms at the University has taken several decisions to improve the assessment pattern. These include checking of each paper by two examiners (double evaluation), abolition of re-evaluation, preparation of model answers and availability of photocopies of answer sheets on request.

6.10 What efforts are made by the University to promote autonomy in the affiliated/constituent colleges?

- J Internal assessment marks are finalized by constituent colleges. Record keeping of the same is regularly monitored by inspectors from the University.
- J Colleges are asked to contribute suggestions for change in curricular and assessment formats on a regular basis
- J Each college is asked to submit annual reports

6.11 Activities and support from the Alumni Association

Financial support has been provided for needy students on the basis of merit and economic need. Alumni has contributed to upliftment of villagers in adopted villages by constructing toilets and performing other social activities

6.12 Activities and support from the Parent – Teacher Association

Helps in raising student issues and resolving them by discussion and consensus

6.13 Development programmes for support staff

- Teaching staff is given remuneration to attend one conference with evidence of paper presentation, or workshop each year. They are paid upto 30000 rupees to attend international conference once in every three years.
- Basic medical education workshop is conducted twice every year
- Research methodology workshop is conducted for postgraduate guides
- Workshops on biomedical waste management are conducted for all faculty, nurses and non-teaching staff
- Hospital information system conducts workshops as per requirement when new software is installed
- Training workshops are conducted for technical staff as per requirement

6.14 Initiatives taken by the institution to make the campus eco-friendly

-) Faculty and students are being encouraged to ride cycles
-) Banning of plastic in campus
-) Greenery all around: Garden section carries out plantation and tree plantation drives
-) The Mahila Mandal unit creates art out of waste paper and sells it

Criterion – VII

7. Innovations and Best Practices

7.1 Innovations introduced during this academic year which have created a positive impact on the functioning of the institution. Give details.

- All staff and students have signed an anti-ragging declaration to end this menace
- Criteria for personal promotion scheme has been upgraded, defined and implemented: makes the promotion scheme more transparent and acceptable to all
- Faculty have been encouraged to take up research. Guidance provided in terms of research methodology workshops. Funding opportunities circulated. And faculty engaging in research to get incentives such as more advantage during promotion interviews.
- Student guidance and counselling centre launched.
- E-learning training for faculty started
- Student feedback taken through appreciative inquiry process instead of routine forms

7.2 Provide the Action Taken Report (ATR) based on the plan of action decided upon at the

beginning of the year

1. Student guidance and counselling centre launched
2. Student readiness for e-learning gauged through survey
3. Moodle installed as virtual learning environment on MGIMS server
4. Core trainer group for elearning undergoes training for preparation of e learning modules
5. National Conference on Health Professionals Education was organized

7.3 Give two Best Practices of the institution (*please see the format in the NAAC Self-study Manuals*)

- Low cost drug initiative
- Hospital Information System

See Annexures 5A and 5 B

7.4 Contribution to environmental awareness / protection

-) Green campus: Plantations and greenery all over
-) Arogyadham: herbal medicines are grown
-) Plastic has been banned on campus. Pharmacy also sells medicine in paper bags
-) Requests to staff through circulars to conserve electricity and water during summers as there is massive power shortage in Maharashtra. To Switch off lights in corridors during day time

7.5 Whether environmental audit was conducted? No

7.6 Any other relevant information the institution wishes to add.

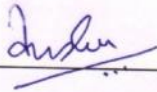
NAAC steering committee has been constituted to write the self study report for reaccreditation

8. Plans of institution for next year

-) Plans to train all faculty in e-learning initiative on campus
-) More encouragement of undergraduate research
-) Plans to reach community to radio talks
-) Simulation training centre to be started
-) Plans to introduce no Q card for patients

Name: Dr Anshu

Name Dr KR Patond



Signature of the Coordinator, IQAC

Signature of the Chairperson, IQAC

Academic activities organized at MGIMS

Biochemistry

Theme : **Workshop on Communication skills, aptitude and professional behaviour for first MBBS students'**

Date : 11 Aug 2014

Coordinator : Dr K Goswami

Delegates : 65 students of I MBBS (2014 Batch)

Resource persons : Dr MVR Reddy, Dr MR Shende, Dr AR Chaudhari, Dr K Goswami, Dr AM Tarnekar, Dr JE Waghmare, Dr S Pawar, Dr V Shende

Key topics : Importance of communication; Barriers of communication; Writing communication skills; Verbal and non-verbal communication skills; presentation skills; Interpersonal relation; role of soft skills and etiquette in communication

Theme : **20th Training Course on Immunological and molecular techniques as applied for infectious disease research**

Date : 2-7 Feb 2015

Organizing Secretary : Dr MVR Reddy

Delegates : 16

Resource persons : Dr MVR Reddy, Dr K Goswami, Dr BC Harinath, Mr V Khatri, Mr N Amdare, Ms P Bhoj, Ms M Nakhle, Ms D Bodade, Mr N Togra, Dr P Usha Sarma, Dr C Mukhopadhyay, Dr SL Hoti, Dr Rajpal Singh Kashyap

Key topics : Filarial parasite products as therapeutic immunomodulators for autoimmune diseases, in house molecular diagnostics tests in neuroinformatics, antibiotic resistance: current concepts and challenges, recent trends in aspergillus research and clinical applications, update on diagnostics of dengue and chikungunya. use of genomic and proteomic databases for anti-filarial drug development. *Demonstration of Lab techniques*: Molecular biology techniques: PCR amplification, cloning expression and purification of recombinant proteins and real time PCR Immunological techniques: CIEP & Double diffusion, cellular, cytokine assays and NO estimation assay; Analytical techniques: AO/EB staining for detection of apoptosis, dialysis and ultra-membrane filtration, freeze drying (Lyophilization), counter current immune-electrophoresis, SDS-PAGE, 2D-Gel electrophoresis, Western blotting.

Community Medicine and DSNSPH

Theme : **Training program for phase III, ROTA virus vaccine trial**

Organizing Secretary : Dr BS Garg

Date : 6–8 May 2014

Delegates : 80

Resource persons : Dr S Desai, Dr M Power, Dr A Fix, Dr S Hazra, Staff of Diagno Search, Mumbai and Serum Institute of India Limited, Pune

- Theme** : **Refresher Training of AWW & ASHA Facilitators on Care for Child Development**
- Organizing Secretary** : Dr BS Garg
- Date** : 6, 9-10 Jun 2014, 16- 18 Oct 2014 (6 trainings at Anji PHC)
- Delegates** : 154
- Resource persons** : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
-
- Theme** : **Refresher Training of AWW & ASHA Facilitators on Care for Child Development**
- Organizing Secretary** : Dr BS Garg
- Date** : 4-7 Jun, 14- 17 Oct 2014 (7 trainings at Talegaon PHC)
- Delegates** : 186
- Resource persons** : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
-
- Theme** : **Refresher Training of AWW & ASHA Facilitators on Care for Child Development**
- Organizing Secretary** : Dr BS Garg
- Date** : 3-5, 23 Jun 2014, 13, 14, 18 Oct 2014 (7 trainings at Kharangana PHC)
- Delegates** : 178
- Resource persons** : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
-
- Theme** : **Training program for phase III, ROTA virus vaccine trial**
- Organizing Secretary** : Dr BS Garg
- Date** : 17, 19 Jun, 14, 28 Jul 2014, 26-27 Aug, 9 Sep, 27 Nov 2014, 23 Feb 2015 (8 training sessions)
- Delegates** : 53
- Resource persons** : Staff of Diagno Search, Mumbai and Serum Institute of India Limited, Pune
-
- Theme** : **Training of Peer Group Leaders on Care for Child Development**
- Organizing Secretary** : Dr BS Garg
- Date** : 21, 23, 30 Jul 2014 (1 training each at Anji, Kharangana and Talegaon PHC)
- Delegates** : 63
- Resource Persons** : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
-
- Theme** : **Workshop to demonstrate greater skills during supervision and on-the-job training for the expansion of the effective ECD interventions to new areas, MGIMS**
- Organizing Secretary** : Dr BS Garg
- Date** : 1-5 September 2014
- Delegates** : 20
- Resource persons** : Dr Jane Lucas, Dr Vibha Krishnamurthy and Dr Ziba Vaghri

- Theme** : **Essential National Health Research Workshop**
Organizing Secretary : Dr AM Mehendale
Date : 13-14 Sep 2014
Delegates : 30
Resource persons : Faculty of Dept. of Community Medicine
- Theme** : **Data Analysis using Epi-INFO**
Organizing Secretary : Dr BS Garg
Date : 16-21 Feb 2015
Delegates : 19
Resource persons : Mr MS Bharambe, Dr SS Gupta, Dr PR Deshmukh, Dr C Maliye, Dr A Raut
- Theme** : **Training of Field Investigators for Quantitative and Qualitative Baseline Survey for ICMR Projects**
Organizing Secretary : Dr BS Garg
Date : 16-21 Feb 2015
Delegates : 15
Resource persons : Mr MS Bharambe, Dr SS Gupta, Dr PR Deshmukh, Dr C Maliye, Dr A Raut, Mr P Bhusari, Ms S Patil, Ms A Kakde, Mr V Yenurkar
- Theme** : **CME on RNTCP**
Organizing Secretary : Dr AM Mehendale
Date : 26 Mar 2015
Delegates : 90
Resource persons : Dr AM Mehendale, Dr S De, Dr R Solanki
- Theme** : **Parenting Workshop for Parents of under-three children**
Organizing Secretary : Dr BS Garg
Date : Jul to Jan 2015 (26 Workshops at Talegaon PHC)
Delegates : 699
Resource persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
- Theme** : **Parenting Workshop for Parents of under-three children**
Organizing Secretary : Dr BS Garg
Date : Jul to Jan 2015 (27 Workshops at Kharangana PHC)
Delegates : 728
Resource persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors
- Theme** : **Parenting Workshop for Parents of under-three children**
Organizing Secretary : Dr BS Garg
Date : Jul to Jan 2015 (25 Workshops at Anji PHC)
Delegates : 713
Resource persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors

Theme : **Parenting Melawa for Child Development**
Organizing Secretary : Dr BS Garg
Date : 4, 6, 7 Feb 2015 (1 each at Anji, Kharangana, Talegaon PHC)
Delegates : 1005
Resource persons : Dr SS Gupta, Dr C Maliye, Mr PV Bahulekar, Dr A Raut, CCD project team members and ICDS supervisors, ASHA and Anganwadi workers

JBTDRRC

Theme : **17th Workshop on Biomedical Informatics & and Novel Drug Discovery**
Organizing Chairman : Dr BC Harinath
Organizing Secretary : Dr S Kumar
Date : 1 - 2 Dec 2014
Delegates : 17
Resource persons : Dr BC Harinath, Dr GD Mogli, Dr S Singh, Dr AK Varma, Dr S Kumar, Mr S Rath, Mr D Pradhan, Mr L Jena
Key Topics : Health Informatics and BIC's contributions- a brief review; Necessity of thorough validation of the data in biomedical informatics; Health Care Management; Health Care Informatics and Technology; PACS: Picture Archival and Communication System; Biomedical Information, its communication; *In silico* inhibitors for high risk HPV 16 E7 protein; Applications of bioinformatics tools and techniques; Protein Structure Prediction and evaluation using bioinformatics tools and techniques.

Medical Education Unit

Theme : **National Conference on Health Professions Education 2014**
Organizing Chairperson : Dr BS Garg
Organizing Secretary : Dr Anshu
Date : 24-27 Sep 2014
Delegates : 262
Resource persons : Dr A Jamkar, Ms R Graves, Dr A Joseph, Dr S Salunke, Dr R Sood, Dr BS Garg, Dr AN Supe, Dr T Singh, Ms MB Scallen, Dr Anshu, Ms N Kumar, Dr V Saoji, Dr BV Adkoli, Dr B Sood, Dr D Parija, Dr N Bhatnagar, Dr SP Pallipamula, Dr B Bakshi, Dr SS Gupta, Dr A Raut, Dr H Shewade, Dr C Maliye, Mr PV Bahulekar, Amrita Kalantri, Amit Sinha
Key topics : Connecting health system to health professions education, Symposium: MCI reforms are round the corner: Is your institution ready?; Growth of health professions education in India; Symposium: Selection of medical students in India; Symposium on inter-professional education, Symposium on interprofessional education, Field trip for delegates, interactive poster session

Theme : **Pre-Conference Workshop on Innovative practices in community oriented medical education**
Date : 25 Sep 2014
Delegates : 20
Resource persons : Dr A Joseph, Dr A Kasthuri, Dr SS Gupta, Dr C Maliye
Key topics : Experiences of implementing community-based medical education in India; community-based medical education in a competency-based framework; making a beginning for 'community-oriented health professions' education'

Theme : **Pre-Conference Workshop on Engage your learners: Promote active and deep learning in your large classes**
Date : 25 Sep 2014
Delegates : 30
Resource persons : MB Scallen, Dr AM Ciraj, Dr SP Dandekar, Dr VB Shivkumar
Key topics : Effective interactive techniques to activate large lecture classes.

Theme : **Pre-Conference Workshop on How to design, implement and assess a competency based curriculum**
Date : 25 Sep 2014
Delegates : 30
Resource persons : Dr NG Patil, Dr R Sood, Dr A Chawla, Dr S Singh
Key topics : Competency based curriculum, assessment of competencies

Theme : **Pre-Conference Workshop on Appraisal of faculty performance: How can we do it?**
Date : 25 Sep 2014
Delegates : 11
Resource persons : Dr G Kwatra, Dr H Shah, Dr S Jain
Key topics : Benefits of teacher appraisal, Designing and implementing a teacher appraisal system, use of teacher appraisal for educational improvement and faculty development

Theme : **Pre-Conference Workshop on Inter-professional Education**
Date : 25 Sep 2014
Delegates : 19
Resource persons : Dr A George, Dr G Lele, Dr S Ramachandran, Dr PV Shivkumar
Key topics : Need for inter-professional education, how to enhance collaboration between professions in the health sciences education, promoting collaborative practices and team spirit among health care professionals.

Theme : **Pre-Conference Workshop on Simulation in medical education**
Date : 25 Sep 2014
Delegates : 21
Resource persons : Dr AN Supe, Dr V Saoji, Dr R Anand, Dr B Premendran
Key topics : Importance of use of simulation in training and assessment, how to prepare modules based on simulation for training/assessment of skills

Theme : **Pre-Conference Workshop on Curriculum Review and Planning: Towards Transformative Health Professions Education**
Date : 25 Sep 2014
Delegates : 22
Resource persons : Dr TV Chacko, Dr NN Rege, Dr A Jain, Dr A Gupta
Key topics : Transformative Education, use of a matrix to review current curriculum and identify areas that need attention/strengthening to make it transformative

Theme : **Pre-Conference Workshop on Reflective Practice: Looking back to look forward**
Date : 25 Sep 2014
Delegates : 12
Resource persons : Dr M Joshi, Dr H Shah, Dr A Appaji, Dr MVR Reddy
Key topics : Concept of reflective practice

Theme : **Pre-Conference Workshop on How to get your research papers published**
Date : 25 Sep 2014
Delegates : 30
Resource persons : Dr CK Desai, Dr Satendra Singh, Dr Anshu
Key topics : Structure of scientific papers, common reasons why reviewers and editors reject manuscripts, how to write good manuscripts.

Medicine

Theme : **Workshop on "Literature search"**
Organizing Secretary : Dr UN Jajoo
Date : 27 Feb 2015
Delegates : 40
Resource persons : Dr J Jain, Dr PR Deshmukh
Key Topics : PubMed search, review of literature

Theme : **National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Diseases & Stroke** (Govt of India initiated)
Date : 15 Apr - 7 May 2014 (4 sessions)
Delegates : 60
Resource persons : Dr A Saxena, Dr S Yelwatkar, Dr V Jain, Dr S Agrawal, Dr T Rao
Key topics : Epidemiology of non communicable disease, risk factors, Diabetes mellitus and its management, hypertension and its management, stroke and its management , coronary artery disease and its management

Theme : **International CME and Workshop on Critical Care – 2014**
Organizing Secretary : Dr UN Jajoo
Date : 25-26 Dec 2014
Delegates : 60
Resource persons : Dr S Sinha, Dr G Taori, Dr V Solao, Dr D Bhandari
Key topics : Assessment of the seriously ill patient, acute respiratory failure, airway management and airway obstruction, mechanical ventilation, transport of critically ill, basic hemodynamic monitoring, shock, oliguria and acute renal failure, severe sepsis and septic shock, severe trauma, neurological emergencies, sedation, nutrition, DVT and stress ulceration, How to maintain good quality intensive care in resource constraint settings.

Microbiology

Theme : **15th Dr PRJ Gangadharam Oration Award (2014-15)**
Organizing Chairperson : Dr P Narang
Organizing Secretary : Dr VS Deotale
Date : 27 Feb 2015
Awardee : Dr N Selvakumar
Oration Topic : A journey through laboratory investigations in tuberculosis in three decades

Obstetrics & Gynecology

Theme : **CME on An update on the Management of Gynecological Malignancies**

Organizing Secretaries : Dr PV Shivkumar, Dr A Tembhare

Date : 19 -20 Apr 2014

Delegates : 150

Resource persons : Dr S Chhabra, Dr A Kumar, Dr S Kakade, Dr SK Giri, Dr U Devi, Dr JK Singh, Dr R Joshi, Dr Hariharan, Dr P Lele, Dr A Pathak, Dr S Shrivastava, Dr Y Kulkarni, Dr K Taori, Dr S Ghike, Dr B Joseph

Key Topics : Global, national and regional scenario of various gynecological malignancies, medico-legal aspects in diagnosis and management of gynecological malignancies, ovarian malignancies in younger age- an update, management of early cervical malignancy, what is new in the management of advanced cervical malignancy, radiotherapy in cervical malignancy-current concepts, gestational trophoblastic disease- a matter of concern, update on management of ovarian malignancy with importance staging, current trends in the management of endometrial cancer, fertility preservation in gynecological malignancies, recent advances in chemotherapy in gynecological malignancies, palliation and quality of life in gynecological cancers, surgical morbidities and mortality in gynecological malignancies- preventive possibilities, preoperative imaging and gynecological malignancies, role of naturopathy in the management of gynecological malignancies

Theme : **“Face to Face” Communication skill workshop for undergraduates**

Organizing Secretary : Dr S Tayade

Date : 13 Jul 2014

Delegates : 50

Resource persons : Dr V Saoji, Dr SP Dandekar, Dr Anshu, Dr S Tayade, Dr A Tayade, Dr A Gupta, Dr B Premendran, Dr V Deotale

Key Topics : Why and what of communication skills, Components of communication, The medical interview- tasks and skills of an interviewer, age specific communication, Presentation skills, breaking bad news, verbal and non-verbal communication, interprofessional communication

Theme : **CME and Workshop on Safety First**

Organizing Secretary : Dr PV Shivkumar

Date : 27 Jul 2014

Delegates : 100

Resource persons : Dr S Pandit, Dr S Chhabra, Dr S Sood, Dr N Mawani, Dr D Naik, Dr V Alsi, Dr S Jajoo, Dr N Vaze, Dr M Shrigiriwar

Key Topics : Safety medical practice- an overview, nuances of obtaining consent, caution with cautery, minimal standards in labour ward, minimal standard in OT and surgical checklist, anesthesia checklist, needle stick injuries-a case of concern, before closing the abdomen, role play on doctor’s while dealing with patient, documentation- a lot to learn, how to deal with mob violence, blood/component and safety issue

Theme : **International CME & Conference on Women’s Health- Fatal Disorder-Survival with Quality**

Organizing Secretary : Dr PV Shivkumar

Date : 5-7 Dec 2014

- Delegates** : 200
- Resource persons** : Dr D Amelia, Dr I Karunathilake, Dr N Chandhiok, Dr PC Mahapatra, Dr S Gupte, Dr P Mittal, Dr S Naik, Dr R Dargan, Dr K Kedar, Dr Hariharan, Dr VB Bangal, Dr K Shah, Dr P Harshey, Dr S Daf, Dr S Jeste, Dr V Agnihotri, Dr M Sauta, Dr VM Khare, Dr R Sukhdeve, Dr S Reddy, Dr S Sood, Dr N Mawani, Dr A Jaiswal
- Key Topics** : Infected miscarriage : how do we know and what we do we do?, out of uterus pregnancies-obstetrician's nightmare, molar pregnancy-100% survival or 100% fatal, placenta previa- when savior becomes a silent killer, global status of women's health programs, placental abruption- helplessness of obstetrician, uterus nurtures- but can open and kill, intractable PPH- When, whys and hows?, survival after PPH-Divineness of drugs, PPH: do not let it occur- if occurs surgery saves life, vasculopathies in pregnancy, unexplained intrauterine death of baby: seeking the answers, neuro-endocrines: role in gynecological disorders, infertility: no always women's curse, preventive obstetrics: possibilities and limitation, legal issues in women's health: fight or flight, why vulval and vaginal cancers : are less in india?, do's and don'ts in providing quality life to women with cancer cervix, women's health: unanswered questions, road travelled, challenges ahead, prevention in gynecology: scope and limitations, endometrial nurtures but can becomes a curse- when and how?, advanced ovarian malignancy-how to have quality of life, uterine sarcomas: never forget the aggressiveness, adolescent : make us aware, assuring quality EMOG through good clinical governance, community capacity building for future of women's health, changing scenario in maternal mortality – why the mother die now, SAMM- what is it and what do we do?, baby's birth, joyous moments, blues never
- Theme** : **Emergency Obstetric Care training**
- Organizing Secretary** : Dept of OBGY & AVNI Foundation
- Date** : 13 Jan – 13 Mar 2015
- Medical Officers trainees:** 3
- Master Trainers** : Dr S Chhabra, Dr PV Shivkumar, Dr S Tayade, Dr S Jain, Dr P Kumar

Pediatrics

- Theme** : **11th Regional Workshop on Facility Based Newborn Care (FBNC)**
- Organizing Secretary** : Dr KY Vilhekar
- Date** : 6-9 Aug 2014
- Delegates** : 29
- Resource persons** : All Faculty, of Dept of Pediatrics
- Key topics** : Newborn resuscitation, care of a normal newborn, diagnosis and management of various neonatal emergencies, NICU protocols, Demonstration of equipments and procedures related to NICU
- Theme** : **11th Practical observer training in FBNC**
- Organizing Secretary** : Dr KY Vilhekar
- Date** : 11-24 Aug 2014
- Delegates** : 8
- Resource persons** : All Faculty, of Dept of Pediatrics
- Key topics** : Training in various procedures, skills and attitude for complete management of newborns in NICU

Theme : 21st Annual Basic Neonatal Care Workshop
Organizing Secretary : Dr KY Vilhekar
Date : 20 Sep 2014
Delegates : 75
Resource persons : All Faculty, of Dept of Pediatrics
Key topics : Care of normal new born, breastfeeding, care of low birth weight babies, hypothermia, neonatal sepsis, neonatal jaundice, transport of sick babies, danger signs.

Theme : 21st Annual Neonatal Resuscitation Training Workshop
Organizing Secretary : Dr KY Vilhekar
Date : 21 Sep 2014
Delegates : 75
Resource persons : All Faculty, of Dept of Pediatrics
Key topics : Physiology of asphyxia, initial steps of resuscitation, positive pressure ventilation, chest compression, intubation, medications, resuscitation of preterms, special cases, ethics.

Academy of Basic Medical Sciences

Patron : Dr Satish Kumar, Professor, Dept of Biochemistry
Officer In-Charge : Dr Bharat Sontakke, Assistant Professor, Dept of Anatomy
President : Ms Savithri Devi PP
Secretary : Mr Soham Kshirsagar

All the 65 undergraduate students of 2014 batch were divided into three groups and were placed in Anatomy, Physiology and Biochemistry to participate in preliminary rounds. Twelve preliminary rounds were held; four in each department wherein all students presented their seminars. Two students chosen from each preliminary round entered the semi-final rounds. Four semi-finals were held and two students from each department entered the finals. The final round was held on March 12, 2015 in the Academy of Medical Sciences. A tough competition was witnessed and the following winners were declared:

First : Ms Savithri Devi PP
Second : Mr Nikhil Honale
Third : Mr Himanshu Gohatre
Certificates and prizes were distributed to all the winners.

KASTURBA HEALTH SOCIETY'S
MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES,
SEVAGRAM – 442 102, WARDHA, MAHARASHTRA, INDIA



CALENDAR 2014-2015

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INTRODUCTION

Mahatma Gandhi Institute of Medical Sciences, Sevagram

'A Medical College with a Difference'

The Mahatma Gandhi Institute of Medical Sciences, Sevagram is India's first rural medical college. Nestled in the karmabhoomi of Mahatma Gandhi, in Sevagram, this Institute was founded by Dr Sushila Nayar in 1969. It is attached to Kasturba Hospital, which has the distinction of being the only hospital in the country which was started by the Father of the Nation himself.

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram today is committed to the pursuit of professional excellence by evolving an integrated pattern of medical education and it seeks to provide accessible and affordable health care primarily to underprivileged rural communities.

MGIMS : Quality Medical Education

The institute strives to produce doctors of high clinical competence, professional attitudes and ethical behavior. The Institute believes that Gandhian values and principles are relevant even today and it displays a fierce commitment to advancement of medical education without losing the human touch.

We, at MGIMS, are conscious of the fact that medical education needs to maintain the right balance in the eternal triangle of 'quality, quantity and equity'. In our perennial quest to attain the perfect blend, we never forget that these three arms are not in conflict, and equity cannot be kept in abeyance. The students at MGIMS are drawn from all parts of the country and come from all kinds of social backgrounds. Every effort is made to acquaint the medical student to the real rural India. Our approach to medical education with the spotlight on rural community oriented education makes our doctors sensitive to the felt needs of the people they would be serving in their future. Our students are expected to adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity.

Unique code of conduct

The students and staff of the Institute adhere to a unique code of conduct, where they are expected to wear hand-woven khadi, participate in shramdan and attend an all-religion prayer every Friday evening. Non-vegetarian food, alcohol and tobacco are taboo.

Soon after admission to the MBBS course, the students live in Gandhiji's Ashram for 15 days, where they are oriented to Gandhian ideology and learn the Gandhian way of life. Drawn from different geographical and cultural backgrounds of the country, this phase helps them get acquainted with each other and respect mutual differences.

Departments and Disciplines

The Institute offers degrees and diplomas in 20 postgraduate disciplines, 19 of which are presently recognized by the Medical Council of India and PhDs in Nine departments is recognized by Maharashtra University of Health Sciences, Nashik (MUHS). The Institute follows all the norms laid down by the Medical Council of India and by the affiliating University, Maharashtra University of Health Sciences, Nashik for quality medical education. However, to achieve its specific objectives, it has made some curricular innovations which are unique and have stood the test of time now for many years.

The Institute boasts of a well equipped library which is a recognized resource library for HELLIS network in Western India. Students have access to computers and internet. Drawn from all parts of India, MGIMS has the services of committed, trained full time teachers and physicians, many of whom have won prestigious National and International awards.

Community Orientation and Rural Service

This institute was established to evolve a pattern of medical education to train doctors with a community focus. During the first year, students adopt families in a nearby village and live with the villagers for a fortnight in their surroundings. Here they survey the villagers, understand their social and health related problems and impart health education. The students are made responsible for the health care of the families allotted to them and they follow them up till the end of their medical training. They develop a bond with the villagers and this experience fills them with compassion and a sense of commitment towards serving poor rural communities.

Since 1991, the Institute has asked all its graduates to serve for two years in rural areas. 79 non-governmental organizations have joined hands with the institute to fulfill this dream. Young graduates are posted at these NGOs and provide services to the needy. This rural service is a **mandatory** criterion for applying for post-graduation in this Institute.

The Report of the Task Force on Medical Education of the National Rural Health Mission spells out the need to draw upon MGIMS Sevagram's initiatives and experience in curriculum innovation and rural placement of its graduates. It suggests launching a participatory exercise with MGIMS and other like-minded institutions, so that national guidelines can be formulated. Several such visionary and innovative education strategies which started from the Institute have now been adopted by the government.

Research

The focus of the Institute has been on community based medical research. Quality research has been the hallmark of this rural institute and the large number of funded projects awarded to the various departments is ample testimony to the potential of the researchers. We have consistently received funding from the Indian Council of Medical Research, Department of Science and Technology, Department of Biotechnology, WHO, UNICEF, USAID, Fogarty AIDS Research and Training Program, USA, Canadian Institute of Health Research, Population Health Research Institute, Canada, National Institutes of Health (NIH), National Heart Lung Blood Institute (NHLBI) and other such organizations. Being located in Sevagram has never been a hurdle in acquiring either funds or facilities as the enthusiasm and the dedication of the faculty surpasses all other deterrents. Each year, the large numbers of national and international peer reviewed publications from this Institute provide evidence of excellence in research.

Over the last four decades, the MGIMS faculty has been striving hard to imbibe the philosophy which makes it pursue excellence in academics, healthcare and research, more than mundane needs and money. Today, MGIMS has impressive academic standards and excellent research facilities. In the 45 years of its existence, 2350 doctors have graduated from the hallowed premises of MGIMS. Our alumni, spread far and wide across the globe, continue to bring laurels to their Alma Mater.

KASTURBA HOSPITAL

Rural Health Care

The hospital primarily caters to the rural populace. Almost three-fourths of the patients who visit our hospital come from rural backgrounds. The patient load comes to us not only from Vidarbha in Maharashtra, but also from adjoining parts of Andhra Pradesh, Madhya Pradesh and Chhatisgarh.

Kasturba Hospital is a rural institute but it does not lack in any of the modern health care amenities and is able to provide health services at affordable costs. Kasturba Hospital offers the benefits of modern technology with compassionate health care.

The Hospital has state-of-the-art intensive care units in Medicine, Surgery, Obstetrics and Gynecology and Pediatrics which provide excellent critical care. A well equipped hemodialysis unit is available for patients of renal failure. The Sri Satya Sai Accident and Emergency Unit provides succour to patients of trauma. The Institute has the only Blood Component Unit in the district which provides components not only to patients in Kasturba hospital, but also to adjoining private hospitals. Facilities for MRI, CT Scan and Mammography are available. The Institute also has a Linear accelerator, digital subtraction angiography and brachytherapy to its armamentarium, which is used for treatment of cancer patients. A computerized radiotherapy system has also been procured. The Alcohol and Drug De-addiction centre seeks to rehabilitate patients who are addicted to drugs and alcohol. The Pathology, Microbiology and Biochemistry laboratories have in-house facilities to conduct a battery of diagnostic tests. All departments of the hospital are connected by an advanced Hospital Information System. A neurosurgery department has also been started from the year 2009. Joint replacements, spine surgeries are routinely performed in the department of Orthopaedics.

The Govt. of Maharashtra has initiated Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY) for improving the access to healthcare for poor patients. This scheme has commenced in Kasturba Hospital since 22nd November 2013.

Community Service and Health Care

The Institute's commitment to the community is well known. Community-based programmes have been consistently implemented to enhance health care services. The Department of Community Medicine has adopted three primary health centres and developed a model of decentralized healthcare delivery at village level through **Community-based Organizations and the Panchayati Raj Institutions. It has formed 277 Self-help groups, 12 Kisan Vikas Manch and 88 Kishori Panchayats in the adopted villages.** Through innovative strategies, family life education is provided to adolescent girls in all the program villages. The Department of Community Medicine was given the Global Safe Motherhood Award in 2001 by the White Ribbon Alliance for Safe Motherhood and Global Council, USA in recognition of its Suraksha Aichi campaign in nearby villages. WHO has designated the Dr Sushila Nayar School of Public Health at MGIMS as a WHO Collaborating Centre for Research and Training in Community Based Maternal, Newborn and Child Health.

The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community. A villager can insure himself and his family by paying Rs 350 a year and in return he gets 50% subsidy in OPD and indoor bills. In 2013-14, 17292 families (78853 members) around Sevagram volunteered to obtain health insurance from this hospital. Similarly 40 villages were totally insured and 67116 rural people were insured under this scheme. No other medical institution has achieved this kind of coverage so consistently over the years and at so affordable a rate.

AWARDS AND RECOGNITION

The National Rural Health Mission has lauded the 'positive contribution of MGIMS in maternal health activities conducted in partnership with the Govt. of India'. In 2006, the Institute was awarded the Mahaveer Award for Excellence in the Sphere of Education and Medicine by the Hon'ble President of India. The Institute was bestowed with the National Award for Innovative Hospital & Health Care Management by the Bombay Management Association in 1990. MGIMS has been included among the top 20 best Medical Colleges of the country by the INDIA TODAY survey in May 2008. A survey conducted by the National Medical Journal of India in 1996 ranked the Institute as second in

research in Maharashtra. According to a survey (July 2014) by Outlook magazine, it has been ranked 17th in the list of top 25 medical schools of the country.

The Institute has been accredited an A grade by NAAC in recognition of its academic, research & health care activities.

Over the last four and half decades, the MGIMS faculty has been striving hard to imbibe the philosophy which makes it pursue excellence in academics, healthcare and research, more than mundane needs and money; and to maintain excellence in quality. Today, MGIMS has impressive academic standards and excellent research facilities. In the 45 years of its existence, 2350 doctors have graduated from the hallowed premises of MGIMS. Our alumni, spread far and wide across the globe, continue to bring laurels to their Alma Mater.

ADMINISTRATION:

Shri D. S. Mehta	-	President, Kasturba Health Society
Dr. B.S. Garg	-	Secretary, Kasturba Health Society
Dr. K.R. Patond	-	Dean, Mahatma Gandhi Institute of Medical Sciences
Dr. S. P. Kalantri	-	Medical Superintendent, Kasturba Hospital

Administrative Staff at Dean Office

Mrs. Sangeeta Narang	-	Administrative Officer & Rural posting
Mr. Tiwari	-	PS to Dean
Mr. Mahesh Balsaraf	-	Awards, Scholarship, Fees, Refund, Mentor – Student
Mrs. Manisha Honale	-	Personal Section (Teaching) (Posted at secretary office)
Mrs. S. G. Rao	-	Personal Section (Non-Teaching)
Mr. M. G. Jose	-	UG & PG - enrolment & eligibility, Examination Certificates, NOC & clearance, Results, Order of payment for Intern & PG,
Mr. Sandeep	-	UG&PG fee record, Clinical Posting, Anti-ragging work, Issue of Certificate, Interns Stipend, Entry in HIS, Railway Concessions, Filing
Mr. Satish Katarkar	-	UG Admission
Mr. Jayant Jumde	-	Website update, Compilation of Information and Miscellaneous and Admission Cell

MGIMS FACULTY :

Dr. K.R. Patond - Dean

ANATOMY

1	Dr. M. R. Shende	Professor & H.O.D.
2	Dr. Asoke Kumar Pal	Professor (Cytogenetics)
3	Dr. Aditya M. Tarnekar	Professor
4	Dr. J. E .Waghmare	Assoc. Professor
5	Dr. V.R. Wankhede	Assoc. Professor
6.	Mr. Pradeep Bokariya	Asstt. Professor
7.	Dr. Bharat R. Sontakke	Asstt. Professor
8.	Dr. Vijay K. Gujar	Asstt. Professor
9.	Dr. Shweta Talhar	Asstt. Professor

PHYSIOLOGY

1.	Dr. A. R. Choudhary	Professor & H.O.D.
2.	Dr. Shobha Pajai	Assoc. Professor
3.	Dr. Nishant V. Bansod	Assoc. Professor
4.	Ms. Ruchi Kothari	Asstt. Professor
5.	Dr. Sachin M. Pawar	Asstt. Professor
6.	Dr. Vinod Shende	Asstt. Professor

BIOCHEMISTRY

1.	Dr. M.V.R. Reddy	Director Professor & H.O.D.
2.	Dr. Satish Kumar	Professor
3.	Dr. Neelam Garg	Professor
4.	Dr. Kalyan Goswami	Professor
5.	Dr. Kumud Harley	Assoc. Professor
6.	Dr. Kanchan Mohod	Asstt. Professor
7.	Dr. Pranita J. Waghmare	Asstt. Professor
8.	Dr. Ashwini Kamble	Asstt. Professor

JBTDRC

1	Dr. B.C. Harinath	Director, JBTDRC & Hon. Professor
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FORENSIC MEDICINE

1.	Dr. B.H. Tirpude	Professor & H.O.D.
2.	Dr. P.N. Murkey	Professor
3.	Dr. I. L. Khandekar	Assoc. Professor
4.	Dr. P.R. Zopate	Asstt. Professor
5.	Dr. Pawan Wankhede	Asstt. Professor

PHARMACOLOGY

1.	Dr. Sushil Kumar Varma	Professor & H.O.D.
2.	Dr. D. D. Gosavi	Professor
3.	Dr. Ranjana Kale	Professor
4.	Dr. Mohan Pethe	Asstt. Professor
5.	Dr. Leena Chimurkar (Madavi)	Asstt. Professor
6.	Mr. G. D. Saluja	Pharmacist Lecturer

PATHOLOGY

1.	Dr. Nitin M. Gangane	Director Professor & H.O.D
2.	Dr. S. M. Sharma	Professor
3.	Dr. N. S. Ingole	Director Professor (Blood Bank)

4.	Dr. Anupama Gupta	Professor
5.	Dr. V. B. Shivkumar	Professor
6.	Dr. Anshu	Professor
7.	Dr. Manisha Atram	Asstt. Professor
8.	Dr. Pravin S. Chavhan	Asstt. Professor (Boold Bank)
9.	Dr. Sheetal Waghmare	Asstt. Professor
10.	Dr. Mangesh Kohle	Asstt. Professor
11.	Dr. Ritu Agrawal	Asstt. Professor
12.	Dr. Bharat Patil	Asstt. Professor
13.	Dr. Kiran Mehra	Asstt. Lecturer

MICROBIOLOGY

1.	Dr. (Mrs) P. Narang	Director- Professor
2.	Dr. Vijayashri Deotale	Professor & H.O.D.
3.	Dr. Rahul Narang	Professor
4.	Dr. D. C. Thamke	Assoc. Professor
5.	Dr. Deepashri Maraskolhe	Asstt. Professor
6.	Dr. Ruchita Attal	Asstt. Professor

COMMUNITY MEDICINE

1.	Dr. B. S. Garg	Director- Professor & Secretary, KHS
2.	Dr. A. M. Mehendale	Professor & HOD
3.	Dr. S. S. Gupta	Professor (Social Paediatrics)
4.	Dr. Pradeep Deshmukh	Professor (Epidemiology)
5.	Dr. Chetna Maliye	Professor
6.	Dr. D. G. Dambhare	Assoc. Professor
7.	Dr. Sanam Anwar	Assoc. Professor
8.	Mr. M. S. Bharambhe	Assoc. Professor (Stat. & Demography)
9.	Dr. Abhishek Raut	Asstt. Professor
10.	Dr. Ranjan S. Solanki	Asstt. Professor
11.	Dr. Ramesh Pawar	Asstt. Professor
12.	Dr. Hemant Shewade	Asstt. Professor

MEDICINE

1.	Dr. O.P. Gupta	Sr. Consultant & Emeritus Professor
2.	Dr. A. P. Jain	Director- Professor
3.	Dr. U. N. Jajoo	Director Professor & HOD
4.	Dr. S. P. Kalantri	Director Professor & Medical Supdt.
5.	Dr. Jyoti Jain	Professor
6.	Dr. A. R. Satav	Professor
7.	Dr. Bharti Taksande	Professor
8.	Dr. Amrishi Saxena	Assoc. Professor
9.	Dr. Samir Yelwatkar	Assoc. Professor
10.	Dr. Vishakha Jain	Assoc. Professor
11.	Dr. Sachin Agrawal	Asstt. Professor
12.	Dr. Udit Narang	Asstt. Professor
13.	Dr. Sumedh Jajoo	Asstt. Professor
14.	Dr. Tarun Rao	Asstt. Professor

T.B. & CHEST

1.	Dr. Sajal De	Assoc. Professor
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DERMATOLOGY, VENEREOLOGY & LEPROSY

1.	Dr. Sumit Kar	Prof. & H.O.D.
2.	Dr. Sonia P. Jain	Professor
3.	Dr. Bhushan Madke	Asstt. Professor

PSYCHIATRY

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|----|-------------------------|---------------------|
| 1. | Dr. K.K. Mishra | Professor & HOD |
| 2. | Dr. Praveen H. Khairkar | Professor |
| 3. | Dr. Rakesh Dhakane | Assistant Professor |
| 4. | Dr. Dharav Shah | Assistant Professor |

PAEDIATRICS

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|----|-----------------------|------------------|
| 1. | Dr. K. Y. Vilhekar | Professor & HOD |
| 2. | Dr. Manish A .Jain | Professor |
| 3. | Dr. Vibhavari Dani | Professor |
| 4. | Dr. Akash Bang | Assoc. Professor |
| 5. | Dr. Varsha H. Chauhan | Assoc. Professor |
| 6. | Dr Richa Chaudhari | Asstt. Professor |

SURGERY

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|----|-------------------------|-------------------------------------|
| 1. | Dr. R. Narang | Sr. Consultant & Emeritus Professor |
| 2. | Dr. D. O. Gupta | Professor & HOD |
| 3. | Dr. Bhupendra Mehra | Professor |
| 4. | Dr. Bharati Pandya | Assoc. Professor |
| 5. | Dr. Siddharth Rao | Assoc. Professor |
| 6. | Dr. Pooja Batra | Asstt. Professor |
| 7. | Dr. Ramesh Kumar Pandey | Asstt. Professor |
| 8. | Dr. Pankaj Gaur | Asstt. Professor |
| 9. | Dr. Firoz Borale | Asstt. Professor |

NEUROSURGERY

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|----|--------------------|------------------|
| 1. | Dr. Nitin Jagdhane | Asstt. Professor |
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ORTHOPAEDICS

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|----|--------------------|----------------------------|
| 1. | Dr. K .R. Patond | Director- Professor & Dean |
| 2. | Dr. C. M. Badole | Professor & HOD |
| 3. | Dr. Pramod A. Jain | Professor |
| 4. | Dr. Kiran Wandile | Assoc. Professor |
| 5. | Dr. Amit Supe | Asstt. Professor |

OBST. & GYNAE

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|-----|------------------------|---------------------------|
| 1. | Dr. S. Chhabra | Director- Professor |
| 2. | Dr. Poonam Verma | Professor & HOD |
| 3. | Dr. S. A. Tayade | Professor |
| 4. | Dr. Shuchi Jain | Professor |
| 5. | Dr. Pramod Kumar | Assoc. Professor |
| 6. | Dr. Naina Kumar | Asstt. Professor |
| 7. | Dr. Amardeep Tembhare | Asstt. Professor |
| 8. | Dr. Sheela Shelke | Asstt. Professor |
| 9. | Dr. Mandar Karambelkar | Asstt. Professor |
| 10. | Dr. Netra Kamla | Consultant- Gynaecologist |

E.N.T.

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|----|----------------------|------------------|
| 1. | Dr. P.S. Nagpure | Professor & HOD |
| 2. | Dr. Manish Puttewar | Professor |
| 3. | Dr. Deepika Garg | Asstt. Professor |
| 4. | Dr. Sarmishtha De | Asstt. Professor |
| 5. | Dr. Namit Kant Singh | Asstt. Professor |

OPHTHALMOLOGY

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|----|----------------------|-----------------------------|
| 1. | Dr. A. K. Shukla | Director-Professor & H.O.D. |
| 2. | Dr. Smita Singh | Professor |
| 3. | Dr. Ajab C. Dhabarde | Assoc. Professor |
| 4. | Dr. Kavita Satav | Assoc. Professor |
| 5. | Dr. Pooja Hingorani | Assoc. Professor |
| 6. | Dr. Purvasha Narang | Asstt. Professor |

ANAESTHESIOLOGY

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|----|------------------------|------------------|
| 1. | Dr. Sucheta S. Tidke | Professor & HOD |
| 2. | Dr. Pradeep Dhande | Professor |
| 3. | Dr. Sudha Jain | Professor |
| 4. | Dr. Ben Hur Premendran | Assoc. Professor |
| 5. | Dr. Ram Nandan Prasad | Assoc. Professor |
| 6. | Dr. Dhiraj Bhandari | Asstt. Professor |
| 7. | Dr. Vijay Sharma | Asstt. Professor |
| 8. | Dr. Mrunalini Fulzele | Asstt. Professor |
| 9. | Dr. Amita Sahoo | Asstt. Professor |

RADIODIAGNOSIS

- | | | |
|----|-----------------------|------------------|
| 1. | Dr. A. T. Tayade | Professor & HOD |
| 2. | Dr. Sushil Kumar Kale | Professor |
| 3. | Dr. Priya Kale | Asstt. Professor |

RADIOTHERAPY

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|----|------------------------|-----------------------|
| 1. | Dr. Virendra Vyas | Professor & HOD |
| 2. | Dr. Manish Gupta | Assoc. Professor |
| 3. | Dr. Chitali Waghmare | Asstt. Professor |
| 4. | Ms. Bharti Mahindrakar | Lecturer (Biophysics) |

DENTISTRY

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|----|---------------------|------------------|
| 1. | Dr. Bhaskar K Patle | Professor & HOD |
| 2. | Dr. S. R. Borale | Asstt. Professor |
| 3. | Dr. Praveen Sanghvi | Asstt. Professor |

AYURVEDA

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|---|---------------------------|------------------|
| 1 | Dr. Ramesh Babu | Professor |
| 2 | Dr. Anuradha I. Khandekar | Asstt. Professor |

GAMES & SPORTS

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| 1. | Shri Girish Bhoware | Director, Physical Education |
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CENTRAL LIBRARY

1. Timings : Working Days (Mon-Sat) : 9AM – 10PM
: Sunday & holidays : 10AM - 5PM
2. Free issue of books for one year till exam is over.
A) For economically poor students
B) For SC/ST students under students welfare scheme.
3. Issue of books on Library cards: Two books for 15 days
4. Instant Xerox – Service is available in the library @ 75 paisa/page.(10AM-4PM)

Library Staff

1	Officer-in-charge	:	Dr .(Mrs) Smita Shukla
2	Librarian	:	Mr VW Vairagade
3	Assistant Librarians	:	Ms Vaishali Kamble
		:	Ms Mamata Raut

STUDENTS' COUNCIL

Officer Incharge	: Dr .A.M.Mehendale
General Secretary	: Mr. Hardik More

Event / Post	Officer I/C	Student I/C
Sports	Dr Manish Jain	Mr Abhilesh Singh
Cultural	Dr A M Tarnekar	Mr Shiv Joshi
Literary	Dr Anupama Gupta	Mr. Ramkumar Pande
NSS	Dr Chetna Maliye	Mr Mayur Ingale
Magazine	Dr Sonia Jain	Mr Rajat Sharma
Research	Dr. B. Mehra	
Ladies representatives		Ms Yoyaphy Shimray, Ms Poshika Agarwal
Class representatives		1st Year: Mr Akshay Yadav (2013) 2nd Year: Ms.Stuti Choudhary(2012) 3rd Year: Mr. Shyam Meda (2011) Final Year: Ms Apoorva Maheshwari (2010) Intern: Ms. Apoorva Puranik (2009)
Co-opted Members		Ms Yoyaphy Shimray Ms Poshika Agarwal
PTI		Mr GP Bhoware

FEES AND SECURITY DEPOSITS (FOR UG'S)

PAYABLE AT THE TIME OF ADMISSION ONLY :

Admission	Rs 5000
Institute Caution Money	Rs 5000
Library Deposit	Rs 5000
Hostel Caution Money	Rs 5000
Mess Deposit	Rs 5000
Orientation & Social service camp	Rs 5000
University Enrolment and Eligibility	as per university norms
Sports complex Fees	Rs 5000
University E- Suvridha Fee (MKCL)	Rs 50
University Development Fee	Rs 50
Internet Charges	Rs 1000

PAYABLE ANNUALLY :

Development Charges	Rs 5000
Sports, Games and Gymnasium	Rs 1000
Health Insurance	Rs 2500
Students' Council Subscription	Rs 500
Students' Welfare Fund + Aswamedh	Rs 500
Library	Rs 500
College Magazine	Rs 200
National Service Scheme	Rs 200
MUHS Cultural meet (SPANDAN)	Rs 200
MGIMS News Bulletin	Rs 250

PAYABLE AT THE BEGINNING OF EACH SEMESTER :

Tuition & Practical	Rs 29250
Hostel Room Rent	Rs 12000
MESS advance Approx. -	Rs 7680 for Girls Rs 8400 for Boys.
Electricity Charge advance	Rs 3000 for Girls Rs 3600 for Boys.
Hostel - Maintenance including depreciation	Rs 1500

AWARDS & PRIZES FOR UG'S

1. Financial Support for paying term fees in special cases.

- 1.1 Mrs Kamalabai Chandaverker merit cum means scholarship for a girl student of general category for entire period of 4 ½ years.
- 1.2 Dr. P.R.J.Gangadharam Merit Cum Means scholarship to a meritorious and needy student for the entire period of 4 ½ years.
- 1.3 Smt Kamala Desikan memorial scholarship to a meritorious and needy student for entire period of 4 ½ years.
- 1.4 "AIV-Kamala Desikan memorial scholarship to poor and deserving students.

2. Prizes awarded for performance in Competitive Entrance Test:

- 2.1 Late Smt. Jai Rani Mathur Silver medal for getting highest marks in Gandhian Thoughts.
- 2.2 Shri H. N. Ramachar Silver medal for getting highest marks in P.M.T.
- 2.3 Late Shri Annasaheb Sahastrabuddhe medal will be awarded to the topper in the paper of Gandhian Thoughts.

3. Awards given for performance in orientation camp.

- 3.1 Late Shri L. R. Pandit & Smt. Manorama Pandit Award of Rs. 500/- to a student for best performance in the orientation camp.
- 3.2 1st, 2nd and 3rd prize for Medical & Nursing students in Sarvodaya Vichar Prarambhik Pariksha conducted by Nai Taleem Samiti during the orientation camp.
- 3.3 Late Shri. B.B.L. Mathur Silver Medal for best essay in Gandhian thought and Philosophy in the orientation camp.

4. Awards for performance in first, second and final (Part I & II) Professional University examinations;

4.1 FIRST PROFESSIONAL:

4.1.1: First in first Professional

- V. Tirumala Prasad Silver Medal
- M/s Kothari Book Depot Silver Medal
- Late Shri Kesharao G. Babhulkar cash award Rs 1500.
- Running Trophy instituted by 1974 batch of MGIMS

4.1.2 Second in first Professional

- MGIMS Bronze Medal.

4.1.3 Anatomy

- First : MGIMS Silver Medal
'Dr. Sushila Nayar Smriti Puraskar' cash award Rs 6500/-
- Second : MGIMS Bronze Medal

4.1.4 Physiology

- First : M/s Instrument & Chemical Pvt. Ltd. Silver Medal
- Second: MGIMS Bronze Medal

4.1.5 **Biochemistry**

- First : Shri Bhaskara Chinnaiyah Gold Medal
- Second: MGIMS Bronze Medal

4.2 SECOND PROFESSIONAL :

4.2.1 **First in Second Professional :**

- Dr. Shaila Savakare Memorial Silver Medal
- Late Shri Kesharao G. Babhulkar cash award Rs 1500
- Running Trophy instituted by 1974 Batch of MGIMS

4.2.2 **Second in Second Professional:**

- Dr. E. M. Hech Bronze Medal

4.2.3 **Microbiology**

- First : MGIMS Silver Medal
- Second: MGIMS Bronze Medal

4.2.4 **Pharmacology**

- First : MGIMS Silver Medal
- Second: M/s I. G. E. Co. Bombay Bronze Medal

4.2.5 **Forensic Medicine**

- First : MGIMS Silver Medal
- Second: MGIMS Bronze Medal

4.2.6 **Pathology**

- First : MGIMS Silver Medal
- Second: M/s Kashinath Navghare Bronze Medal

4.3 FINAL PROFESSIONAL (PART-I)

4.3.1 **First in final Professional (Part -1) :**

- MGIMS Silver Medal & Smt. Urmil Vohra cash prize Rs 600/-

4.3.2 **Second in final Professional (Part -1) :**

- MGIMS Bronze Medal

4.3.3 **Community Medicine**

- First : MGIMS Silver Medal
Dr. Prasad Vidwans Memorial Prize of Rs. 301
Lalit B. Mahajan Memorial Prize of Rs 101
- Second: M/s Chandak Instruments Corporation Bronze Medal

4.3.4 **Ophthalmology**

- First : Shri Yogendra Pal Silver Medal
- Second: M/s Central Scientific Co. Bronze Medal

4.3.5 **ENT**

- First : Shri V.N. Chaturvedi cash prize Rs 5000/-
Shri G.S.Kakade Silver Medal
- Second: MGIMS Bronze Medal

4.4 FINAL PROFESSIONAL (PART-II)

4.4.1 First in final Professional (Part -II)

- Rajyapal of Gujrat Gold medal for standing first and satisfactory performance throughout the study period.
- Late Shri Keshao Rao G. Babhulkar cash award Rs. 2000
- Dr. Anand Karkhanis Silver Medal

4.4.2 Second in final Professional (Part -II)

- MGIMS Bronze Medal

4.4.3 Surgery

- First : Dr V. Sabnis Silver Medal
- Second: M/s Bond & Sons Bronze Medal

4.4.4 Medicine

- First : Shri L. R. Pandit Gold Medal
Shri Ramchandra Rao Balkrishnapant
Deshpande Memorial Silver Medal
Dr. B. K. Mahajan Silver Medal
Late Shri Birbal Jain Silver Medal
- Second: MGIMS Bronze Medal

4.4.5 Pediatrics

- First : Dr. I. D. Singh Silver Medal
- Second: MGIMS Bronze Medal

4.4.6 Midwifery & Gynecology

- First : Smt. Anjana B. Mahajan Silver Medal
- Second: MGIMS Bronze Medal

4.5 BEST STUDENT

- Dr. P. R. J. Gangadharam Gold Medal.

4.6 SOCIAL & MOST CHEERFUL STUDENT

- Dr. M. L. Mehrotra Pure Silver Medal.

INTERNSHIP

Rules Governing Internship Training Programme for Final Year pass out MBBS Candidates under the Faculty of Medicine

A: OBJECTIVES OF INTERNSHIP TRAINING PROGRAMME:

At the end of training, the Intern shall be able to:

- i) Diagnose clinically common disease, make timely decision for referral to higher level.
- ii) Use discreetly the essential drugs, infusions, blood or its substitutes and laboratory services.
- iii) Manage all type of emergencies medical, surgical, obstetric, neonatal and paediatric.
- iv) Demonstrate skills in monitoring of the National Health Programmes and schemes.
- v) Develop leadership qualities.
- vi) Render services to chronically sick and disabled.
- vii) Render specific services to the cases from the tribal and backward regions of the State.

Internship Training Programme applicable to the Students passed final year in Jan 2010 & Onwards

Community Medicine	60 Days
Medicine including 15 days of Psychiatry	60 Days
Surgery including 15 days Anaesthesia	60 Days
Obst./Gynae. Including Family Welfare Planning	60 Days
Paediatrics	30 Days
Orthopaedics including PMR	30 Days
ENT	15 days
Ophthalmology	15 days
Casualty	15 days
Elective posting (1X15 days)	15 days
Internship Orientation Programme	05 days

Subjects for Elective posting will be as follows:

- i) Dermatology and Sexually Transmitted Diseases.
- ii) Tuberculosis and Respiratory Diseases.
- iii) Radio – Diagnosis
- iv) Forensic Medicine
- v) Blood Bank
- vi) Psychiatry

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

B: LEAVE FOR INTERNS:

- (i) No kind of leave or absence is permitted to an Intern except as may be permitted by the Medical Council of India. Total number of leave will be maximum 12 days per year
- (ii) They cannot take more than 6 days leave at a time.

C: LOG BOOK:

It shall be compulsory for an Intern to maintain the record of procedures done/assisted/observed by him/her on day-to-day basis in a prescribed log-book. Failure to produce log-book, complete in all respects duly certified by the concerned authority to the Dean/Principal at the end of Internship Training Programme, may result in cancellation of his or her performance in any or all disciplines of Internship Training Programme. The intern shall maintain a record of work, which is to be verified and certified by the medical officer/ Head of the Unit under whom he works.

D: Satisfactory completion shall be determined on the basis of the following:

- a. Proficiency of knowledge required for each case Score 0-10
- b. The competency in skills expected to manage each case:
 - I. Competency for performance of self performance
 - II. of having assisted in procedures
 - III. of having observed Score 0-10
- c. Responsibility, punctuality, work up of case, involvement in treatment, follow-up reports Score 0-10
- d. Capacity to work in a team (Behaviour with colleagues, nursing staff and relationship with paramedicals) Score 0-10
- e. Initiative, participation in discussions, research aptitude Score 0-10

Poor / Fair / below average / average / above average / excellent 0 2-3 3-4 5-6 7-8 9-10

The assessment will be done by respective head of unit /medical officer and entered in log book itself at the end of posting.

E: EVALUATION:

Evaluation of Interns for assessing eligibility for issuing Internship Completion Certificate by Heads of the Medical Colleges:

The evaluation system shall assess the skills of a candidate while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures by a candidate will enable him to conduct the same in his actual practice.

- ii) The evaluation shall be done on or before the completion of the posting in following disciplines:
 - a. Medicine and Allied Medicine Department
 - b. Surgery and Allied Surgery Department
 - c. Obstetrics & Gynaecology Obst.& Gyn. Department
 - d. Community Medicine Community Medicine Department

Following the evaluation, the concerned Head of the Department will submit the statement of marks obtained by the candidate, to the University and the concerned Head of the Institution, within one week from the date of completion of evaluation with signature of the candidates against the marks obtained. A candidate shall have the right to register his grievance in any aspects of conduct of evaluation/award of marks, separately to the concerned Head of the Department and Head of the Institution, within three days from the date of completion of his evaluation. If a candidate is declared as unsuccessful in any of the disciplines he shall be required to repeat the posting in the respective discipline for a period of 30% of the total number of days/months, prescribed for that discipline in Internship Training/posting.

POST GRADUATE

Courses Available:

Degrees

Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine, Community Medicine, General Medicine, Paediatrics, Psychiatry, General Surgery, Orthopaedics, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, Anaesthesiology, Radiodiagnosis, Radiotherapy & Skin & V.D.

Diplomas

D.P.M., D.C.H., D. Ortho, D.O.M.S., D.L.O., D.G.O., D.M.R.D., D.A., D.D.V.L.

All above courses are recognized by MCI. The total number of seats available for admission will be determined in accordance with the Medical Council of India regulations

Ph.D.

Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Community Medicine, Orthopaedics, Obst. & Gynae.

Courses duration & Training:

1. It will be a three years residency system for degree course and two years for Diploma Course (as per MCI rules). Degree course after Diploma will also be for two years.
2. The period of training as a post graduate student will be a full time assignment & the candidate shall put in regular attendance for the period prescribed by Mahatma Gandhi Institute of Medical Sciences to the entire satisfaction of his/her guide & Head of the Department.
It is mandatory to all Post Graduate students to attend minimum 80% of training during each year starting from 1st May to 30th April. Any candidate who fails to fulfill said criteria, term of such candidates shall be extended till such time, said candidate fulfills 80 % attendance during a year as specified above.
3. In case students' term is extended they will have to complete the extended term with required attendance. However, stipend will be paid for only 37 months in case of Degree and 25 months in case of diploma.
4. Every Candidate who joins M.D. /M.S. course is required to submit a plan of thesis approved by the Institutes Ethics Committee within 6 months. Of his /her joining the course or by last date prescribed by MUHS, Nashik, whichever is earlier. He /she is required to submit the final thesis after completion of 2 ½ year of his/her joining the course or as per the requirement of the University.
5. The candidate will be eligible to take the M.D. /M.S. final examination only after approval of his/her thesis.
6. All candidate are required to put in 6 complete terms of training in the concerned department after registration for degree & 4 terms in diploma course.
7. All the students admitted to the post graduate course shall maintain a log book which is mandatory as per the affiliating university, MUHS, Nashik. The aim of log-book is to evaluate the training program on a day to day basis so as to ascertain the eligibility of the the candidate to appear for the final university examination for the degree/diploma. Following are the objectives of maintaining of the log book:
 1. To help the resident to maintain the day to day records of work done by him/her.
 2. To enable the faculty to have first hand information about the work done by the resident & suggest improvement for better performance .
 3. To confirm the participation in post graduate training activities like ward rounds , presentation of scientific article at journal club, case clinics, post graduate seminars, clinical symposia & book reviews .
 4. Assessing the skills acquired by residents in patients care, teaching & research.
 5. To confirm level & degree of participation in research activities.

Leave Rule for P.G.

The registered P.G. Students can avail leave as follows:

1. Those registered for P.G. Degree/diploma courses can avail 15 days Earned leave and 15 days casual leave for each year starting from 1st May to 30th April. Casual leave can not be carried over from one year(as specified above) to another year. However earned leave can be carried over but can not be encashed by taking accumulated earned leave at the end of PG course as preparatory leave.
2. Thus a candidate registered for PG degree can avail a total of 90 days leave during the three years course, whereas the candidate registered for PG diploma course can avail a total of 60 days leave during entire course of two years. This leave has to be availed within the prescribed duration of the PG course i.e. up to the 30th April of the last years of the course. It can not be carried over after that .Any candidate who avails leave more than that specified above, the total tenure will be extended by one or more terms as the case may be.
3. Normally Casual leave for more than 3 days at a time will not be sanctioned.
4. There is no provision of sick leave, maternity leave and preparation leave (before examination).

FEES AND SECURITY DEPOSITS

For PG Courses:

14.1.	PAYABLE AT THE TIME OF ADMISSION ONLY:	
	Admission Fee	Rs. 5,000
	Institute Caution Money	Rs. 5,000
	Library Deposit	Rs. 5,000
	Hostel Caution Money	Rs. 5,000
	Mess Deposit	Rs. 5,000
	MGIMS News Bulletin	Rs. 100
	Medical Checkup fees	Rs. 500
	University Development Fee	Rs. 50
	University Enrolment and Eligibility	As per university norms
	University MKCL Fee	Rs. 50
	Internet Charges	Rs. 1,000
14.2.	PAYABLE ANNUALLY:	
	Yearly Development charges (Part of tuition fee)	Rs. 5,000
	Sports, Games and Gymnasium	Rs. 1,000
	Health Insurance for students not receiving	Rs. 3,500
	Stipend from MGIMS	
	Students' Welfare Fund	Rs. 1,000
	Library	Rs. 500
	College Magazine	Rs. 200
14.3.	PAYABLE AT THE BEGINNING OF EACH SIX MONTHLY SEMESTER :	
	Tuition Fees	Rs. 29,250
	Hostel Room Rent	Rs. 12,000
	Mess advance Approx.	Rs. 7,680 for Girls Rs. 8,400 for Boys.
	Electricity charge advance	Rs. 3,600 for Boys Rs. 3,000 for Girls
	Hostel - Maintenance including Depreciation	Rs. 1,500

AWARDS & PRIZES

P.G.Students

1. Shri Sumat Prasad Parmeshwari Das Jain Memorial Silver Medal for topping the merit list for the selection of postgraduate students among the regular batch for the year under consideration.
2. Sagar Gupta memorial Award of Rs.10,000/- (Rupees Ten Thousand) for topping the merit list among the students admitted for postgraduate course in Surgery for the year under consideration.
3. Sh. Kulbhushan and Urmil Vohra cash award for standing second in the merit list among the students admitted for postgraduate course in Surgery for the year under consideration.
4. Smt Urmil Vohra Silver medal and cash award for the P.G. Student who tops the merit list among the Students admitted for Postgraduate course in department of Medicine for the year under consideration.
5. Shri Gurpur Narsimha Pai and Shri Mohan Chandra Pant Memorial Silver Medal and cash prize of Rs.3000 to the author of the best post graduate thesis in the Department of Medicine.

INSTITUTIONAL RESEARCH, ETHICS & ANIMAL ETHICS COMMITTEE

The protocol for PG & Ph.D registration should be approved by institutional research committee & institutional ethics committee / institutional animal ethics committee before submission to the Maharashtra University of Health Sciences.

ACADEMIC CALENDER

AUGUST 2014		
DATE	DAY	ACTIVITIES
1	Fri	Nag Panchami
2	Sat	Breast Feeding Week
3	Sunday	
4	Mon	
5	Tues	
6	Wed	
7	Thurs	
8	Fri	
9	Sat	
10	Sunday	
11	Mon	
12	Tues	
13	Wed	
14	Thurs	
15	Fri	Independence Day
16	Sat	
17	Sunday	
18	Mon	
19	Tues	
20	Wed	
21	Thurs	
22	Fri	
23	Sat	
24	Sunday	
25	Mon	
26	Tues	
27	Wed.	
28	Thurs	
29	Fri	Ganesh Chaturthi
30	Sat	
31	Sun	
SEPTEMBER 2014		
DATE	DAY	ACTIVITIES
1	Mon	
2	Tues	
3	Wed	
4	Thurs	
5	Fri	
6	Sat	
7	Sunday	
8	Mon	
9	Tues	Ganesh Chaturthi
10	Wed	
11	Thurs	
12	Fri	Foundation Day Celebration
13	Sat	
14	Sunday	
15	Mon	
16	Tues	
17	Wed	
18	Thurs	

19	Fri	
20	Sat	
21	Sunday	
22	Mon	
23	Tues	
24	Wed.	
25	Thurs	Navratra
26	Fri	
27	Sat	
28	Sunday	
29	Mon	
30	Tues	

OCTOBER 2014

DATE	DAY	ACTIVITIES	
1	Wed		Pre university Exam for 2nd ,3rd & Final MBBS Regular Batch.
2	Thurs	Mahatma Gandhi Jayanti & International Non Violence Day celebration	
3	Fri	Dassera	
4	Sat		
5	Sunday		
6	Mon		
7	Tues		
8	Wed		
9	Thurs		
10	Fri		
11	Sat		
12	Sunday		
13	Mon		
14	Tues		
15	Wed		
16	Thurs	World Anesthesia Day Celebration	Social Service Camp for 15 days for 1st Year Students at Adopted village.
17	Fri		
18	Sat		
19	Sunday		
20	Mon		
21	Tues		
22	Wed.		
23	Thurs	Laxmi Punjan	
24	Fri		
25	Sat		
26	Sunday		
27	Mon		
28	Tues		
29	Wed		
30	Thurs		
31	Fri		

NOVEMBER 2014

DATE	DAY	ACTIVITIES
1	Sat	
2	Sunday	
3	Mon	
4	Tues	
5	Wed	
6	Thurs	Guru Nanak Jayanti

7	Fri	
8	Sat	
9	Sunday	
10	Mon	
11	Tues	
12	Wed	
13	Thurs	
14	Fri	
15	Sat	MUHS Examination for UG & PG Students
16	Sunday	
17	Mon	
18	Tues	
19	Wed.	
20	Thurs	
21	Fri	
22	Sat	
23	Sunday	
24	Mon	
25	Tues	Term Exam of Final MBBS Referred Batch
26	Wed	
27	Thurs	
28	Fri	
29	Sat	
30	Sun	

DECEMBER 2014

DATE	DAY	ACTIVITIES	
1	Mon		AIDS Week
2	Tues		
3	Wed		
4	Thurs		
5	Fri		
6	Sat		
7	Sunday		
8	Mon		
9	Tues		
10	Wed		
11	Thurs		
12	Fri		
13	Sat		
14	Sunday		
15	Mon		
16	Tues		
17	Wed.		
18	Thurs		
19	Fri		
20	Sat		
21	Sunday		
22	Mon		
23	Tues		
24	Wed		
25	Thurs	Christmas	
26	Fri	Dr. Sushila Nayar Jayanti	-ROME Camp after 2nd MBBS University Practical Examination at RHTC,Bhidi - Dr.PRJ Gangadharam
27	Sat		
28	Sunday		
29	Mon		

30	Tues		Endowment Oration Award.
31	Wed		-Alumni Meet 1989 Batch
JANUARY 2015			
DATE	DAY	ACTIVITIES	
1	Thurs		Term Exam of First MBBS Regular Batch (Last Week December or First Week January)
2	Fri		
3	Sat	Dr.Sushila Nayar Memorial Voluntary Blood Donation Camp	
4	Sunday		
5	Mon		
6	Tues		
7	Wed		
8	Thurs		
9	Fri		
10	Sat		
11	Sunday		
12	Mon		
13	Tues		
14	Wed.		
15	Thurs		
16	Fri		
17	Sat		
18	Sunday		
19	Mon		
20	Tues		
21	Wed		
22	Thurs		
23	Fri		
24	Sat		
25	Sunday		
26	Mon	Republic Day	
27	Tues		
28	Wed		UG Medical Students Regional Research Conference
29	Thurs		
30	Fri		
31	Sat		
FEBRUARY 2015			
DATE	DAY	ACTIVITIES	
1	Sunday		-Literary Day
2	Mon		
3	Tues		-Annual Sports Day
4	Wed		
5	Thurs		-Taradevi Memorial Intercollegiate Debate Competition.
6	Fri		
7	Sat		
8	Sunday		
9	Mon		
10	Tues		
11	Wed.		
12	Thurs		
13	Fri		
14	Sat		
15	Sunday		
16	Mon		

17	Tues	Mahashivratri
18	Wed	
19	Thurs	
20	Fri	
21	Sat	
22	Sunday	Mother Day
23	Mon	
24	Tues	
25	Wed	
26	Thurs	
27	Fri	
28	Sat	

MARCH 2015

DATE	DAY	ACTIVITIES
1	Sunday	
2	Mon	
3	Tues	
4	Wed	
5	Thurs	
6	Fri	Holi
7	Sat	
8	Sunday	
9	Mon	
10	Tues	
11	Wed.	
12	Thurs	
13	Fri	
14	Sat	
15	Sunday	
16	Mon	
17	Tues	
18	Wed	
19	Thurs	
20	Fri	
21	Sat	Gudipadwa
22	Sunday	
23	Mon	
24	Tues	World TB Day
25	Wed	
26	Thurs	
27	Fri	
28	Sat	
29	Sunday	
30	Mon	
31	Tues	

APRIL 2015

DATE	DAY	ACTIVITIES
1	Wed	
2	Thurs	Mahavir Jayanti
3	Fri	
4	Sat	
5	Sunday	
6	Mon	
7	Tues	WHO Day Celebration

Pre University Exam for first

8	Wed.		MBBS Regular & 2nd,3rd & Final MBBS Referred Batches
9	Thurs		
10	Fri		
11	Sat		
12	Sunday		
13	Mon		
14	Tues	Dr.Ambedkar Jayanti	
15	Wed		
16	Thurs		
17	Fri		
18	Sat		
19	Sunday	MBBS UG Entrance Test, MGIMS - PMT 2015	
20	Mon		
21	Tues		
22	Wed		
23	Thurs		
24	Fri		
25	Sat		
26	Sunday		
27	Mon		
28	Tues		
29	Wed		
30	Thurs		
MAY 2015			
DATE	DAY	ACTIVITIES	
1	Fri		
2	Sat		
3	Sunday		
4	Mon	Buddha Purnima	
5	Tues		PG Exam MUHS Theory (Tentative dates)
6	Wed.		
7	Thurs		
8	Fri		
9	Sat		
10	Sunday		
11	Mon		
12	Tues		
13	Wed		
14	Thurs		
15	Fri		
16	Sat		
17	Sunday		
18	Mon		
19	Tues		UG Exam Theory Begins For 1st MBBS(Tentative Dates)
20	Wed		SUMMER VACATIONS FOR MBBS STUDENTS (Tentative Dates)
21	Thurs		
22	Fri		
23	Sat		
24	Sunday		
25	Mon		
26	Tues		
27	Wed		
28	Thurs		
29	Fri		
30	Sat		

31	Sun		
JUNE 2015			
DATE	DAY	ACTIVITIES	
1	Mon		
2	Tues		
3	Wed.		
4	Thurs		
5	Fri		
6	Sat		PMT Entrance Result for MBBS Students (Tentative Dates)
7	Sunday		
8	Mon		
9	Tues		
10	Wed		
11	Thurs		
12	Fri		
13	Sat		
14	Sunday		
15	Mon		
16	Tues		
17	Wed		
18	Thurs		
19	Fri		
20	Sat		
21	Sunday		
22	Mon		
23	Tues		
24	Wed		
25	Thurs		
26	Fri		
27	Sat		
28	Sunday		
29	Mon		
30	Tues		
JULY 2015			
DATE	DAY	ACTIVITIES	
1	Wed		
2	Thurs		
3	Fri		
4	Sat		
5	Sunday		
6	Mon		
7	Tues		
8	Wed		
9	Thurs		
10	Fri		
11	Sat		2nd Term Exam of 2nd & 3rd MBBS Regular Batch
12	Sunday		
13	Mon		
14	Tues		
15	Wed		
16	Thurs		
17	Fri		
18	Sat	Id Ul Fitr	-Orientation Camp & Classes Starts for 2013 Batch of MBBS Students
19	Sunday		
20	Mon		

21	Tues		-Orientation programme for the new Post Graduate Students.
22	Wed		
23	Thurs		
24	Fri		
25	Sat		
26	Sunday		
27	Mon		
28	Tues		
29	Wed.		
30	Thurs		
31	Fri		

Revised CLINICAL POSTING FOR 2010 (REF) BATCH

Date	Paediatrics	Ortho
05/10/2014 – 14/10/2014	E	-
Winter Vacation	15/10/2014 to 31/10/2014	
01/11/2014 – 11/11/2014	E	-
12/11/2014 – 01/12/2014	-	E

Internal Assessment Third MBBS – Part – II

Dates	Day	Subject
02/12/2014	Wednesday	Medicine
03/12/2014	Thursday	Surgery
04/12/2014	Friday	Obst. & Gynae
07/12/2014	Monday	Paediatrics

CLINICAL POSTING FOR 2010(Ref) Batch

Date	Medicine	Surgery	Ob Gy	Paediatrics
08/12/2014 – 26/12/2014	E	-	-	-
27/12/2014 – 14/01/2015	-	E	-	-
15/01/2015 – 02/02/2015	-	-	E	-
03/02/2015 – 22/02/2015	-	-	-	E

INTERNAL ASSESSMENT THIRD MBBS – Part – II

Dates	Day	Subject
23/02/2015	Monday	Medicine
24/02/2015	Tuesday	Surgery including orthopedics
25/02/2015	Wednesday	Obst. & Gynae
26/02/2015	Thursday	Paediatrics

CLINICAL POSTINGS FOR 2010 (Ref) Batch

Date	Medicine	Surgery	Ob Gy	Paed
27/02/2015 – 07/03/2015	E	-	-	-
08/03/2015 – 15/03/2015	-	E	-	-
16/03/2015 – 23/03/2015	-	-	E	-
24/03/2015 – 31/03/2015	-	-	-	E

CLINICAL POSTING FOR 2011 (Reg) BATCH

To join back on 14/01/2015 after the Third MBBS Part I University Practical examination

Date	Dental	Anesthesia	Radiology	Casualty	Ortho
14/01/2015 to 20/01/2015	A	-	B	-	C
21/01/2015 to 27/01/2015	-	A	-	B	C
28/01/2015 to 03/02/2015	C	-	A	-	B
04/02/2015 to 10/02/2015	-	C	-	A	B
11/02/2015 to 17/02/2015	B	-	C	-	A
18/02/2015 to 24/02/2015	-	B	-	C	A

- Department of Surgery to organize the Casualty Posting please.

Date	Medicine	Surgery	OBGY	Paed (Including 3 days IMNCI Reinforcement)
25/02/2015 to 05/03/2015	A	B	C	-
06/03/2015 to 14/03/2015	A	B	-	C
15/03/2015 to 23/03/2015	C	A	B	-
24/03/2015 to 01/04/2015	C	A	-	B
02/04/2015 to 12/04/2015	B	C	A	-
13/04/2014 to 17/04/2015	Internal Assessment Exam (I) Final MBBS Part -II			
20/04/2015 to 11/05/2015	Summer Vacation			
12/05/2015 to 20/05/2015	B	C	-	A

Internal Assessment (I) Exam Hall, 02:00pm to 05:00pm

Sr. No.	Date	Day	Subject
1	13/04/2015	Monday	Medicine
2	15/04/2015	Wednesday	Paediatrics
3	16/04/2015	Thursday	Surgery including Orthopedics
4	17/04/2015	Friday	Obst. & Gyane

Revised CLINICAL POSTING FOR 2011 (REF) BATCH

Dates	Eye	Med	Paed	Comm. Med.	ENT	Surg.	Ortho	OBGY
06/10/2014 – 14/10/2014	-	-	-	-	-	-	E	-
Winter Vacation	15/10/2014 to 31/10/2014							
01/11/2014 to 05/11/2014	-	-	-	-	-	-	E	-
06/11/2014 – 19/11/2014	-	-	-	-	-	-	-	E

CLINICAL POSTING

Date	Eye	ENT	Comm. Medicine
20/11/2014 – 04/12/2014	E	-	-
05/01/2014 – 07/01/2014	Internal Assessment IIIrd MBBS – Part – I (First Term Exam)		
05/12/2014 – 20/12/2014	-	E	-
21/12/2014 – 04/01/2015	-	-	E

INTERNAL ASSESSMENT THIRD MBBS – Part – I

Date	Day	Subject
05/01/2015	Monday	Comm. Medicine
06/01/2015	Tuesday	ENT
07/01/2015	Wednesday	EYE

CLINICAL POSTING FOR 2011 (REF) BATCH

Date	Eye	ENT	Comm. Medicine
08/01/2015 – 28/01/2015	E	-	-
29/01/2015 – 18/02/2015	-	E	-
19/02/2015 – 08/03/2015	-	-	E

CLINICAL POSTING FOR 2011 (REF) BATCH

Date	Eye	ENT	Comm. Medicine
09/03/2015 – 15/03/2015	E	-	-
16/03/2015 – 23/03/2015	-	E	-
24/03/2015 – 31/03/2015	-	-	E

**Revised CLINICAL POSTING 2012 (Reg) BATCH
(Ref. No. CC/4759 dated 24/10/2014)**

ROME CAMP – 06/01/2015 to 17/01/2015
Winter Vacation – 18/01/2015 to 27/01/2015

Date	Medicine	Surgery	Paediatrics	OBGY
28/01/2015 to 08/02/2015	A	B	C	D
09/02/2015 to 20/02/2015	D	A	B	C
21/02/2015 to 04/03/2015	C	D	A	B
05/03/2015 to 16/03/2015	B	C	D	A

Date	Paed	Com. Med	Eye	Med	ENT	Sur	Ortho	ObGy
17/03/2015 to 28/03/2015	A	-	B	-	C	-	D	-
01/04/2015 to 12/04/2015	-	A	-	B		C	-	D
13/04/2015 to 19/04/2015	D	-	A	-	B		C	-
12/05/2015 to 20/05/2015	-	D	-	A	-	B	-	C
21/05/2015 to 28/05/2015	C	-	D	-	A	-	B	-
29/05/2015 to 05/06/2015	-	C	-	D	-	A	-	B
06/06/2015 to 13/06/2015	B	-	C	-	D	-	A	-
14/06/2015 to 22/06/2015	-	B	-	C	-	D	-	A

SUMMER VACATION - 20/04/2015 TO 11/05/2015

IMNCI & IYCF Posting

- Taken from clinical posting of Paediatrics & Community Medicine

- Compulsory posting with 100% attendance
- Last day practical internal assessment

Batch	Dates
A	23/03/2015 to 06/04/2015
B	08/06/2015 to 22/06/2015
C	25/05/2015 to 08/06/2015
D	13/04/2015 to 19/04/2015 & 12/05/2015 to 20/05/2015

❖ Internal Assessment Third MBBS Part I examination – 23rd June 2015 to 25th June 2015

Students to divide into 3 batches

Batches A – Roll No.1 to 34, B – Roll No. 35 to 68 C- Roll No. 69 onwards

Dates	Eye	ENT	Community Medicine
26/06/2015 to 09/07/2015	A	B	C
10/07/2015 to 23/07/2015	C	A	B
24/07/2014 to 06/08/2015	B	C	A

Batches could be subdivided like A1 & A2 etc at the department level

**CLINICAL POSTING FOR 2013 (REG) BATCH
{w.e.f 27/11/2014}**

Dates	Ped	Oph	TB	ENT	Psy	ObGy	Skin	CM
27/11/2014 - 14/12/2014	A	-	B	-	C	-	D	-
15/12/2014 – 01/01/2015	-	A	-	B	-	C	-	D
02/01/2015 – 07/01/2015	D	-	A	-	B	-	C	-
*08/01/2015 – 16/01/2015	Internal Assessment Examination							
17/01/2015 – 28/01/2015	D	-	A	-	B	-	C	-
29/01/2015 – 15/02/2015	-	D	-	A	-	B	-	C
16/02/2015 – 05/03/2015	C	-	D	-	A	-	B	-
06/03/2015 – 23/03/2015	-	C	-	D	-	A	-	B
24/03/2015 – 10/04/2015	B	-	C	-	D	-	A	-
**11/04/2015 – 20/05/2015	-	B	-	C	-	D	-	A

* Internal Assessment exam of II MBBS: -08/01/2015 – 16/01/2015

**Summer vacation: -20/04/2015 to 11/05/2015

Internship Training Programme 2013 (MUHS)

Internship Posting Schedule for Pediatrics & Orthopedics

Period	Pediatrics	Orthopedics
12/03/14 to 10/04/14	EI + EII	EIII + EIV
11/04/14 to 10/05/14	EIII + EIV	EI + EII
11/05/14 to 09/06/14	FI+ F II	FIII+ F IV
10/06/14 to 09/07/14	FIII+ F IV	FI+ F II
10/07/14 to 08/08/14	A I+ AII	AIII + AIV
09/08/14 to 07/09/14	AIII + AIV	A I+ AII
08/09/14 to 07/10/14	B I+ BII	B III+ BIV
08/10/14 to 06/11/14	B III+ BIV	B I+ BII
07/11/14 to 06/12/14	CI + CII	CIII+ CIV
07/12/14 to 05/01/15	CIII+ CIV	CI + CII
06/01/15 to 04/02/15	DI + DII	DIII+ D IV
05/02/15 to 06/03/14	DIII+ D IV	DI + DII

TIME TABLE FOR 1st MBBS W.E.F. 1st November 2014

Time/Days	9 – 10 AM	10 -11 AM	11 – 12.30 PM	12.30 – 1.30PM	1.30 –2.30 PM	2.30 – 4 PM	4 – 5 pm
MONDAY	Biochemistry	Anatomy	Biochemistry Practical-Batch A/Physiology Practical –Batch B	L U N C H B R E A K	Physiology	2.30 to 3.30 PM Anatomy 3.30 to 5.00 PM Community Medicine Practical/ Anatomy Dissection	
TUESDAY	Anatomy	Physiology	Physiology Practical –Batch A/Histo-Batch B		Anatomy	Anatomy Dissection	Self directed learning (Anatomy)
WEDNESDAY	Biochemistry	Anatomy	Histo Batch A/ Physiology Practical –Batch B		Physiology	Anatomy Dissection	Self directed learning (Physiology)
THURSDAY	Anatomy	Physiology	Physiology Practical –Batch A/Biochem Practical-Batch B		Anatomy	Anatomy Dissection	Self directed learning (Biochemistry)
FRIDAY	Biochemistry	Anatomy	Anatomy Dissection		Physiology	2.30 to 3.00 PM Self directed learning (Anat) 3.00 to 4.00 PM (Comm Med)	Shramdan at 4 PM Prayer 5.00 PM
SATURDAY	Biochemistry	Physiology	Anatomy Dissection		Self directed learning		

Self directed learning hours will be monitored through periodical formative assessment, for giving feedback with focus on slow achievers and for the students seminars

Field visit on the first Saturday of every month after social service camp.

TIME TABLE FOR 3RD, 4TH, 5TH SEMESTER W.E.F. Jan. 2015 ONWARDS

Time/Days	8 – 9 AM	9 – 10 AM	10 -12 AM Hospital	12 – 1 PM	1 – 2 PM	2 – 3 PM	3 – 4 PM	4 – 5 pm
MONDAY	4th Surgery (Physio Lect.Hall) 5th Pharmacology (Patho Lect Hall)	4th, 5th Microbiology (Patho Lect Hall)	Clinics	Clinics	4A Pathology Pract. 5B Micro Practical 5 Pharma Prac		4A Microbiology 4B Pathology 5 Microbiology	Practical
TUESDAY	4th Medicine (Physio Lect Hall) 5th Patho (PALH)	4th & 5th Microbiology Patho Lect Hall	Clinics	Clinics	4th, 5th Pathology Patho Lect.Hall	4th, 5th Fore. Med. (Patho Lect Hall)	4B Pharma. Pract. 4A FMT Pract. 5th Micro. Pract.	
WEDNESDAY	4th, 5th Pathology (Patho Lect Hall)	4th, 5th Pharma (Patho Lect Hall)	Clinics	Clinics	4 B FMT. Pract. 4A & 5 Pharma Pract.		4th Comm. Med. (Patho. Lect. Hall) 5th FMT	Integrated Teaching
THURSDAY	4th Fore. Med. (Physio Lect Hall) 5th Micro. (PALH)	4th, 5th – Pharma (Patho Lect Hall)	Clinics	Clinics	5 Pharma. Pract. 4A Patho. Pract. 4 B Micro. Pract.		4A Micro. Pract. 4B Pharma. Pract. 5th Patho Pract	
FRIDAY	4th Surgery (Phy. Lect. Hall) 5th Forensic Med. (Phy. Lect. Hall)	4th, 5th Pathology (Patho Lect Hall)	Clinics	Clinics	5 FMT. Pract. 4A Pharma. Pract. 4 B Patho. Pract.		4th, 5th Micro (Patho Lect.Hall)	Shramdan / Comm. Prayer
SATURDAY	4th, 5th Pharma(PhysioLect Hall)	4th, 5th Forensic Med. (Patho. Lect. Hall)	Clinics	4th Semester – Comm. Medicine (Patho. lect. Hall 5th FMT Practical	4th Introductory classes (Physiology Lect. Hall)			

TIME TABLE FOR 6TH, 7TH SEMESTER W.E.F. Jan. -2015 ONWARDS

Time/ Days	8 – 9 AM	9 – 12 AM	1 – 2 PM	2 – 3 PM	3 – 4 PM	4 – 5 PM
MONDAY	Surgery	Clinics	Orthopaedics	Surgery	Gynaecology Demos.	Ophthalmology
TUESDAY	Medicine	Clinics	Paediatrics	MEDICINE 6th - Dermatology	Ophthalmology	Gynaecology/ (Skill Lab)
WEDNESDAY	Gynaecology	Clinics	Community Med. (DCMLH)	SURGERY (Operative Surgery) (Skill Lab)	Paediatrics (All except 1st Wed. of the month) Multi/Inter Departmental Lectures (1st Wednesday of the month)	Academy Meeting
THURSDAY	Medicine	Clinics	6th –Psychiatry	ENT	Orthopaedics	*Comm. Medicine (DCMLH)
FRIDAY	Surgery	Clinics	ENT	Ophthalmology	*Comm. Medicine (DCMLH)	Shramdan & Comm. Prayer
SATURDAY	Gynaecology	Clinics				

Students mentors meeting 4th Wednesday – Alternate month (4-5pm) and additional as and when required.

Allotted class room – Community Medicine Lecture Hall

TIME TABLE 8TH, & 9TH SEMESTER W.E.F. Jan. 2015

DAYS	8 – 9 AM	9 – 12 AM	1 – 2 PM	2 – 3 PM	3 – 4 PM	4 – 5 PM
MONDAY	Surgery	Clinics	--	Surgery (Operative)	Orthopaedics	Gynaecology (Demons)
TUESDAY	Medicine	Clinics	--	Medicine (Skill Lab)	Paediatrics	Gynaecology
WEDNESDAY	Gynaecology	Clinics	--	Surgery (Operative)	Paediatrics - (All except 1st Wednesday of the month) - MULTI/Inter Departmental Lectures (1st Wed. of the Month)	Academy Meeting
THURSDAY	Medicine	Clinics	Medicine (Psyt Lect. Hall))	Surgery (allied) -Radiology - Anaesthesia - Dentistry	Orthopaedics	Medicine
FRIDAY	Surgery	Clinics	--	--	Surgery (Skill Lab)	Shramdan / Comm. Prayer
SATURDAY	Gynaecology	Clinics	--	--	--	--

Students mentors meeting 4th Wednesday – Alternate month (4-5pm) and additional as and when required

* Department of Surgery & Medicine are requested inform and circulate time table of allied subjects please.

* Classes for 8th&9th semester will be held in Psychiatry Lecture Hall.

CODE OF CONDUCT

- 1 The general control of students is vested with the Dean.
- 2 Students admitted to MGIMS are expected to Exhibit high standards of academic interest and responsible behavior, befitting professional level of maturity.
- 3 Students admitted to MGIMS are expected to follow the code of conduct as follows
 - i) wearing khadi clothes ii) consume vegetarian meals iii) eschew smoking, drinking and other intoxicants iv) participate in community prayer, shramdan and such other activities as may be prescribed from time to time v) must be free from any prejudice regarding, caste, creed or untouchability vi) girl students must tie their hair and boy students should have tidy hair when at work in the college and hospital.
- 4 Residing in the hostels of the Institute is compulsory for all students.
- 5 Students after admission to the Institute are given an Orientation Training Course for a fortnight in Sevagram Ashram for getting sensitized to Gandhian ideology. If it is found that they are unable to adjust themselves to the environment, their admission may be cancelled.
- 6 Attendance in the Social Service camp, whenever it is held is essential, failing which the student may not be allowed to appear in the University Exam.
- 7 Students who do not maintain a satisfactory standard in academics or in the observance of code of conduct or discipline shall neither be allowed to hold office in extracurricular bodies or be eligible for scholarship or given any other assistance.
- 8 Students should maintain 75% attendance with minimum 80% in practical to be eligible to appear in the university examination.
- 9 Permission must be taken from the Dean for any leave or absence from classes or to go out of station. All students must report to the warden before leaving and on return from leave. In case of illness during leave a medical certificate must be sent immediately.
- 10 All illness should be reported to the Warden at the earliest.
- 11 Students must pay for all damages caused by them to books and property of the Institute.
- 12 Fees shall be paid on the date notified by the Dean's office. Mess fees shall be paid in advance for 6 months with term fee. Balance if any, shall be refunded at the time of leaving.
- 13 **Ragging in any form is absolutely forbidden and as per the provisions of Maharashtra Act XXXIII known as "Maharashtra Prohibition of ragging Act of 1999", students indulging in ragging can be punished under the Act resulting in suspension, and even expulsion from the Institute and imprisonment.**

Prevention of Ragging :

RAGGING IS A COGNIZABLE OFFENCE AND IS FORBIDDEN IN ANY FORM. ANYONE INDULGING IN RAGGING WILL BE PUNISHED UNDER THE ACT RESULTING IN SUSPENSION, EXPULSION FROM THE INSTITUTE AND IMPRISONMENT. THE PUNISHMENT FOR RAGGING WILL BE MENTIONED IN THE COLLEGE LEAVING CERTIFICATE.

The Supreme Court has defined the ragging as under:

Clause No.6 : Any disorderly conduct whether by words spoken or written or by an act which has the effect of teasing treating or handling with rudeness any other student, indulging in rowdy or in disciplined activities which cause or are likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking the students to do any act or perform something which such student will not do in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student. The cause of indulging in ragging is deriving a sadistic pleasure or showing off, power, authority or superiority by the seniors over their juniors or fresher.

Punishable ingredients of Ragging

- Abetment to ragging
- Criminal conspiracy to rag
- Unlawful assembly and rioting while ragging
- Public nuisance created during ragging
- Violation of decency and morals through ragging
- Injury to body, causing hurt or grievous hurt
- Wrongful restraint
- Wrongful confinement
- Use of criminal force
- Assault as well as sexual offences or even unnatural offences
- Extortion
- Criminal trespass
- Offences against property
- Criminal intimidation
- Attempts to commit any or all of the above mentioned offences against the victim(s)
- Physical or psychological humiliation

Punishments

Depending upon the nature and gravity of the offence as established by the Anti-Ragging Committee of the institution, the possible punishments for those found guilty of ragging at the institution level shall be any one or any combination of the following:

- Suspension from attending classes and academic privileges.
- Withholding / withdrawing scholarship/ fellowship and other benefits
- Debarring from appearing in any test / examination or other evaluation process.
- Withholding results
- Debarring from representing the institution in any regional, national or international meet, tournament, youth festival, etc.
- Suspension / expulsion from the hostel
- Cancellation of admission.
- Rustication from the institution for period ranging from 1 to 4 semesters

- Expulsion from the institution and consequent debarring from admission to any other institution for a specific period.
 - Fine of Rs 25,000 to Rs 1 lakh.
 - **Collective Punishment:** When the persons committing or abetting the crime of ragging are not identified, the institution shall resort to collective punishment.
- 14 The candidate after taking admission to this Institute shall have to give an undertaking counter signed by his/her parents that he/she shall not indulge in any activity which amounts to ragging and if he/she is found guilty he/she shall be punished as per the disciplinary rules of Mahatma Gandhi Institute of Medical Sciences, Sevagram. (**Annexure:14-17**)
- 15 Fees shall be paid on the date notified by the Dean's office. After the said date, fees will be acceptable only within a period of one month with a late fee fine as notified. After this period the name of the student will be struck off from the Institute Roll. The student may be readmitted on the payment of **Rs 1000** as readmission fee alongwith clearance of all dues.
- 16 Continuous absence from the classes for over one month without any valid reason will make the student liable to be removed from the institute Rolls. He/she may however be readmitted with valid reason on the payment of **Rs 1000** as readmission fee in addition to clearing all dues.
- 17 As per MUHS, Nashik every student has to attend a minimum of 80% practical and 75% theory classes to be eligible for appear in University examination.

RULES AND REGULATIONS

Following rules and regulations as amended from time to time, are applicable to all medical students.

1) General Rules:

1. The general control of students is vested in the Dean.
2. Students admitted to the Institute are expected to:-
 - i. Lead simple life
 - ii. Wear Khadi
 - iii. Take vegetarian meals
 - iv. Eschew smoking, drinking and any other intoxicants.
3. Students after admission to the Institute are given an Orientation Training Course for a fortnight in Sevagram Ashram to introduce them to Gandhian thought and way of life. If they are found unable to adjust themselves to the environment, their admission may be cancelled.
4. During the 1st Semester, attendance in the Social Service Camp is essential, failing which the student may not be allowed to appear in the University Exam.
5. Students who do not maintain a satisfactory standard in academic or in the observance of college code of discipline shall not be allowed to hold office in extracurricular bodies or be eligible for scholarship or any the assistance.

2) Rules for class attendance:

1. Regular and punctual attendance at lectures, demonstration, laboratory work, clinics and class examinations is essential. Students who do not have 75 percent

attendance or whose progress and conduct are not satisfactory, may not be allowed to appear at the University Examination.

2. There shall be no condoning for shortage of attendance.
3. All students are required to note that they fulfil the attendance requirements to avoid unpleasantness at the time of registering for the examination.
4. Continuous absence from the classes for over one month with out any valid reason will make the student liable to be removed from the college Rolls. He may however be readmitted on the payment of Rs. 1000/- as readmission fee in addition to clearing all dues.
5. **It has become mandatory to send quarterly attendance to the university after which it will not be possible to change the attendance so students have to ensure that they fulfil the attendance in each quarter. In case their attendance is short it will be informed to their parents.**
6. When the teacher enters the classroom the students should rise and remain standing till they are asked to sit or till teacher sits down. When the attendance is taken by the teacher, each student as his/her name or roll number is called must rise up from his/her seat and answer to his/her name.
7. No student shall be allowed to leave the classroom without the permission of the teacher or until the class is concluded.
8. Students are expected to assemble in the classroom five minutes before the appointed hour when the roll shall be called and the absence of any student noted.
9. Students are not permitted to remain in the lecture hall except during the hours of instruction.

3) Dress Rules:

1. Only khadi clothes are permitted
2. Dress should be neat and clean.
3. Girls with hair longer than shoulder length, should have their hair put up.
4. Aprons are compulsory for boys and girls.
5. Gaudy dresses should not be worn.

4) Leave Rules:

1. Student leaving the hostel on Sundays & Holidays must apply and take permission to do so from hostel authorities and should not proceed on leave till it is sanctioned.
2. The student shall submit application in duplicate to the officers nominated by Dean for permitting the students to go on leave, on working days separately for Preclinical, Paraclinical, Final part I and Final part II. The post graduate students shall take leave sanction from their respective Head of the Departments.
3. The leave will be sanctioned by the respective teachers names of whom will be circulated to the students and the student shall inform the sanction of such leave to the concerned departments.
4. The officers shall also send a copy each of such sanction to the Warden / Lady Hostel Supdt. and student section for record.

5) Hostel Rules:

1. Residence in the hostel of the Institute is compulsory for all Under Graduate students.
2. Postgraduate students will be given accommodation in the hostel if the rooms are available and that will be done as per the rules.
3. The rent of the hostel shall be paid in two equal installments as per the prospectus along with term fees.
4. Students on allotment of the rooms will take over the charge of the rooms including the glass-pans, electric installation and the furniture. Any damage or breakage during the occupation period will be charged from the student concerned.
5. A student must hand over the charge before leaving the room with all fitting, fixture and furniture intact to the Warden J.N. Hostel (Boys) / Supdt. Ladies Hostel.
6. Students in their own interest are strictly prohibited from keeping money, jewelery or any other valuables in their rooms. They should also ensure that they lock their rooms while going out as a safety against possible thefts. Hostel authorities will not be held responsible for any loss. A student should report to the hostel authorities immediately for investigation if his/her lock is tempered with or broken or a theft has taken place. No student shall report such matter directly to the police.
7. Keeping unauthorized occupants including friends and relatives in the hostel is not permitted.
8. Student must keep his/her room clean and tidy. He / She must throw hair, papers, fruit-skin or any other kind of refuse articles in the waste paper basket provided for and then should throw in the dustbin provided outside.
9. He / She must remain properly dressed and not commit any nuisance, shouting, and playing of Radios, Gramophones etc. loudly in the room / hostel campus which will be seriously viewed.
10. He /she must not spoil soil or disfigure any part of the building, compound, garden etc.
11. He / she shall leave the bath room and latrine after use as clear as he / she would like to have when he/she visits the place.
12. Wastage of water must be avoided by closing the taps when not in use.
13. Meals are not allowed to be taken in rooms unless a student is ill or it is permitted by the Warden / Supdt. Ladies hostel. **In case of the rule is violated a fine of Rs 100 may be imposed.**
14. Wastage of food must be avoided. Any left over food on the plate must be thrown in the dustbin before washing his/ her plate by the student. Chocking of wash – basins must be prevented by them.
15. Student must not interfere with any electrical installation in hostel. Use of electric Iron and applications for making tea etc. is permitted in the utility room only. No other electrical appliances are permitted in the Hostel. Students must see that the lights and fans are switched off when the rooms are unoccupied, failing which they will be liable for disciplinary action. Abuse and wasteful use of

electric current or unauthorized fitting of any connection will make them liable for penalty and disciplinary action.

16. No male student is allowed in the inside of the Girls Hostel and vice-versa, except on official occasions when mixed gathering are allowed.
17. Guests, friends or relatives of the same sex may be allowed on Sundays and Holidays at specified hours notified by the hostel authorities to visit in the respective hostels. They will not be allowed to do so on working days and during college hours unless specifically permitted by the hostel authorities.
18. No visitors shall stay in the hostel unless they are permitted by the hostel Authorities in writing.
19. No student is allowed to remain absent from the hostel after 10.00 p.m. (Girls) and 10.30 p.m. (Boys) without the permission of hostel authorities.
20. Permission must be taken from teacher In charge authorized for permitting leave of absence from classes or to go out of station. All students must report to the warden on return from leave. In case of illness during leave a medical certificate must be sent immediately.
21. Ragging in any form is absolutely forbidden and is punishable by fine, rustication or expulsion from the Institute.
22. All illness should be reported to the Warden as early as possible.
- 23. Students should ensure that any personal issue of married students (related to wife /husband) or boyfriend/girlfriend should not disturb the tranquillity of the hostel, it should be sorted out at their personal level or by their families.**

6) Disciplinary Rules:

1. A disciplinary committee of the college will be formed consisting of the faculty Members nominated by Dean
2. This committee shall handle all charges of misconduct against the students.
3. The Committee is empowered to consider all disciplinary charges and to recommend penalties.
4. The Dean shall finally decide the disciplinary action.
5. Any student who disobeys a lawful order given by the Dean, shall be subject to disciplinary action
6. A Student committing any breach of discipline as specified below will render himself / herself liable for disciplinary action :-

MINOR MISCONDUCTS

- 1) Absence from lectures/clinics/practical/training programmes without any valid reason/permission. Found indulging in ragging of juniors.
- 2) Overstay of sanctioned leave/vacation.
- 3) Any conduct/action due to which the fellow inmates are disturbed.**
- 4) In spite of repeated instructions if the hostel premises is kept unclean by the inmate**
- 5) Absence from other place/activity officially requiring the presence of the students

MAJOR MISCONDUCTS

- 6) Absence from hostel, without leave/permission.
- 7) Absence from university exam without any valid reason like sickness/hospitalization etc.
- 8) Prolonged absence from college without permission from college.
- 9) Absence from college exams without valid reason.
- 10) Using unfair means in tests/examinations/practical.
- 11) Use of criminal force to fellow students.
- 12) Neglect of studies and unsatisfactory progress in academics.
- 13) Disobedience of orders and insubordination to teaching staff.
- 14) Grouping under the banner of religious or political outfits should be avoided. Nobody should try to force their belief or habits on other students.
- 15) Violation of standing orders or any other orders of Dean.
- 16) Smoking & Drinking in the college campus is not permitted. Violations of this act shall be cause for discipline.
- 17) Any student, who uses, possesses, consumes, is demonstrably under the influence of, or sells any liquor, in violation of law shall be subject to discipline.
- 18) Any student who, uses, possesses, consumes, is demonstrably under the influence of, or sells any narcotic drug or controlled substance, in violation of law, shall be subject to discipline.
- 19) Any student who significantly disrupts any college function by intentionally engaging in conduct that renders it difficult or impossible to continue such a function in an orderly manner, shall be subject to discipline.
- 20) Any student who, while in any college facility or participating in a college related program, commits theft or possesses stolen property, or commits robbery, shall be subject to discipline.
- 21) Any student who causes or attempts to cause physical damage to property owned, controlled, or operated by MGIMS, or to property owned, controlled, or operated by another person while said property is located on college facilities, shall be subject to discipline.
- 22) Any student who in this or any other manner is guilty of malicious mischief shall be subject to discipline.
- 23) Any student who, while in any college facility or participating in a college related program, shall interfere by force or violence with, or intimidate by threat of force or violence, another person who is in the peaceful discharge or conduct of his/her duties or studies, shall be subject to discipline.
- 24) Any other breach of discipline not mentioned above but contrary to any provision of the Code of Conduct, Dean's order or Notices/Instructions issued from to time.

7. Penalties and Punishments

The competent authorities to award penalties/punishments will be as approved by Dean.

a) Removal from College Rolls

A student will be removed from the rolls of the College by the appropriate authority on the grounds of :-

1. Unsatisfactory disciplinary conduct.
2. Unsatisfactory progress during training.
3. Absence from college and /or failure to appear in University examinations

b) Suspension from College

1. A student may be suspended for a term or more on academic grounds as decided by the College Council.
2. A student may be suspended for a term or more by the college authorities on disciplinary or administrative reasons.
3. On suspension or being struck off college rolls the student will vacate the hostel within 48 hours and proceed directly to the place of residence of his parent (s) or his legal guardian if parents are not alive.
4. The college has no liability, whatsoever, if the student proceeds elsewhere.

c) Fine

Fine of Rs 250 can be imposed on minor offenses by the Warden or Head of Department. A fine up to Rs 1000 will be imposed by the Dean.

d) Publication of Punishment and Penalties

Major/Serious punishments and penalties will be published in the College notice board.

8. Undertaking

All the students will sign the undertaking as given below before occupying the rooms in the hostel.

“I have read all the rules and I agree to abide by the same and shall be liable for disciplinary action if I violate any of them.”

UNDERTAKING

I have read all the rules and I agree to abide by the same and shall be liable for disciplinary action if I violate any of them.

**Place : Sevagram
candidate**

Signature of the

Date:

IMPORTANT PHONE NUMBERS (To be printed on Hind Page)

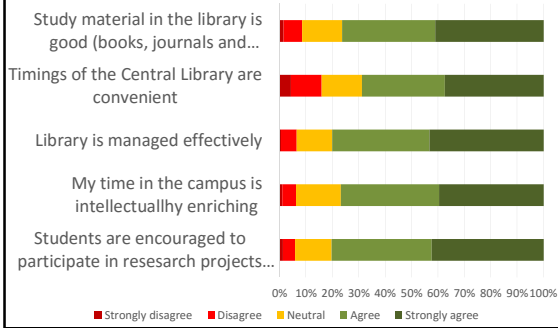
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2	Dean, MGIMS	9049577833	210
3	Medical Superintendent, Kasturba Hospital	9422141694	201
4	Account Section	284676	299
5	Warden (Boy's Hostel)		237
6	Warden (Girl's Hostel)		297
7	Anti Ragging Committee	9423118077	282
8	Casualty		229
9	Ambulance		229
10	Dietary		281
11	Library		323
12	CAO	9422141697	

Students' feedback

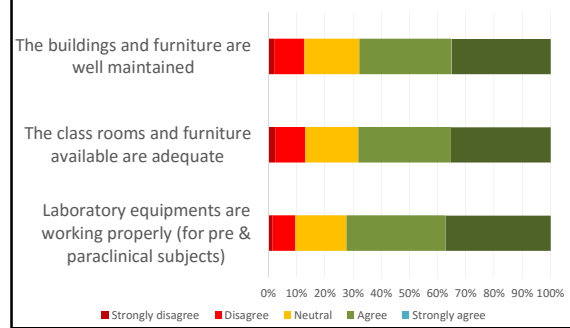
2014-15

OVERALL FEEDBACK ON ACADEMIC ENVIRONMENT & INFRASTRUCTURE

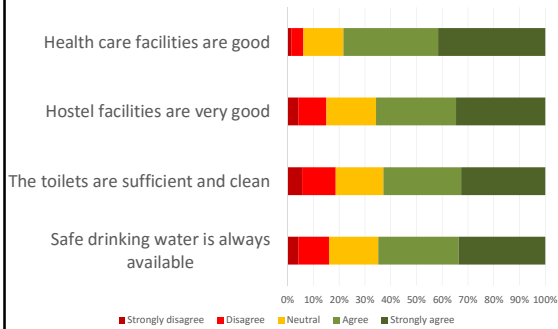
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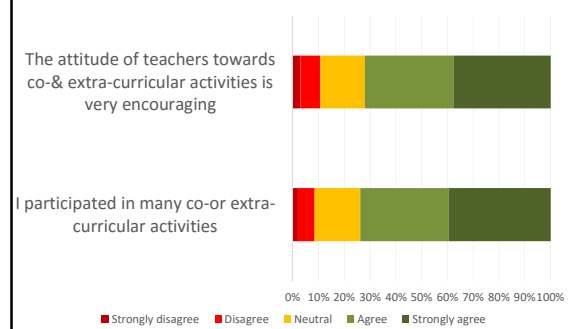
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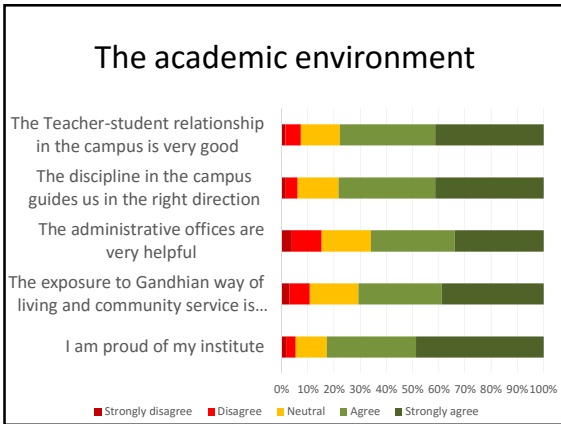


Accommodation facilities



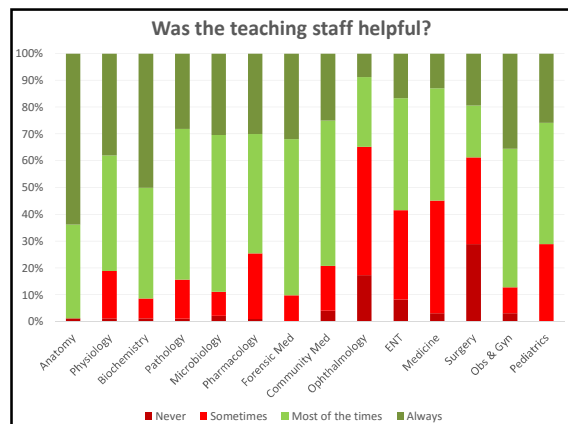
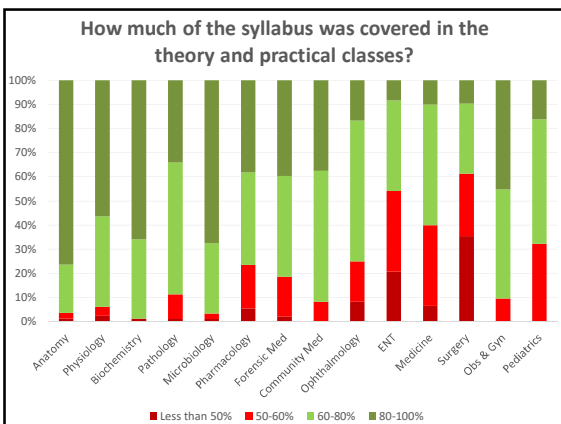
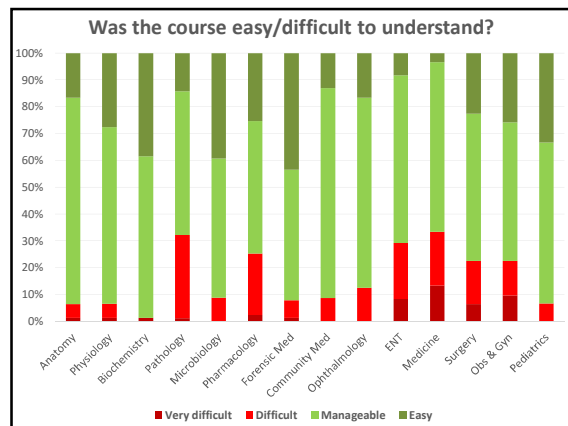
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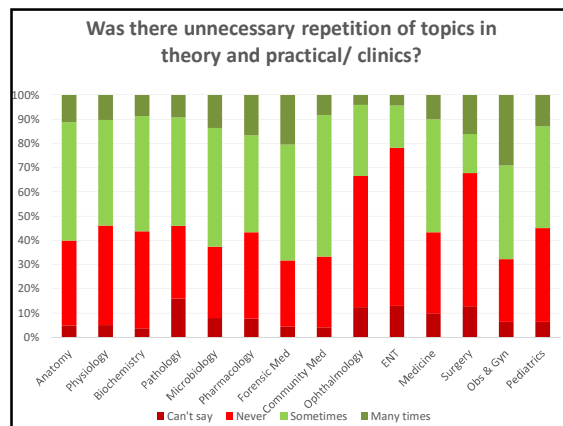
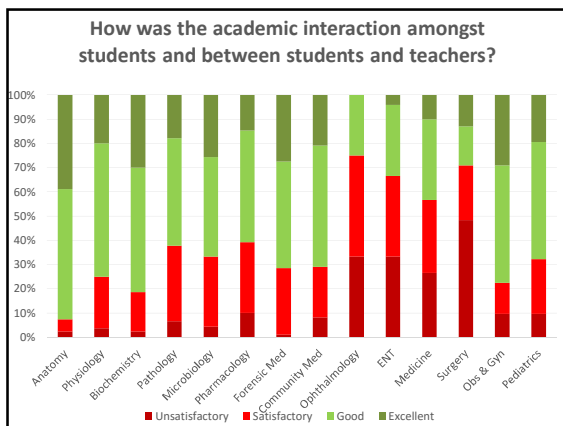
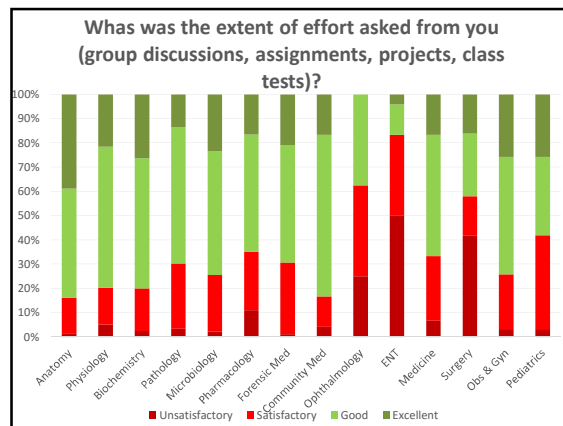
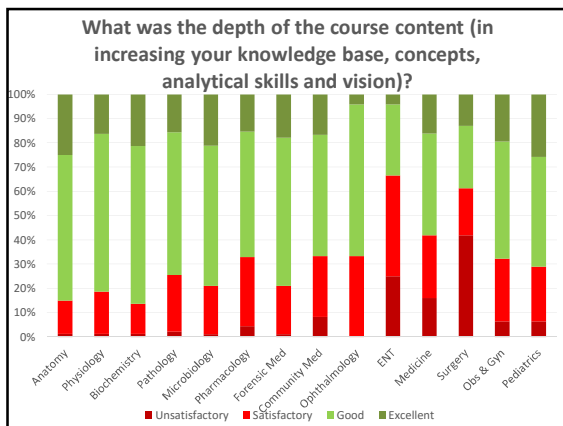
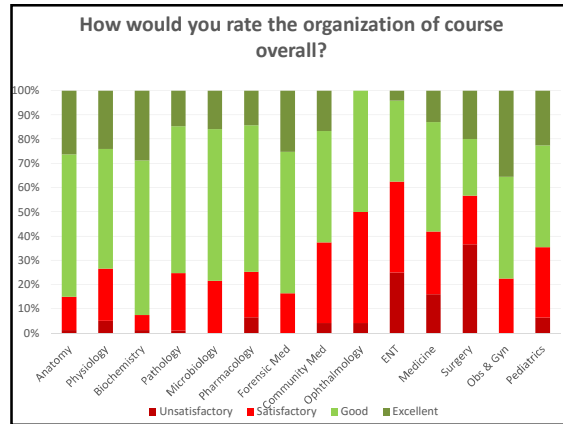
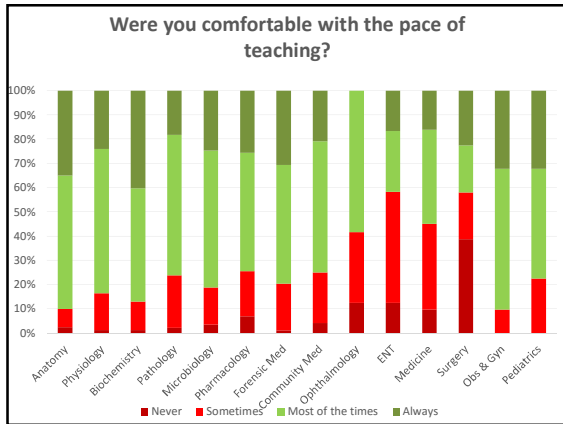


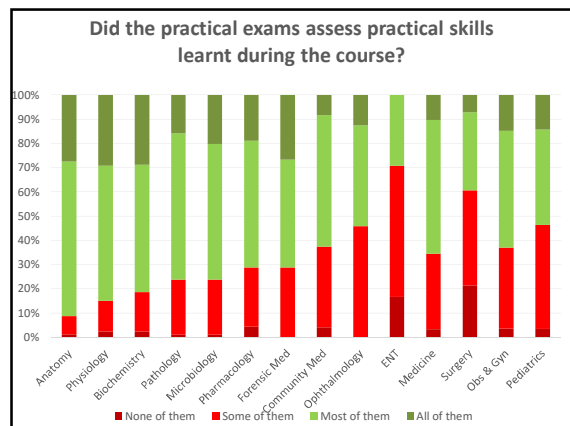
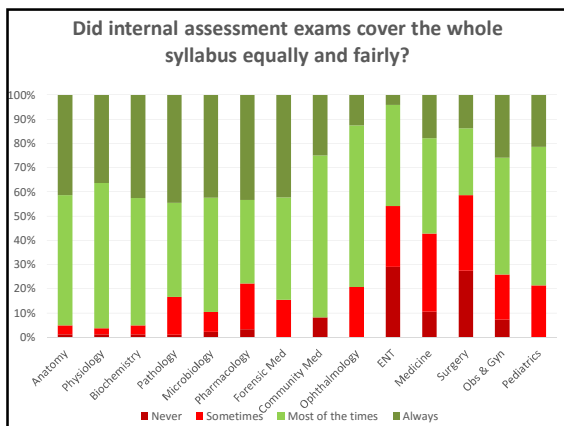
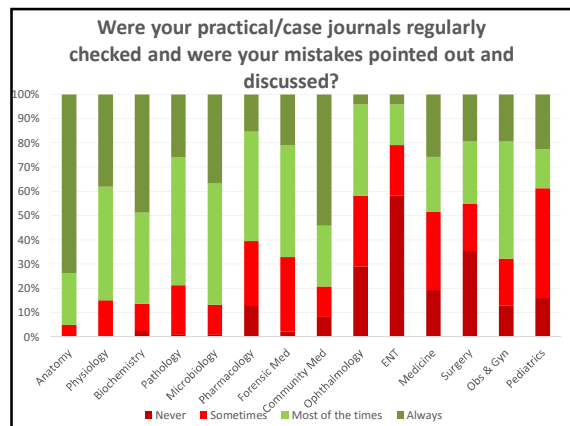
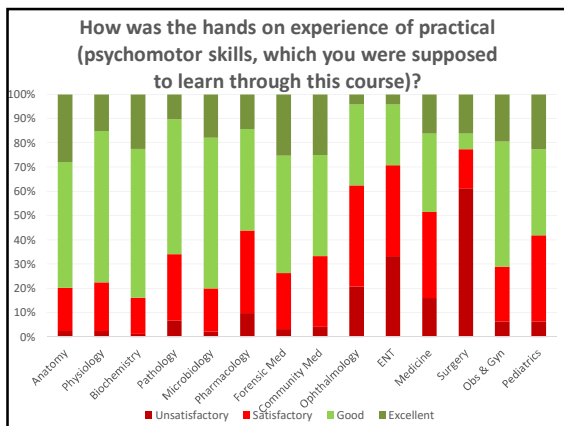
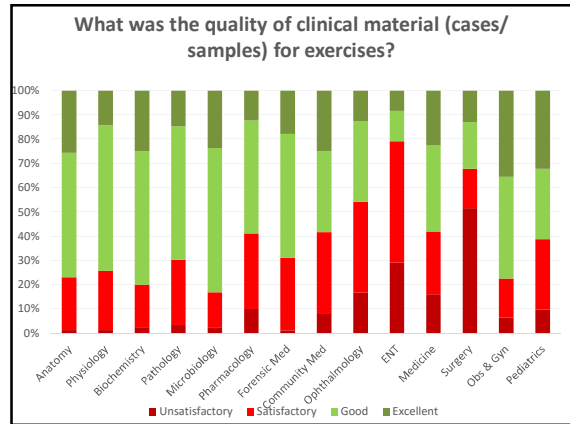
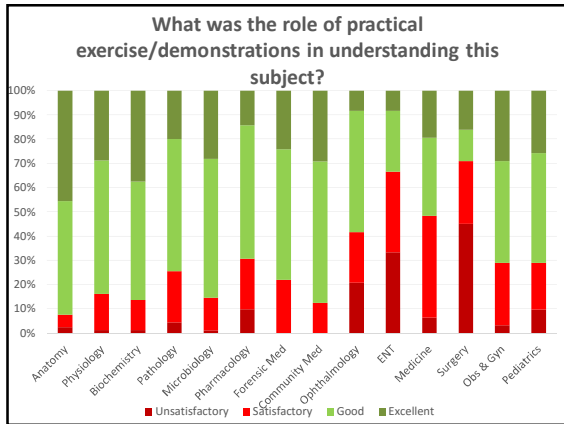


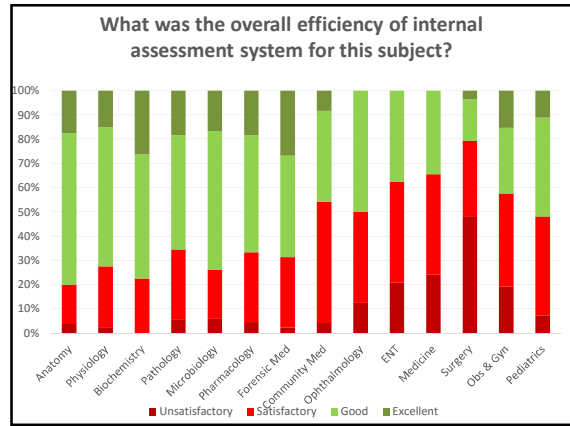
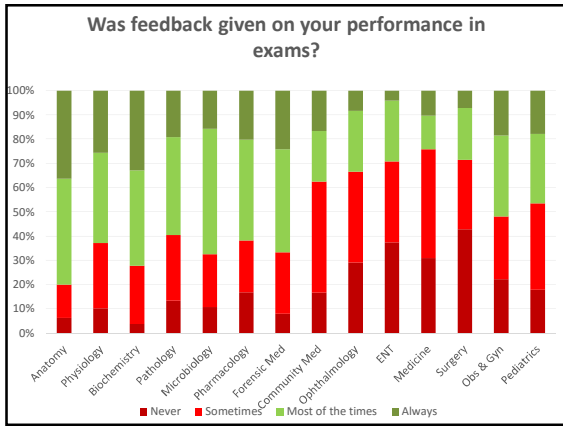
SUBJECT-WISE FEEDBACK

- ### Feedback received from the following batches for
- 2010: Medicine, Surgery, Obs/Gyn, Pediatrics
 - 2011: Community Medicine, ENT, Ophthalmology
 - 2012: Pathology, Microbiology, Pharmacology, Forensic Medicine
 - 2013 and 2014: Anatomy, Physiology, Biochemistry









Funded Research

		Grant (Rs. in Lakhs)
Anatomy	Genetic study of deletions and mutations in sperm mitochondrial DNA in idiopathic asthenozoospermia, oligoasthenoteratozoospermia of infertile men Pal AK, Chaudhari AR Funded by ICMR, 2014-2016	16.0
Biochemistry	Maintenance of repository of filarial parasites and reagents Reddy MVR, Goswami K Funded by DBT, 2012-2017	16.58
	Evaluation of immunomodulatory effect and therapeutical potential of filarial proteins in experimental ulcerative colitis Reddy MVR Funded by DST, 2013-2016	6.00
	Funds for Improvement of S & T Infrastructure in Universities and Higher Educational Institutions (FIST) programme Reddy MVR Funded by DST, 2011-2015	1.00
	Clinical usefulness of exploring immunological host response in tubercular infection Waghmare P, Kumar S, Anshu Funded by MUHS, Nashik, 2013-2015	0.92
Community Medicine	Surveillance of neonatal infection – An ICMR task force study Garg BS, Maliye CH, Mendiratta DK, Dikshit S, Deotale V Funded by ICMR, 2011-15	8.5
	Phase III, multicenter, randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of live attenuated Bovine-Human Rotavirus Reassortant Pentavalent Vaccine (BRV-PV) against severe Rotavirus gastroenteritis in healthy Indian infants Garg BS, Gupta SS, Maliye CH, Jain M, Bahulekar PV, Raut AV, Solanki RS, Taywade ML Funded by PATH/SIIL, 2013-2016	306.5
	Concurrent Monitoring for Quality Improvement in ICDS, Govt of India (NIPCCD) Garg BS, Gupta SS, Maliye CH, Raut AV, Pawar R Funded by NIPCCD, 2008 onwards	0.66

	Centre for Applied Research for Community Based Maternal, Newborn and Child Health	175.25
	Funded by ICMR, 2015 onwards	
	A. Community-owned Management Information System: an Alternative Model of Community Monitoring for Health	
	Garg BS, Gupta SS, Maliye CH, Bharambe MS, Bahulekar PV, Raut AV, Solanki RS, Pawar R	
	B. Central India Rural Pregnancy Cohort	
	Garg BS, Shivkumar PV, Gupta SS, Maliye CH, Bharambe MS, Bahulekar PV, Raut AV, Solanki RS, Pawar R	
	C. Improving Health Care Seeking For Morbidities among Newborns and Young Infants in Rural Wardha	
	Garg BS, Gupta SS, Maliye CH, Jain M, Bharambe MS, Bahulekar PV, Raut AV, Solanki RS, Pawar R	

JBTDR & Bioinformatics Centre	Anti-tubercular bioassays of plant and marine algal extracts	4.04
	Harinath BC, Waghmare P	
	Funded by Central Salt & Marine Chemicals Research Institute, Bhavnagar, Gujarat, 2013-2015	

	Biochemical and Molecular characterization of mycobacterial ES-31 serine protease	4.10
	Harinath BC, Waghmare P, Kashikar S	
	Funded by GeNext Genomics Pvt. Ltd., Nagpur, 2014-2015	

Medicine	HOPE 3: Heart Outcomes Prevention Evaluation	#
	Kalantri SP	
	Population Health Research Institute	
	St. John's Medical College Bengaluru, 2007 onwards	

Microbiology	Confirmation of diseases of public health importance under the IDSP (Integrated Disease surveillance Project) State surveillance net work (Referral Lab)	2.00
	Deotale V, Thamke DC, Maraskolhe D	
	Govt. of Maharashtra, 2010 onwards	

	Sentinel Surveillance Hospitals Vector Borne Disease	1.00
	Thamke D, Attal R	
	Govt. of Maharashtra, 2011 onwards	

	A prospective multi-centric cohort study to assess risk factors for unfavourable treatment outcomes, including recurrent TB, among sputum positive pulmonary tuberculosis patients treated with category I regimen of RNTCP	28.85
	Narang P, Narang R, DTO Wardha, CTO Nagpur	
	Central TB Division, New Delhi, 2013-2016	

Funds continued from previous years

	Multi - centric hospital – based surveillance of acute encephalitis syndrome for viral etiology among children in selected districts of Maharashtra and Andhra Pradesh	20.00
	Narang R, Jain M, Deotale V, Attal R, Gangane N, Lakhkar BB, Tankhiwale NS, More SS, Mahadani JW, Ingole KV NIV, Pune, 2014 onwards	
	Surveillance of selected Zoonotic diseases in Central India	2.11
	Narang R, Deotale V, Maraskolhe D, Deshmukh P, Jain M, Narang U, Raut A, Kalore DR, Kurkure NV ICMR, New Delhi, 2015 onwards	
Obstetrics & Gynecology	Jiv Daya Partograph Project	3.2
	Shivkumar PV Jiv Daya Foundation, Dallas, Texas, USA, 2013 onwards	
	Hypertensive pregnancy	3.90
	Jain S ICMR, 2015 onwards	
	Preventable Birth Defect Project	1.32
	Shivkumar PV WHO SEARO, 2015 onwards	
	Community based study of magnitude of abortion, spontaneous and induced, immediate and late complications and care sought by rural women of two districts of Maharashtra, India	1.31
	Chhabra S ICMR, 2015 onwards	
	Hypertensive disorders of pregnancy, prevention, early detection, prevention of severity and mortality through cost effective sustainable ways in two tertiary centres in two states of India	1.34
	Chhabra S Shrimant Shankaradevi University of Health Sciences, Guwahati, Assam, 2015	
	Emergency Obstetric Care	1.92
	Shivkumar PV Govt of Maharashtra, Govt of India, FOGSI, AVNI Foundation, 2008 onwards	
	Prevention of parent to child transmission of HIV / AIDS	*
	Chhabra S Govt of Maharashtra, 2002 onwards	
Ophthalmology	Sentinel Surveillance Unit (Under National Program for Control of Blindness)	1.78
	Shukla AK, Singh S, Mehendale AM Ministry of Health and Family Welfare (Govt. of India), 2014-15	

* Emoluments directly paid by Govt

Pathology	Population Based Cancer Registry of Wardha District	29.0
	Gangane NM ICMR, 2010 onwards	
	“HPV” Ahead	#
	Gangane NM IARC, 2011 onwards	
	Expression of ER, PR, HER2/neu, Ki67 and p53 markers in endometrial carcinoma: Clinicopathological implications and prognostic value	@
	Shivkumar VB, Atram M, Gangane N Long Term Research Grant, MUHS Nashik, 2015 onwards	
	Prognostic value of expression of cytokeratin 5/6, EGFR, E-cadherin and p53 in triple negative breast cancers in central India	@
	Anshu, Waghmare S, Gangane N Long Term Research Grant, MUHS Nashik, 2015 onwards	
Pediatrics	National Neonatal Perinatal Database	3.60
	Jain M WHO SEARO, 2014-2015	
	Multi-centric hospital based surveillance of acute encephalitis syndrome for viral etiology among children in selected districts of Maharashtra and Andhra Pradesh	20.00
	Jain M ICMR, New Delhi, 2014-2015	
Physiology	Electrophysiologic studies in lumbo-sacral radiculopathy	1.43
	Pawar S UGC, New Delhi, 2014-2014	
	The role of late responses in the diagnosis of diabetic polyneuropathy	2.00
	Pawar S MUHS, Nashik, 2014-2015	
	Prevalence and risk factors of obstructive sleep apnea-hypopnea syndrome in rural Indian population: A community based cross-sectional study	20.52
	Pawar S ICMR, 2014-2015	
Pharmacology	Pharmacovigilance Project	*
	Gosavi D, Kale R, Chimurkar L, Pethe M Government of India	

BEST PRACTICES AT MGIMS SEVAGRAM

LOW-COST DRUG INITIATIVE

OBJECTIVES OF THE PRACTICE

The aim of the low-cost drug initiative at MGIMS is to provide appropriate and affordable drugs to our patients.

THE CONTEXT

There are huge differences between the costs of drugs available in the market depending on their brand. The costs of drugs in the market are unreasonably high. Atorvastatin, a cholesterol reducing medication, for instance, sells at the market for Rs 78 per 10 tablets (MRP price printed on the brand-named leader). Similarly, Piperacillin Tazobactam, an antibiotic that doctors choose to treat their seriously ill patients with sepsis costs Rs 450. The market, obviously, keeps the drug for which they getting the highest commission. This results in unaffordability of drugs by poor patients which may in turn force them to opt out of taking the drugs altogether.

THE PRACTICE

This initiative to reduce the cost of drugs to the patient was made possible by first minimizing the 'supply chain effect' and then by overcoming the 'marketing effect'. We did this by using a multi-pronged strategy.

We involved healthcare workers in making a list of essential drugs and surgical items and deleted from the list as many "me too" and irrational drugs as was feasible in our setting. We procured drugs at substantially cheap prices by inviting competitive quotations from drug distributors and used the electronic hospital information system to buy, stock and dispense drugs and surgical items.

We made doctors and public aware of the benefits of the initiative and banned all drug representatives from showcasing their products in the hospital. We encourage our residents to prescribe drugs by their generic names.

Two 24 x 7 pharmacies are opened in the hospital premises to ensure that our registered inpatients and outpatients can access these drugs at affordable prices.

We introduced computerized prescriber order entry (CPOE) to prescribe drugs. We also created e-prescriptions on the iPad app, specially designed for this purpose. The electronic applications help doctors identify drugs by both their generic names, check for their availability in the drug store and display their prices- thus minimizing prescription errors and improving the quality of evidence-based therapies.

EVIDENCE OF SUCCESS

Patients with catastrophic illnesses as well as those with chronic diseases have found significant difference in the cost of medications they buy at MGIMS compared to the market pharmacies. The low-cost drug initiative has substantially reduced the cost of medical treatment at Kasturba hospital, both in outpatient and inpatient setting.

- Atorvastatin, a cholesterol reducing medication, for instance, sells at the medical store for Rs 7.60 per 10 tablets instead of Rs 78, MRP price printed on the brand-named leader.
- Similarly, Piperacillin Tazobactam, an antibiotic that doctors choose to treat their seriously ill patients with sepsis costs Rs 132 as against the market price of Rs 450.
- Ceftriaxone 1 g injection used to treat infections is available in the medical store for Rs 19.20 compared to Rs 48 that popular brands command.
- Patients with coronary heart disease, high-cholesterol levels, high-blood pressure and diabetes can have these four disorders treated with five evidence-based drugs (aspirin 75 mg, atorvastatin 10 mg, enalapril 5 mg, amlodipine 5 mg and metformin 1 g) for Rs 145 per month- less than Rs 5 per day.

During the year 2015, a total of 5,73,295 patients have been benefitted by this low-cost drug initiative. We believe that this initiative has reduced the out of pocket expenditure on drugs and has reduced the healthcare costs.

PROBLEMS ENCOUNTERED AND RESOURCES REQUIRED

The biggest challenge to make this initiative work was to stop the interaction between doctors and medical sales representatives that was harming our patients' economic health. Some doctors clearly felt uncomfortable. However, we actively taught our residents and interns that cheaper brands were available and displayed them in our outpatient clinics and in our wards. Eventually residents developed conditioned reflexes, strong enough to drive away expensive brands from our hospital.

We needed good leadership, an efficient hospital information system and electronic innovations to start this good practice.

BEST PRACTICES AT MGIMS SEVAGRAM

HOSPITAL INFORMATION SYSTEM (HIS) AT MGIMS

OBJECTIVES OF THE PRACTICE

Hospitals handle a lot of data. This includes patient related data, administrative, financial and personnel related data. Hospital information systems help in developing more efficient systems for data storage, organization and retrieval.

THE CONTEXT

Mahatma Gandhi Institute of Medical Sciences is a tertiary care hospital located in rural Central India. Each year around 700,000 outpatients and 50,000 inpatients—three-fourths of them from underprivileged backgrounds and poor literacy —seek highly subsidized healthcare from the hospital. The paper-based system that the hospital used was full of problems: long queues at the registration counters multiple forms to be filled for each patient by tormented interns nurses and pharmacists struggling to read poorly written doctors' notes and prescriptions and discharge summaries that were illegible, inaccurate or incomplete. Because patients either misplaced their health records or would forget to bring them to the hospital, it was difficult for doctors to gauge their past illnesses. These often generated repeat tests, prolonged their hospital stay and increased the cost of healthcare. Most patients were unable to afford high costs, and hospitalization often meant loss of their daily wages. We wanted to design an electronic hospital information system that would enhance doctors' workflow and improve the quality of care.

THE PRACTICE

We asked a section of the stakeholders— interns, residents, nurses, paramedics, and doctors— about their wish list: reduce the drudgery of handwritten forms, prescriptions, data entry and discharge summaries and replace them with an electronic system in which health data could be easily entered, stored and retrieved. In addition, the health professionals expected that they should be able to access records anytime, anywhere on campus. We also needed a current and reliable clinical decision support resource to help us answer clinical questions quickly and easily at the point of care.

To do so, we (1) replaced the existing paper-based systems with an electronic hospital information system (HIS) (2) introduced campus wide wireless connectivity (3) brought in a picture archival and communication system (PACS) (4) developed an app on iPad that brought data at the point of care.

The Hospital Information System (HIS) at MGIMS is a state-of-the-art, fully integrated hospital information system. The system provides the health workers in the hospital with a full suite of tools for registering patients, ordering tests, retrieving test results and generating electronic discharge summaries.

In 2005, MGIMS introduced HIS in the hospital. It took two years to conceive, design, test and implement this system. Faculty members and the HIS staff teamed with system developers from C-DAC, Noida to design this system that MGIMS is justifiably proud of. The entire project was funded by the Ministry of Information Technology, Government of India.

This system (2 servers, close to 300 desktops) captures, stores and retrieves all data related to half a million outpatients and 50,000 inpatients every year. Most laboratories are paperless now, and residents and consultants are able to access all test results, radiologic images—anytime anywhere. The wireless connectivity of the campus has greatly helped all caregivers access information, real-time. The system has close to 18 modules—all functioning—that capture data from registration, insurance, admission counters, outpatient departments, labs (Pathology, Microbiology, Biochemistry and Radiology), inpatient departments, blood bank, operating rooms, Pharmacy, Kitchen and discharge counter. A Picture Archival and Communication System (PACS) now enables doctors to access the radiology images (radiographs, CT images, MRI images and USG) on their desktops.

The unique addition to the system is the use of iPads at the point of care—now the doctors can access the patient data at the point of care. This application – specially designed and developed for MGIMS- has been introduced for the first time in India- few public or private hospital in the country are using iPads at the point of care. They can peep into the patients’ records, review past histories, and generate electronic discharge summaries using this system

EVIDENCE OF SUCCESS

HIS at MGIMS has led to a dramatic transformation in the delivery of health care making it safer, more effective, and more efficient. The system has minimized human errors, increased the accuracy of data and improved patient outcomes.

Doctors can get a complete picture of a patient’s present and past illnesses online. Laboratory investigations are immediately available to clinicians. Sometimes, by the time a patient goes back from the radiology department to his clinician, he can find his doctor viewing his Xrays on his computer. This radical decrease in turnaround times meant less waiting times for poor patients. Adding an evening outpatient department ensures that laboratory results are available within a few hours of the blood draw and patients can get a diagnosis and treatment and catch the evening train back home. The administration finds it easier to assess departmental performance and can use these data meaningfully for equipping the departments.

Doctors not only can access patients’ data at the point of care on their smart phones and iPads, but by using UpToDate and other electronic knowledge resources at the patients’ bedside, they can act on this information and treat their patients with evidence based interventions. Residents have learnt how to inject science into the art of medicine and use diagnostics and therapies that work. Easy availability of patient data on the rounds has reduced the frequency of diagnostic and therapeutic errors. Further, it is now possible to involve patients in their own health using graphs from the HIS to show how their health parameters are changing with medication. Residents are able to create discharge summaries from the comfort of their hostel rooms and interns don’t have to collect reports. This paperless way of functioning has made life easier for everybody.

Nurses can now assign beds to patients electronically, and order stocks of medicines online. It has reduced wastage, controlled pilferage and cut costs. The two pharmacies in the hospital now dispense drugs to around 2000 patients daily. By creating an interphase between electronic cell counters and autoanalyzers, test results automatically find their way into the HIS, significantly reducing the time for manual entry of results.

Students now have access to a whole range of electronic knowledge resources through wifi.

The cultural hesitation in asking teachers questions on email is fast disappearing. Conducting research has become easier as patient follow up data are easily available. Google drives are used to share resources and Google made online forms are used to design innovative assignments.

A poster presentation on the use of Ipads at the point of care won the best paper award in an international conference in South Africa in 2015.

PROBLEMS ENCOUNTERED AND RESOURCE REQUIRED

The major challenge was not financial, but in getting people in a village to accept and use technology. This has been a slow, arduous process but our decade long experiment seems to have paid off.

Several meetings and workshops were held to familiarize and encourage health care personnel at all levels to use and try the system. Interestingly enough, it was the nurses and interns, rather than doctors who displayed most enthusiasm in accepting this change in their way of working. For both, it meant, doing away with paperwork and going through their daily duties much faster than before. Eventually, peer pressure and word of the mouth worked. Now all the laboratory technicians, nurses, health aides and doctors have acquired skills to use this system that provides them quick access to patients' medical information, helps them save time and devote it to achieve better patient outcomes.

To encourage use of technology, MGIMS twice negotiated with IBM and procured 600 laptops at discounted prices in 2005 and 2009. Students and faculty were given interest free loans to own these laptops. In 2012, MGIMS bought 60 iPads and a dozen Macbooks. This created a surge in the use of computers on campus. Workplaces became more productive and learning became fun

Further, the National Knowledge Network of the Government of India offered MGIMS broadband internet connectivity that offers a high speed wireless network to the students and staff on the campus. The network, spread over 25 kms, allows students and faculty many of whom are located in the peripheral rural centers off campus, the freedom to make use of wifi enabled devices to connect to the Internet at speeds of up to 1 GBPS.

Using a brainwave, in 2011, one of our students wrote to Google requesting a waiver to create an institutional intramail, and got 2000 email IDs free of charge. It changed the way we communicated and learnt. Students, interns, residents, faculty, administrative staff and paramedics are assigned unique IDs and passwords after their smartphones, iPads, laptops and desktops are registered at the HIS and enjoy being electronically connected with the world wide web, anytime, anywhere on campus.