

# 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

Mobile:

+919049577833

Name of the IQAC Co-ordinator:

Dr Anshu

Mobile:

+919822726984

IQAC e-mail address:

anshu@mgims.ac.in

1.3 NAAC Track ID:

MHCOGN 14407 (Previous ID EC/56/A&A/046)

1.4 Website address:

www. mgims.ac.in

Web-link of the AQAR:

<https://www.mgims.ac.in/index.php/academics/naac>

1.5 Accreditation Details

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

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

30/03/2012

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

2015-16

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 2014-15 17/08/2016 (received)

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

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	<input type="text" value="8"/>
2.2 No. of Administrative/Technical staff	<input type="text" value="5"/>
2.3 No. of students	<input type="text" value="0"/>
2.4 No. of Management representatives	<input type="text" value="3"/>
2.5 No. of Alumni	<input type="text" value="5"/>
2.6 No. of any other stakeholder and community representatives	<input type="text" value="0"/>
2.7 No. of Employers/ Industrialists	<input type="text" value="0"/>
2.8 No. of other External Experts	<input type="text" value="0"/>
2.9 Total No. of members	<input type="text" value="19"/>
2.10 No. of IQAC meetings held	<input type="text" value="6"/>

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. MGIMS Institute of Simulation Based Training (MIST) launched
2. Dr Sushila Nayar Hospital started functioning in its new building in tribal area of Utawali in Melghat in Amravati district
3. Central library acquires dedicated 24 x7 server. Library management software upgraded to SLIM 21 version
4. Undergraduate students launch Alcohol and Tobacco Deaddiction Awareness activity through their White Coat Army
5. Advanced linear accelerator installed in Radiotherapy
6. Medical Education Unit conducts workshop on Developing Good Study Skills for Undergraduate students
7. New guest house constructed, Hostels renovated.
8. E-learning modules being designed and peer reviewed by Medical Education Unit
9. Cycling being promoted on campus as an eco-friendly measure.

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. To expand patient care services to tribal areas and to reach out to community	<ul style="list-style-type: none"> <li>- Dr Sushila Nayar Hospital constructed in tribal areas of Utawali in Melghat. Multispecialty services being provided.</li> <li>- Sevabhaav programme launched on FM radio</li> </ul>
2. To improve skills training	<ul style="list-style-type: none"> <li>- MGIMS Institute of Simulation Training launched.</li> <li>- AHA accredited BLS and ACLS workshops conducted by faculty of Dept of Anesthesiology</li> <li>- Neonatal resuscitation training workshops conducted by Dept of Pediatrics</li> <li>- IAP recognized CPR training courses conducted</li> </ul>
3. To make patient services more efficient	<ul style="list-style-type: none"> <li>- No Q card introduced. Allows patients to deposit cash in one counter and use the card at different places and skip long queues</li> </ul>
4. To make central library facilities digital	<ul style="list-style-type: none"> <li>- Dedicated 24 x 7 server installed for library</li> <li>- Library management software upgraded to SLIM21</li> <li>- Online journals now accessible through campus wifi</li> </ul>
5. Guest houses and hostels renovated	<ul style="list-style-type: none"> <li>- New guest house constructed on campus</li> <li>- Dining rooms and kitchens of hostels given a facelift</li> </ul>
6. To promote healthy lifestyles	<ul style="list-style-type: none"> <li>- Cycling promoted on campus. Bicycle mela held. Session on how to choose the right cycle for you organized in Academy of Medical Sciences.</li> </ul>

\* 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 13 Aug 2016. The report was approved and then forwarded to the Governing Council.

### 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	9			
PG	20			4
UG	1			6
PG Diploma	3			
Advanced Diploma				
Diploma				
Certificate				
Others				
<b>Total</b>	<b>33</b>			<b>10</b>
Interdisciplinary				2
Innovative		1		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\*

(On all aspects)

Alumni  Parents  Employers  Students   
 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. Bioethics training has been introduced for I MBBS. We have started workshop on developing good study skills for students.

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

1. New multispeciality hospital, Dr Sushila Nayar Hospital started in Utawali, Melghat in tribal area
2. MGIMS Institute of Simulation Training launched
3. New guest house built

## Criterion – II

### 2. Teaching, Learning and Evaluation

2.1 Total No. of permanent faculty

Total	Asst. Professors	Associate Professors	Professors	Others
142	51	29	61	1

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

4

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

Asst. Professors		Associate Professors		Professors		Others		Total	
R	V	R	V	R	V	R	V	R	V
12	2	2	2	0	1	0	0	14	5

year

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

1

4

2.5 Faculty participation in conferences and symposia:

No. of Faculty	International level	National level	State level
Attended	7	97	122
Presented papers	12	54	43
Resource Persons	1	28	45



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

- All faculty trained in developing e learning modules in five workshops spread over 4 weeks each
- Bioethics workshop started for I MBBS students
- Workshop on Developing Good Study Skills started for undergraduates
- Undergraduates start their own White Coat Army which aims at spreading awareness about tobacco and alcohol deaddiction

2.7 Total No. of actual teaching days during this academic year

248

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

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	67	7	48	5	0	92.54
II MBBS	99	10	68	18	0	97.98
III MBBS Part-1	99	1	61	29	0	92.93
III MBBS Part-2	65	0	42	15	0	93.65

#### 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	94
UGC – Faculty Improvement Programme	36
HRD programmes	121
Orientation programmes	43
Faculty exchange programme	
Staff training conducted by the university	14
Staff training conducted by other institutions	
Summer / Winter schools, Workshops, etc.	
Others(consultative meeting)	63

#### 2.14 Details of Administrative and Technical staff

Category	Number of Permanent Employees	Number of Vacant Positions	Number of permanent positions filled during the Year	Number of positions filled temporarily
Administrative Staff	363	73	45	201
Technical Staff	452	12	17	2

### **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
- New award for best undergraduate research work instituted

### 3.2 Details regarding major projects

	Completed	Ongoing	Sanctioned	Submitted
Number	29	34	34	-
Outlay in Rs. Lakhs		661.15		

### 3.3 Details regarding minor projects (society grant for thesis)

	Completed	Ongoing	Sanctioned	Submitted
Number	15	21 (PG thesis)	21	21
Outlay in Rs. Lakhs	4.48			

### 3.4 Details on research publications

	International	National	Others
Peer Review Journals	71	45	-
Non-Peer Review Journals			
e-Journals	24		
Conference proceedings			

### 3.5 Details on Impact factor of publications: Pubmed indexed: 64

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	2015-16	*	661,15,000	661,15,000
Minor Projects	2015-16	KHS	448700	448700
Interdisciplinary Projects				
Industry sponsored				
Projects sponsored by the University/ College				
Students research projects <i>(other than compulsory by the University)</i>	2015-16	ICMR-STs	1,30,000	1,30,000
Any other(Specify)				
Total			6,66,93,700	6,66,93,700

\*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	0	18	9	4	28
Sponsoring agencies		MCI ICMR UGC		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 :

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
42	3	18	8	6	5	2

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

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

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

JRF  SRF  Project Fellows  Any other

3.21 No. of students Participated in NSS events:

University level	<input type="text"/>	State level	<input type="text" value="96"/>
National level	<input type="text"/>	International level	<input type="text"/>

3.22 No. of students participated in NCC events:

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

3.23 No. of Awards won in NSS:

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

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 Kutti. 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 gynecological 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 constructed for tribal people at Utavali, Melghat:** KHS has constructed a new multispecialty Dr Sushila Nayar Hospital to serve the poor tribals of Melghat. The hospital is located in Utawali in Amravati district.

## 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	450.75 acres	7.5 acres		458.25 acres
Class rooms	7	-		7
Laboratories	11	-		11
Seminar Halls	22	-		22
No. of important equipments purchased ( $\geq$ 1-0 lakh) during the current year.				54
Value of the equipment purchased during the year (Rs. in Lakhs)				415.04
Others				

#### LIST OF EQUIPMENT PURCHASED IN 2015-16

##### **Anesthesia**

Advanced anesthesia workstations with integrated Multipara AGM and Ventilator  
 Advanced Multipara monitor with AGM monitoring  
 Biphasic defibrillator with Transcutaneous pacemaker  
 Fibreless intubating bronchoscopes  
 Disposable flexible intubating bronchoscopes

USG machine, portable for nerve blocks and 2D TT Echo  
 Non Invasive Ventilator  
 Lidco invasive cardiac output critical care multipara monitor  
 Disaster Trolleys  
 Nerve-Locator-Mapper  
 Code Blue Sim III adult critical care and ACLS trainer  
 ACLS trainers with ECG rhythm generator

AED trainers

Adult half torso CPR practice mannequin with resuscitator bag mask and CPR mask  
Infant half torso CPR practice mannequin with resuscitator bag mask and CPR masks  
Choking Charlie mannikin  
Airway Management Trainer  
Biphasic Defibrillators

### **Biochemistry**

Random Access Fully automated analyzers (AU480)  
Tissue homogenizer

### **ENT**

Micro motor drill with cable (Hand Piece)  
Fiberoptic cold light source transmitting cable  
26" LED display medical grade monitor  
Noiseless suction pump  
Electro cautery machine  
Operating Microscope

### **Microbiology**

Vitek 2  
Binocular microscopes

### **Ob/Gyn**

Endoscopic unit for laparoscopy

### **Ophthalmology**

Non mydriatic fundus camera

Specular microscope  
Digital slit lamp imaging unit  
Turbovit vitrectomy unit

### **Pathology**

Automatic tissue processor  
Blood bank refrigerator  
High performance liquid chromatography instrument  
Cytocentrifuge System

### **Pediatrics**

Conventional pediatric & neonatal ventilators  
Transcutaneous bilirubinometer

### **Radiotherapy**

Dual Energy Linear Accelerator Clinac iX

### **Utawali Project, Melghat**

Folding Beds  
Modular Beds  
ECG Machines  
Resuscitation Neonatal Trolley  
Zero Controlled Patient Heat Warmer  
Bedside Lockers  
Examination Couches  
Instrument Trolleys  
Labour Tables  
Stretchers and wheel chairs  
Mobile Pulse Oxymeters  
Foetal Doppler Model  
Syringe Infusion Pump

#### 4.2 Computerization of administration and library

- Separate server installed for library
- New library management software installed
- Online access to digital journals using campus wifi
- UpToDate: evidence based decision support software available to all faculty and students on campus server
- DELNET (IMedC) services made available
- Infotract collection subscribed



#### 4.3 Library services

		Existing		Newly added		Total		
		No.	Value	No.	Value	No.	Value	
Text Books		9067		397		28127		
Reference Books		19060					5,97,876	
e-Books		47						
<b>Journals</b>								
Indian	75 (print and online)						67,22,347	
Foreign	71 (print and online)							
e-Journals	143							
Digital Database	<ul style="list-style-type: none"> <li>• Uptodate.com</li> <li>• MUHS Digital Library</li> <li>• DELNET</li> <li>• DELNET IMedC</li> </ul>					4	6,33,700 Free of cost 11,500 55,000	
CD & Video		CD-1271					1382	
		Videos-111						
Others (specify)								

#### 4.4 Technology up gradation (overall)

	Total Computers	Computer Labs	Internet	Browsing Centres	Computer Centres	Office	Departments	Others
Existing	251	1	1 Gbps	Library, BIC	1(HIS)	All	All	
Added	40			-				
Total	291	1		2	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 47,000 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	29.05
ii) Campus Infrastructure and facilities	25.77
iii) Equipment	25.64
iv) Others	9.9
<b>Total :</b>	<b>90.36</b>

### **Criterion – V**

## **5. Student Support and Progression**

### 5.1 Contribution of IQAC in enhancing awareness about Student Support Services

- Workshop on Developing Good Study Skills organized by Medical Education Unit
- Student guidance and counselling centre in place
- Mentoring programme is in place and sessions are regularly 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 361 undergraduates, 174 postgraduates, 14 PhD students

(b) No. of students outside the state 

198
-----

(c) No. of international students 

NA
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	No	%		No	%
Men	275	50%	Women	274	50%

Last Year 2014-15						This Year 2015-16					
General	SC	ST	OBC	Physically Challenged	Total	General	SC	ST	OBC	Physically Challenged	Total
33	9	8	13	2	65	44	12	12	23	0	96

Demand ratio 134:1 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
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5.5 No. of students qualified in these examinations N/A

NET  SET/SLET  GATE  CAT   
 IAS/IPS etc  State PSC  UPSC  Others

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

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
80			62

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	4	95,461
Financial support from government	107	58,15,004
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

**Vision**

The vision of the institute is to develop a replicable model of community oriented medical education which is responsive to the changing needs of our country and is rooted in an ethos of professional excellence.

**Mission Statement**

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram is committed to pursuit of exemplary standards of professional excellence in medical education, research and clinical care by evolving a pattern of integrating value-based medical education with accessible and affordable health care, especially 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:**

- 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
- Workshops organized on bioethics, communication skills, CPR, BLS and ACLS

**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 them
- Removing contract basis of non-teaching staff. Efforts to give them permanent jobs

- 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, Allahabad, 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?

- Internal assessment marks are finalized by constituent colleges. Record keeping of the same is regularly monitored by inspectors from the University.
- Colleges are asked to contribute suggestions for change in curricular and assessment formats on a regular basis
- 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 and fire safety are conducted for all faculty, nurses and non-teaching staff
- Training workshops are conducted for technical staff as per requirement under Labs for Life programme. Recently workshops held on sample collection and transport

#### 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

- 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.
- E-learning training for faculty completed
- New award for best undergraduate research launched
- Student feedback taken
- Cycling being encouraged on campus
- Students have developed a White Coat Army to raise awareness about tobacco and alcohol addiction
- MGIMS students have launched the MGIMS Bugle on Facebook, where they share their reflections about academic and non-academic endeavours

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

1. MGIMS Institute for Simulation training launched
2. Dr Sushila Nayar Hospital started in Utawali
3. Workshop on Developing Good Study Skills started for Undergraduates
4. Bioethics workshop started for I MBBS students. Bioethics wing for students launched
5. Cycling encouraged on campus
6. No Q card started for patients
7. Sevabhaav community radio talks started

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

- Community Mobilization
- Health insurance scheme

*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 submitted self study report to NAAC for the second cycle.

## **8. Plans of institution for next year**

- Plans to fund undergraduate research. Students who do not get ICMR funding will be funded by institute
- All operation theatres to get a facelift. New OTs being constructed
- New Model Maternal and Child health wing to be completed. Grant already received from government
- National Emergency Life support training programme to be launched

*Name: Dr Anshu*



\_\_\_\_\_  
*Signature of the Coordinator, IQAC*

*Name Dr KR Patond*



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*Signature of the Chairperson, IQAC*

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# Academic activities organized at MGIMS

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## Anesthesia

- Theme** : CME and Workshop on Basics of Mechanical Ventilation  
**Date** : 4 Apr 2015  
**Organizing Secretary** : Dr Vijay Sharma  
**Delegates** : 40  
**Resource persons** : Dr R Senthil Kumar, Ms Richa Agnihotri, Dr Dhiraj Bhandari, Dr Vijay Sharma  
**Key topics** : Introduction to basic concepts of mechanical ventilation, Initiation of mechanical ventilation, Graphics of ventilation-scalars and vectors, Non-invasive ventilation and NIV-weaning, Advanced modes of mechanical ventilation
- Theme** : AHA accredited BLS- ACLS workshop (incorporating 2015 AHA/ACC Updates)  
**Date** : 8-10 Jan 2016  
**Organizing Secretaries** : Dr Dhiraj Bhandari, Dr Vijay Sharma  
**Delegates** : 18  
**Resource persons** : Ms Lydia Agnes, Dr Dhiraj Bhandari, Dr Vijay Sharma  
**Key topics** : Advanced Cardiac Life Support (ACLS), BLS, Basics of resuscitation, skills in basic life support, Automated Electronic Defibrillators
- Theme** : AHA accredited BLS- ACLS workshop (incorporating 2015 AHA/ACC Updates)  
**Date** : 11-13 Mar 2016  
**Organizing Secretaries** : Dr Vijay Sharma, Dr Dhiraj Bhandari  
**Delegates** : 24  
**Resource persons** : Ms Lydia Agnes, Dr Dhiraj Bhandari, Dr Vijay Sharma, Dr Sumedh Jajoo  
**Key topics** : Advanced Cardiac Life Support (ACLS), BLS, Basics of resuscitation, skills in basic life support, Automated Electronic Defibrillators

## Arogyadham

- Theme** : National Symposium on 'Healthy Yoga Lifestyle – for Prevention of Lifestyle Diseases' & CME on Role of Yoga, Nature, Nutrition & Meditation in Promotion of Holistic Health  
**Date** : 10-11 Sep 2015  
**Organizing Chairman** : Dr BC Harinath  
**Organizing Secretary** : Dr Praveen Khairkar  
**Delegates** : 107  
**Resource persons** : Dr Ramesh Gautam, Dr V Chauhan, Dr P Kaliraj, Dr Mukund Baheti, Dr Sarah Chimthanawala, Dr JV Dixit, Shri Subodh Tiwari, Dr RV Nisal, Dr SC Manchanda, Yogi Jayadevan, Dr Sangeeta Nehra, Dr Kamakhya umar, Dr Indira Kharat, Dr Babu Joseph, Dr Satish D Pathak, Dr P Saranyan, Dr OP Gupta  
**Key topics** : Fasting – Integrating ancient wisdom and modern insights for positive health; Tune to 8 to 12 HZ- Alpha Brain Frequency; Simple method to prevent obesity and diabetes;

Therapeutic principles of yoga-classical and scientific view point;  
 Naturopathy in management of lifestyle related disorders; Holistic health- the future of modern medicine; Yoga life style for prevention of cardiovascular disease, reversal of coronary heart disease by yoga and lifestyle modification; Breath awareness; Origin and application of yoga nidra; Need for compassion in society; Accept stress, to be healthy; Yoga-for prevention of lifestyle diseases; Panel Discussion on Yoga for promotion of holistic health

### Biochemistry

**Theme** : **21th Training Course on Immunological & molecular techniques as applied for infectious disease research**

**Date** : 22-27 Feb 2016

**Organizing Secretary** : Dr MVR Reddy

**Delegates** : 14

**Resource persons** : Dr Suman Lal, Dr Rajpal Singh Kashyap, Dr MVR Reddy, Dr K Goswami, Mr Vishal Khatri, Mr Nitin Amdare, Ms Priyanka Bhoj, Ms Mohini Nakhle, Mr Namdev Togle, Ms Dhanashri Bodade

**Key topics** : Filarial parasite products as therapeutic immunomodulators for autoimmune diseases; Simple diagnostic tests for TB: Challenges and possibilities; *M bovis* in human cerebrospinal fluid samples from central India: Neglected zoonotic tuberculosis; Molecular epidemiology of *Orientia tsutsugamushi*; Therapeutic implications of parasitic apoptosis: Polyphenols and beyond; *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 Immuno Electrophoresis, SDS-PAGE, 2D-Gel electrophoresis, Western blotting

*In vitro* cellular experiments: *In vitro* immunomodulatory assay, Antigen driven cell proliferation assay, *In vitro* drug screening assay

### Biochemistry, Anatomy & Physiology

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

**Date** : 19 Jul 2015

**Organizing Secretary** : Dr K Goswami

**Delegates** : 65 students of 1st MBBS

**Resource persons** : Dr MVR Reddy, Dr MR Shende, Dr A Chaudhari, Dr Satish Kumar, Dr K Goswami, Dr A Tarnekar, Dr JE Waghmare, Dr Sachin Pawar, Dr Vinod Shende

**Key topics** : Importance of communication; Barriers of communication; Writing communication skills; Verbal and non-verbal communication skills, Presentation skills; Interpersonal relations; Role of soft skills and etiquettes in communication

**Theme** : **Workshop on Bioethics**

**Date** : 19 Jul 2015

**Organizing Secretary** : Dr JE Waghmare

**Delegates** : 65 students of 1st MBBS

**Resource persons** : Dr JE Waghmare, Dr S Yelwatkar, Dr N Bansode, Dr L Chimurkar, Students wing of bioethics

**Key topics** : Indian customs and spirituality in medicine, The discipline of bioethics, Autonomy and responsibility, Human dignity and human rights, Body Donation and Respect to humans after death: Dissection hall etiquettes

## **Biochemistry, Microbiology & Pathology**

**Theme** : **Training course on Sample collection and pre-analytical best practices**  
**Date** : 14-15 Sep 2015  
**Organizing Secretary** : Dr Vijayshree Deotale  
**Delegates** : 30  
**Resource persons** : Dr Vijayshree Deotale, Dr Kanchan Mohod, Dr Ruchita Attal  
**Key topics** : Successful specimen collection by venipuncture; pre-collection activities, safety and infection control

## **Community Medicine & DSNSPH**

**Theme** : **Qualitative Methods in Health Research**  
**Date** : 27 Apr – 1 May 2015  
**Organizing Secretary** : Dr BS Garg  
**Delegates** : 17  
**Resource persons** : Dr BS Garg, Dr Subodh S Gupta, Dr Chetna Maliye, Mr P V Bahulekar, Dr Abhishek V Raut, Mr Vinod Yenurkar, Mrs Alka Kakde  
**Key topics** : Introduction to Qualitative Research, Introduction to PRA tools, Space related PRA tools –Social Mapping & Transect walk, Force field Analysis, Time related PRA tools, Field practice – Social mapping, Seasonal diagram – at Ganeshpur village, In-depth techniques – IDI, KII, In-depth techniques – Focus Group Discussion, Field Practice – FGD, Reflections on FGD, Systematic techniques, Free listing & Pile sorting, Demonstration of Anthropac, Anthropac Hands on, Sampling in Qualitative Research, Analysis of qualitative data, Content Analysis, Demonstration of Atlas –ti, Hands on - Atlas -ti

**Theme** : **Essential National Health Research Workshop**  
**Date** : 1- 2 Aug 2015  
**Organizing Secretary** : Dr AM Mehendale  
**Delegates** : 32 MBBS students of 2014 batch  
**Resource persons** : Dr AM Mehendale, Dr Subodh S Gupta, Dr PR Deshmukh, Dr DG Dambhare, Dr Abhishek Raut, Dr Ashwini Kalantri  
**Key topics** : ENHR – concept, need and process, identifying a health problem, writing a good research question, exposure and outcome variables, introduction to epidemiological study designs, searching the literature, sampling: methods and sample size, how to write a research protocol and Designing data collection tool

**Theme** : **Capacity building for planning and conducting Systematic Reviews and Meta-analysis**  
**Date** : 24-26 Aug 2015  
**Organizing Secretary** : Dr BS Garg  
**Delegates** : 20  
**Resource persons** : Dr Prathap Tharyan, Dr Richard, Dr Paul, Dr Anand  
**Key topics** : Introduction to systematic reviews and meta-analysis, Developing a protocol, Assessing study quality – Risk of bias table, Handling data and meta-analysis, Searching trials and reference management, Selection of studies, Types of data and data extraction, Using RevMan to write background and methods, Entering data and setting up comparisons, Creating summary of findings table using GRADEPro

**Theme** : **Capacity Building for Medical College Faculties in Maternal, Neonatal, Child Health & Nutrition (MNCHN) Research**

**Date** : 31 Aug - 4 Sep 2015

**Organizing Secretary** : Dr BS Garg

**Delegates** : 24

**Resource persons** : Dr BS Garg, Dr PP Doke, Dr Sandhya Khadse, Dr DG Chavhan, Dr PV Shivkumar, Dr SS Gupta, Dr PR Deshmukh, Dr Shuchi Jain, Dr Manish Jain, Dr Chetna Maliye, Dr Akash Bang, Dr AV Raut

**Key topics** : Role of medical Colleges: partnering with health system and MNCHN research; Burden and Priorities of MNCHN problems (Reproductive & Maternal health, Newborn health, Child health, Adolescent health); Panel discussion - Changing environment for health system strengthening through NHM; Current strategies for MNCHN and gaps in implementation; Operational/ Health system research; Logical framework matrix; Best practices in medical colleges for improving MNCHN indicators in their programme area; Qualitative methods in health research; Research options within National Health Mission; Ethics in health research

**Theme** : **Study Design Options in Epidemiological Research**

**Date** : 30 Jun - 4 July 2015

**Organizing Secretary** : Dr BS Garg

**Delegates** : 24

**Resource persons** : Dr BS Garg, Dr Subodh S Gupta, Dr PR Deshmukh, Dr Chetna Maliye, Dr Abhishek V Raut

**Key topics** : Epidemiology – introduction, study design options in epidemiologic research, Research – purpose of research, hierarchy of research, Research Question & Hypothesis, Sample size, Cross-sectional study, Case-control study, Cohort study, Experimental study, Diagnostic accuracy study

**Theme** : **Leprosy Elimination in India: Myth or Reality: Seventh National CME cum Orientation**

**Date** : 2 Oct 2015

**Organizing Secretary** : Dr BS Garg

**Delegates** : 60

**Resource persons** : Dr BS Garg, Dr VV Dongre, Dr Vikrant Saoji, Prof S K Samantha, Dr S Kar, Dr Siddhi Chikholkar

**Key topics** : Community health care for the leprosy sufferers in India: what more to do to keep up the status of elimination, medical treatment and management of complication, clinical features of leprosy and reaction in leprosy

**Theme** : **Expert group meeting for Systematic review on Gestational Diabetes Mellitus**

**Date** : 14 Dec 2015

**Organizing Secretary** : Dr BS Garg

**Delegates** : 16

**Resource persons** : Dr Suneeta Mittal, Dr Sunil Gupta, Dr Sutapa Neogi, Dr Himanshu Negandhi

**Key topics** : Overview of gestational diabetes mellitus: what is known and gaps, research protocol



**Theme** : **Symposium on RNTCP for MBBS Students**  
**Date** : 7 Jan 2016 (Anji) & 7 Jan 2016 (Bhidi)  
**Organizing Secretary** : Dr AM Mehendale  
**Delegates** : 100  
**Resource persons** : Dr AM Mehendale, Dr Sajal De, Dr Ramesh Pawar, Dr Abhay Ambilkar  
**Key topics** : Burden of tuberculosis, RNTCP, Management of MDR, End TB strategy, HIV-TB co-infection

**Theme** : **Training of Field Investigators for improving health care seeking for newborn danger signs in rural Wardha**  
**Date** : 21-23 Jan 2016  
**Organizing Secretary** : Dr BS Garg  
**Delegates** : 10  
**Resource persons** : Dr BS Garg, Dr Chetna Maliye, Mr PV Bahulekar, Dr AV Raut  
**Key topics** : Importance of health care seeking for new born danger signs, danger signs in new born, importance of antenatal care, care of new born at birth and early period of life, breastfeeding – position and attachment, inter-personal-communication, care during diarrhea, immunization, improving health care seeking for new born danger signs, care during other illnesses in children and how to conduct group talks with stakeholders

**Theme** : **Seminar on RNTCP for Interns**  
**Date** : 3 March 2016  
**Organizing Secretary** : Dr AM Mehendale  
**Delegates** : 50  
**Resource persons** : Dr AM Mehendale, Dr Sajal De  
**Key topics** : Burden of tuberculosis, RNTCP, Management of MDR, End TB strategy, HIV-TB co-infection

**Theme** : **Data Analysis using Statistical Software**  
**Date** : 8- 12 March 2016  
**Organizing Secretary** : Dr BS Garg  
**Delegates** : 20  
**Resource persons** : Mr MS Bharambe, Dr SS Gupta, Dr PR Deshmukh, Dr Chetna Maliye, Dr Abhishek Raut, Mr Pushkar Joshi  
**Key topics** : Over-view of Epi Info software, designing of questionnaire, basic analysis of data, advance statistics and AnthroPac software

**Theme** : **Faculty symposium on RNTCP**  
**Date** : 29 Mar 2016  
**Organizing Secretary** : Dr AM Mehendale  
**Delegates** : 80  
**Resource persons** : Dr AM Mehendale, Dr Rahul Narang, Dr A Lanjewar, Dr Abhay Ambilkar  
**Key topics** : Find TB: newer TB diagnostics - the need of hour, Treat TB: Tuberculosis- Pulmonary and Extra-pulmonary, Working together to eliminate tuberculosis

**Theme** : **Student Seminar on RNTCP**  
**Date** : 31 Mar 2016  
**Organizing Secretary** : Dr AM Mehendale  
**Delegates** : 90  
**Resource persons** : Dr AM Mehendale, Dr A Lanjewar, Dr Abhay Ambilkar  
**Key topics** : Burden of tuberculosis, RNTCP, Management of MDR, End TB strategy, HIV-TB co-infection

## JBTDRC

**Theme** : **18th Workshop on Molecular Modelling & Drug - Protein Interactions**  
**Date** : 11-12 Jan 2016  
**Organizing Chairman** : Dr BC Harinath  
**Organizing Secretary** : Dr Satish Kumar  
**Delegates** : 25  
**Resource persons** : Dr GD Mogli, Dr S Sreekumar, Dr Soma Marla, Mr Suryanarayan Rath, Dr Dibyabhaba Pradhan, Dr Satish Kumar, Mr Lingaraja Jena  
**Key Topics** : Health economics to contain cost; identification of lead molecules in plants through *in silico* methods using open access tools; genome annotation; challenges in protein structure determination and prediction methods; streamlining NGS data analysis and molecular modeling for precise disease diagnosis and targeted therapeutic design; bioinformatics techniques as applied in drug designing.

## Medicine

**Theme** : **CME on Diabetes Mellitus: 'Life with Diabetes'**  
**Date** : 11-12 Jul 2015  
**Organizing Secretary** : Dr UN Jajoo  
**Delegates** : 40  
**Resource person** : Dr Tejal Lathia  
**Key topics** : What after Metformin – Panel Discussion, Insulin - Panel discussion, Writing a prescription for a diabetic patient, Approach to thyroid disorder, sub clinical Hypothyroidism

## Microbiology

**Theme** : **Workshop on Fire Safety Management** (under Labs for Life Project)  
**Date** : 2 Dec 2015  
**Organizing Secretary** : Dr Vijayshri Deotale  
**Delegates** : 50  
**Resource persons** : Dr Vijayshri Deotale  
**Key topics** : Fire safety essentials, Management

**Theme** : **Training in Hospital Infection Prevention for Nursing Staff**  
**Date** : 30 Mar 2016  
**Organizing Secretary** : Dr Vijayshri Deotale  
**Delegates** : 80  
**Resource persons** : Dr D Maraskolhe, Dr R Attal  
**Key topics** : Fire safety essentials, Management

## Obstetrics and Gynecology

**Theme** : **National CME and Workshop "Partogram and its advancement – A materno-fetal life saviour – The 3 Ts – Train- Teach- Transfer**  
**Date** : 26 Sep 2015  
**Organizing Secretaries** : Dr PV Shivkumar, Ms Jennifer Lowe, Dr Pramod Kumar  
**Delegates** : 126  
**Resource persons** : Dr S Chhabra, Dr Aruna Kumar, Dr Gopal Krishna, Dr Pratima Mittal, Dr Poonam Varma Shivkumar, Dr Pramod Kumar, Dr Amrita Pandey, Dr Smriti Nanda, Dr VB Bangal, Dr Nandeshwar, Dr Geetha, Dr Sona Soni, Ms Jennifer Lowe, Dr Seema Hakim, Dr Asha Benakappa, Dr Ameya Mehta, Dr Kshama Kedar, Dr Shrinivas Gaddappa, Dr Yamini Trivedi, Dr Malti Dalal, Dr Ratna Kumar, Dr Sourish Deb Barma

**Key topics** : Child birth- Morbidities, disabilities and solutions, Monitoring labor- the historical perspective, The WHO partograph revisited, Partograph- Newer avenues for optimum outcome, The E Partograph- Lets learn the ABCs, Partograph and community obstetrics- the way forward, Decision making in labour management-linking life with partogram, Dealing with the dilemmas, Respectful maternity care, Safe confinement- the right of woman

**Theme** : **Guest lecture on “Biometric scan and Obstetric Doppler”**  
**Date** : 18 Dec 2015  
**Organizing Secretary** : Sevagram-Wardha Obstetrics and Gynecological Society  
**Delegates** : 35  
**Resource persons** : Dr Atul Tayade  
**Key topics** : Biometric scan and Obstetric Doppler

**Theme** : **Regional CME and Workshop “Infertility- Recent Updates”**  
**Date** : 31 Jan 2016  
**Organizing Secretaries** : Dr Poonam Varma Shivkumar, Dr Shuchi Jain  
**Delegates** : 100  
**Resource persons** : Dr S Chhabra, Dr Taori, Dr Chaitanya Shembekar, Dr Gorakh Mandrupkar, Dr Laxmi Shrikhande, Dr P Choksi  
**Key topics** : Current scenario and burden of infertility, Setting up IUI Lab, male factors in infertility, Sperm preparation and instillation techniques, PCOS diagnosis and management, Endoscopy in infertility, Tuberculosis in infertility, TVS, Imaging in infertility

**Theme** : **Workshop on Training health professionals to reduce violence against women**  
**Date** : 6 Mar 2016  
**Organizing Secretary** : Dr Judy Lewis, Dr PV Shivkumar, Dr Surekha Tayade  
**Delegates** : 40  
**Resource persons** : Dr S Chhabra, Dr PV Shivkumar, Dr Surekha Tayade  
**Key topics** : How to reduce violence against women

#### Ophthalmology

**Theme** : **Seminar on Phacodynamics**  
**Date** : 29-30 May 2015  
**Organizing Secretary** : Dr AK Shukla  
**Delegates** :  
**Resource persons** : Dr AK Shukla, Dr Smita Singh, Dr Pratik Joshi  
**Key topics** : Phacodynamics, biometry, Techniques and steps of Phaco

#### Pathology

**Theme** : **Meeting on Laboratory Accreditation**  
**Date** : 13 Nov 2015  
**Organizing Secretary** : Dr Nitin Gangane  
**Delegates** : 30  
**Resource persons** : Dr GS Yadav  
**Key topics** : Issues with establishing your own diagnostic laboratory, requirements for NABL accreditation, medicolegal aspects of diagnostic practice

**Theme** : **Slide Seminar on Interpretation of Kidney biopsy**  
**Date** : 18 Sep 2015  
**Organizing Secretary** : Dr Nitin Gangane  
**Delegates** : 25  
**Resource persons** : Dr Sunil Deshpande  
**Key topics** : Approach to diagnosis of kidney biopsies, slide seminar with hands on slide viewing

#### Pediatrics

**Theme** : **IAP Basic Life Support Provider Training Workshop**  
**Date** : 5 Apr 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 55  
**Resource persons** : Dr Girish Bhat, Dr Minakshi Subramaniam, Dr Girish Subramaniam, Dr Milind Kamble, Dr Manish Jain, Dr Akash Bang  
**Key topics** : Pediatric chain of survival, Chest compressions, Mouth to mouth breathing, Automated External Defibrillator, Relief of airway obstruction

**Theme** : **IAP Training of Trainers Workshop in Basic Life Support**  
**Date** : 5 Apr 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 6  
**Resource persons** : Dr Girish Bhat, Dr Minakshi Subramaniam, Dr Girish Subramaniam, Dr Milind Kamble, Dr Manish Jain, Dr Akash Bang  
**Key topics** : Pediatric basic life support, Adult basic life support, Training methodology

**Theme** : **2nd IAP-NNF Advanced Neonatal Resuscitation Workshop**  
**Date** : 1 May 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 40  
**Resource persons** : Dr Arun Agrawalla, Dr Meenakshi Girish, Dr Kuldeep Sukhdeve, Dr Chandrashekhar Fande, Dr Jayant Upadhye, Dr Sachin Damke  
**Key topics** : Preparation for birth, Initial steps of resuscitation, Positive Pressure Ventilation, Chest Compression, Intubation, Medications, Umbilical venous catheterization, Resuscitation of preterms, Special cases

**Theme** : **6th Pediatric Advanced Life Support Workshop**  
**Date** : 2-3 May 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 36  
**Resource persons** : Dr Arun Agrawalla, Dr Paramanand Andankar, Dr Meenakshi Girish, Dr Girish Subramaniam, Dr Akash Bang  
**Key topics** : Evaluation of a sick child, Recognition and management of respiratory failure, Recognition and management of shock, Recognition and management of cardiac rhythm disturbances, Pediatric basic life support

**Theme** : **22nd Annual Basic Neonatal Care Workshop**  
**Date** : 5 Sep 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**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** : **22nd Annual Neonatal Resuscitation Training Workshop**  
**Date** : 6 Sep 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 75  
**Resource persons** : Dr Vilhekar KY, Dr Jain M, Dr Bang A, Dr Chauhan V  
**Key topics** : Physiology of asphyxia, initial steps of resuscitation, positive pressure ventilation, chest compression, intubation, medications, resuscitation of preterms, special cases, ethics

**Theme** : **PD for PDIatricians"- Training Workshop on Peritoneal Dialysis for Pediatricians**  
**Date** : 26 Sep 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 42  
**Resource persons** : Dr Uma Ali, Dr Kumud Mehta, Dr Jyoti Sharma, Dr Manoj Matnani, Dr Pankaj Bhansali, Dr Srinivasu Achanta  
**Key topics** : Acute kidney injury diagnosis, peritoneal dialysis physiology, procedure video, workstation-hands on practice, trouble shooting, interactive case discussions

**Theme** : **CME on Recent Updates in Pediatric Nephrology**  
**Date** : 27 Sep 2015  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 60  
**Resource persons** : Dr Uma Ali, Dr Kumud Mehta, Dr Jyoti Sharma, Dr Manoj Matnani, Dr Pankaj Bhansali, Dr Srinivasu Achanta  
**Key topics** : Chronic kidney disease, nephrotic syndrome, acute glomerulonephritis and approach to hematuria, AKI –Non-dialytic management, Approach to renal tubular disorders, Bedwetting in children, Antenatally detected hydronephrosis, Urinary tract infections, Imaging in nephro-urology

**Theme** : **12th Regional Workshop on Facility Based Newborn Care (FBNC)**  
**Date** : 24 – 27 Feb 2016  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 29  
**Resource persons** : Dr Vilhekar KY, Dr Jain M, Dr Bang A, Dr Chauhan V  
**Key topics** : Newborn Resuscitation, Care of a normal newborn, Diagnosis and management of various neonatal emergencies, NICU protocols, Demonstration of equipment and procedures related to NICU

**Theme** : **12th Practical observer training in Facility Based Newborn Care (FBNC)**  
**Date** : 1– 14 Mar 2016  
**Organizing Secretary** : Dr KY Vilhekar  
**Delegates** : 8  
**Resource persons** : Dr Vilhekar KY, Dr Jain M, Dr Bang A, Dr Chauhan V  
**Key topics** : Training in various procedures, skills and attitude for complete management of newborns in NICU

## Radiotherapy

- Theme** : ICRO (Indian College of Radiation Oncology) teaching course  
**Date** : 24-25 Oct 2015  
**Organizing Secretary** : Dr VJ Vyas  
**Delegates** : 60 postgraduate students  
**Resource persons** : Dr GV Giri, Dr AM Tarnekar, Dr NM Gangane, Dr PV Shivkumar, Dr SK Srivastava, Dr A Pathak, Dr Manish Gupta, Dr Piyush Agrawal, Dr Sushmita Ghoshal, Dr Chaitali Waghmare, Dr SN Senapathy, Dr U Mahantshetty, Dr S Pradhan, Dr S Mandhaniya
- Key topics** : Surgical anatomy of female pelvis, Pathology and basis of staging of cervical and endometrial Cancer, Surgical Management of Gynecological Cancers, Treatment policies in management, stage wise for cervical cancer, Systemic therapy in cervical cancers and endometrial cancer, management of vaginal and vulval cancers, Treatment related complications and its management, Radiobiology of HDR Vs LDR Brachytherapy and its relevance, Brachytherapy applicators: Utility and limitations, Principles and pre-requisites for brachytherapy, Imaging for brachytherapy planning, Discussion on practice changing landmark papers published, Principles of brachytherapy planning (ICRU 38), Basic concepts in imaging based brachytherapy (IBB), IBB – Plan Evaluation & Reporting, Post- Op BT for early endometrial cancers, Treatment of recurrent disease and palliative care

## Surgery

- Theme** : Hands on training workshop in Upper & Lower GI Endoscopy  
**Date** : 21 Nov 2015  
**Organizing Chairman** : Dr Dilip Gupta  
**Organizing Secretary** : Dr BK Mehra  
**Delegates** : 50  
**Resource persons** : Dr Dilip Gupta, Dr BK Mehra  
**Key topics** : Upper GI endoscopy, Lower GI endoscopy, Training on Simulators

# Medical Education Unit

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The Medical Education Unit was formally started in 1994 as per the MCI guidelines. This unit provides in-house training to faculty, postgraduates, interns and students on various teaching learning modules, research methodology, communication skills, e-learning etc.

A Clinical Skills Laboratory has been developed for innovative teaching of clinical skills to students. Cubicles have been made with storage space for manikins and demonstration tables. These cubicles will also be used for conducting OSCE/OSPE.

## Faculty

Dr KR Patond	:	Dean and Honorary Director
Dr SS Gupta	:	Coordinator
Dr A Gupta	:	Joint Coordinator
Dr PV Shivkumar	:	Member
Dr MVR Reddy	:	Member
Dr Smita Singh	:	Member
Dr VB Shivkumar	:	Member
Dr Anshu	:	Member
Dr V Deotale	:	Member
Dr SA Tayade	:	Member
Dr K Goswami	:	Member
Dr Sonia Jain	:	Member
Dr CH Maliye	:	Member
Dr AM Tarnekar	:	Member
Dr JE Waghmare	:	Member
Dr R Kothari	:	Member

The following faculty members have received or are pursuing fellowships from FAIMER (Foundation for Advancement of International Medical Education and Research) Regional Institutes.

Dr Anshu	:	CMCL-FAIMER Regional Institute 2007 FAIMER Institute Philadelphia 2009 International Fellowship in Medical Education, 2012
Dr SS Gupta	:	PSG-FAIMER Regional Institute 2007
Dr S Singh	:	GSMC-FAIMER Regional Institute 2007
Dr A Gupta	:	GSMC-FAIMER Regional Institute 2007
Dr K Goswami	:	CMCL-FAIMER Regional Institute 2008
Dr CH Maliye	:	PSG-FAIMER Regional Institute 2010
Dr MVR Reddy	:	GSMC-FAIMER Regional Institute 2011
Dr V Deotale	:	PSG-FAIMER Regional Institute 2013
Dr SA Tayade	:	PSG-FAIMER Regional Institute 2013
Dr B Taksande	:	GSM-FAIMER Regional Institute 2014

Dr Smita Singh is faculty and resource person for GSMC-FAIMER Regional Institute, Mumbai. Dr Anshu is faculty for GSMC, CMCL, PSG FAIMER regional institutes and for Advanced Workshops conducted by Dept of MET, MUHS, Pune.

## ACTIVITIES ORGANIZED

### Blended learning course on 'Developing course with Moodle' (5 courses)

**Dates** : 2nd Course: 4 Apr –4 May 2015; 3rd Course: 27 Jun – 25 Jul 2015;  
4th Course: 27 Jul-24 Aug 2015; 5th Course: 27 Jul – 24 Aug 2015;  
and 6th Course: 1-31 Aug 2015

**Course Coordinator** : **Dr Subodh S Gupta**

**Resource persons** : Dr SS Gupta, Dr A Gupta, Dr Anshu, Dr AT Tayade, Dr SA Tayade,  
Dr Sonia Jain, Dr A Bang, Dr P Hingorani, Dr V Jain, Dr A Raut,  
Dr Purvasha Narang

**Key topics** : Overview of Moodle, Setting up a course in Moodle, Adding  
resources and blocks, Adding activities, More about blocks, Adding quiz, Report and Gradebook,  
Course completion status, Adding course badges and certificates, Offering one course to more  
than one batch, How to back-up your course and restore, Discussion and group work on blended  
learning, Preparing video of your presentation

**Participants (2nd Course)** : Dr PR Deshmukh, Dr Smita Singh, Dr Rahul Narang, Dr V Wankhede,  
Mr P Bokariya, Dr P Hingorani, Dr D Thamke, Dr M Gupta, Dr A  
Saxena, Dr Sonia Jain, Dr DG Dambhare, Dr V Jain, Dr R Pawar

**Participants (3rd Course)** : Dr S Talhar, Dr AR Chaudhari, Dr A Sahoo, Dr R Prasad, Dr OP Gupta,  
Dr R Babu, Dr A Khandekar, Mr Lingaraj Jena, Dr P Wankhede,  
Dr A Tembhare, Dr S Shelke, Dr DO Gupta

**Participants (4th Course)** : Dr S Pajai, Dr S Tidke, Dr P Dhande, Dr D Bhandari, Dr V Sharma,  
Dr UN Jajoo, Dr B Taksande, Dr P Waghmare, Dr M Atram,  
Dr R Attal, Dr S Waghmare, Dr MP Puttewar, Dr D Garg, Dr V Gujar,  
Dr A Dhabarde, Dr M Pethe, Dr PS Nagpure, Mr MS Bharambe,  
Dr AM Mehendale, Dr PN Murkey, Dr D Gosavi, Mr Vijay Vairagade,  
Ms Mamta Raut

**Participants (5th Course)** : Dr Ashwini Kalantri, Dr KY Vilhekar, Dr VChauhan, Dr BH Tirpude,  
Dr IL Khandekar, Dr VB Shivkumar, Dr Benhur Premendran, Dr M  
Fulzele, Dr Sajal De, Dr J Jain, Dr S Yelwatkar, Dr NK Singh,  
Dr Naina Kumar, Dr Sachin Pawar, Dr V Shende, Dr N Bansod, Dr M  
Podder, Dr P Priyadarshini, Dr MR Shende, Dr MVR Reddy,  
Mrs.Vaishali Kamble

**Participants (6th Course)** : Dr PV Shivkumar, Dr Manish Jain, Dr R Chaudhary, Dr Sudha Jain,  
Dr B Patil, Dr M Kohale, Dr AK Shukla, Dr CH Maliye, Dr Pramod  
Kumar, Dr Shuchi Jain, Dr C Waghmare, Ms B Mahindrakar, Dr B  
Sontakke, Dr A Ambilkar, Ms V Sahare, Ms. Arti Wasnik,  
Mr Muniyandi



### Workshop on 'Developing Good Study Skills'

**Date** : 25 Oct 2015  
**Course Coordinator** : Dr Anshu  
**Resource persons** : Dr Anshu, Dr MVR Reddy, Dr AV Raut, Dr P Hingorani, Dr SS Gupta

Introduction to workshop	Dr Anshu
Learning styles and VARK questionnaire	Dr Puja Hingorani
Habits of successful students	Dr Abhishek Raut, Dr Puja Hingorani
Why do I forget what I study?	Dr Anshu, Dr SS Gupta
Using learning strategies to match your learning style	Dr Puja Hingorani
Knowing how you learn	Dr SS Gupta, Dr Puja Hingorani
Time management for a healthy work and life balance	Dr MVR Reddy
How do you read?	Dr Anshu
Concept maps	Dr Abhishek Raut
Cornell's note taking technique	Dr Anshu
Learning together	Dr Abhishek Raut, Dr SS Gupta
Best practices in writing answers	Dr Abhishek Raut
The wonders of viva voce	Dr Anshu
Take home messages	Dr SS Gupta
Feedback and Valedictory session	All faculty

**Participants** : Vidit Panchal, Mohamed Khader Meeran, Sonika Kumari, Arya Prakash, Aneesh Karwande, Aishwarya Pandharikar, Aarushi, Aniruddh Iyengar, Shrinidhi Sanjay Datar, Nikhil Honale, Sanga Pradeep Kumar, Siva Karthikeyan, Anshika Kulshreshtha, Kshitij Sarwey, Tanushree Jiwane, Krutika Sawant, Srushti Jadhav, Prathamesh Pramod Pathrikar, Anagha Potharkar, Anurathi, Mudita Joshi, Simran Raichandani, Nishant, Savithri Devi, Zaara Naseem, Suprabha Mohanta, Esha Mitra, Shambhavi Chowdhary, Sarang Bombatkar

### Basic Workshop on 'Health Sciences Educational Technology' for Nursing Faculty and Students

**Date** : 21- 23 Jul 2015  
**Course Coordinator** : Dr Chetna Maliye  
**Participants** : 30

Pre-Test	Dr Chetna Maliye Mrs Ruchi Kothari
Ice Breaking and Group Dynamics	Dr VB Shivkumar Dr Vishakha Jain
Phenomenon of Learning	Dr Abhishek Raut
Adult Learning Principles	Dr Kalyan Goswami

Domains and Taxonomy	Dr Anupama Gupta
Curriculum, Outcomes and Objectives	Dr VB Shivkumar
Communication Skills	Dr Surekha Tayade Dr Puja Hingorani-Bang
Microteaching	Dr Vijayshri Deotale Dr Chetna Maliye Mrs Ruchi Kothari
Introduction to Teaching Learning Methods	Dr Chetna Maliye Dr Amardeep
Teaching Large Groups	Dr Poonam Varma Dr Vijayshri Deotale
Teaching Small Groups	Dr JE Waghmare Dr Abhishek Raut
Integrated Teaching	Dr Anupama Gupta Dr Vishakha Jain
AV Aids	Dr Benhur Premendran Dr Aditya Tarnekar
One Minute Preceptor	Dr Smita Singh Dr Bharati Taksande
Introduction to Assessment & Assessment Methods	Dr Anshu Dr Puja Hingorani-Bang
Giving Feedback	Dr MVR Reddy Dr Chetna Maliye
Assessment of knowledge	
MCQ	Dr Subodh S Gupta
SAQ	Dr AM Tarnekar
LAQ	Dr Sonia Jain
Structured oral examination	Dr Jyoti Jain Dr Amardeep Tembhare
Introduction to reliability, validity and blueprinting	Dr Anshu
Assessment of Performance: OSCE and other newer methods	Dr Surekha Tayade
Microteaching	All resource persons
Post-test	Dr Chetna Maliye Mrs Ruchi Kothari

# Research Methodology Workshops

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The Research Committee in coordination with Medical Education Unit conducted three workshops on Research Methodology in the year 2015-16.

## Research Methodology Workshop for Post-graduate Students (1& 2)

- Date** : 21-26 Sep 2015, 28 Sep - 05 Oct 2015  
**Course Coordinator** : **Dr Subodh S Gupta**  
**Resource persons** : Dr BS Garg, Dr MVR Reddy, Dr PV Shivkumar, Dr SS Gupta, Dr Anshu, Dr PR Deshmukh, Dr BK Mehra, Dr CH Maliye, Dr Shuchi Jain, Dr AV Raut, Dr K Goswami, Mr MS Bharambe, Dr Ramesh Pawar and Dr Ashwini Kalantri  
**Key topics** : Introduction to research methodology, How to write a good research question, Study designs, Qualitative research methods, Literature search, Sampling: methods and sample size, Computer assistance in data entry and analysis, Designing data collection tools, Inferential statistics, Critical appraisal of a journal article, Research on evaluation of diagnostic test, Writing research protocol, Ethical concerns in medical research

## Participants (1st Workshop) : 34 (32 Post-graduate students & 2 faculty members)

Dr D Bhandari, Dr D Garg, Dr L Paul, Dr Pushpa Kumari, Dr Paramkar, Dr Vaishali Bhagat, Dr Ishita Guha, Dr Ravi Ganeshkar, Dr Rahul Ramteke, Dr Saryauti Reang, Dr Subhasish Roy, Dr Madhura Joshi, Dr Lalremmawia, Dr Apurva Kulkarni, Dr Vitthal Salve, Dr Jeshyca Shougrakpam, Dr Anamika Gupta, Dr Vinay Kumar, Dr Pratiksha Sonkusale, Dr Ram Sevak, Dr Vipul Rathod, Dr Avin Vyas, Dr Ramesh Kumar, Dr Neikhoneng, Dr Deeksha Shambharkar, Dr Vibha Dubey, Dr M. Azhar Mohd. Yusuf, Dr Sanjay Kumar Singh, Dr Pragati Kendrepati, Dr K. Preetha, Dr Sonia, Dr Prateek Singh, Dr Nikita Bhugra, Dr Bushra Shazmeen

## Participants (2nd Workshop): 40 (35 Post-graduate students & 5 faculty members)

Dr Ajay Lanjewar, Dr Priyadarshan Jategaonkar, Dr Leena Chimurkar, Dr Mohan Pethe, Dr Nitin Jagdhane, Dr Mrinmayee DebBarma, Dr Pranit Tukaram Bhusal, Dr Dipak Thakur, Dr Prashant Chandankhede, Dr Hemant Golhar, Dr Sourav Goswami, Dr Pranali Kothekar, Dr Sushil Meshram, Dr Sharjeel Khan, Dr Hitendra Dev, Dr Amit Ballamwar, Dr Rupali Mukhija, Dr Trupti Patil, Dr Sonali Kirde, Dr Bhausahab Jankar, Dr Mousumi Das, Dr Samarjit Bhattacharjee, Dr Suddha Sattwa Bandyopadhyay, Dr Atul Ramdas Sonar, Dr Girish Agrawal, Dr Girish Mote, Dr Pooja Bonde, Dr Prutha Javalekar, Dr Prachi Choudhary, Dr Ahmed Zabeehuddin, Dr Jayant Sonone, Dr Payal Meshram, Dr Akanksha Suman, Dr Santosh Yadav, Dr Abhishek Kumar, Dr Priya, Dr Shruti Doye, Dr Suman Kumar, Dr Manoj Birajdar, Dr Rohan Patil

## Research Methodology Workshop for Nursing Faculty and Students

- Date** : 21- 23 Dec 2015  
**Course Coordinator** : **Dr SS Gupta**  
**Resource persons** : Dr SS Gupta, Dr Anshu, Dr PR Deshmukh, Dr Rahul Narang, Mrs Ancy Ramesh, Dr BK Mehra, Dr CH Maliye, Dr A Bang, Dr AV Raut, Dr Ranjan Solanki, Mr MS Bharambe, Dr Ashwini Kalantri, Dr Abhay Ambilkar, Mrs Vidya Sahare, Mr Vinay Gawali  
**Participants** : 30 (26 Post-graduate students & 4 faculty members)

Pre-test & Inauguration	Mr Vinay Gawali
Introduction to Research Methodology	Dr SS Gupta
How to write a good research question	Dr PR Deshmukh
Group Activity 1: Developing a research question	Dr PR Deshmukh Ms Ancy Ramesh Ms Vidya Sahare
Introduction to study designs	Dr PR Deshmukh
<b>Study designs:</b> Cross-sectional Case-control Cohort Experimental	Dr Abhay Ambilkar Dr Akash Bang Dr Ashwini Kalantri Dr Abhishek Raut
Group Activity-2: study designs, independent and dependent variables	Dr PR Deshmukh Ms Ancy Ramesh Dr Akash Bang Dr Abhishek Raut Dr Ashwini Kalantri
Qualitative Research Methods	Dr Anshu
Literature Search	Dr Ashwini Kalantri
Group Activity 3: Literature search	Dr Abhishek Raut Ms Vidya Sahare Dr Abhay Ambilkar Dr Ashwini Kalantri
Designing data collection tools (Including Group activity)	Dr Chetna Maliye Dr Bhupendra Mehra
Types of data and data presentation	Dr MS Bharambe
Sampling: Methods & Sample size	Mr MS Bharambe
Group Activity-4: Sampling methods and Sample size	Mr MS Bharambe Ms Ancy Ramesh Dr Abhay Ambilkar
Computer assistance in data entry and analysis - using EXCEL and EPI-INFO	Dr SS Gupta
Inferential statistics	Dr PR Deshmukh
Group Activity – 6A: Exercises on Inferential statistics	Dr PR Deshmukh Dr Abhishek Raut Dr Ashwini Kalantri
Group Activity – 6B: inferential statistics Critical evaluation of Journal article including group activity	Dr Abhishek Raut Dr Abhay Ambilkar
Evaluation of diagnostic test	Dr Rahul Narang
Writing a research protocol	Dr Chetna Maliye
Ethical issues in medical research Groups to identify ethical issues in their studies	Dr Ranjan Solanki Dr SS Gupta
Post-test & Valedictory	Mr Vinay Gawali

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



CALENDAR 2016-2017

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## CONTENTS

INTRODUCTION	1
ADMINISTRATION	4
TEACHING STAFF	5
CENTRAL LIBRARY	8
COURSE INFORMATION	
UNDER-GRADUATE	
1. CLINICAL POSTING	26
2. TIME TABLE	
a. I MBBS	31
b. II MBBS	32
c. III MBBS	34
d. Final MBBS	35
3. STUDENTS' COUNCIL	9
4. FEES & SECURITY DEPOSIT	9
5. AWARDS AND PRIZES	10
6. INTERNSHIP	13
POST GRADUATE	
1. FEES & SECURITY DEPOSIT	16
2. AWARDS AND PRIZES	17
ACADEMIC CALENDAR	18
CODE OF CONDUCT	36
PREVENTION OF RAGGING	36
RULES & REGULATIONS	38
IMPORTANT PHONE NUMBERS	44

## **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.

#### **VISION**

The vision of the institute is to develop a replicable model of community oriented medical education which is responsive to the changing needs of our country and is rooted in an ethos of professional excellence.

#### **MISSION STATEMENT**

In the spirit of its Founder, the Mahatma Gandhi Institute of Medical Sciences, Sevagram is committed to pursuit of exemplary standards of professional excellence in medical education, research and clinical care by evolving a pattern of integrating value-based medical education with accessible and affordable health care, especially 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 humane 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

recognized by the 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 unique curricular innovations which have stood the test of time.

Any Institute is recognized not by the pillars of its building, but by its faculty and their achievements. Drawn from all parts of India, MGIMS can boast of eminent full time teachers and physicians, many of whom have won prestigious national and International awards. Five of our faculty have received the Dr. B.C. Roy National award. While our Former Director, Dr. Sushila Nayar, was the recipient of the highest award of Medical Person cum statesman, Former Deans Dr. J.S. Mathur and Dr. P. Narang received the award in the category of eminent medical teacher, Dr. B.C. Harinath for developing the specialty and Dr. P.B. Behere in the category of 'Socio- Medical Relief'. Three of our teachers, Dr. S. Chhabra, Dr. B.S. Garg and Dr. MVR Reddy have received best teacher awards from the Maharashtra University of Health Sciences, Nashik for the years 2006, 2007 and 2011 respectively.

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. 80 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.

## **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, Telangana, 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, Accident & Emergency, 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 a Blood Component Unit 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 has also added digital subtraction angiography Cath lab and brachytherapy to its armamentarium. A computerized radiotherapy system with linear accelerator has also been procured for treatment of cancer patients. 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.

Since 2013, the Govt. of Maharashtra has initiated Rajiv Gandhi Jeevandayi Arogya Yojana (RGJAY) for improving the access to healthcare for poor patients.

### **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 275 Self-help groups, 10 Kisan Vikas Manch and 89 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 400 a year and in return he gets 50% subsidy in OPD and indoor bills. In 2015-16, 18807 families (86199 members) around Sevagram volunteered to obtain health insurance from this hospital. Similarly 40 villages were totally insured and 90201 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. **The Institute has been accredited grade A by NAAC in recognition of its academic, research and health care activities.**

Over the last four and a 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. Today, MGIMS has impressive academic standards and excellent research facilities. In the 47 years of its existence, 2450 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's Office**

Mrs. Sangeeta Narang	-	Administrative Officer & Rural posting
Mrs. Trupti Das	-	Awards, Scholarship, Fees, Refund, Mentor – Student
Mrs. Manisha Honale	-	Personnel Section (Teaching) (Posted in Secretary's Office)
Mrs. Vishwas Ranade	-	Personnel Section (Non-Teaching)
Mr. M. G. Jose	-	UG & PG - enrolment & eligibility, Examination Certificates, NOC & clearance, Results, Order of payment for Intern & PG,
Mr. Sandeep Vaidya	-	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. Choudhari	Professor & H.O.D.
2.	Dr. Shobha Pajai	Assoc. Professor
3.	Dr. Nishant V. Bansod	Assoc. Professor
4.	Dr. Sachin M. Pawar	Assoc. Professor
5.	Dr. Ruchi Kothari	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. Kalyan Goswami	Professor
7.	Dr. Kanchan Mohod	Assoc. Professor
4.	Dr. Pranita J. Waghmare	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	Professor
4.	Dr. P.R. Zopate	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

### **PATHOLOGY**

1.	Dr. Nitin M. Gangane	Director-Professor & H.O.D
2.	Dr. Anupama Gupta	Professor
3.	Dr. V. B. Shivkumar	Professor
4.	Dr. Anshu	Professor
5.	Dr. Manisha Atram	Assoc. Professor
6.	Dr. Pravin S. Chavhan	Asstt. Professor (Blood Bank)
7.	Dr. Mangesh Kohale	Asstt. Professor
8.	Dr. Ritu Agrawal	Asstt. Professor
9.	Dr. Bharat Patil	Asstt. Professor
10.	Dr. Abhay Deshmukh	Asstt. Professor
11.	Dr. Shubhangi Mangam	Asstt. Professor
12.	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   | Director 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     | Assoc. Professor                      |
| 10. | Dr. Ranjan S. Solanki | Asstt. Professor                      |
| 11. | Dr. Ashwini Kalantri  | Asstt. Professor                      |
| 12. | Dr. Abhaya Ambilkar   | Asstt. Professor                      |

## **MEDICINE**

- |     |                       |                                     |
|-----|-----------------------|-------------------------------------|
| 1.  | Dr. O.P. Gupta        | Emeritus Professor                  |
| 2.  | Dr. A. P. Jain        | Emeritus Professor                  |
| 3.  | Dr. U. N. Jajoo       | Director Professor                  |
| 4.  | Dr. S. P. Kalantri    | Director-Professor & Medical Supdt. |
| 5.  | Dr. Jyoti Jain        | Professor & HOD                     |
| 6.  | Dr. A. R. Satav       | Professor                           |
| 7.  | Dr. Bharti Taksande   | Professor                           |
| 8.  | Dr. Amrish Saxena     | Assoc. Professor                    |
| 9.  | Dr. Samir Yelwatkar   | Assoc. Professor                    |
| 10. | Dr. Vishakha Jain     | Assoc. Professor                    |
| 11. | Dr. Sumedh Jajoo      | Asstt. Professor                    |
| 12. | Dr. Tarun Rao         | Asstt. Professor                    |
| 13. | Dr. Atul Singh Rajput | Asstt. Professor                    |
| 14. | Dr. Tejvir Singh      | Asstt. Professor                    |

## **T.B. & CHEST**

- |    |                   |                     |
|----|-------------------|---------------------|
| 1. | Dr. Ajay Lanjewar | Associate Professor |
|----|-------------------|---------------------|

## **DERMATOLOGY, VENEREOLOGY & LEPROSY**

- |    |                   |                |
|----|-------------------|----------------|
| 1. | Dr. Sumit Kar     | Prof. & H.O.D. |
| 2. | Dr. Sonia P. Jain | Professor      |

## **PSYCHIATRY**

- |    |                         |                     |
|----|-------------------------|---------------------|
| 1. | Dr. Praveen H. Khairkar | Professor & HOD     |
| 2. | Dr. Rakesh Dhakane      | Assistant Professor |

## **PAEDIATRICS**

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

## **SURGERY**

1.	Dr. R. Narang	Emeritus Professor
2.	Dr. D. O. Gupta	Professor & HOD
3.	Dr. Bhupendra Mehra	Professor
4.	Dr. P. Jategaonkar	Professor
5.	Dr. Siddharth Rao	Assoc. Professor
6.	Dr. Ramesh Kumar Pandey	Assoc. Professor
7.	Dr. Anil Akulwar	Assoc. Professor
8.	Dr. Rohit Patil	Asstt. Professor
9.	Dr. Akshay Pednekar	Asstt. Professor
10.	Dr. Raju Gore	Asstt. Professor
11.	Dr. Vaishali Rathod	Asstt. Professor

## **ORTHOPAEDICS**

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. Ulhas Dudhekar	Asstt. Professor
6.	Dr. Gajanan Chintawar	Asstt. Professor

## **OBSTETRICS & GYNAECOLOGY**

1.	Dr. S. Chhabra	Director- Professor
2.	Dr. Poonam Varma Shivkumar	Professor & HOD
3.	Dr. S. A. Tayade	Professor
4.	Dr. Shuchi Jain	Professor
5.	Dr. Pramod Kumar	Assoc. Professor
6.	Dr. Amardeep Tembhare	Assoc. Professor
7.	Dr. Sheela Shelke	Asstt. Professor
8.	Dr. Manjiri Podder	Asstt. Professor
9.	Dr. Manisha Rewatkar	Asstt. Professor
10.	Dr. Trisha Naik	Asstt. Professor

## **E.N.T.**

1.	Dr. P.S. Nagpure	Professor & HOD
2.	Dr. Manish Puttewar	Professor
3.	Dr. Deepika Garg	Assoc. Professor

## **OPHTHALMOLOGY**

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. Nitu Khadse	Asstt. Professor
7.	Dr. Swapnil Mathurkar	Asstt. Professor

## **ANAESTHESIOLOGY**

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	Assoc. Professor
7.	Dr. Mrunalini Fulzele	Asstt. Professor
8.	Dr. Amita Sahoo	Asstt. Professor
9.	Dr. Rachana Bagrodia	Asstt. Professor
10.	Dr. Amol Bele	Asstt. Professor

### **RADIODIAGNOSIS**

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

### **RADIOTHERAPY**

- |    |                        |                       |
|----|------------------------|-----------------------|
| 1. | Dr. Virendra Vyas      | Professor & HOD       |
| 2. | Dr. Manish Gupta       | Assoc. Professor      |
| 3. | Dr. Yashwant Pawar     | Asstt. Professor      |
| 4. | Dr. Partha Sen         | Asstt. Professor      |
| 5. | Ms. Bharti Mahindrakar | Lecturer (Biophysics) |

### **DENTISTRY**

- |    |                     |                  |
|----|---------------------|------------------|
| 1. | Dr. Bhaskar K Patle | Professor & HOD  |
| 2. | Dr. Praveen Sanghvi | Assoc. Professor |

### **GAMES & SPORTS**

- |    |                     |                              |
|----|---------------------|------------------------------|
| 1. | Shri Girish Bhoware | Director, Physical Education |
|----|---------------------|------------------------------|

### **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 photocopying service is available in the library @ 75 paise/page.(10AM-5PM)

### **Library Staff**

- |   |                      |   |                    |
|---|----------------------|---|--------------------|
| 1 | Officer-in-charge    | : | Dr Smita Singh     |
| 2 | Librarian            | : | Mr VW Vairagade    |
| 3 | Assistant Librarians | : | Ms Vaishali Kamble |
|   |                      | : | Ms Mamata Raut     |

## STUDENTS' COUNCIL

<b>Chairman</b>	: Dr. K.R. Patond, Dean
<b>Officer Incharge</b>	: Dr. Satish Kumar
<b>General Secretary</b>	: Mr. Akshay Sudhir Yadav

<b>Event / Post</b>	<b>Officer I/C</b>	<b>Student I/C</b>
Sports	Dr Manish Jain	Mr Nikhil Darade
Cultural	Dr A M Tarnekar	Ms. Purna C Minz Ms. Shiva Manwatkar
Literary	Dr Anupama Gupta	Ms. Kriti Jain
NSS	Dr Chetna Maliye	Mr. Abdul Qadir S Boringwala
Magazine	Dr Sonia Jain	Mr Vidit Panchal
Research	Dr B.K. Mehra	Mr. Akshay Sudhir Yadav
Ladies representatives		Ms Apoorva Bhagat, Ms Apoorva Chawathe
Class representatives		2015 Ms. Shambhavi Choudhary 2014 Ms. Vaisahli Madheriya 2013 Ms. Sahitya Rao 2012 Ms. Stuti Chowdhary 2011 Mr. Shyam Kumar Meda
Director, Physical Education		Mr Girish P Bhoware

## **FEES AND SECURITY DEPOSITS (FOR UGS)**

### **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- Suvudha 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 + Ashwamedh	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 32200
Hostel Room Rent	Rs 10000
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 UGS**

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

- 1.1 Mrs Kamalabai Chandaverkar 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 Shri H. N. Ramachar Silver medal for getting highest marks in P.M.T.

**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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> 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 Chinnaiah 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 Kesharao 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 diseases, make timely decision for referral to higher level.
- ii) Use discretely the essential drugs, infusions, blood or its substitutes and laboratory services
- iii) Manage all type of emergencies - medical, surgical, obstetric, neonatal and pediatric
- 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 students who have 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 leaves 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 paramedical staff) 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**

### **Courses Available:**

#### **Degrees**

Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine, Community Medicine, General Medicine, Pediatrics, Psychiatry, General Surgery, Orthopedics, Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, Anesthesiology, 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 candidates 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 candidate to appear for the final university examination for the degree/diploma. The following are the objectives of maintaining of the log book:
  1. To help the resident to maintain 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 and 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 and book reviews
  4. Assessing the skills acquired by residents in patients care, teaching & research
  5. To confirm level and degree of participation in research activities

### **Leave Rules for Postgraduate students**

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 cannot be carried over from one year (as specified above) to another year. However earned leave can be carried over but cannot 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 cannot 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
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. 32,200
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.
6. Dr. B.C. Harinath & Mrs. Vimala Harinath gold medal and cash award for Best Published Research Paper.

### **INSTITUTIONAL RESEARCH, ETHICS & ANIMAL ETHICS COMMITTEE**

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

## ACADEMIC CALENDAR

<b>AUGUST 2016</b>		
DATE	DAY	ACTIVITIES
1	Mon	Breast Feeding Week
2	Tues	
3	Wed	
4	Thurs	
5	Fri	
6	Sat	
7	Sunday	
8	Mon	2nd Terminal Examination of Final MBBS Regular Batch.
9	Tues	
10	Wed	
11	Thurs	
12	Fri	
13	Sat	
14	Sunday	
15	Mon	Independence Day
16	Tues	
17	Wed	Parsi New Year/ Pateti
18	Thurs	Rakshabandhan
19	Fri	
20	Sat	
21	Sunday	
22	Mon	
23	Tues	
24	Wed.	
25	Thurs	Krishna Janmashtami
26	Fri	
27	Sat	
28	Sun	
29	Mon	
30	Tues	
31	Wed.	Pola
<b>SEPTEMBER 2016</b>		
DATE	DAY	ACTIVITIES
1	Thurs	
2	Fri	
3	Sat	
4	Sunday	
5	Mon	Ganesh Chaturthi
6	Tues	
7	Wed	
8	Thurs	
9	Fri	
10	Sat	
11	Sunday	
12	Mon	Foundation Day Celebration & Bakri Id
13	Tues	
14	Wed	Onam
15	Thurs	
16	Fri	
17	Sat	
18	Sunday	
19	Mon	



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

**OCTOBER 2016**

DATE	DAY	ACTIVITIES
1	Sat	
2	Sunday	Mahatma Gandhi Jayanti & International Non Violence Day celebration
3	Mon	
4	Tues	
5	Wed	
6	Thurs	
7	Fri	
8	Sat	
9	Sunday	
10	Mon	
11	Tues	Dussehra
12	Wed	Muharram
13	Thurs	
14	Fri	
15	Sat	
16	Sunday	World Anesthesia Day Celebration
17	Mon	
18	Tues	
19	Wed.	
20	Thurs	
21	Fri	
22	Sat	
23	Sunday	
24	Mon	
25	Tues	
26	Wed	
27	Thurs	
28	Fri	
29	Sat	
30	Sunday	Laxmi Pujan
31	Mon	

Pre university Exam for 2nd ,3rd & Final MBBS Regular Batch.

Social Service Camp for 15 days for 1st Year Students at Adopted village.

Winter Vacation

**NOVEMBER 2016**

DATE	DAY	ACTIVITIES
1	Tues	Bhai Dooj
2	Wed	
3	Thurs	
4	Fri	
5	Sat	
6	Sunday	
7	Mon	
8	Tues	

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

**DECEMBER 2016**

DATE	DAY	ACTIVITIES
1	Thurs	AIDS Week
2	Fri	
3	Sat	
4	Sunday	
5	Mon	
6	Tues	
7	Wed	
8	Thurs	
9	Fri	
10	Sat	
11	Sunday	
12	Mon	Eid-e-Milad
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	Christmas
26	Mon	Dr. Sushila Nayar Jayanti
27	Tues	-ROME Camp after 2nd MBBS University Practical Examination at RHTC,Bhidi - Dr.PRJ Gangadharam Endowment Oration Award. -Alumni Meet 1990 Batch
28	Wed	
29	Thurs	
30	Fri	
31	Sat	

**JANUARY 2017**

DATE	DAY	ACTIVITIES	
1	Sunday		Term Exam of First MBBS Regular Batch (Last Week December or First Week January)
2	Mon		
3	Tues	Dr.Sushila Nayar Memorial Voluntary Blood Donation Camp	
4	Wed		
5	Thurs	Guru Gobind Singh Jayanti	
6	Fri		
7	Sat		
8	Sunday		
9	Mon		
10	Tues		
11	Wed.		
12	Thurs		
13	Fri		
14	Sat	Makar Sankranti / Pongal	
15	Sunday		
16	Mon		
17	Tues		
18	Wed		
19	Thurs		
20	Fri		
21	Sat		
22	Sunday		
23	Mon		
24	Tues		
25	Wed		
26	Thurs	Republic Day	
27	Fri		
28	Sat		UG Medical Students Regional Research Conference
29	Sunday		
30	Mon		
31	Tues		
<b>FEBRUARY 2017</b>			
DATE	DAY	ACTIVITIES	
1	Wed	Vasant Panchami	-Literary Day
2	Thurs		
3	Fri		-Annual Sports Day
4	Sat		
5	Sunday		-Taradevi Memorial Intercollegiate Debate Competition.
6	Mon		
7	Tues		
8	Wed.		
9	Thurs		
10	Fri		
11	Sat		
12	Sunday		
13	Mon		
14	Tues		
15	Wed		
16	Thurs		
17	Fri		
18	Sat		
19	Sunday	Shivaji Jayanti	
20	Mon		

21	Tues	
22	Wed	Mother's Day
23	Thurs	
24	Fri	Mahashivratri
25	Sat	
26	Sunday	
27	Mon	
28	Tues	
<b>MARCH 2017</b>		
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	
12	Sunday	
13	Mon	Holi
14	Tues	
15	Wed	
16	Thurs	
17	Fri	
18	Sat	
19	Sunday	
20	Mon	Parsi New Year
21	Tues	
22	Wed	
23	Thurs	
24	Fri	World TB Day
25	Sat	
26	Sunday	
27	Mon	
28	Tues	
29	Wed	Jhulelal Jayanti
30	Thurs	
31	Fri	
<b>APRIL 2017</b>		
DATE	DAY	ACTIVITIES
1	Sat	
2	Sunday	
3	Mon	
4	Tues	Rama Navami
5	Wed.	
6	Thurs	
7	Fri	WHO Day Celebration
8	Sat	
9	Sunday	
10	Mon	
11	Tues	
12	Wed	
13	Thurs	Baisakhi
Pre University Exam for first MBBS Regular & 2nd,3rd & Final MBBS Referred Batches		

14	Fri	Dr.Ambedkar Jayanti	
15	Sat		
16	Sunday		
17	Mon	MBBS UG Entrance Test, MGIMS - PMT 2016	
18	Tues		
19	Wed		
20	Thurs	Mahavir Jayanti	
21	Fri		
22	Sat		
23	Sunday		
24	Mon		
25	Tues		
26	Wed		
27	Thurs		
28	Fri		
29	Sat		
30	Sunday		
<b>MAY 2017</b>			
DATE	DAY	ACTIVITIES	
1	Mon	Maharashtra Day	
2	Tues		
3	Wed.		
4	Thurs		
5	Fri		PG Exam MUHS Theory (Tentative dates)
6	Sat		
7	Sunday		
8	Mon		
9	Tues		
10	Wed	Buddha Purnima	
11	Thurs		
12	Fri		
13	Sat		
14	Sunday		
15	Mon		
16	Tues		
17	Wed		
18	Thurs		
19	Fri		UG Exam Theory Begins For 1st MBBS(Tentative Dates)
20	Sat		SUMMER VACATIONS FOR MBBS STUDENTS (Tentative Dates)
21	Sunday		
22	Mon		
23	Tues		
24	Wed		
25	Thurs		
26	Fri		
27	Sat		
28	Sun		
29	Mon		
30	Tues		
31	Wed.		
<b>JUNE 2017</b>			
DATE	DAY	ACTIVITIES	
1	Thurs		
2	Fri		
3	Sat		
4	Sunday		

5	Mon		
6	Tues		PMT Entrance Result for MBBS Students (Tentative Dates)
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	Ramzan Id	
27	Tues		
28	Wed		
29	Thurs		
30	Fri		
<b>JULY 2017</b>			
DATE	DAY	ACTIVITIES	
1	Sat		
2	Sunday		
3	Mon		
4	Tues		
5	Wed		
6	Thurs		
7	Fri		
8	Sat		
9	Sunday		
10	Mon		
11	Tues		2nd Term Exam of 2nd & 3rd MBBS Regular Batch
12	Wed		
13	Thurs		
14	Fri		
15	Sat		
16	Sunday		
17	Mon		
18	Tues		-Orientation Camp & Classes Starts for 2016 Batch of MBBS Students
19	Wed		
20	Thurs		
21	Fri		
22	Sat		
23	Sunday		-Orientation programme for the new Post Graduate Students.
24	Mon		
25	Tues		
26	Wed.		
27	Thurs		
28	Fri		

29	Sat	
30	Sunday	
31	Mon	

**CLINICAL POSTING OF 2015 BATCH W.E.F. 23/07/2016**

1st Posting

Dates	Medicine	Surgery	OBGY	Comm. Med.
23/07/2016 – 12/08/2016	A	B	C	D
13/08/2016 – 02/09/2016	D	A	B	C
03/09/2016 – 23/09/2016	C	D	A	B
24/09/2016 – 14/10/2016	B	C	D	A

**CLINICAL POSTING FOR 2014 (REG) BATCH**

(w.e.f. 27/08/2016)

Date	Medicine	Surgery	Obst. & Gynae	Paed
27/08/2016 – 14/09/2016	A	B	C	D
15/09/2016 – 30/09/2016	D	A	B	C
01/10/2016 – 15/10/2016	Prelims examination (II MBBS Subjects)			
16/10/2016 – 18/10/2016	D	A	B	C
19/10/2016 – 06/11/2016	C	D	A	B
07/11/2016 – 26/11/2016	B	C	D	A



### Revised CLINICAL POSTING FOR 2013 (REF) BATCH

(Ref. No. 2632 dated 26/07/2016)

To join back on 04/08/2016 after the last second MBBS University Practical exam

Dates	Eye	Med	Paed	Comm. Med.	ENT	Surg.	Ortho	OBGY
04/08/2016 – 17/08/2016	E	-	-	-	-	-	-	-
18/08/2016 – 31/08/2016	-	E	-	-	-	-	-	-
01/09/2016 – 14/09/2016	-	-	E	-	-	-	-	-
15/09/2016 – 28/09/2016	-	-	-	E	-	-	-	-
29/09/2016 – 12/10/2016	-	-	-	-	E	-	-	-
13/10/2016 – 22/10/2016	-	-	-	-	-	E	-	-
23/10/2016 – 06/11/2016	WINTER VACATION							
07/11/2016 – 10/11/2016	-	-	-	-	-	E	-	-
11/11/2016 – 24/11/2016	-	-	-	-	-	-	E	-
25/11/2016 – 08/12/2016	-	-	-	-	-	-	-	E

IMNCI / IYCF posting – 06/09/2016 to 23/09/2016

### Clinical Posting for 2013 (Reg) Batch

Date	Eye	ENT	Comm. Medicine
26/08/2016 – 07/09/2016	A	B	C
08/09/2016 – 20/09/2016	C	A	B
21/09/2016 – 02/10/2016	B	C	A

### Revision Posting - 14/10/2016 to 26/11/2016

Date	Eye	ENT	Comm. Medicine
14/10/2016 – 27/10/2016	A	B	C
28/10/2016 – 10/11/2016	C	A	B
11/11/2016 – 26/11/2016	B	C	A

Preparatory Leave: - 27/11/2016 to 16/12/2016

University Exam: - 17/12/2016 to 30/12/2016

### 2012 (REG) BATCH

Prelims Practical examination  
Equally divide 2012 Batch into 4 batches A, B, C & D

Date	Days	Medicine	Surgery	Obst. & Gyane	Paediatrics
01/10/2016	Saturday	A	B	C	D
03/10/2016	Monday	D	A	B	C
04/10/2016	Tuesday	C	D	A	B
05/10/2016	Wednesday	B	C	D	A

Prelims Theory Final MBBS Part – II  
Prelims Time Table {Theory 2-5pm - Exam Hall}

Date	Day	Subject
07/10/2016	Friday	Medicine – I
08/10/2016	Saturday	Medicine – II
10/10/2016	Monday	Surgery – I
12/10/2016	Wednesday	Surgery – II
13/10/2016	Thursday	OBGY – I
14/10/2016	Friday	OBGY – II
15/10/2016	Saturday	Pediatrics

CLINICAL POSTING FOR 2012 (REG) BATCH

Dates	Medicine	Surgery	OBGY	Paediatrics
05/08/2016 – 18/08/2016	C	A	B	-
19/08/2016 – 01/09/2016	A	B	-	C
02/09/2016 – 15/09/2016	B	-	C	A
16/09/2016 – 30/09/2016	-	C	A	B

Prelims Final MBBS Part – II & Practical Examination: 01/10/2016 to 15/10/2016 {Divide into 4 batches A, B, C & D} {Theory 2-5pm-Exam. Hall}

Revision Posting – 16/10/2016 - 26/11/2016

Date	Medicine	Surgery	ObGy	Paediatrics
17/10/2016 – 26/10/2016	A	B	C	-
27/10/2016 – 05/11/2016	B	C	-	A
06/11/2016 – 15/11/2016	C	-	A	B
16/11/2016 - 26/11/2016	-	A	B	C

Preparatory Leave – 27/11/2016 to 16/12/2016

University Exam – 17/12/2016 to 30/12/2016

## Internship Training Programme 2016 (MUHS)

### Internship Posting Schedule for Pediatrics & Orthopedics

Period	Pediatrics	Orthopedics
05/03/2016 to 03/04/2016	EI + EII	EIII + EIV
04/04/2016 to 03/05/2016	EIII + EIV	EI + EII
04/05/2016 to 02/06/2016	FI+ F II	FIII+ F IV
03/06/2016 to 02/07/2016	FIII+ F IV	FI+ F II
03/07/2016 to 01/08/2016	A I+ AII	AIII + AIV
02/08/2016 to 31/08/2016	AIII + AIV	A I+ AII
01/09/2016 to 30/09/2016	B I+ BII	B III+ BIV
01/10/2016 to 30/10/2016	B III+ BIV	B I+ BII
31/10/2016 to 29/11/2016	CI + CII	CIII+ CIV
30/11/2016 to 29/12/2016	CIII+ CIV	CI + CII
30/12/2016 to 28/01/2017	DI + DII	DIII+ D IV
29/01/2017 to 27/02/2017	DIII+ D IV	DI + DII

### Internship Posting Schedule

Period	Medicine	Surgery	Obgy	Comm Med	Paed & Ortho		ENT, Ophthal, Casualty and elective
05/03/2016 to 03/05/2016	A	B	C	D	EI+EII	EIII+EIV	F
04/05/2016 to 02/07/2016	B	C	D	E	FI+FII	FIII+FIV	A
03/07/2016 to 31/08/2016	C	D	E	F	AI+AII	AIII+AIV	B
01/09/2016 to 30/10/2016	D	E	F	A	BI+BII	BIII+BIV	C
31/10/2016 to 29/12/2016	E	F	A	B	CI+CII	CIII+CIV	D
30/12/2016 to 27/02/2017	F	A	B	C	DI+DII	DIII+DIV	E

**TIME TABLE FOR 1<sup>st</sup> MBBS W.E.F. 13<sup>th</sup> September 2016**

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
<b>MONDAY</b>	Biochemistry	Anatomy	Biochemistry Practical-Batch A/Physiology Practical –Batch B	L U N C H  B R E A K	Physiology	Community Medicine Practical/ Anatomy Dissection	Self directed learning (Anatomy Tutorial / practical)
<b>TUESDAY</b>	Anatomy	Physiology	Physiology Practical –Batch A/Histo-Batch B		Anatomy	Anatomy Dissection	Self directed learning (Anatomy Tutorial / practical)
<b>WEDNESDAY</b>	Biochemistry	Anatomy	Histo Batch A/ Physiology Practical –Batch B		Physiology	Anatomy Dissection	Self directed learning (Physiology Tutorial / practical)
<b>THURSDAY</b>	Anatomy	Physiology	Physiology Practical –Batch A/Biochem Practical-Batch B		Anatomy	Anatomy Dissection	Self directed learning (Biochemistry Tutorial / practical)
<b>FRIDAY</b>	Biochemistry	Anatomy	Anatomy Dissection		Physiology	Community Medicine	Shramdan at 4 PM Prayer 5.00 PM
<b>SATURDAY</b>	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 3<sup>rd</sup> SEMESTER W.E.F. 26 July. 2016 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	3rd Surgery - (Physio Lect.Hall)	3rd Microbiology	Clinics	Lunch	3rd A Pathology Pract. 3rd B Micro Pract.		3rd A Micro Pract. 3rd B Patho Pract.	
TUESDAY	3rd Microbiology* (Anatomy Lect. Hall)	3rd Pathology	Clinics	Lunch	3rd A Pharmacology Pract. 3rd B FMT Pract.		3rd A FMT. Pract. 3rd B Pharmacology Pract.	
WEDNESDAY	3rd Pathology* (Anatomy Lect. Hall)	3rd Pharmacology	Clinics	Lunch	3rd A Pharmacology Pract. 3rd B FMT Pract.		3rd Comm Med (Patho Lec. Hall)	Integrated Teaching
THURSDAY	3r Medicine (Physio Lect Hall)	3rd – Pharmacology	Clinics	Lunch	3rd A. Pathology Pract. 3rd B Micro Pract.		3rd A Micro. Practical 3rd B Pathology Practical	
FRIDAY	3rd Surgery (Physio. Lect. Hall)	3rd Pathology	Clinics	Lunch	3rd A FMT Practical 3rd Pharmacology Practical		3rd Micro (Patho Lect Hall)	Shramdan / Comm. Prayer
SATURDAY	3rd Pharma (Physio Lect Hall)	3rd Forensic Med.	Clinics	3rd Comm. Medicine (Patho. lect. Hall)		-		-

**TIME TABLE FOR 5<sup>TH</sup> SEMESTER W.E.F. 24/6/ 2016 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	5th Pharmacology- (Patho Lect Hall)	5th Microbiology (Patho Lect Hall)	Clinics	Clinics	5th Pharmacology Practical		5th Microbiology	-----
TUESDAY	5th Patho (Path Lect Hall)	5th Pharmacology- (Patho Lect Hall )	Clinics	Clinics	5th Pathology (Patho Lect.Hall)	5th FMT (Patho Lect Hall)	5th Patology Pract.	
WEDNESDAY	5th Pathology (Patho Lect Hall)	5th Pharma (Patho Lect Hall)	Clinics	Clinics	5th Pharmacology (Practical)		5th FMT Lecture	Academic of Medical Sciences Integrated teaching
THURSDAY	5th Microbiology (Patho Lect Hall)	5th – Pharma (Patho Lect Hall)	Clinics	Clinics	5th Microbiology (Practical)		5th FMT Practical	-----
FRIDAY	5th Forensic Med. (Patho Lect Hall)	5th Pathology (Patho Lect Hall)	Clinics	Clinics	5th Patho. Pract.		5th Micro (Patho Lect Hall)	Shramdan / Comm. Prayer
SATURDAY	5th Pharmacology (Patho Lect Hall)	5th Forensic Med. (Patho. Lect. Hall)	Clinics	5th FMT (Practical)	-		-	

TIME TABLE FOR **6TH, 7TH** SEMESTER W.E.F. **July. -2016** 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 6 <sup>th</sup> - Dermatology	Ophthalmology	Gynaecology/ (Skill Lab)
WEDNESDAY	Gynaecology	Clinics	Community Med. (DCMLH)	SURGERY (Operative Surgery) (Skill Lab)	Paediatrics (All except 1 <sup>st</sup> Wed. of the month)  Multi/Inter Departmental Lectures  (1 <sup>st</sup> Wednesday of the month)	Academy Meeting
THURSDAY	Medicine	Clinics	6 <sup>th</sup> –Psychiatry	ENT	Orthopaedics	*Comm. Medicine (DCMLH)
FRIDAY	Surgery	Clinics	ENT	Ophthalmology	*Comm. Medicine (DCMLH)	Shramdan & Comm. Prayer
SATURDAY	Gynaecology	Clinics				



**TIME TABLE 8<sup>TH</sup>, & 9<sup>TH</sup> SEMESTER W.E.F. July. 2016**

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	--	--	--	--

## 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.
- 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, jewelary 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 clean 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 leftover 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 tranquility 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.”**

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**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**

**Signature of the candidate**

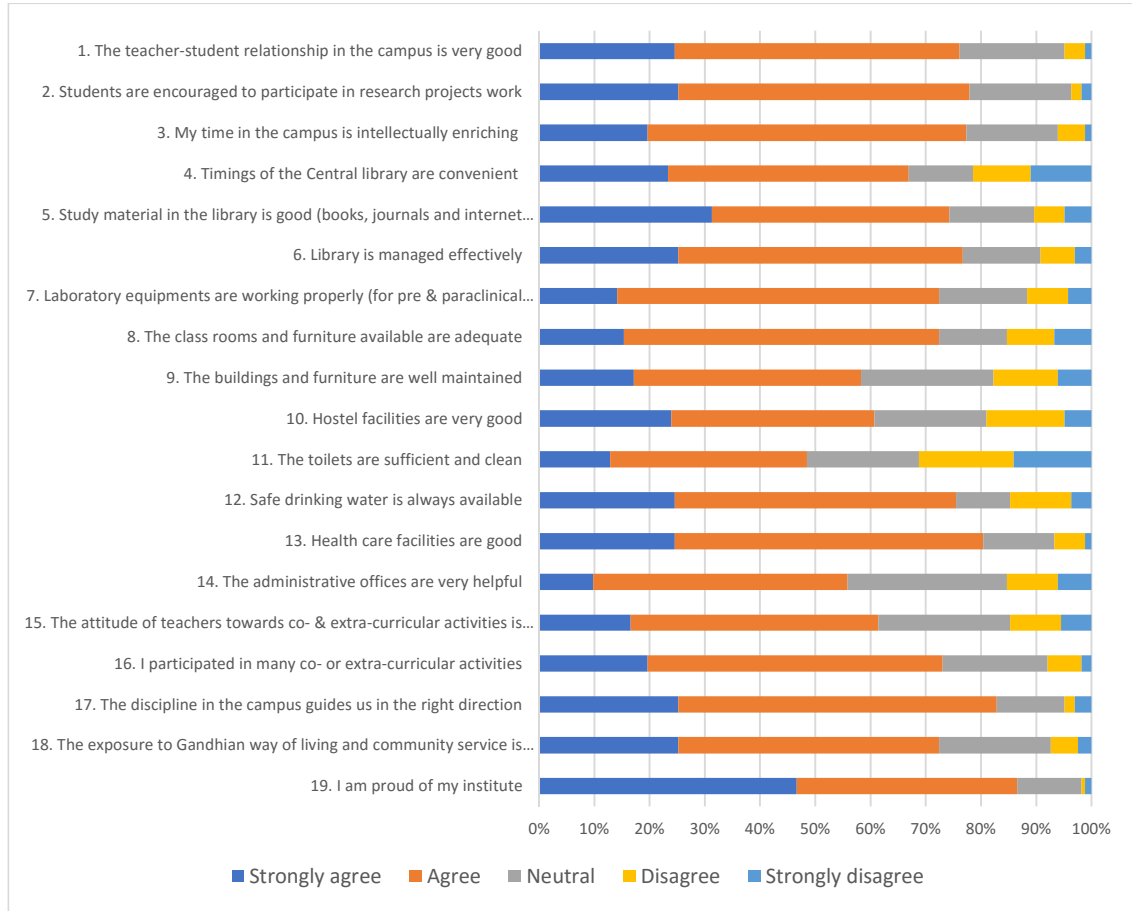
**Date:**

## IMPORTANT PHONE NUMBERS

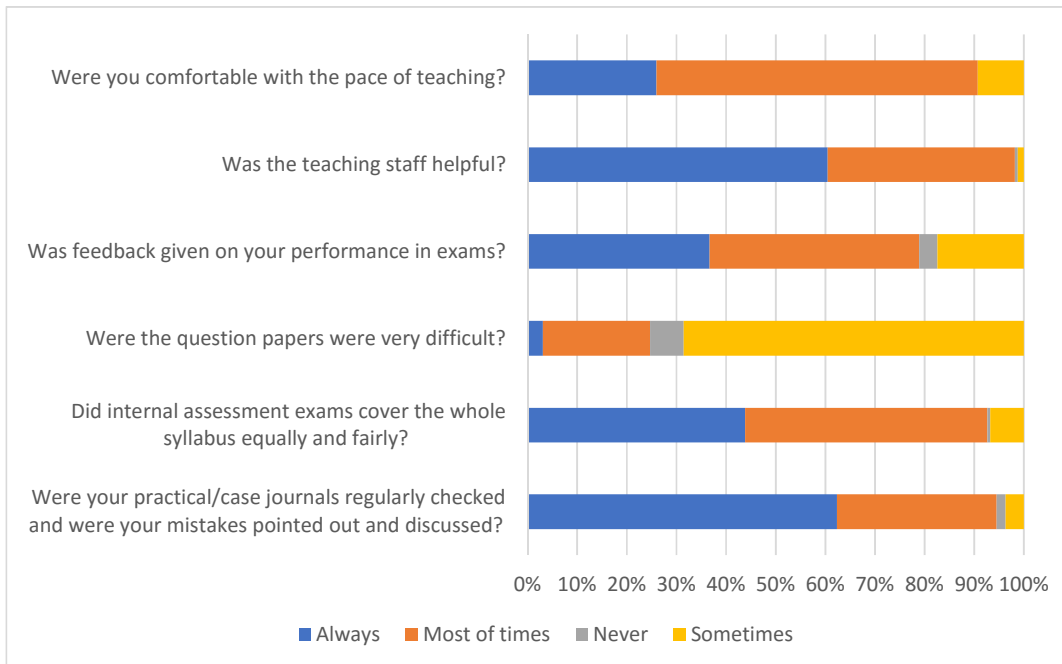
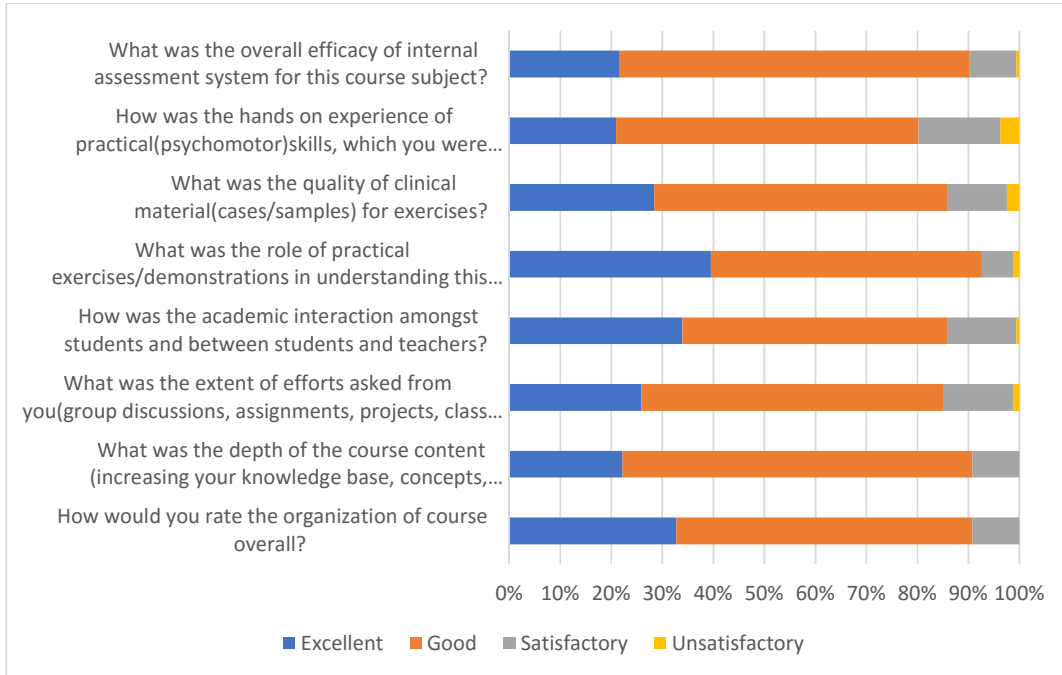
<b>Sr. No</b>	<b>Offices</b>	<b>Mobile No.</b>	<b>PBX</b>
1	Secretary, KHS	9422141693	255
2	Dean, MGIMS	9049577833	210
3	Medical Superintendent, Kasturba Hospital	9422141694	201
4	Account Section	284676	299
5	Warden (Boy's Hostel)		237
6	Warden (Girl's Hostel)		297
7	Anti Ragging Committee	9423118077	282
8	Casualty		229
9	Ambulance		229
10	Dietary		281
11	Library		323
12	CAO	9422141697	

# Student Feedback 2015-16

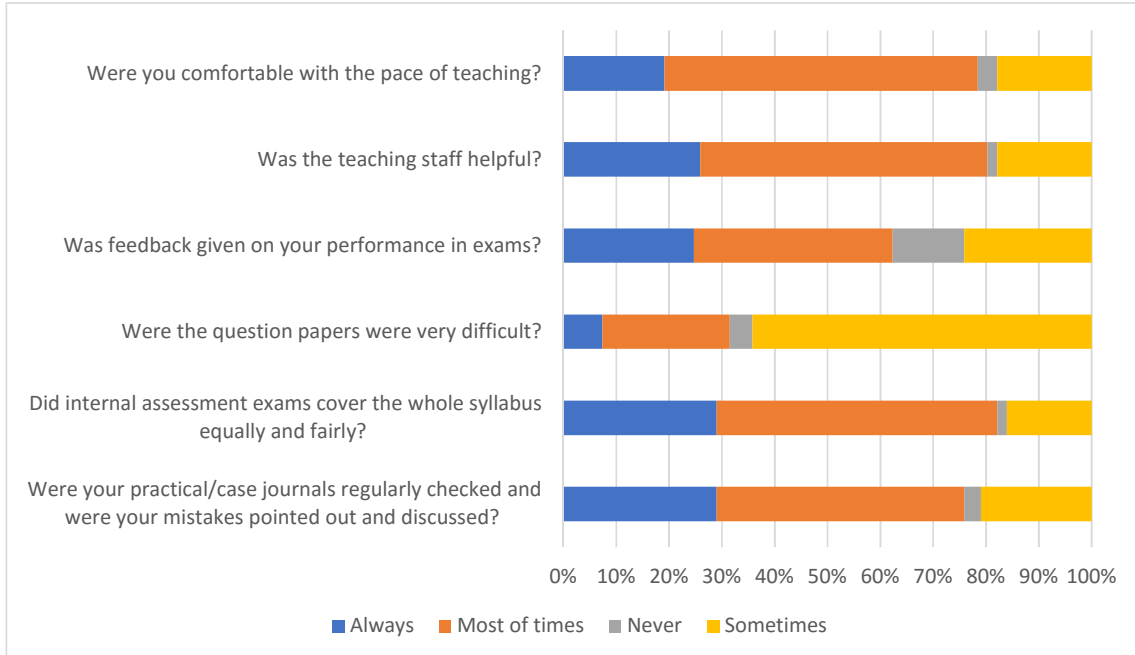
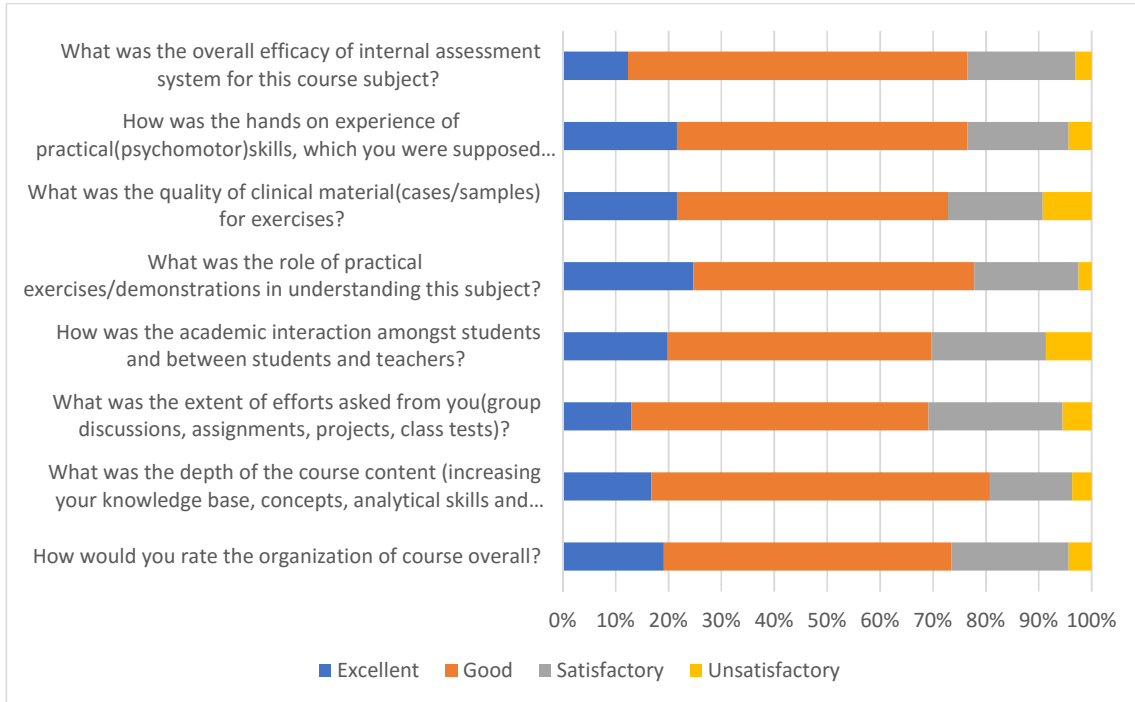
## Infrastructure and facilities



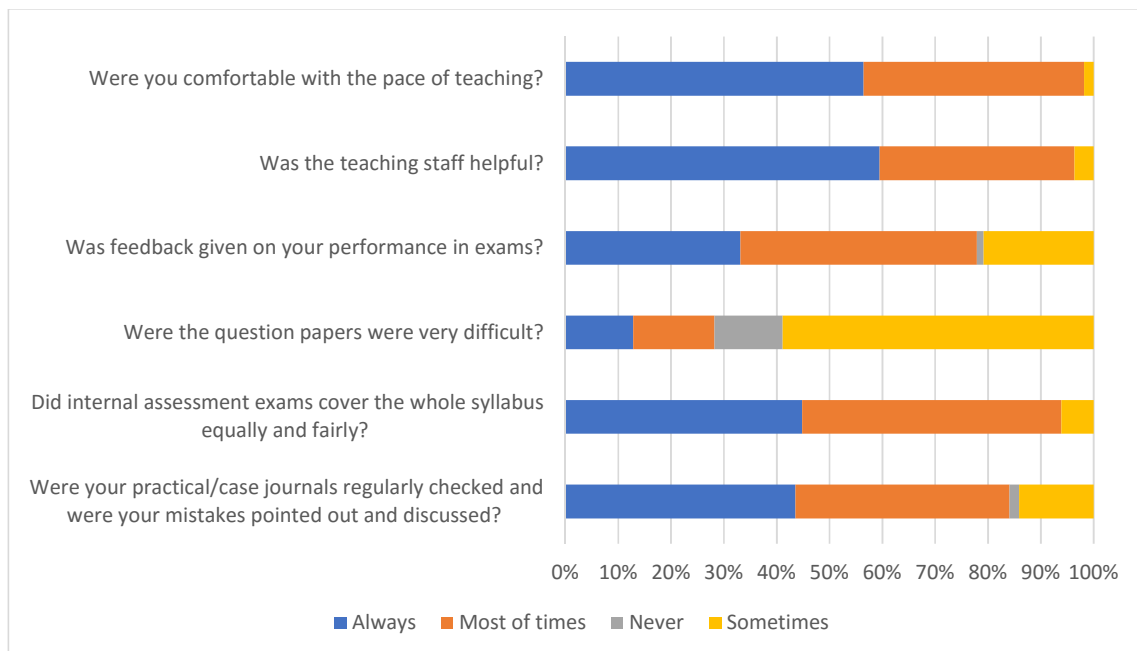
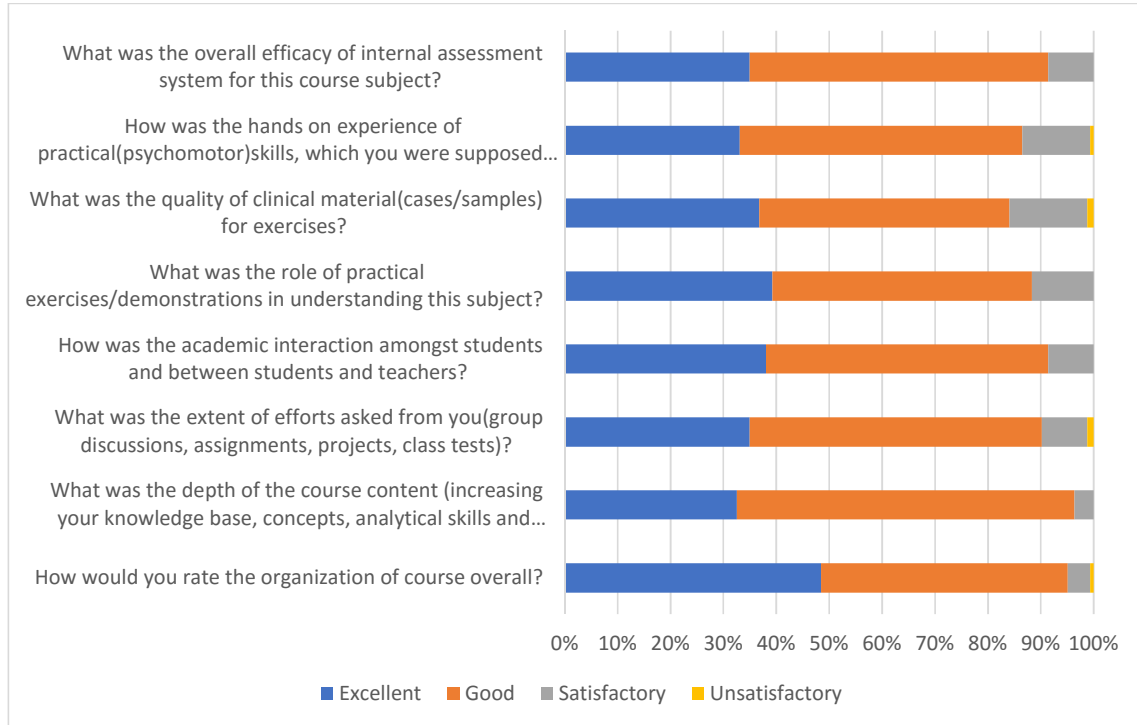
## Anatomy



## Physiology



# Biochemistry



# Funded Research

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		Grant (Rs. in Lakhs)
<b>Anatomy</b>	<p><b>Genetic study of deletions and mutations in sperm mitochondrial DNA in idiopathic asthenozoospermia, oligoasthenoteratozoospermia of infertile men</b>                      Pal AK, Chaudhari AR                      Funded by ICMR, 2014-2016</p>	<b>18.0</b>
<b>Biochemistry</b>	<p><b>Maintenance of repository of filarial parasites and reagents</b>                      Reddy MVR, Goswami K                      Funded by DBT, 2012-2017</p> <p><b>Evaluation of immunomodulatory effect and therapeutical potential of filarial proteins in experimental ulcerative colitis</b>                      Reddy MVR                      Funded by DST, 2013-2016</p> <p><b>Funds for improvement of S &amp; T infrastructure in universities and higher educational institutions (FIST) programme</b>                      Reddy MR                      Funded by DST, 2011-2016</p> <p><b>Clinical usefulness of exploring immunological host response in tubercular infection</b>                      Waghmare P, Satish Kumar, Anshu                      Funded by MUHS, Nashik, 2015-2016</p>	<p><b>47.86</b></p> <p><b>10.00</b></p> <p><b>1.77</b></p> <p><b>0.92</b></p>
<b>Community Medicine</b>	<p><b>Surveillance of neonatal infection – An ICMR task force study</b>                      Garg BS, Maliye CH, Mendiratta DK, Dikshit S, Deotale V                      Funded by ICMR, 2011-15</p> <p><b>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</b>                      Garg BS, Gupta SS, Maliye CH, Jain M, Bahulekar P, Raut AV, Solanki RS, Taywade ML                      Funded by PATH/SIIL, 2013-2016</p> <p>Centre for Advanced Research for Community Based Maternal, Newborn and Child Health (ICMR)</p> <p><b>A. Community-owned Management Information System: an Alternative Model of Community Monitoring for Health</b>                      Garg BS, Gupta SS, Maliye CH, Bharambe MS, Bahulekar PV, Raut AV, Solanki RS, Pawar R</p>	<p><b>8.5</b></p> <p><b>191.0</b></p> <p><b>175.25</b></p> <p><b>2015-2016</b></p>

- B. Central India Rural Pregnancy Cohort**  
Garg BS, PV Shivkumar, 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

<b>JBTDRC &amp; Bioinformatics Centre</b>	<b>Tropical Disease Research Program for TB Diagnostics</b> Harinath BC Funded by KHS, 2015-2016	<b>3.00</b>
	<b>Sub-Distributed Information Centre under BTISnet Programme</b> BC Harinath Funded by DBT, GOI, 2015-2016	<b>13.80</b>
<b>Medicine</b>	<b>HOPE 3: Heart Outcomes Prevention Evaluation</b> Kalantri SP Funded by Population Health Research Institute St. John's Medical College, Bengaluru, 2007 onwards	<b>#</b>
<b>Microbiology</b>	<b>Confirmation of diseases of public health importance under the IDSP (Integrated Disease surveillance Project) State surveillance net work (Referral Lab)</b> Deotale V, Maraskolhe D Govt. of Maharashtra, 2010 onwards	<b>2.00</b>
	<b>Sentinel Surveillance Hospitals Vector Borne Disease</b> Thamke D, Deotale V, Attal R Funded by Govt. of Maharashtra, 2011 onwards	<b>1.00</b>
	<b>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</b> Narang P, Narang R, DTO Wardha, CTO Nagpur Funded by Central TB Division, New Delhi, 2013-2016	<b>10.22</b>
	<b>Multi - centric hospital – based surveillance of acute encephalitis syndrome for viral etiology among children in selected districts of Maharashtra and Andhra Pradesh</b> Narang R, Deotale V, Gangane N, Attal R Funded by NIV, Pune, 2014 onwards	<b>4.39</b>
	<b>Surveillance of selected zoonotic diseases in Central India</b> Narang R, Deshmukh P, Deotale V, Maraskolhe D, Jain M, Narang U, Raut A, Kalore DR, Kurkure NV Funded by ICMR, New Delhi, 2015 onwards	<b>87.43</b>

# Funds continued from previous years



<b>Microbiology and Obstetrics &amp; Gynecology</b>	<b>Prevention of parent to child transmission of HIV / AIDS</b> Deotale V, Chhabra S Govt of Maharashtra, 2002 onwards	<b>*</b>
<b>Obstetrics &amp; Gynecology</b>	<b>Jiv Daya Partograph Project</b> Shivkumar PV Funded by Jiv Daya Foundation, Dallas, Texas, USA, 2013 onwards	<b>7.03</b>
	<b>Epidemiological determinants of hypertensive disorders of pregnancy in women in Central India</b> Jain S Funded by ICMR, New Delhi, 2015 onwards	<b>3.90</b>
	<b>Community based study of magnitude of abortion, spontaneous and induced, immediate and late complication and care sought by rural women of two districts of Maharashtra, India</b> Chhabra S Funded by ICMR, New Delhi, 2015	<b>7.88</b>
	<b>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</b> Chhabra S Funded by Shrimant Shankaradevi University of Health Sciences, Guwahati, Assam, 2015	<b>1.34</b>
	<b>GHETS Mini Project</b> Chhabra S Funded by GHETS, 2015	<b>0.92</b>
	<b>Health seeking practices amongst women of low resource rural terrain</b> Chhabra S Funded by Indo- Canadian – Shastri Institute through University of British Colombia, 2014 onwards	<b>#</b>
	<b>Emergency Obstetric Care</b> Shivkumar PV Funded by Govt of Maharashtra, Govt of India, FOGSI, AVNI Foundation, 2008 onwards	<b>#</b>
<b>Pathology</b>	<b>Population Based Cancer Registry of Wardha District</b> Gangane NM Funded by ICMR , 2010 onwards	<b>33.32</b>
	<b>“HPV”Ahead: Role of human papillomavirus infection and other co-factors in the etiology of head and neck cancer in Europe and India</b> Gangane NM Funded by IARC, 2015-2016	<b>6.00</b>

\* Emoluments directly paid by Govt

# Funds continued from previous years

	<b>Expression of ER,PR, HER2/neu, Ki67 and p53 markers in endometrial carcinoma: Clinicopathological implications and prognostic value</b>	<b>0.25</b>
	Shivkumar VB, Atram M, Gangane N Funded by MUHS Nashik, 2015-2016	
	<b>Prognostic value of expression of cytokeratin 5/6, EGFR, E-cadherin and p53 in triple negative breast cancers in central India</b>	<b>0.25</b>
	Anshu, Waghmare S, Gangane N Funded by MUHS Nashik, 2015-2016	
<b>Pediatrics</b>	<b>National Neonatal Perinatal Database</b>	<b>3.60</b>
	Jain M Funded by WHO SEARO, 2015-2016	
<b>Pharmacology</b>	<b>Pharmacovigilance project</b>	<b>*</b>
	Gosavi D, Kale R, Chimurkar L, Pethe M Funded by Government of India	
<b>Physiology</b>	<b>The role of late responses in the diagnosis of diabetic polyneuropathy</b>	<b>1.00</b>
	Pawar S Funded by MUHS, Nashik, 2015-2016	
	<b>Prevalence and risk factors of obstructive sleep apnea-hypopnea syndrome in rural Indian population: A community based cross-sectional study</b>	<b>20.52</b>
	Pawar S Funded by ICMR, New Delhi, 2015-2016	

\* Emoluments directly paid by Govt

## **Best Practices at MGIMS Sevagram**

### **1. Title of the Practice**

Community Mobilization for Health Action

### **2. Objectives of the Practice**

The Department of Community Medicine, MGIMS, Sevagram engages in community mobilization with the following objectives:

- To mobilize and empower community networks (with focus on women) for leadership in health
- To create platform for community dialogue in health
- To catalyze partnership between health and ICDS sector on one hand and Panchayati Raj Institutions, Village Health Nutrition and Sanitation Committees and other Community-based Organizations on the other hand for health gains

### **3. The Context**

Community Participation is a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change. It is an active two-way process that may be initiated and sustained both by individuals and community and by local authorities, health authorities and other local organizations.

A high level of community participation is very important for any programme to succeed. Under NRHM, several strategies were included to get a high degree of community participation in health. However, implementation of these strategies has been extremely poor in most of the states of India.

The Department of Community Medicine at MGIMS, Sevagram, is working with community-based organizations in more than 80 villages in Wardha district for almost two decades and has developed a model of community mobilization for health action.

### **4. The Practice**

Over the last two decades, in the field practice area of MGIMS, Sevagram, a strong community network has been developed. The process of development of community network started with community mobilization and formation of community-based

organizations. In an average-sized village a minimum of 3-4 women's self-help groups (SHGs), one 'Kisan Vikas Manch' (KVM - Farmer's Development Association) and one 'Kishori Panchayat' (KP - Adolescent Girls Forum) was constituted. These community-based organizations were oriented on health issues in the rural areas through discussion held during their monthly meetings. Later, Village Co-ordination Committee (VCCs) was constituted in every village by including representatives from each of these community-based organizations, Gram Panchayat, village informal leaders and frontline workers from health and ICDS.

The community-based program operated through the Village Co-ordination Committees (VCCs), thus constituted. These village committees entered into an agreement under this project where the VCC will ensure provision of essential maternal and child health services to the villagers, while MGIMS, Sevagram took responsibility to build capacity of these committees and develop tools and techniques for community-based activities to be done by the committees. With strong and sustained capacity-building in form of regular handholding for more than a year, the VCCs could take charge of community-based activities at village level. In most of the program villages, the VCCs participated in assessment of community health needs, developed village health plan, implemented the activities decided in coordination with other stakeholders, and monitored the community-based health activities in their respective villages. The community networks were especially effective in disseminating health messages in the village and for creating new social norms.

When guidelines for formation of Village Health Nutrition and Sanitation Committees (VHNSC) were issued by Government of Maharashtra under NRHM, we engaged with them and worked to build their capacity. Currently, we are working in more than 80 villages in Wardha. There are total 275 Self Help Groups and 89 Kishori Panchayats functional in the three PHC areas adopted by the department of Community Medicine. We also conduct Kiran clinics (Community owned health clinics) in 26 villages.

## **5. Evidence of Success**

The following table shows the changes observed endline and compares it with baseline level:

**Table: Change in MCH indicators from baseline to final estimate after implementation of CLICS (Community-led Initiatives for Child Survival)**

<b>Indicators</b>	<b>Baseline Estimate 2004</b>	<b>Final Estimate 2008</b>
% mothers of <1s receiving ANC package (at least 3 visits, 2 TT, consumed 100 IFA tablets)	11.6%	58.9%
% of husbands aware of at least 3 pregnancy danger signs	13.2%	42.2%
% mother of <1s delivered in health facility	72.8%	90.7%
% children <3s with at least 36 months interval after previous surviving child	29.3%	49%
% of children born Low Birth Weight	29.4%	25%
% mothers of <1s initiating breastfeeding within 1 hour:		
- knowledge/awareness	0.6%	68%
- practice	0.9%	67.9%
% mothers of <1s knowing at least 3 newborn danger signs	11.3%	94.2%
% of children (12-23 months) fully immunized	62.4%	98%
% of children (12-35 months) received Vitamin A dose in last 6 months	53.6%	98
% mothers of <3s knowing at least 2 signs of childhood illness requiring treatment	29.5%	98.5%
% of <3s suffering from diarrhea in last 2 weeks who received ORS/HAF	6.8%	62.2%
% of <3s -3 SD from the median weight for age	22%	11.6%

We also assessed maturity of Village Health Nutrition and Sanitation Committee using institutional maturity index specially designed for this purpose; it changed from first phase to the next phase. It changed from 58 to 77.

Several innovative activities have been initiated by the community-based organizations in every village of the program area.

## **6. Problems Encountered and Resources Required**

Some of the challenges, we encountered in the process are:

- To bring people together from different socio-economic groups
- Community groups require a lot of initial “hand holding”
- Difficult to introduce health as a priority in their lives
- Bringing on board health department, ICDS and PRI is challenging
- Sustaining the motivation and enthusiasm of community-based organization in absence of funding support

While we were developing this program, we required a trained community organizer (a social worker) for every 4-5 villages. We also required provision for capacity building of community-based organization. For sustaining these activities, a social worker for 10-15 villages may do. However, what is more important is the community contribution of resources, mainly in terms of their time and interest.

## **7. Notes**

We acknowledge the support provided under various projects from Aga Khan Foundation (India), Aga Khan Foundation (USA) and USAID from 2000 to 2009. These supports were critical in developing the model of community mobilization for health action. After completion of Community-led Initiatives for Child Survival Program, MGIMS, Sevagram has made provision to sustain several elements of the initial program. Staff support under Phase III clinical trial on Bovine-Human Rotavirus Reassortant Pentavalent Vaccine (BRV-PV) from SIIL and PATH Vaccine Solutions and ICMR Advance Center for Community-based Research in Maternal, Newborn and Child Health been of great help.

## **BEST PRACTICES AT MGIMS SEVAGRAM HEALTH INSURANCE SCHEME**

### **OBJECTIVES OF THE PRACTICE**

MGIMS Sevagram's unique health insurance scheme creates health consciousness in community by making people responsible for their own health and the health of their community. It gives more strength to the Gram Sabha, makes it accountable for village health and forces it to take decisions for village development. It also provides health care facilities at doorsteps and arranges for hospitalization of those who need it. The scheme avoids charity and creates awareness of human rights.

### **THE CONTEXT**

When people fall ill, accessing health care leads to unexpected expenses. This invariably disturbs the entire budget of the household, more so in people who belong to the low socioeconomic strata of society. This out-of-pocket expenditure is worrisome to underprivileged families who often do not have so much cash in times of emergency. Using the concept of risk pooling, the MGIMS Health Insurance Scheme allow individuals and entire villages to insure their health on an annual basis.

### **THE PRACTICE**

There are two main types of health insurance schemes that are carried out in the hospital – The Health Insurance Scheme and the Jowar Health Assurance Scheme. The main objectives of these two schemes are to create health consciousness in the community.

**Health Insurance Scheme:** An individual can insure himself and his family by paying Rs 400 a year and in return he gets 50% subsidy in OPD and indoor bills. In the month of December each year, these insurance cards are made and families need to show these cards during registration throughout the next annual year to avail subsidies on all bills.

**The Jowar Health Assurance Scheme:** Here each participating village is made responsible to pay a payment with the rest of the health expense being covered by the hospital with financial support from the central and state governments. This co-payment (hardly 10% of total amount spent on them) was in the form of a common fund created by the villager by collecting Jowar (sorghum) during the annual December harvest time. Each family in the village contributes based on the size of the individual families land holding. Thus families contribute according to their capacity but receives services according to their needs. The collected harvest is then sold to generate a fund which is then used to provide health assurance for the villagers by strengthening primary care services within the village, and also by subsidizing tertiary level health care for all the participants. This micro-finance health insurance scheme allows individual villages to get the benefit of universal health coverage. For a mere 10% equity it allows these villages to gain access to additional public health resources from the central and state government through Kasturba Hospital who picked up the additional 90% of the health care expenses.

### **EVIDENCE OF SUCCESS**

The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community. This scheme fulfills the very basic tenets of health care delivery.

In 2015-16, a total of 78830 health insurance cards were sold for 302158 members. 18807 families (86199 members) around Sevagram volunteered to obtain health insurance from this

hospital. Forty villages were also insured (90210 individuals). The Jowar Health Assurance Scheme has succeeded in creating an environment of active self-participation in health care decision making by the villagers and made it accessible and affordable by linking it to existing governmental resources. In 2015-16, 3561 families which comprised of 16519 individuals were enrolled in this scheme.

**PROBLEMS ENCOUNTERED AND RESOURCE REQUIRED**

Implementing this scheme requires the trust of the villagers. A sustained interaction with them and community mobilization is important to make this scheme work