



SELF STUDY REPORT

FOR

3rd CYCLE OF ACCREDITATION

**MAHATMA GANDHI INSTITUTE OF MEDICAL
SCIENCES, SEVAGRAM, WARDHA, MAHARASHTRA**

DEAN, MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM,
WARDHA 442102 MAHARASHTRA

442102

<https://mgims.ac.in>

Submitted To

NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL

BANGALORE

March 2023

1. EXECUTIVE SUMMARY

1.1 INTRODUCTION

The Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram is India's first rural medical college. It is attached to Kasturba Hospital and is located in Wardha district in Maharashtra. Nestled in the karmabhoomi of Mahatma Gandhi, in Sevagram, MGIMS was founded by Dr Sushila Nayar in 1969. Kasturba Hospital has the distinction of being the only hospital in the country which was started by Gandhiji himself.

HISTORY

In 1936, Mahatma Gandhi left Sabarmati Ashram and set up his ashram at Sevagram. In 1944, Bapu got his guest house converted into a dispensary, and later, into a 15-bedded hospital for women and children. He put Dr Sushila Nayar, a young doctor, in charge of the hospital. It was christened 'Kasturba Hospital' in memory of Kasturba Gandhi, who had passed away in 1942. The hospital was later expanded and its services were extended to men.

On 11 September 1964, an autonomous body, the 'Kasturba Health Society' was set up with Dr Sushila Nayar as its President to manage the hospital. When Dr Sushila Nayar became the Union Health Minister in 1962, she realized that the distribution of doctors in urban and rural areas was skewed and there were no takers for rural health care. In 1965, Prime Minister, Lal Bahadur Shastri, suggested starting medical colleges in rural areas so that young doctors trained in rural settings would be sensitive to the health of the rural people. Kasturba Hospital at Sevagram was the natural choice for setting up India's first experimental rural medical college. MGIMS was started as a Gandhi Centenary Project where medical education was reoriented to meet the needs of the rural areas.

In the last fifty years, Kasturba Hospital has grown from a 15-bedded hospital into a nearly 1000-bed teaching hospital. The healthcare team (doctors, nurses, residents, students) which stays on campus, continues its tradition of excellence. At MGIMS, we are conscious of the fact that our work ought to be guided by the felt needs and unvoiced concerns of people. Our village location has not deterred us from offering low-cost, high-quality services to close to rural masses.

Vision

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

MISSION STATEMENT

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

OBJECTIVES

MEDICAL EDUCATION

- To evolve an integrated pattern of medical education
- To provide value-based and cost-effective medical education with a community-oriented approach
- To teach and train doctors to be responsive to the health needs of people living in resource limited settings

HEALTH SERVICE

- To provide high-quality, low-cost, evidence-based health care to the local communities
- To design efficient and effective health care delivery systems consonant to the needs of communities
- To empower the community by involving people in their own health care
- To promote professionalism and ethical application of practice standards

RESEARCH

- To promote excellence in designing and conducting research that focuses on local health problems, is feasible, interesting, novel, ethical and relevant
- To develop collaborative and consultative research partnerships with patients, care givers and the community

1.2 Strength, Weakness, Opportunity and Challenges(SWOC)

Institutional Strength

- Credibility and reputation of the institute built over last 52 years with strong value system based on Gandhian ideology. The institute also imparts its values to all its students through the Orientation camp and Foundation course.
- Expertise in community mobilization and utilizing the community-based organizations for community health action. This provides an opportunity for an authentic learning experience to our graduates beyond the walls of a medical college.
- Strong partnership with all levels of the health system which allow us to participate in advocacy and

framing health policy and guidelines at the national/ state/ district levels

- State of the art infrastructure and availability of patient care facilities at affordable costs: trained specialists, spacious wards, radiation oncology unit, advanced hospital information system, sophisticated laboratories
- Innovative patient schemes like health insurance schemes, low-cost drug initiative, registration in Ayushman Bharat as well as Mahatma Phule Jeevandayini Yojana, makes health care accessible to the rural masses and underprivileged sections of the community.
- As excellent HIS and other innovations in use of information technology (e.g., No Q-card) makes delivery of services more efficient and saves time of patients.
- Well-known for its innovations in medical education; some of the innovations (e.g., family adoption program) have been promoted by National Medical Council in each medical college in India
- An innovative scheme for promotion of undergraduate research with provision of research and travel grant, incentives for scientific publications and award session.
- Established its name in community-based research; several models for community-based health services in which the institute participated, have guided program development at national/ state level.
- Part of several research networks; e.g. WHO Collaborating Center as well as Advanced Center for Clinical Research under the INTENT network of Indian Council of Medical Council
- Updated learning resources, committed faculty, responsive management, vibrant medical education unit.
- The institute has utilized the opportunities for curricular innovations provided by National Medical Commission effectively to develop models for small group sessions, self-directed learning.
- Several of its faculty members being recognized as experts in medical education at international/ national level.

Institutional Weakness

- University assessment pattern is restrictive and does not allow us to assess students on the impact of our curricular innovations in the community
- Faculty do not have protected time for research after patient care and teaching
- The present University schedule does not permit our students to enter into exchange programmes with other universities
- The University, to which the institute is affiliated, does not have a system of Academic bank of credits.

Institutional Opportunity

- Recognition of institute by government and non-governmental agencies as a pioneer in community-based orientations in medical education
- Ability to attract research grants and infrastructure development funds from national and international research agencies
- Large campus with opportunities to expand infrastructure with changing needs
- Good networking with governmental and non-governmental organizations
- Management gives freedom and opportunities to innovate in health care, teaching and research
- The promotion of Competency-based Medical Education by the National Medical Commission and Maharashtra University of Health Sciences provides a platform for further curricular innovations.
- Being part of global networks; e.g. Towards Unity for Health, WHO Collaborating Center and Advanced Center for Clinical Research under the INTENT network of Indian Council of Medical

Council provides access to new ideas and further opportunities.

Institutional Challenge

- Lack of academic flexibility: Finding time for curricular innovations within the tight schedule prescribed by MCI and MUHS
- Uncertainty about consequences of NEET and NEXT, especially its impact on internship and our rural placement scheme. May affect our networking with NGOs
- Rural location affects higher education opportunities for children of faculty
- Retention of faculty (especially super-specialists) in the rural location

1.3 CRITERIA WISE SUMMARY

Medical Part

Kasturba Hospital has 972 beds: 660 teaching beds, 280 service beds, 32 private rooms and 62 beds in different intensive care units (ICU). The institute also runs a 50-bedded Dr Sushila Nayar Hospital, in the tribal areas of Utawali, in Melghat in Amravati district. Almost three-fourths of the patients who visit our hospital come from rural backgrounds. Patients from Vidarbha in Maharashtra, and from Andhra Pradesh, Telangana, Madhya Pradesh and Chhatisgarh come to us. The hospital offers the benefits of modern technology with affordable costs and compassionate health care. Several in-patients at Kasturba Hospital take advantage of Ayushman Bharat and Mahatma Jyotiba Phule Jan Arogya Yojana that offers cashless in-patient services to poor patients.

In 2021-22, 670357 patients attended the OPDs and 45043 patients were admitted for various ailments. The Hospital has state-of-the-art ICUs in Medicine, Surgery, Ob/Gyn and Pediatrics which provide excellent critical care. The Accident and Emergency Unit provides succour to patients of trauma. The Institute has a blood component unit, facilities for MRI, CT scan and mammography, linear accelerator, digital subtraction angiography, brachytherapy and Cath lab. The laboratories have in-house facilities to conduct diagnostic tests. All departments of the hospital are connected by an advanced Hospital Information System.

Kasturba Hospital has a new state-of-the-art operation theatre (OT) complex extending over 15000 square feet with ten modular OT suites. Cardiac angioplasty services are available. A model Maternal and Child Health (MCH) building with 150 beds for Ob/Gyn and 60 beds for Pediatrics and Neonatology; a nodal center for obstetric High Dependence Unit/ Intensive Care Unit (HDU/ICU) training and a palliative care centre have been started recently.

During the COVID pandemic the District COVID task force was headed by the Medical Superintendent and several faculty were also members. Kasturba Hospital created 450 COVID beds ready with piped oxygen facility. A liquid oxygen storage plant was installed.

The Community Medicine department created a checklist to contain the spread of COVID-19 in rural and tribal areas which was accepted by the Ministry of Panchayati Raj, GoI. MGIMS sent a team of 45 post-graduates to Mumbai to manage the pandemic.

Curricular Aspects

The Institute is affiliated to the Maharashtra University of Health Sciences (MUHS) Nashik and aligned with the regulations of the National Medical Commission (NMC). At MGIMS, every effort is made to acquaint the medical student to the real rural India. The spotlight on community oriented medical education focuses on attempts to make our graduates sensitive to the felt needs of the people they would be serving in their future.

Students at MGIMS are drawn from all parts of the country - half the students are admitted from Maharashtra and the remaining from all other states. In addition to the constitutional reservation policy, the institute offers reservation for students from rural areas, for the disabled and for the disadvantaged. Until NEET arrived in 2016, the entrance examination to the MBBS course included a separate qualifying paper on Gandhian Thought. Now, admissions are conducted exclusively based on the NEET scores.

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

The Institute offers MCI recognized degrees and diplomas in 20 postgraduate disciplines and PhDs in nine departments.

Since 1991, the Institute had 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. This rural service was mandatory criterion for applying for post-graduation in this Institute. With the introduction of NEET this criterion had to be abandoned. 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 here have now been adopted by the government. Recently the NMC has mooted the introduction of the village adoption scheme which was first started at MGIMS.

Teaching-learning and Evaluation

Besides MBBS, the Institute offers NMC recognized degrees in 20 postgraduate disciplines and PhDs in nine departments. MGIMS boasts of an impressive list of committed faculty, some of whom are recipients of the BC Roy Award or the Best Teacher Award instituted by MUHS.

At the beginning of each academic year, the curriculum committee plans the teaching-learning and assessment schedule for the entire year and designs the academic calendar. The academic calendar and the assessment schedule are scrupulously followed as per the MUHS guidelines. All modern methods of teaching-learning such as interactive lectures, small group teaching, bedside teaching, project-based learning, experiential and workplace based learning are used.

The institute has undertaken several new curricular innovations in line with the NMC recommendations. Small group sessions have been introduced throughout the curriculum, to make it more student-centered and self-directed in nature. Electives postings have been introduced to provide an opportunity to students to explore different areas of interest. Several innovations including assessment of AETCOM skills and Objective-

structured Clinical/ Practical Examination (OSCE/ OSPE) have been introduced.

Through a series of camps and village adoption program, the institute works to achieve its objective of creating a rural bias among the medical students. Immediately after admission, a fortnight long Orientation camp is held in the Gandhi ashram to acquaint them to the profession and imbibe Gandhian values. Each year a village is adopted by the new MBBS batch and 3-5 families are allotted to each student as their adopted families. For 15 days of the Social Service Camp, all students live in this village in small dormitories and experience rural life. The students longitudinally follow these adopted families till they pass the seventh semester examination. Based on this model of community immersion and family adoption, the NMC has mandated the family adoption scheme across all medical colleges in India. During their final year, the students are again posted at a rural health training centre of the institute for 15 days in a ROME camp where they are exposed to the health care delivery system and methods to assess community health needs.

Research, Innovations and Extension

The focus has been on community-based medical research. Large numbers of funded projects awarded to 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, BIRAC, WHO, UNICEF, PATH (USA), and other such organizations. The large numbers of national and international peer-reviewed publications provide evidence of excellence in research. Our faculty has been invited to national and international committees to frame guidelines or share expertise.

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 199 Self-help groups, 13 Kisan Vikas Manch and 91 Kishori Panchayats in the adopted villages. In 2018, the institute initiated the MGIMS Health and Demographic Surveillance System (HDSS), supported by Kasturba Health Society, which covers a population of around 120,000 in selected villages of the Wardha community development block and urban area. The National Rural Health Mission has lauded the 'positive contribution of MGIMS in maternal health activities conducted in partnership with the Govt of India'.

The Aarambh model of Early Childhood Development developed by the Department of Community Medicine is an initiative to build the capacity of parents and other caregivers to provide parenting information to the underprivileged community. This initiative is being implemented throughout Maharashtra by the Department of Women and Child Development through ICDS scheme.

MGIMS been selected as an Advanced Center for Clinical Trial (ACCT) for participation in the ICMR Indian Clinical trial and Education Network (INTENT).

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 500 a year and in return he gets 50% subsidy in OPD and indoor bills. In 2021-22, 12504 families (53806 members) around Sevagram volunteered to obtain health insurance from this hospital. Similarly, 40 villages were totally insured and 178283 rural people were insured under this scheme.

Infrastructure and Learning Resources

Infrastructure for learners, including the classrooms, library, skills lab and laboratories, is good. All classrooms have been equipped with latest digital equipment and are ready for online classes. These classrooms along with auditoriums, seminar rooms, and lecture theatres are air-conditioned and wi-fi equipped.

The new state-of-the-art library is spread across 16000 square feet, with an audiovisual room, a group discussion room, a 50-seater computer section, reprography area and secure archival storage for books, thesis and journals and a cafeteria. The entire area is wi-fi enabled and has an electronic RFID system to identify, track, sort and detect library books and journals and to offer self-check-ins and checkouts.

MGIMS has established a modern skills training center. Regular AHA-accredited basic life support skills (BLS) and advanced cardiovascular life support skills (ACLS) courses are conducted. It was also chosen as one of the first five centres in India to build a centralized state-of-the-art simulation and skills lab under their National Emergency Life Support (NELS) programme. To further strengthen its skills lab, in 2022-23, the institute has procured equipment/ mannequins worth Rs. 50 Lakhs. A Sports Physiology lab equipped with a complete exercise physiology recording and analysis system for monitoring cardiorespiratory and metabolic function is a new addition. The Rural and Urban Health Training Centers are well equipped to accommodate students for a residential camp during sixth semester. These also provide adequate facilities for their stay during the internship postings.

All students stay on campus and have single-seater rooms in the hostels. Facilities for recreation such as gymnasium and sports grounds are available. The dining halls have good facilities. The campus has good cafeteria for the students.

The campus, hostels, faculty residences and peripheral centres are completely linked by highspeed broadband. Each student and faculty have an individual email ID on the intramail.

All departments have adequate learning resources and books, slides and specimens. As the patient load is high, students get ample exposure to real cases. Digital library allows access to journals and books. The campus has a free subscription to UptoDate software which allows bedside access to latest patient-related information. The entire campus is linked by a Hospital Information System which allows easy retrieval and tracking of patients.

Student Support and Progression

The institute runs an effective mentoring cell. In addition, students have access to a student guidance and counseling centre. A student grievance redressal cell and prevention of sexual harassment cell are in place. Financial assistance and book bank schemes are available for needy students. Remedial programmes are undertaken to help all students reach the desired level of competence.

Each year a new Students' Council is formed which organizes several curricular, co-curricular and extra-curricular activities. The institute has an active unit of National Service Scheme. All students participate in the National Service Scheme during their first two years.

Free access to campus wifi encourages students to adapt to advances in information and communication technology. Students are encouraged to take up research projects under guidance of faculty and present their work at scientific platforms. Regular feedback is obtained from students, faculty, alumni and parents. The results of the feedback are analyzed and each department tries to incorporate these suggestions to improve the teaching-learning experience.

MGIMS has an MOU with several international universities, including Maastricht University, Netherlands and Ben Gurion University, Israel. In the past, students from Jakarta University, Indonesia; Charite University, Berlin and other foreign students have also visited the institute. Every year two international students are from SAARC countries like Nepal, Srilanka, Bhutan are admitted through Govt of India.

The institute has a strong alumni network which is very active on the social media. The alumni have donated generously to help in construction of a new hostel, donation of expensive equipment and renovation of departments.

Governance, Leadership and Management

The Kasturba Health Society runs MGIMS and Kasturba Hospital. The functioning of the institute is decentralized and several committees look after different aspects of governance and administration. The Dean is the head of academic affairs. The Secretary of the Kasturba Health Society looks after all other management issues with KHS employees, i.e., both teaching and non-teaching staff. Medical Superintendent looks after the day-to-day running of the hospital and deals with concerns of the patients and clinicians. Between them, they interact with all the relevant stakeholders, including all important community representatives. The President of the KHS oversees all these roles and also handles financial responsibilities. KHS has explicit guidelines for functioning which ensures that each individual employee contributes to institutional development. Regular academic and administrative audits are conducted.

Most faculty take on different institutional administrative responsibilities and serve on several committees. Teamwork and Delegation among the internal stakeholders across all Departments and section of the Institute is also done. Community members are representatives of various committees like-Women's Complaint Committee, Institutional Ethics Committee.

The institute emphasizes its commitment to bring in new ideas and technologies and also to continuously evaluate, innovate, collaborate and have constant endeavor to provide the required services. The strategic plan guides us regarding areas to invest our resources and energy with a focus on five main areas viz. human resources, education, hospital services, community extension activities and research.

The institute has developed a strategic plan to serve the rural and under-privileged sections of society. We wish to strengthen our community extension activities through further engagement and collaborations with the community, governmental and non-governmental organizations. The institute lays down its commitment for providing high quality research outputs while keeping its focus on enabling transformative discoveries.

The plan envisages recruitment of the best faculty and staff and their retention by developing a supportive and inclusive culture in the institute with a proactive and flexible approach for provision of professional and personal development opportunities. The institute has grievance handling mechanism through internal complaints committee, local management committee and provident fund trust. Institute promotes equal opportunities, fair work place and safe environment.

Institutional Values and Best Practices

MGIMS has a strong foundation embedded in the Gandhian ideology. It started as a small hospital in 1944 in memory of Kasturba Gandhi. In 1969, MGIMS was started as a Gandhi Centenary Project with a goal to

reorient medical education to meet the needs of the rural areas.

In order to achieve its overall objective, the institute initiated several pioneering innovations in medical education. These innovations like village adoption scheme, social service camp, ROME camp, rural health insurance scheme and low-cost drug initiative have now been adopted by other institutes. Several of these innovations have become part of national recommendations or guidelines.

The admission structure is inclusive with half the students coming from Maharashtra and the rest from other states of India. These students learn to live with each other without any form of discrimination. Every Friday all faculty and students participate in an all-religion prayer. Weekly *Shramdan* teaches the faculty, staff and students the value of dignity of labour. No form of cultural, regional, linguistic, socio-economic discrimination is tolerated. Students and faculty live in harmony and together celebrate Holi, Diwali, Onam, Ganesh Puja and Christmas with the same enthusiasm.

MGIMS has a unique program for community health action in its field practice area comprising of approximately 90 villages in Wardha and Deoli blocks. This initiative has been nurtured over the last two decades and has resulted in a strong partnership with the community through Women's self-help groups (SHGs), 'Kishori Panchayat', Village health sanitation and nutrition committee as well as Gram Panchayat. Village Adoption Scheme provides an opportunity for the students to witness and learn about community health action.

MGIMS is widely recognized for its understanding and expertise in developing models for community-based approaches in delivery of health care and behavior change communication. A model of home-based newborn care, in which MGIMS participated during a multi-centric trial in 2003-09, was launched throughout India in year 2011. Aarambh, a model for empowering parents and other caregivers for nurturing care of children below 3 years is being implemented throughout Maharashtra by Department of Women and Child Development, Government of Maharashtra.

2. PROFILE

2.1 BASIC INFORMATION

Name and Address of the College	
Name	MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM, WARDHA, MAHARASHTRA
Address	Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha 442102 Maharashtra
City	Sevagram
State	Maharashtra
Pin	442102
Website	https://mgims.ac.in

Contacts for Communication					
Designation	Name	Telephone with STD Code	Mobile	Fax	Email
Principal	Ajay Kumar Shukla	07152-284341	9423118077	07152-284333	dean@mgims.ac.in
IQAC / CIQA coordinator	Anshu	07152-284342	9822726984	-	anshu@mgims.ac.in

Status of the Institution	
Institution Status	Grant-in-aid
Institution Fund Source	No data available.

Type of Institution	
By Gender	Co-education
By Shift	Regular

Recognized Minority institution	
If it is a recognized minority institution	No

Establishment Details				
Date of establishment of the college		12-09-1969		
University to which the college is affiliated/ or which governs the college (if it is a constituent college)				
State	University name	Document		
Maharashtra	Maharashtra University of Health Sciences	View Document		
Details of UGC recognition				
Under Section	Date	View Document		
2f of UGC	29-01-1998	View Document		
12B of UGC				
Details of recognition / approval by statutory / regulatory bodies other than UGC (MCI, DCI, PCI, INC, RCI, AYUSH, AICTE etc.)				
Statutory Regulatory Authority	Recognition/Approval details Institution/Department programme	Day,Month and year(dd-mm-yyyy)	Validity in months	Remarks
MCI	View Document	11-10-2022	60	MBBS Valid for years

Recognitions	
Is the College recognized by UGC as a College with Potential for Excellence(CPE)?	No
Is the college recognized for its outstanding performance by national or international agencies such as DSIR, DBT, ICMR, UGC-SAP, AYUSH, WHO, UNESCO etc.?	Yes
If yes, nature of recognition	WHO Collaborating Center For Research and Training in Community Based Maternal, Newborn and Child Health
Date of recognition	14-07-2009

Location and Area of Campus				
Campus Type	Address	Location*	Campus Area in Acres	Built up Area in sq.mts.
Main campus area	Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha 442102 Maharashtra	Rural	458.25	73379

2.2 ACADEMIC INFORMATION

Details of Programmes Offered by the College (Give Data for Current Academic year)						
Programme Level	Name of Programme/Course	Duration in Months	Entry Qualification	Medium of Instruction	Sanctioned Strength	No.of Students Admitted
UG	MBBS, Undergraduate	66	HSSC	English	100	100
PG	MS, Postgraduate	36	MBBS	English	4	4
PG	MD, Postgraduate	36	MBBS	English	2	1
PG	MD, Postgraduate	36	MBBS	English	4	4
PG	MD, Postgraduate	36	MBBS	English	1	1
PG	MS, Postgraduate	36	MBBS	English	5	4
PG	MD, Postgraduate	36	MBBS	English	5	2
PG	MD, Postgraduate	36	MBBS	English	2	2
PG	MS, Postgraduate	36	MBBS	English	6	6
PG	MD, Postgraduate	36	MBBS	English	12	12
PG	MD, Postgraduate	36	MBBS	English	4	4

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PG	MD,Postgraduate	36	MBBS	English	2	0
PG	MD,Postgraduate	36	MBBS	English	2	0
PG	MD,Postgraduate	36	MBBS	English	2	2
PG	MD,Postgraduate	36	MBBS	English	4	2
PG	MS,Postgraduate	36	MBBS	English	4	4
PG	MD,Postgraduate	36	MBBS	English	4	4
PG	MD,Postgraduate	36	MBBS	English	5	4
PG	MS,Postgraduate	36	MBBS	English	3	2
PG	MD,Postgraduate	36	MBBS	English	5	4
PG	MD,Postgraduate	36	MBBS	English	2	0

Position Details of Faculty & Staff in the College

Teaching Faculty												
	Professor				Associate Professor				Assistant Professor			
	Male	Female	Others	Total	Male	Female	Others	Total	Male	Female	Others	Total
Sanctioned by the UGC /University State Government	64				28				73			
Recruited	43	20	0	63	12	12	0	24	28	23	0	51
Yet to Recruit	1				4				22			
Sanctioned by the Management/Society or Other Authorized Bodies	0				0				0			
Recruited	0	0	0	0	0	0	0	0	0	0	0	0
Yet to Recruit	0				0				0			
	Lecturer				Tutor / Clinical Instructor				Senior Resident			
	Male	Female	Others	Total	Male	Female	Others	Total	Male	Female	Others	Total
Sanctioned by the UGC /University State Government	0				0				69			
Recruited	0	0	0	0	0	0	0	0	27	32	0	59
Yet to Recruit	0				0				10			
Sanctioned by the Management/Society or Other Authorized Bodies	0				0				0			
Recruited	0	0	0	0	0	0	0	0	0	0	0	0
Yet to Recruit	0				0				0			

Non-Teaching Staff				
	Male	Female	Others	Total
Sanctioned by the UGC /University State Government				0
Recruited	0	0	0	0
Yet to Recruit				0
Sanctioned by the Management/Society or Other Authorized Bodies				992
Recruited	440	523	0	963
Yet to Recruit				29

Technical Staff				
	Male	Female	Others	Total
Sanctioned by the UGC /University State Government				0
Recruited	0	0	0	0
Yet to Recruit				0
Sanctioned by the Management/Society or Other Authorized Bodies				153
Recruited	110	34	0	144
Yet to Recruit				9

Qualification Details of the Teaching Staff

Permanent Teachers										
Highest Qualification	Professor			Associate Professor			Assistant Professor			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/LLD/DM/MCH	0	0	0	0	0	0	1	0	0	1
Ph.D.	3	1	0	2	2	0	0	1	0	9
M.Phil.	0	1	0	0	0	0	0	0	0	1
PG	40	18	0	10	10	0	27	23	0	128
UG	0	0	0	0	0	0	0	0	0	0
Highest Qualification	Lecturer			Tutor / Clinical Instructor			Senior Resident			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/LLD/DM/MCH	0	0	0	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	27	32	0	59
UG	0	0	0	0	0	0	0	0	0	0

Temporary Teachers										
Highest Qualification	Professor			Associate Professor			Assistant Professor			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/ LLD/DM/MCH	0	0	0	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	0	0	0	0
UG	0	0	0	0	0	0	0	0	0	0
Highest Qualification	Lecturer			Tutor / Clinical Instructor			Senior Resident			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/ LLD/DM/MCH	0	0	0	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	27	32	0	59
UG	0	0	0	0	0	0	0	0	0	0

Part Time Teachers										
Highest Qualification	Professor			Associate Professor			Assistant Professor			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/LLD/DM/MCH	0	0	0	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	0	0	0	0
UG	0	0	0	0	0	0	0	0	0	0
Highest Qualification	Lecturer			Tutor / Clinical Instructor			Senior Resident			Total
	Male	Female	Others	Male	Female	Others	Male	Female	Others	
D.sc/D.Litt/LLD/DM/MCH	0	0	0	0	0	0	0	0	0	0
Ph.D.	0	0	0	0	0	0	0	0	0	0
M.Phil.	0	0	0	0	0	0	0	0	0	0
PG	0	0	0	0	0	0	0	0	0	0
UG	0	0	0	0	0	0	0	0	0	0

Details of Visting/Guest Faculties				
Number of Visiting/Guest Faculty engaged with the college?	Male	Female	Others	Total
	24	0	0	24
Number of Emeritus Professor engaged with the college?	Male	Female	Others	Total
	3	2	0	5
Number of Adjunct Professor engaged with the college?	Male	Female	Others	Total
	0	0	0	0

Provide the Following Details of Students Enrolled in the College During the Current Academic Year

Programme		From the State Where College is Located	From Other States of India	NRI Students	Foreign Students	Total
UG	Male	28	30	0	0	58
	Female	22	19	0	0	41
	Others	0	0	0	0	0
PG	Male	13	14	0	0	27
	Female	18	17	0	0	35
	Others	0	0	0	0	0

Provide the Following Details of Students admitted to the College During the last four Academic Years

Category		Year 1	Year 2	Year 3	Year 4
SC	Male	6	4	5	4
	Female	5	8	8	8
	Others	0	0	0	0
ST	Male	7	8	7	9
	Female	4	3	5	0
	Others	0	0	0	0
OBC	Male	12	18	12	17
	Female	6	3	6	8
	Others	0	0	0	0
General	Male	31	32	37	34
	Female	29	24	20	20
	Others	0	0	0	0
Others	Male	0	0	0	0
	Female	0	0	0	0
	Others	0	0	0	0
Total		100	100	100	100

General Facilities	
Campus Type: Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha 442102 Maharashtra	
Facility	Status
• Auditorium/seminar complex with infrastructural facilities	Yes
• Sports facilities	
* Outdoor	Yes
* Indoor	Yes
• Residential facilities for faculty and non-teaching staff	Yes
• Cafeteria	Yes
• Health Centre	
* First aid facility	Yes
* Outpatient facility	Yes
* Inpatient facility	Yes
* Ambulance facility	Yes
* Emergency care facility	Yes
• Health centre staff	
* Qualified Doctor (Full time)	139
* Qualified Doctor (Part time)	0
* Qualified Nurse (Full time)	380
* Qualified Nurse (Part time)	0
• Facilities like banking, post office, book shops, etc.	Yes
• Transport facilities to cater to the needs of the students and staff	Yes
• Facilities for persons with disabilities	Yes
• Animal house	Yes
• Power house	Yes
• Fire safety measures	Yes
• Waste management facility, particularly bio-hazardous waste	Yes

• Potable water and water treatment	Yes
• Renewable / Alternative sources of energy	Yes
• Any other facility	Engineering and Maintenance Department, Paper recycling unit, Library,

Hostel Details		
Hostel Type	No Of Hostels	No Of Inmates
* Boys' hostel	1	294
* Girls's hostel	1	292
* Overseas students hostel	0	0
* Hostel for interns	2	100
* PG Hostel	2	168

Institutional preparedness for NEP

1. Multidisciplinary/interdisciplinary:	<p>The institute promotes multidisciplinary approach for teaching/ training, service and research. The institute has developed a system of horizontal and vertical integration in undergraduate teaching. Various departments have also initiated joint academic activities. Postgraduate students from one department are posted in other related departments for cross-learning; Several departments also post their PGs to other medical colleges, national institutes and renowned organizations. In 2022, the Department of Anatomy and the Department of Otolaryngology conducted a joint workshop on 'Clinical Anatomy of the Ear & Cadaveric surgical skill for ENT Surgeons'. During COVID pandemic, several departments came together to conduct skills training of residents, interns as well as nursing staff. Through a series of camps that is used at MGIMS, Sevagram to achieve its mission of creating rural bias among the medical students, the institute engages experts from Government health system and other related departments in undergraduate teaching. The Department of Pathology is developing an artificial-intelligence based app/ software for cervical cancer</p>
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screening. The institute has several collaborative research projects, engaging multiple disciplines at institute level. For example, the Departments of Community Medicine, Pediatrics and Microbiology, Pathology and Biochemistry partner for implementation of MRC/ ICMR-supported phase III clinical trial on Probiotics; Department of Community Medicine, Psychiatry and Obs & Gyn partner on research on Violence against women. The institute is known for conducting community-based vaccine trials in which several clinical department and community medicine participate. Under Mission COVID Suraksha, the institute received support from BIRAC for undertaking multi-disciplinary COVID vaccine trials. In 2022, the institute has been identified as Advanced Centre for clinical trials by ICMR under its INTENT network. Researchers from several departments are part of the group under the INTENT network. In addition, several research projects are being conducted in partnership with government departments – health and other related sectors. ‘Aarambh’, a model for nurturing care in partnership with ICDS and health department developed at Sevagram has been accepted for scale-up across all districts of Maharashtra. In another endeavour of intergenerational programming, the institute partners with a group of elderly, ‘Aadharvad’, who have come together and registered their organization as Non-government Organization. Under a WHO supported project, MGIMS has built capacity of selected members of ‘Aadharvad’ as key facilitators, who engage in mobilization and training of master and peer facilitators at village level. Several departments in the institute are also involved in research related to Ayurvedic system of medicine and Yoga. The Institute has strong partnership with the community in its field practice area. It acts as a catalyst to form community-based organizations (CBO) and builds their capacity for health action. Through rural and urban health training centres, it organizes training of frontline workers and supports them for better implementation of national health programs. It has frequently provided support for investigation and control of epidemics to the District Administration.

2. Academic bank of credits (ABC):

For student assessment, MGIMS, Sevagram complies to the guidelines developed by Maharashtra

	<p>University of Health Sciences (MUHS), Nashik. Currently MUHS, Nashik does not have a system of Academic bank of credits. The facility of being part of National Academic Depository (NAD) is available only for Universities and not for individual institutes.</p>
<p>3. Skill development:</p>	<p>The Institution has a well-equipped skills lab centre with adequate models for training of skills related to all relevant departments. In 2021-22, the institute has purchased equipment worth Rs 50 Lakhs to further upgrade its skills lab centre. The Medical Education Unit conducts regular training of the medical teachers in use of skills lab. Posting in the skills lab is part of the regular timetable of the students. Department of Anaesthesia conducts workshop on resuscitation skills, Department of Paediatrics in neonatal resuscitation and Department of Surgery in suturing skills as well as laparoscopic surgery. Department of Obs & Gyn conducts regular workshops on Emergency Obstetric Care. Most of the departments use OSCE and OSPE for skill assessment of the students. This immensely helps in training of the students in management of common ailments. MGIMS is among the first five centres in India to build a centralized state-of-the-art simulation and skills lab under their National Emergency Life Support (NELS) programme. The NELS project is an initiative undertaken by the MoHFW to implement a 'made in India' simulation curriculum to help doctors and paramedics deal with lifesaving emergency situations which they encounter in their everyday practice. The programme will be run by the Department of Anaesthesia along with other clinical and para-clinical departments of the institute. The programme intends to provide basic life support training to interns, paramedics and doctors in the public health services right from primary health centres to the level of district hospital. The institute has a regular structured program for skill development of the students. The pre-clinical departments conduct training in soft skills including communication skills, time management. The Family Adoption Program as well as other innovations at MGIMS helps students further enhance their communication skills including health education and counselling skills. General OPD is a replica of Primary Health Centre in a tertiary care hospital. Through several curricular innovations, the students</p>

also get adequate opportunities to develop leadership, team work and other soft skills. One of the innovations at MGIMS, Academy of Basic Medical Sciences, provides opportunities to every student in each batch to present a Seminar on a topic of their interest. This helps students in developing communication and presentation skills. In 2015, the institute launched a scheme for promotion of undergraduate research. This scheme makes provisions of an institutional grant to support undergraduate research, a travel grant for presenting a scientific paper in a national/ international conference, incentives for scientific publications as well as an award session where students are able to share at institute level findings of their research. Further, a workshop on 'Essential National Health Research' is organized for the undergraduate students. During the workshop, the students in small group develop a community intervention project which they implement with support of faculty members. Every year, about 7-12 students are selected to do projects under ICMR short-term studentship.

4. Appropriate integration of Indian Knowledge system (teaching in Indian Language, culture, using online course):

At the beginning of the MBBS course, the institute conducts Orientation camp of 2 weeks duration for the students in Gandhi Ashram. During the camp, the students get to interact with eminent Gandhians and learn from their life and work. In the Orientation camp held for 2022 batch of students, a few of the resource persons who interacted with the students include Prof William Bhaskaran, Dr Satish Gogulwar, Prof John Chelladurai, Dr Ravindra Rukhmini Pandarinath, Prof Sunil Ganatra, Dr Soham Pandya, Dr. Prathamesh Vyas, Dr Avinash Saoji, who have long history of working with the underprivileged community. They are taught about the relevance of Gandhian ideology and 'Sarvodya vichar' in today's world. Daily Yoga sessions are held during the Orientation camp. During the camp a workshop on 'Values in healthcare: a spiritual approach (VIHASA) is also conducted. Within the campus of the institute, Arogyadham is located, where Ayurvedic procedures including Panchkarma and regular Yoga classes are held. AYUSH OPD is located with the Medicine OPD in the Kasturba Hospital, which provides opportunities to both undergraduate and post-graduate students to get

	<p>oriented to the Indian System of Medicine. During internship, students get option to do one week of their posting in Indian system of Medicine. An AYUSH doctor is also posted at one of the Rural Health Training Centres of the Institute. Interns and Post-graduate students, during their posting at the Rural Health Training Centre get to interact with the AYUSH doctor. Classes on Marathi are organised for non-Marathi students. The online course prepared for Family Adoption Program has also incorporated a Moodle glossary for Marathi to English as well as English to Marathi to help students converse in local language. The institute also encourages students to celebrate various festivals or important days in the campus, including Ganesh festival, Gandhi Jayanti, Maharashtra day etc. Also, the Library of the institute has a huge collection of Gandhian Literature and from Dr Sushila Nayar's personal collection.</p>
<p>5. Focus on Outcome based education (OBE):</p>	<p>Based on the latest curriculum developed by NMC, the institute has started Competency-based Medical Education (CBME) since 2019 batch. A few faculty members from MGIMS, Sevagram were also part of the team developing the competency-based medical education at national level. Through three Curriculum Innovation Support Program (CISP) workshops, most of the faculty members in the institute have been trained in the competency-based medical education. conducted for this purpose. The institute has also adopted all innovations proposed by NMC, including Early clinical exposure, foundation course, family adoption program, AETCOM modules, Self-directed learning and skills teaching. A well-structured system of community-based medical education – including orientation camp, family adoption program and re-orientation of medical education camp further help the students develop an orientation and imparts appropriate skills for rural health. The family adoption program at MGIMS, Sevagram has been appreciated repeatedly as a best practice in medical education. In 2021, National Medical Commission (NMC) has made it mandatory for all medical colleges in the country to adopt family adoption program. The institute has launched a scheme for promotion of undergraduate research which encourages the students and supports them participate in research. Under the scheme, the institute has provisions for 1) a short-term research grant, 2) travel</p>

	<p>grant for presentation of scientific papers in national/international conferences, 3) incentives for scientific publication to undergraduate student as first author, and 4) award session for undergraduate research.</p>
<p>6. Distance education/online education:</p>	<p>MGIMS, Sevagram developed an online platform for strengthening its teaching-learning method in 2015. The institute uses Moodle as Learning Management System. The learning management system is installed on the website of the institute (https://classroom.mgims.ac.in/). Since 2015-16, all faculty members (a total of 108) were trained in developing online courses on Moodle platform. All newly admitted students are oriented to the e-classroom and are provided access to the online platform within a month after their admission in the college. For each batch of undergraduate students, a cohort is created to facilitate enrolment in the system. Every department in the institute has developed a plan for developing online courses and several of these courses are functional. Two online courses (Community Health and Development 1 and 2) have been developed to supplement the Family Adoption Program at MGIMS, Sevagram. The innovative approach used in the online course makes an effort to seamlessly blend with the offline component and enhance student learning during the authentic nature of the Family Adoption Program. Students collect information for the households and individuals allotted to them using the database element of MGIMS e-classroom. This further helps them to prepare family and community diagnosis. It also provides a platform where student may learn from their peers. In 2021, 2-day workshop 'Advanced Workshop on MCQ Construction and Item Analysis' was conducted. During the workshop, the participants were also trained on construction of MCQs and administration of Quiz using Moodle. With this most of the departments have also initiated development of a question bank.</p>

Institutional Initiatives for Electoral Literacy

<p>1. Whether Electoral Literacy Club (ELC) has been set up in the College?</p>	<ul style="list-style-type: none"> • This year on 27th January, Electoral Literacy Club has been set up at the Mahatma Gandhi Institute of Medical Sciences, Sevagram Wardha with the
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	<p>primary objective of sensitizing the students regarding democratic rights which includes casting votes in elections. • The Electoral Literacy Club will conduct mock polling activities to give the experience-based learning of the democratic setup. It will also conduct poster presentations, debates, mock parliaments, elocution, essay writing and other programs to create awareness regarding electoral procedures.</p>
<p>2. Whether students' co-ordinator and co-ordinating faculty members are appointed by the College and whether the ELCs are functional? Whether the ELCs are representative in character?</p>	<p>The Institution has a functional ELC with the following office bearers: 1. Dr. Satish Kumar O/I Students Council ELC Coordinator 2. Dr. Manisha Atram Bhalavi O/I Literary ELC Additional Coordinator 3. Dr. Shweta Talhar Co- Incharge Literary ELC Additional Coordinator 4. Akansha Nath Final MBBS student Student Representative 5. Mansi Bhalme Final MBBS student Student Representative 6. Poorna Pandey Second MBBS student Student Representative 7. Pratham Bhandari Second MBBS student Student Representative</p>
<p>3. What innovative programmes and initiatives undertaken by the ELCs? These may include voluntary contribution by the students in electoral processes-participation in voter registration of students and communities where they come from, assisting district election administration in conduct of poll, voter awareness campaigns, promotion of ethical voting, enhancing participation of the under privileged sections of society especially transgender, commercial sex workers, disabled persons, senior citizens, etc.</p>	<p>The following activities are being planned by the ELC of MGIMS: • Our students will participate in Voter Awareness Campaigns aimed in educating the public in the nearby villages. • We will conduct educational campaigns, webinars and workshops to create awareness and interest among faculty and students.</p>
<p>4. Any socially relevant projects/initiatives taken by College in electoral related issues especially research projects, surveys, awareness drives, creating content, publications highlighting their contribution to advancing democratic values and participation in electoral processes, etc.</p>	<p>The ELC will take initiatives that are socially relevant to electoral-related issues especially awareness drives. 1. Will help the target audience to understand the value of their vote to ensure that they exercise their suffrage right in a confident, comfortable and ethical manner 2. To develop a culture of electoral participation and maximize the informed and ethical voting and follow the principle 'Every vote counts' and 'No Voter to be Left Behind'.</p>
<p>5. Extent of students above 18 years who are yet to be enrolled as voters in the electoral roll and efforts by ELCs as well as efforts by the College to institutionalize mechanisms to register eligible</p>	<p>The students above 18 years who are yet to be enrolled as voters are sensitized about democratic rights which include casting votes in elections. We will conduct mock polling activity to give the</p>

students as voters.

experience-based learning of the democratic setup.

Extended Profile

1 Students

1.1

Number of students year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
690	685	667	619	632
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

1.2

Number of outgoing / final year students year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
141	155	148	136	168
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

1.3

Number of first year Students admitted year-wise in last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
161	164	165	154	150
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

2 Teachers

2.1

Number of full time teachers year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
139	133	135	134	135
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

2.2

Number of sanctioned posts year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
165	173	152	152	152
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

3 Institution

3.1

Total Expenditure excluding salary year-wise during the last five years (INR in Lakhs)

2021-22	2020-21	2019-20	2018-19	2017-18
5817.68	6295.56	5194.88	5212.76	5221.68
File Description		Document		
Institutional data in prescribed format(Data templ		View Document		

4. Quality Indicator Framework(QIF)

Criterion 1 - Curricular Aspects

1.1 Curricular Planning and Implementation

1.1.1 The Institution ensures effective curriculum planning, delivery and evaluation through a well defined process as prescribed by the respective regulatory councils and the affiliating University.

Response:

MGIMS follows the curricula developed by its affiliating university, the Maharashtra University of Health Sciences (MUHS).

Curriculum planning: MGIMS has constituted a curriculum committee which meets every 6 months. Members review syllabus, teaching, assessment, attendance, and academic performance of students. The committee discusses infrastructural and faculty requirements to conduct classes each semester. The committee approves the annual academic calendar and finalizes the timetable for each year.

Curriculum delivery: Decisions of the curriculum committee are shared with all departmental heads. Curricular subcommittees, and alignment and integration committees help in implementation of the CBME curriculum. The committee works in collaboration with IQAC, MEU and Institutional Research committee, and Ethics Committee. Each phase of MBBS has a different committee constituting departmental heads who monitor the completion of syllabus, internal assessment and attendance. The IQAC collects feedback from faculty, students, alumni and supporting staff and analyzes it. The Medical Education Unit (MEU) conducts training programmes for all faculty. Research methodology workshops are mandatory for all postgraduate guides.

Curriculum evaluation: The Documentation Unit prepares the annual report. Curriculum committee members make suggestions for changes in the syllabus. These are communicated to MUHS through the Dean or through Board of Studies members.

File Description	Document
Any additional information	View Document
Link for Minutes of the meeting of the college curriculum committee	View Document
Link for any other relevant information	View Document

Other Upload Files	
1	View Document
2	View Document

1.1.2 Percentage of fulltime teachers participating in BoS /Academic Council of Universities during

the last five years. (Restrict data to BoS /Academic Council only)

Response: 14.49

1.1.2.1 Number of teachers of the Institution participating in BoS/Academic Council of universities year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
25	27	17	12	17

File Description	Document
Provide scanned copy of nomination letter such BoS and Academic Council From University/ Autonomous college	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for additional information	View Document
Link for details of participation of teachers in various bodies	View Document

1.2 Academic Flexibility

1.2.1 Percentage of inter-disciplinary / inter-departmental courses /training across all the Programmes offered by the College during the last five years

Response: 85.71

1.2.1.1 Number of inter-disciplinary /inter-departmental courses /training offered during the last five years

Response: 12

1.2.1.2 Number of courses offered by the institution across all programs during the last five years

Response: 14

File Description	Document
Minutes of relevant Academic Council/BoS meetings	View Document
List of Interdisciplinary /interdepartmental courses /training across all the the programmes offered by the University during the last 5 years	View Document
Institutional data in prescribed format	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

1.2.2 Average percentage of students enrolled in subject-related Certificate/ Diploma / Add-on courses as against the total number of students during the last five years

Response: 12.54

1.2.2.1 Number of students enrolled in subject related Certificate or Diploma or Add-on programs year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
83	75	138	102	16

File Description	Document
Institutional data in prescribed format	View Document
Details of the students enrolled in subject-related Certificate/Diploma/Add-on courses	View Document
Any additional information	View Document
Link for additional information	View Document

1.3 Curriculum Enrichment

1.3.1 The Institution integrates cross-cutting issues relevant to gender, environment and sustainability, human values, health determinants, Right to Health and emerging demographic issues and Professional Ethics into the Curriculum as prescribed by the University / respective regulative councils

Response:

Gandhian values are inculcated at several levels in the curriculum. The main ones are:

Orientation camp: Students spend a fortnight in Gandhi ashram. The curriculum has an inbuilt component of values, attitude building and ethics. Well-known Gandhians inspire them. Students are taught about the relevance of Gandhian ideology in today's world with reference to personal hygiene, gender equality, environmental sanitation, nutrition, environmental issues, sustainability, and spiritual health.

Village Adoption Scheme and Social Service Camp: Students of I MBBS spent a fortnight in their adopted village. Each student is allotted 4-5 families. Students get a chance to see the impact of environment, ecology, education and economy on health during these 15 days. They conduct socio-demographic, dietary and health appraisals in their adopted families. They observe how community leaders, social organizations and village health committees work together for health.

Reorientation of Medical Education (ROME) Camp:

A two-week field camp is organized for students, during their third year at one of the Rural Health Training Centres. The camp objectives; 1) to expose students to the healthcare delivery system; and implementation of national health programs at PHC level; 2) to make students understand the effect of social environment, community beliefs, and treatment-seeking practices

Value inculcation in Orientation Camp:

Immediately after admission into the MBBS course students spend a fortnight in the Gandhi ashram during the orientation camp. Students stay in dormitories. The curriculum followed in the Orientation Camp has an inbuilt component of values, attitude building and ethics.

Well known Gandhians and renowned people from all walks of life interact with them during this duration and inspire them to find the humanistic dimensions of their choice of becoming a health professional. Besides regular classes on Anatomy, Physiology and Biochemistry, students are taught about the relevance of Gandhian ideology in today's world with reference to personal hygiene, environmental sanitation, gender equality, nutrition, environmental issues, sustainability, and spiritual health. The roles of yoga and nature cure are discussed. They are thus helped to appreciate the humanistic dimensions of their profession. The students engage in self-help by washing their own utensils and cleaning their own clothes.

The importance of dignity of labour is impressed upon them with activities like performing shramdan or spinning khadi. Students also participate in all-religion prayers. Separate workshops on bioethics and communication skills are conducted in this phase.

Village Adoption Scheme and Social Service Camp:

MGIMS Sevagram has an old tradition of adopting a village for each batch of medical students. Students of I MBBS spent a fortnight in their adopted village. During the duration of the social service camp, each student is allotted 4-5 families for their camp activities. They live with the villagers, visit their adopted families daily and interact with them. For most students, this experience comes as an eye-opener as it is often their first exposure to the woes of rural India. The camp is organized with the cooperation of villagers.

File Description	Document
Link for list of courses with their descriptions	View Document
Link for any other relevant information	View Document

1.3.2 Number of value-added courses offered during the last five years that impart transferable and life skills.

Response: 27

1.3.2.1 Number of value-added courses offered during the last five years that impart transferable and life skills.

Response: 27

File Description	Document
List of-value added courses	View Document
Institutional data in prescribed format	View Document
Brochure or any other document related to value-added course/s	View Document
Any additional information	View Document
Links for additional information	View Document

1.3.3 Average percentage of students enrolled in the value-added courses during the last five years

Response: 53.01

1.3.3.1 Number of students enrolled in value-added courses offered year-wise during the last five years that impart transferable and life skills

2021-22	2020-21	2019-20	2018-19	2017-18
399	454	444	456	454

File Description	Document
Institutional data in prescribed format	View Document
Attendance copy of the students enrolled for the course	View Document
Any additional information	View Document
Link for additional information	View Document

1.3.4 Percentage of students undertaking field visits/Clinical / industry internships/research projects/industry visits/community postings (data for the preceding academic year)

Response: 100

1.3.4.1 Number of students undertaking field visits, clinical, industry internships, research projects, industry visits, community postings

Response: 577

File Description	Document
Scanned copy of filed visit report with list of students duly attested by the Head of the institution to be provided	View Document
Institutional data in prescribed format	View Document
Community posting certificate should be duly certified by the Head of the institution	View Document
Any additional information	View Document
Link for additional information	View Document
Links to scanned copy of completion certificate of field visits/Clinical / industry internships/research projects/industry visits/community postings from the organization where internship was completed	View Document

1.4 Feedback System

1.4.1 Mechanism is in place to obtain structured feedback on curricula/syllabi from various stakeholders. Structured feedback received from:

1. Students
2. Teachers
3. Employers
4. Alumni

5. Professionals

Response: C. Any 3 of the above

File Description	Document
Stakeholder feedback reports as stated in the minutes of meetings of the College Council /IQAC/ Curriculum Committee	View Document
Sample filled in Structured Feedback to be provided by the institution for each category claimed in SSR	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for additional information	View Document

1.4.2 Feedback on curricula and syllabi obtained from stakeholders is processed in terms of:

Response: A. Feedback collected, analysed and action taken on feedback besides such documents made available on the institutional website

File Description	Document
Stakeholder feedback report	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Action taken report of the Institution on feedback report as minuted by the Governing Council, Syndicate, Board of Management	View Document
Link for additional information	View Document

Other Upload Files

1	View Document
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Criterion 2 - Teaching-learning and Evaluation

2.1 Student Enrollment and Profile

2.1.1 Due consideration is given to equity and inclusiveness by providing reservation of seats to all categories during the admission process. Average percentage of seats filled against seats reserved for various categories as per applicable reservation policy during the last five years

Response: 99.08

2.1.1.1 Number of students admitted from the reserved categories as per GOI or State Government norms year-wise during last five years

2021-22	2020-21	2019-20	2018-19	2017-18
98	74	87	79	74

2.1.1.2 Number of seats earmarked for reserved categories as per GOI or State Govt. norms year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
99	75	89	79	74

File Description	Document
Institutional data in prescribed forma	View Document
Final admission list published by the HEI	View Document
Copy of letter issued by state govt. or and Central Government (which-ever applicable) Indicating the reserved categories to be considered as per the GO rule (translated in English)	View Document
Any additional information	View Document
Annual Report/ BOM report/ Admission report duly certified by the Head of the Institution.	View Document
Admission extract submitted to the state OBC, SC and ST cell every year.	View Document
Link for Any other relevant informatio	View Document

2.1.2 Average percentage of seats filled in for the various programmes as against the approved

intake

Response: 90.06

2.1.2.1 Number of seats filled-in for various programmes offered by the College as against the approved intake during the last five years:

2021-22	2020-21	2019-20	2018-19	2017-18
161	177	155	156	150

2.1.2.2 Number of approved seats for the same programme in that year

2021-22	2020-21	2019-20	2018-19	2017-18
178	195	170	172	172

File Description	Document
The details certified by the Head of the Institution clearly mentioning the programs that are not covered under CET and the number of applications received for the same	View Document
Institutional data in prescribed format	View Document
Any other relevant information	View Document

2.1.3 Average percentage of Students admitted demonstrates a national spread and includes students from other states

Response: 34.24

2.1.3.1 Number of students admitted from other states year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
75	46	42	50	58

File Description	Document
List of students enrolled from other states year-wise during the last 5 years	View Document
Institutional data in prescribed format	View Document
E-copies of admission letters of the students enrolled from other states	View Document
Copy of the domicile certificate as part of the from other states and countries and/or Previous degree/Matriculation / HSC certificate from other state or country	View Document
Any other relevant information	View Document

2.2 Catering to Student Diversity

<p>2.2.1 The Institution assesses the learning levels of the students, after admission and organises special Programmes for advanced learners and slow performers The Institution:</p> <ol style="list-style-type: none"> 1.Follows measurable criteria to identify slow performers 2.Follows measurable criteria to identify advanced learners 3.Organizes special programmes for slow performers 4.Follows protocol to measure student achievement <p>Response: A. All of the above</p>

File Description	Document
Institutional data in prescribed format	View Document
Criteria to identify slow performers and advanced learners and assessment methodology	View Document
Consolidated report of special programs for advanced learners and slow learners duly attested by the Head of the Institution	View Document
Any other information	View Document
Link for any relevant information	View Document

<p>2.2.2 Student - Full- time teacher ratio (data of preceding academic year)</p> <p>Response: 5:1</p>
--

File Description	Document
List of students enrolled in the preceding academic year	View Document
List of full time teachers in the preceding academic year in the University	View Document
Institutional data in prescribed format (data Templates)	View Document

Other Upload Files

1

[View Document](#)

2.2.3 Institution facilitates building and sustenance of innate talent /aptitude of individual students (extramural activities/beyond the classroom activities such as student clubs, cultural societies, etc)

Response:

1. A Students' Council is nominated each year. A General Secretary is nominated from among the students. There are several other sub committees such as : Cultural Society, Sports Society, NSS, Literary Society, Magazine Society and Research Society.

2. This year some online activities of the Literary Society were organized. The Magazine Society released the 45th Edition of Sushruta the college magazine.

3. Literary Society: They organize an intercollegiate Taradevi Memorial debate competition each year on a socially relevant topic. They also organize the Literary day where interbatch competitions on Poetry Recitation, Dumb Charades, Essay writing etc are conducted. This year, on the occasion of Gandhi Jayanti, students of the Mahatma Gandhi Institute of Medical Sciences, Sevagram organized a virtual celebration of the 151st Birth anniversary of Mahatma on 2nd October 2020. The program was available on Instagram and Facebook.

4. Magazine Society: This year, the 45th edition of Sushruta was based on the theme of 'Be the Change' and was developed under the guidance of Dr. Sonia Jain, edited by Aakanksha Shukla and the editorial team

5. MGIMS Bioethics Unit: This group conducted a large number of activities. A separate report is attached

File Description	Document
Link for any other relevant information	View Document
Link for Appropriate documentary evidence	View Document

2.3 Teaching- Learning Process

2.3.1 Student-centric methods are used for enhancing learning experiences by:

- **Experiential learning**
- **Integrated/interdisciplinary learning**
- **Participatory learning**
- **Problem solving methodologies**
- **Self-directed learning**
- **Patient-centric and Evidence-Based Learning**
- **Learning in the Humanities**
- **Project-based learning**
- **Role play**

Response:

At MGIMS we use several student-centric methods to enhance the learning experience. The following methods are used:

Experiential learning/ Learning in community:

- **Social Service Camp:** Year 1 students are taken to a residential camp for 15 days and allotted families. Students experience the same conditions as the inhabitants. They reside in the village and learn from the community. Each student conducts socio-demographic, dietary and health appraisals in three or four families. We have developed a well-structured journal for recording different aspects of the health assessment for each family. Following the health appraisals performed at household level, each student prepares individual diagnosis for each family member and family diagnosis for each family allotted to him/her. Information for all families in the village is compiled to prepare community diagnosis. Students also conduct short projects during the camp; e.g. feeding practices for children, dietary assessment at family level, physical activities among adults, care of elderly etc. The roles of village health workers, school teachers and village health committees are examined. The students are also able to observe that the identification and solving of health problems by the villagers themselves is of considerable importance and how the community leaders, social organizations and village health committee work together for health. This Community–Academic partnership offers unique opportunities of great importance for learning viz. the social and cultural determinants of health, health promotion etc.
-
- **Due to this camp approach of community-based training of medical students a heightened understanding is gained of the need for adequate nutrition, safe water and basic sanitation, and of the influence of various socio-economic and cultural factors on health. The concept of family health care is brought home to the students with the help of auxiliary nurse midwives, social workers, health educators, sanitary inspectors, psychologists and social physicians working in the villages.**
- **Monthly village visit following social service camp:** Following social service camp, the students visit their adopted village every month on a Saturday. During these visits they follow-up families allotted to them. This exercise helps them understand the common health problems for rural population, their beliefs related to health and diseases, their health seeking practices etc.

Participatory learning

- Re-orientation of Medical Education (ROME) Camp: This is a two-week residential camp at a rural centre. Students stay at RHTC and conduct clinical case studies and surveys for assessment of community health needs in field practice area

Integrated and inter-disciplinary teaching sessions are conducted

Problem solving methodologies:Community Medicine department uses PBL for 4th, 5th and 6th semester students.Departments of Biochemistry and Pathology use Case-based learning

Interactive teaching: Questioning, buzz groups, quizzes, brainstorming etc.

Self-directed learning: SDL has been introduced as part of CBME curriculum.

Patient-Centric and Evidence-Based Learning: Campus-wide free access to UpToDate

Learning the Humanities: AETCOM module.

Project-based learning: Community-based group projects under Problem Solving for Better Health initiative (PSBH)

Role plays, mock drills and emergency drills

Experiential learning/ Learning in the community:

File Description	Document
Link for any other relevant information	View Document
Link for learning environment facilities with geotagging	View Document

2.3.2 Institution facilitates the use of Clinical Skills Laboratory / Simulation Based Learning The Institution:

- 1.Has Basic Clinical Skills / Simulation Training Models and Trainers for skills in the relevant disciplines.
- 2.Has advanced simulators for simulation-based training
- 3.Has structured programs for training and assessment of students in Clinical Skills Lab / Simulation based learning.
- 4.Conducts training programs for the faculty in the use of clinical skills lab and simulation methods of teaching-learning

Response: A. All of the above

File Description	Document
Report on training programmes in Clinical skill lab/simulator Centre	View Document
Proof of patient simulators for simulation-based training	View Document
Proof of Establishment of Clinical Skill Laboratories	View Document
Institutional data in prescribed format	View Document
Geotagged Photos of the Clinical Skills Laboratory	View Document
Details of training programs conducted and details of participants.	View Document
Any other relevant information	View Document
Link for additional information	View Document

2.3.3 Teachers use ICT-enabled tools for effective teaching and learning process, including online e-resources

Response:

1. MGIMS has an institutional Google Suite connection. All faculty, students and administrators have access to an mgims.ac.in email ID and Google Drives.
2. We have a campus-wide high speed free wi-fi on registered devices through National Knowledge Network.
3. All classrooms are enabled with free wifi connections and smart boards.
4. MGIMS has developed a MOODLE-based learning management system called MGIMS Classroom. This can be accessed by all faculty and students
5. Each department has space in MGIMS Classroom to upload resource material, design e-courses and online modules. These contents are both created and curated Some departments have begun making their question banks which contain validated multiple choice questions.
6. Teachers use the following modalities to deliver lectures in online mode Google Meet, Zoom, Big Blue Button on MOODLE.
7. The library is a member of the ERMED Consortium which gives access to 228 + high impact international journals. In addition Cochrane library and e-resources are available online. All hostels and faculty residences have free wifi connectivity

8. There is access to a purchased UptoDate software. This enables faculty and students to practice evidence-based medicine at the bedside

ICT-ENABLED TOOLS USED FOR EFFECTIVE TEACHING AND LEARNING PROCESS INCLUDING ONLINE E-RESOURCES

1. MGIMS has an institutional Google Suite connection. Through this all faculty, students and administrators have access to an mgims.ac.in email ID. This allows them cloud space on Google Drive and shared work is performed using Google Drives.

2. We have a campus wide high speed free wi-fi on registered devices through the National Knowledge Network. Students are allowed to register one device and faculty are allowed to register two devices on the campus wifi connection.

3. All classrooms are enabled with free wifi connections and smart boards. This makes it possible to pursue blended learning in the educational environment. MGIMS has developed a MOODLE based learning management system called MGIMS Classroom. This can be accessed by all faculty and students using an institutional email ID at classroom.mgims.ac.in.

4. Each department has its own space in the MGIMS Classroom where they can upload resource material and design e-courses and online modules. These contents are both created and curated from good websites. Some departments have begun making their question banks which contain validated multiple-choice questions.

5. Teachers use the following modalities to deliver lectures in online mode and this was done during the pandemic: Google Meet, Zoom, Big Blue Button on MOODLE.

6. As there is campus wide free wifi it makes it possible to access library software online. The library is a member of the ERMED Consortium which gives access to 228 + high impact international journals. In addition Cochrane library is also available through the link. Library e-resources are available online. All hostels and faculty residences have free wifi connectivity on registered devices.

7. Through campus wi-fi there is access to a purchased UptoDate software. This enables faculty and students to practice evidence-based medicine at the bedside, if search of literature is required.

File Description	Document
File for list of teachers using ICT-enabled tools (including LMS)	View Document
File for details of ICT-enabled tools used for teaching and learning	View Document
Link for webpage describing the “LMS/ Academic Management System”	View Document
Link for any other relevant information	View Document

2.3.4 Student :Mentor Ratio (preceding academic year)

Response: 13:1

2.3.4.1 Total number of mentors in the preceding academic year

Response: 52

File Description	Document
Log Book of mentor	View Document
Institutional data in prescribed format	View Document
Copy of circular pertaining the details of mentor and their allotted mentees	View Document
Approved Mentor list as announced by the HEI Allotment order of mentor to mentee	View Document
Any other relevant information	View Document
Link for any other information	View Document

2.3.5 The teaching learning process of the institution nurtures creativity, analytical skills and innovation among students

Response:

Each year all the students take part in three residential camps of 2 weeks.

1. Orientation camp, organized in Gandhi Ashram, Sevagram. Here, students get exposure to Gandhian philosophy but along with that they also take part in various activities like a Painting competition, Cultural night, essay writing competition, a participatory session on Ethics, and problem-solving. (Detailed report attached)

2. Social service camp:- First MBBS students stay in adopted villages and every student is allotted 4-5 families. They carry out various short projects on problem analysis and try interventions; school health, community-based interventions, etc. They also conduct short-research projects in groups. Students organize various cultural activities for villagers. This is followed by every month's visit to the same village to visit adopted families for the next three years. Students are encouraged to analyze the problem, plan solutions and test interventions. Reflection writing and case studies are important sections in the log book and online modules

3. Re-orientation of medical education camp is residential-camp at RHTC in the 3rd MBBS that enables students to do community-need assessment survey, quality-assessment of health-care system, school health education etc.

4. Others: Students Council organizes cultural festival, literary day, Gandhi Jayanti, fete, Ganesh festival.

Debates (See attachment)	
File Description	Document
Link for appropriate documentary evidence	View Document
Link for any other relevant information	View Document

2.4 Teacher Profile and Quality

2.4.1 Average percentage of fulltime teachers against sanctioned posts during the last five years	
Response: 85.38	
File Description	Document
Sanction letters indicating number of posts (including Management sanctioned posts) by competent authority (in English/translated in English)	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Links for additional information	View Document

2.4.2 Average percentage of fulltime teachers with Ph.D./D.Sc./ D.Lit./DM/M Ch/DNB in super specialities /other PG degrees (like MD/ MS/ MDS etc.,) in Health Sciences (like MD/ MS/ MDS etc.,) for recognition as Ph.D guides as per the eligibility criteria stipulated by the Regulatory Councils /Affiliating Universities.				
Response: 8.58				
2.4.2.1 Number of fulltime teachers with Ph.D/D.Sc./D.Lit./DM/M Ch/DNB in super specialities / other PG degrees (like MD/ MS/ MDS etc.,) in Health Sciences for recognition as Ph.D guides as per the eligibility criteria stipulated by the Regulatory Councils. Last five years data to be entered.				
2021-22	2020-21	2019-20	2018-19	2017-18
12	14	12	10	10

File Description	Document
Institutional data in prescribed format	View Document
Copies of Guideship letters or authorization of research guide provide by the the university	View Document
Any additional information	View Document
Link for additional information	View Document

2.4.3 Average teaching experience of fulltime teachers in number of years (preceding academic year)

Response: 12.83

2.4.3.1 Total teaching experience of fulltime teachers in number of years (cumulative experience)

Response: 1783.2

File Description	Document
Institutional data in prescribed format	View Document
Consolidated Experience certificate duly certified by the Head of the insitution	View Document
Any additional information	View Document
Link for additional information	View Document

2.4.4 Average percentage of teachers trained for development and delivery of e-content / e-courses during the last 5 years

Response: 54.32

2.4.4.1 Number of teachers trained for development and delivery of e-contents / e-courses year-wise during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
71	75	67	75	79

File Description	Document
Institutional data in prescribed format	View Document
Certificate of completion of training for development of and delivery of e-contents / e-courses / video lectures / demonstrations	View Document
Any additional information	View Document
Link for additional information	View Document
Web-link to the contents delivered by the faculty hosted in the HEI's website	View Document

2.4.5 Average Percentage of fulltime teachers who received awards and recognitions for excellence in teaching, student mentoring, scholarships, professional achievements and academic leadership at State, National, International levels from Government / Government-recognized agencies / registered professional associations / academies during the last five years

Response: 5.64

2.4.5.1 Number of fulltime teachers who received awards and recognitions for excellence in teaching and student mentoring, scholarships, professional achievements and academic leadership at State, National, International levels from Government / Government-recognized agencies / registered professional associations / *academies* during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
7	13	10	8	14

File Description	Document
Institutional data in prescribed format	View Document
e-Copies of award letters (scanned or soft copy) for achievements	View Document
Awards claimed without certificates will not be considered	View Document
Any additional information	View Document
Link to additional information	View Document

2.5 Evaluation Process and Reforms

2.5.1 The Institution adheres to the academic calendar for the conduct of Continuous Internal

Evaluation and ensures that it is robust and transparent

Response:

1. MGIMS follows guidelines for Internal assessment as mandated by MUHS. Attendance records and marks of internal assessment are submitted online to the university.
2. Dates of internal assessment are decided by the Curricular subcommittees of each professional and announced in the calendar and through circulars.
3. Record keeping of internal assessment is monitored by University officials by regular on-site visits. Students are expected to see their evaluated answer booklets and sign after seeing them. These records are verified by the University officials regularly
4. In the institute, a Custodian is appointed by the University for overall supervision of examination. He/She ensures the smooth conduct of examinations as well as the Central Assessment Programme according to MUHS guidelines.
5. An Internal Vigilance Squad has also been constituted who is assisted by a Senior Supervisor. This entire team facilitates proper conduct of examinations and paper evaluation.
6. In addition, a strong Room has been set up in the examination hall which is fully equipped with a 24 hrs CCTV surveillance facility as per the norms of the University. The examination hall also has jammers, which have been installed to create strong interference and block cell phone signals and call transmission.

File Description	Document
Link for any other relevant information	View Document
Link for academic calendar	View Document
Link for dates of conduct of internal assessment examinations	View Document

2.5.2 Mechanism to deal with examination related grievances is transparent, time-bound and efficient

Response:

1. MGIMS follows guidelines for university examinations as directed by MUHS. All the students need to sign on their internal assessment mark sheets before the results are forwarded to the University by the institution.
2. In case students are absent for examinations due to illness or other reasons or feel the need for re-evaluation, they can approach the Internal Assessment Grievance Committee which looks into their

complaints.

3. For such exam related issues, the institute has an Internal Assessment Grievance Committee under the chairmanship of head of institute along with 3 senior teachers as members. This committee ministers the exam-related grievances of Undergraduate and Postgraduate students and deals with them in a transparent and time bound manner.

4. Students are also allowed to approach the University for retotalling of theory marks after the final examination, if there are any discrepancies. The university has the system of double evaluation and the best of two is taken as the final score, so reevaluation of papers is not permitted. However retotalling is allowed on payment of prescribed fee

File Description	Document
File for number of grievances regarding University examinations/Internal Evaluation	View Document
File for details of University examinations / Continuous Internal Evaluations (CIE) conducted during the last five years	View Document
File for any other relevant information	View Document

2.5.3 Reforms in the process and procedure in the conduct of evaluation/examination; including Continuous Internal Assessment to improve the examination system.

Response:

MGIMS follows guidelines for Internal assessment as mandated by MUHS Nashik. Attendance records and marks of internal assessment have to be submitted online to the university. Record keeping of internal assessment is monitored by University officials by regular on-site visits. Students are expected to see their evaluated answer books and sign.

After MUHS had introduced double evaluation, all undergraduate and postgraduate theory answer books are assessed by two independent examiners at the CAP centre. These compiled results are sent to the Results section of the University. Here, the best of the two scores is considered as the final score of the candidate for that paper.

Further, the reevaluation of papers has been discontinued. Retotalling of marks has however been permitted on payment of a certain fee to the university. Students also get to see a photocopy of their answer books on payment of a stipulated fee to the University. Use of ICT and computerization of results processing system has resulted in speedy and accurate proceedings like-

- Student Registration to issuance of hall ticket
- OMR and Barcode Technology in answer sheets

- Results processing and publication

Examination procedures

All undergraduate / postgraduate, internal as well as university theory examinations are being conducted in the Centralized Exam Hall of MGIMS, Sevagram, every academic year, summer and winter.

All Internal assessment exams including part completion test, terminal and prelim exams are conducted for respective subjects. The concerned Heads of department of all the professional year makes the time table and conveys the information to students as well as to the Incharge, Centralized Exam Hall.

The whole examination hall is divided into nine blocks with a seating capacity of 30 students in each block having a total seating capacity of 270 students at a time as per the university norms. The Strong Room in examination hall is fully equipped and has 24 hrs CCTV surveillance facility.

Processes integrating IT:

A total of 16 CCTV cameras are installed in the examination hall. Two CCTV cameras in each hall with direct CCTV coverage with the University. A large LCD monitor 40” is installed inside the office of the examination hall. All the 16 blocks in view of CCTV camera is visible in that LCD monitor. Two jammers are also installed in the examination halls so that all electronic equipment will be blocked including mobiles.

File Description	Document
Link for Information on examination reforms	View Document
Link for any other relevant information	View Document

Other Upload Files	
1	View Document
2	View Document
3	View Document

2.5.4 The Institution provides opportunities to students for midcourse improvement of performance through specific interventions Opportunities provided to students for midcourse improvement of performance through:

1. Timely administration of CIE
2. On time assessment and feedback
3. Makeup assignments/tests
4. Remedial teaching/support

Response: A. All of the above

File Description	Document
Re-test and Answer sheets	View Document
Policy document of the options claimed by the institution duly signed by the Head of the Institution	View Document
Policy document of midcourse improvement of performance of students	View Document
List of opportunities provided for the students for midcourse improvement of performance in the examinations	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Links for additional information	View Document

2.6 Student Performance and Learning Outcomes

2.6.1 The Institution has stated the learning outcomes (generic and programme-specific) and graduate attributes as per the provisions of the Regulatory bodies and the University; which are communicated to the students and teachers through the website and other documents

Response:

The institute follows the guidelines provided by the National Medical Commission and the affiliating University, the Maharashtra University of Health Sciences, Nashik

The undergraduate medical education programme is designed with a goal to create an “Indian Medical Graduate” (IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that she or he may function appropriately and effectively as a physician of first contact of the community while being globally relevant.

To achieve this, the following national and institutional goals for the learner of the Indian Medical Graduate training programme are hereby prescribed:

Programme Outcomes:

National Goals

At the end of the undergraduate programme, the Indian Medical Graduate should be able to:

- a) Recognize “health for all” as a national goal and health right of all citizens and by undergoing training for medical profession to fulfill his/her social obligations towards realization of this goal.
- b) Learn every aspect of National policies on health and devote her/him to its practical implementation.

- c) Achieve competence in practice of holistic medicine, encompassing promotive, preventive, curative and rehabilitative aspects of common diseases.
- d) Develop scientific temper, acquire educational experience for proficiency in profession and promote healthy living.
- e) Become exemplary citizen by observance of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.

Programme specific outcomes:

Institutional goals In consonance with the national goals, the medical graduate produced by the Mahatma Gandhi Institute of Medical Sciences, Sevagram should

- a) be competent in diagnosis and management of common health problems of the individual and the community, commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills based on history, physical examination and relevant investigations.
- b) be competent to practice preventive, promotive, curative, palliative and rehabilitative medicine in respect to the commonly encountered health problems.
- c) appreciate rationale for different therapeutic modalities; be familiar with the administration of “essential medicines” and their common adverse effects
- d) be able to appreciate the socio-psychological, cultural, economic and environmental factors affecting health and develop humane attitude towards the patients in discharging one's professional responsibilities
- e) possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine, action research and documentation skills.
- f) be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following: (i) Family Welfare and Maternal and Child Health (MCH) (ii) Sanitation and water supply (iii) Prevention and control of communicable and non-communicable diseases (iv) Immunization (v) Health Education (vi) Indian Public Health Standards (IPHS), at various levels of service delivery (vii) Bio-medical waste disposal (viii) Organizational and/or institutional arrangements.
- g) acquire basic management skills in the area of human resources, materials and resource management related to health care delivery, hospital management, inventory skills and counseling.

See more details: <https://www.mgims.ac.in/files/NAAC/aqar21/2.6.1%20Learning%20outcomes%20and%20graduate%20attributes.pdf>

File Description	Document
Link for any other relevant information	View Document
Link for upload Course Outcomes for all courses (exemplars from Glossary)	View Document
Link for relevant documents pertaining to learning outcomes and graduate attributes	View Document
Link for methods of the assessment of learning outcomes and graduate attributes	View Document

2.6.2 Incremental performance in Pass percentage of final year students in the last five years

Response: 88.06

2.6.2.1 Number of final year students of all the programmes, who qualified in the university examinations in each of the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
123	151	123	147	163

2.6.2.2 Number of final year students of all the programmes, who appeared for the examinations in each of the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
144	151	156	160	192

File Description	Document
Trend analysis for the last five years in graphical form	View Document
Reports from Controller of Exam (COE) office/ Registrar evaluation mentioning the relevant details and the result analysis performed by the institution duly attested by the Head of the Institution	View Document
List of Programmes and the number of students passed and appeared in the final year examination each year for the last five years.	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Links for additional information	View Document
Link for the annual report of examination results as placed before BoM/ Syndicate/ Governing Council for the last five years.	View Document

2.6.3 The teaching learning and assessment processes of the Institution are aligned with the stated learning outcomes.

Response:

The Mahatma Gandhi Institute of Medical Sciences follows the guidelines of the National Medical Commission. These guidelines are also followed by the Maharashtra University of Health Sciences.

For the MBBS Course, we have shifted to a competency-based curriculum since 2019. The competencies have been mapped out as per NMC guidelines into a template as follows:

Subject-wise outcomes called “sub-competencies” that must be achieved at the end of instruction in that subject are defined. These have two parts: the core subject outcomes and Integration (contains outcomes/competencies in other subjects which have been identified by experts in those subjects as requiring alignment or integration with the core subject)

Competencies) in each subject are grouped according to topics. For each competency outlined - the learning domains (Knowledge, Skill, Attitude, Communication) are identified. The expected level of achievement in that subject is identified as – [knows (K), knows how (KH), shows how (SH), perform (P)]. The outcome is a core (Y - must achieve) or a non-core (N - desirable) outcome. Suggested learning and assessment methods are given. The suggested number of times a skill must be performed independently for certification in the learner’s log book is also given.

File Description	Document
Link for any other relevant information	View Document
Link for programme-specific learning outcomes	View Document

2.6.4 Presence and periodicity of parent-teachers meetings, remedial measures undertaken and outcome analysis

Response:

MGIMS reaches out to parents through parent-teacher meetings, and keeps them updated regarding the progress of their wards.

Meetings with parents are held on the following occasions:

1. During admission, on the first day of the Orientation Camp. Management members, Dean, and faculty address the joint meeting of parents. They brief them about the code of conduct and allay their anxieties about the safety and security of their wards
2. During the Annual day, College Foundation day and, annual academic prize distribution ceremony and convocation ceremony of the students, parents are invited to share the success of their wards
3. Parents are free to contact teachers, hostel wardens and Dean at any time in person, online or on the phone.

These meetings are conducted to hear views of parents and update them regarding progress of their children, It gives a platform for parents where they can communicate openly with the teachers and authorities regarding their opinions on the institute.

This year, due to the pandemic situation, in person meetings could not be held. However parent feedback was taken online, especially when online classes were started and students went back home.

File Description	Document
Link for proceedings of parent –teachers meetings held during the last 5 years	View Document
Link for follow up reports on the action taken and outcome analysis.	View Document
Link for any other relevant information	View Document

2.7 Student Satisfaction Survey

2.7.1 Online student satisfaction survey regarding teaching learning process

Response: 2.93

Criterion 3 - Research, Innovations and Extension

3.1 Resource Mobilization for Research

3.1.1 Percentage of teachers recognized as PG/ Ph.D research guides by the respective University

Response: 60.65

3.1.1.1 Number of teachers recognized as PG/Ph.D research guides during the last 5 years

2021-22	2020-21	2019-20	2018-19	2017-18
87	82	79	81	81

File Description	Document
List of full time teacher during the last five years.	View Document
Institutional data in prescribed format	View Document
Copies of Guideship letters or authorization of research guide provide by the university	View Document
Any additional information	View Document
Link for Additional Information	View Document

3.1.2 Average Percentage of teachers awarded national /international fellowships / financial support for advanced studies/collaborative research and participation in conferences during the last five years

Response: 5.18

3.1.2.1 Number of teachers awarded national/ international fellowship / Financial support for advanced studies/collaborative research and conference participation in Indian and Overseas Institutions year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
8	8	6	7	6

File Description	Document
Institutional data in prescribed format	View Document
Fellowship award letter / grant letter from the funding agency	View Document
E-copies of the award letters of the teachers	View Document
Any additional information	View Document
Link for Additional Information	View Document

3.1.3 Total number of research projects/clinical trials funded by government, industries and non-governmental agencies during the last five years

Response: 155

3.1.3.1 Number of research projects/clinical trials funded by government/industries and non-government agencies year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
37	32	26	26	34

File Description	Document
Institutional data in prescribed format	View Document
E-copies of the grant award letters for research projects sponsored by Government, industries and non-government sources such as industries, corporate houses etc	View Document
Any additional information	View Document
Link for Additional Information	View Document
Link for funding agencies websites	View Document

3.2 Innovation Ecosystem

3.2.1 Institution has created an ecosystem for innovations including incubation centre and other initiatives for creation and transfer of knowledge

Response:

MGIMS Sevagram has developed a separate research unit called the Centre for Genetics and Genomics. It

serves as an incubation centre and facilitation centre for undertaking extramural research in multidisciplinary areas. The infrastructure present in this centre can be utilized by all departments of the institute to conduct research which acts as a central research unit.

The Centre for Genetics and Genomics has facilities of a fully equipped cytogenetics and molecular cytogenetic laboratory, and advanced molecular biology set up for the diagnosis of single gene disorders. The infrastructure includes four capillary Sanger sequencers, 96 well thermo-cyclers, a gel documentation unit, a fluorescence microscope, karyotyping software, FISH software and other facilities.

There is also a provision for office space and space for major research projects in the institute with the availability of necessary office equipment and assistance and secretarial staff. This can ease the process of research with the necessary support in terms of physical space, human resources and equipment.

In 2020-21, one of our young researchers, Dr Prafulla Shriram Ambulkar has filed a patent on his research “A process for detecting microdeletions in Y chromosome”. This patent has been published in 2020. Some PhD students who are doing their PhD work on the molecular genetics of breast cancer and cytogenetics are being conducted. Thus, this incubation centre creates an ecosystem for innovations for various departments.

File Description	Document
Link for details of the facilities and innovations made	View Document
Link for any other relevant information	View Document

3.2.2 Total number of workshops/seminars conducted on Intellectual Property Rights (IPR) Research methodology, Good Clinical, Laboratory, Pharmacy and Collection practices, writing for Research Grants and Industry-Academia Collaborations during the last five years

Response: 212

3.2.2.1 Number of workshops/seminars conducted on Intellectual Property Rights (IPR) and Industry-Academia Innovative practices year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
38	33	32	61	48

File Description	Document
Report of the workshops/seminars with photos	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

3.3 Research Publications and Awards

3.3.1 The Institution ensures implementation of its stated Code of Ethics for research. The Institution has a stated Code of Ethics for research, the implementation of which is ensured by the following:

- 1. There is an Institutional ethics committee which oversees the implementation of all research projects**
- 2. All the projects including student project work are subjected to the Institutional ethics committee clearance**
- 3. The Institution has plagiarism check software based on the Institutional policy**
- 4. Norms and guidelines for research ethics and publication guidelines are followed**

Response: A. All of the above

File Description	Document
Share the code of ethics of research clearly stating the claims of the institution duly signed by the Head of the Institution	View Document
Institutional data in prescribed forma	View Document
Any additional information	View Document
Link for Additional Information	View Document

3.3.2 Average number of Ph.D/ DM/ M Ch/ PG Degree in the respective disciplines received per recognized PG teacher of the Institution during the last five years.

Response: 2.11

3.3.2.1 Number of Ph.D.s /DM/M Ch/PG degrees in the respective disciplines received per recognized PG teachers of the Institution during the last five years.

Response: 226

3.3.2.2 Number of PG teachers recognized as guides by the Regulatory Bodies / Universities during the last five years.

Response: 107

File Description	Document
PhD/ DM/ M Ch/ PG Degree Award letters of students (with guide's name mentioned)	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for any additional information	View Document

3.3.3 Average number of papers published per teacher in the Journals notified on UGC -CARE list in the UGC website/Scopus/ Web of Science/ PubMed during the last five years

Response: 5.7

File Description	Document
Institutional data in prescribed forma	View Document
Any additional information	View Document
Link for Additional Information	View Document
Web-link provided by institution in the template which redirects to the journal webpage published in UGC notified list	View Document

3.3.4 Average number of books and chapters in edited volumes/books published and papers published in national/ international conference proceedings indexed in UGC-CARE list on the UGC website/Scopus/Web of Science/PubMed/ during the last five years

Response: 0.03

File Description	Document
List of books and chapters in edited volumes/books published with ISBN and ISSN number and papers in national/ international conference proceedings year-wise during the last five years	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for additional Information	View Document

3.4 Extension Activities

3.4.1 Total number of extension and outreach activities carried out in collaboration with National and International agencies, Industry, community, Government and Non-Government organizations engaging NSS / NCC / Red Cross / YRC / Institutional clubs etc. during the last five years.

Response: 75

3.4.1.1 Number of extension and outreach activities carried out in collaboration with National and International agencies, Industry, community, Government and Non-Government organizations engaging NSS/NCC/Red Cross/YRC/Institutional clubs etc. during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
19	23	11	11	11

File Description	Document
Photographs or any supporting document in relevance	View Document
List of students in NSS/NCC/Red Cross/YRC involved in the extension and outreach activities year-wise during the last five years	View Document
Institutional data in prescribed format	View Document
Detailed program report for each extension and outreach program should be made available, with specific mention of number of students and collaborating agency participated	View Document
Any additional informatio	View Document
Link for Additional Information	View Document

3.4.2 Average percentage of students participating in extension and outreach activities during the last five years

Response: 89.22

3.4.2.1 Number of students participating in extension and outreach activities year-wise during last five years

2021-22	2020-21	2019-20	2018-19	2017-18
660	655	515	590	520

File Description	Document
Institutional data in prescribed forma	View Document
Detailed program report for each extension and outreach program should be made available, with specific mention of number of students and collaborating agency participated and amount generated Photographs or any supporting document in relevance	View Document
Any additional information	View Document
Link for additional information	View Document

3.4.3 Number of awards and recognitions received for extension and outreach activities from Government / other recognised bodies during the last five years

Response:

Year 2017-18

1.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.

2. The **National Rural Health Mission** has lauded the ‘Positive contribution of MGIMS in maternal health activities conducted in partnership with the Govt. of India’.

Year 2018-19

1. Kiran Clinics awarded for the Best practices and Innovations in Community Medicine by the Indian Association of Preventive and Social Medicine

2. Labs for life project: The Pathology, Microbiology and Biochemistry laboratories had the **highest** score among participating institutions across India in the Labs for Life project run by CDC

3. Kayakalp Award for cleanliness Kayakalp Award Ministry of Health and Family Welfare

Year 2019-20

1. MGIMS was awarded the Achievers of Maharashtra Award For contribution to the field of Medicine and Education by Sakal Media Group

2. Hospital Infection Control Championship: Highest score among participating institutions by JIPMER, Puducherry to Dept of Microbiology

Year 2020-21

1. MGIMS developed a self-assessment and action tool and checklist to help Gram Panchayats fight COVID-19; 700,000 Indian villages to implement the tool. **The Ministry of Panchayati Raj**, GOI further instructed the Chief Secretaries of all Indian states to use the tool for assessing the community response to COVID-19 at the village/Gram Panchayat level for timely action of COVID-19.

2. Community Preparedness Checklist developed by the Department of Community Medicine for rural and urban areas was acknowledged at the highest level and the Hon. Chief Secretary, **Ministry of Panchayati Raj**, Government of India advocated the use of the checklist throughout India on 15 May 2020.

3. Community work applauded on NDTV's Banega Swasth India Telethon: Dr. Subodh S Gupta, Professor, and Head, of Community Medicine, participated in a panel discussion about rural health at NDTV's Banega Swasth India telethon. The telethon was helmed by Amitabh Bachchan with Pranay Roy, Rahul Bose, and others besides him.

4. Blood Bank, KHS received Corona Warrior Award for providing excellent services in during the COVID-19 pandemic at Taroda.

Year 2021-22

1. MGIMS among the ten institutes globally to get Social Accountability recognition by TUFH: The Institute was awarded the prestigious certificate for being a Socially Accountable Institute by 'THE NETWORK TOWARDS UNITY FOR HEALTH' at the TUFH Conference held at Yogyakarta Indonesia on 23rd July 2021. MGIMS was among the ten institutes globally that were certified and the only one in India.

2. The MOHFW has published a document '**SOP on COVID-19 Containment-Management in Peri-urban, Rural & Tribal areas**'. 9 out of 12 sections in this document have been primarily written by team-MGIMS.

3. The MGIMS faculty team contributed to **School reopening advisory** published by IAPSM.

4. The MGIMS faculty team was invited to conduct a rapid survey **in the Satara** district for covid control and technical support at the request of the Satara district administration.

5. MGIMS stands as **a role model** for SRI SATHYA SAI BABA medical college

6. Aarambh- The early childhood development project of MGIMS got scaled up and is now implemented all across Maharashtra level by ICDS.

File Description	Document
Link for list of awards for extension activities in the last 5 year	View Document
Link for e-copies of the award letters	View Document
Link for any other relevant information	View Document

3.4.4 Institutional social responsibility activities in the neighborhood community in terms of education, environmental issues like Swachh Bharath, health and hygiene awareness, delivery of free/ subsidized health care and socio economic development issues carried out by the students and staff, including the amount of expenditure incurred during the last five years

Response:

The raison d'être of MGIMS Sevagram is its community orientation. The institute was started with the vision to produce graduates who were aware of rural issues and were responsible enough to serve in underprivileged areas. The entire curriculum is designed to provide students with a community immersion experience. This is possible because of the strong linkages of the academic institution to the community organizations and the people in the community. Arguably no other medical school in this country carries out so many different community activities as MGIMS does. We are listing the activities here. For details, please read the attached report.

1. Orientation camp in Babu Kuti/ Gandhi Ashram: Gandhian philosophy practiced and preached in terms of value education, shramdan (dignity of lab cleanliness and hygiene, all religion prayer, and yoga. Students stay in Ashram for 2 weeks and follow the rules of Ashram living. We invite renowned Gandhian philosophers, NGO representatives, and many other health professionals working for the community. Students also participate in one full-day workshop on values and spirituality.
2. Social service camp in adopted village for a fortnight: Acquaints students to social determinants of health, hygiene, sanitation, social issue gender discrimination, beliefs, and superstitions prevalent in the community. Students stay in the village for 2 weeks. We call it an adopted village. Students also get 4-5 families allotted to them as adopted families. Students try to understand the social determinants of these allotted families. After the residential camp, students visit these families every month with different topics related to diseases of public health concerns.
3. Azadi ka Amrutmahotsav
4. Swachhta Pakhwada
5. Undergraduate student contribution during the pandemic
6. Training programs for Community Preparedness against COVID
7. Village health assurance scheme
8. Community Ophthalmology
9. Tribal healthcare in Utawali Project, Melghat
10. COVID Relief work in Mumbai
11. Aakanksha Shishu Kendra
12. Women's Self-Help Groups Self-Help Group (SHG) is a very effective tool not only for women's

empowerment but also for the overall development of the community. The Department of Community Medicine fully appreciates the critical link between women's empowerment and health empowerment and considers the involvement of women's self-help groups (SHGs) to be the key to the success of any health program. The Department has now achieved the formation of nearly more than 200 SHGs.

13. Kisan Vikas Manch KisanVikasManch (Farmers' club) has evolved as a way to involve men in health activities at the village level. The program provides learning opportunities for members to improve their agricultural yield and in turn improve their economic status along with health education.

14. Adolescent Girls' Groups(Kishori Panchayat) The Department of Community Medicine has taken an initiative to form groups of adolescent girls in several villages of the field practice area. The program ultimately aims to produce leadership qualities in adolescents and utilizes them for health action at the village level. There are a total of 90 Kishori Panchayats functional in the field practice area.

15. Community owned Primary health clinics(Kiran clinics)

(See detailed reports)

File Description	Document
Any additional information	View Document
Link for any other relevant information	View Document
Link for details of Institutional social responsibility activities in the neighbourhood community during the last 5 years	View Document

3.5 Collaboration

3.5.1 Average number of Collaborative activities for research, faculty exchange, student exchange/ Industry-internship etc. per year for the last five years

Response: 29

3.5.1.1 Total number of Collaborative activities for research, faculty exchange, student exchange year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
32	30	34	22	27

File Description	Document
Institutional data in prescribed format	View Document
Documentary evidence/agreement in support of collaboration	View Document
Certified copies of collaboration documents and exchange visits	View Document
Any other Information	View Document
Link for Additional Information	View Document

3.5.2 Total number of Functional MoUs/linkages with Institutions/ Industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for last five years

Response: 9

3.5.2.1 Number of functional MoUs/linkages with Institutions/ industries in India and abroad for academic, clinical training / internship, on-the job training, project work, student / faculty exchange, collaborative research programmes etc. for the last five years

Response: 9

File Description	Document
Institutional data in prescribed format	View Document
E-copies of the MoU's with institution/ industry/ corporate house, Indicating the start date and completion date	View Document
Any additional information	View Document
Link for additional information	View Document

Criterion 4 - Infrastructure and Learning Resources

4.1 Physical Facilities

4.1.1 The institution has adequate facilities for teaching - learning. viz., classrooms, laboratories, computing equipment, etc

Response:

All lecture halls and classrooms at MGIMS have wifi access and facilities for LCD projection. The entire campus is wi-fi enabled. All students and faculty who have registered their devices (laptops, tablets, smart phones) can access the internet through their individual passwords. Access to clinical decision-making support e-software UpToDate is available through the campus wi-fi.

MGIMS set up a centralized skills laboratory in 2012 under the Medical Education Unit. Sessions in the skills lab are scheduled into the main timetable. The lab has mannequins and simulators which provides students opportunities to develop their skills in basic and advanced life support in both adults and children. Students can learn and practice procedures such as suturing, venesection, catheterization and laparoscopy under supervision. In addition the lab has childbirth simulators, ECG simulators, heart sound simulators and several other models pertaining to different medical and surgical specialities. The room has seating space, blackboard and an LCD projector to conduct classes in small groups. The arrangement in the form of cubicles also allows the area to be used as stations in objective structured clinical examinations (OSCE). Students are taught essential skills which range from cardiopulmonary resuscitation to giving injections.

Teaching is also done in the operation theatre, labour rooms, ICUs, antenatal and post- natal wards etc. MGIMS has a state-of-the-art tele-medicine and tele-conferencing setup. This setup works in the hub-and-spoke model. One room (the hub) has been setup at the Kasturba Hospital, while spokes have been developed at the peripheral centers at Anji, Bhidi and Wardha. The hub can be manned by a doctor and patients at the spoke can be seen remotely. The room serves dual purpose and can also be used for remote meetings and conferences.

AYUSH-related learning-cum-therapy is adequately provided at Arogyadham. Under one of the objectives of the Kasturba Health Society for exploring naturopathy, yoga and meditation in healthcare, Kasturba Health Society has allocated 24 cottages for Kasturba Nisargopchar Kendra along with the adjoining 220 acres of herbal garden. The institute has several laboratories (48, including special laboratories) and well-equipped museums.

List of available of teaching-learning facilities is provided as separate attachment.

File Description	Document
Link for geotagged photographs	View Document
Link for list of available teaching-learning facilities such as Classrooms, Laboratories, ICT enabled facilities including Teleconference facilities etc., mentioned above.	View Document
Link for any other relevant information	View Document

4.1.2 The institution has adequate facilities to support physical and recreational requirements of students and staff – sports, games (indoor, outdoor), gymnasium, auditorium, yoga centre, etc. and for cultural activities

Response:

All students have access to sports and gymnasium facilities provided in hostels and college campus for their physical fitness. Weekly 'shramdaan' activity is also conducted to keep them physically fit and teach them the dignity of physical labour. All students are insured for their health at Kasturba Hospital and any ill-health is being taken care of. Students of MGIMS regularly participate in regional and state-level medical quiz competitions, sports, literary and cultural events. They are encouraged to bring laurels to the institute. Students who require sports training are provided facilities by the Sports Section.

Sport fields: Ample space has been provided in the campus for outdoor sports. Playing grounds/courts are available for badminton, cricket, football, hockey, athletics and basketball

The Institute also has the following **facilities for cultural activities**

- Newly constructed air-conditioned Golden Jubilee auditorium: 750 seats.
- Open-air auditorium with green rooms, rest rooms and sitting area for 1000 people
- Closed auditorium with sitting area for 300 people
- Sarojini Naidu Hall: Air conditioned, capacity around 120

PLAYGROUNDS & GAMES PLAYED

A. Main playground

i) Site:- Across the road to Paunar

ii) Measurement:- 4.93 hectares

iii) Distance:- from hostel 400 mt.

iv) Games played:- Cricket, Football, Hockey, Volleyball, Athletics.

B. Playground behind Dean Office

i) Measurement:- 6060 Sq. mt.(41.77 mt. X 145.12mt.)

ii) Distance:- from hostel 200 mt.

iii) Games played:- Basketball, Throw ball, Volleyball

C. Ground on front side of Hostel

i) Games played:- Badminton

D. Ground inside of Boys & Girls Hostel

i) Games played:- Badminton. Volleyball, Throw ball

E. Ground near old hospital

i) Games played: - Kabaddi.

F. Ground near Staff Club

i) Games played:- Badminton.

G. Indoor facilities in Boys & Girls Hostel

i) Recreation hall inside girls & boys hostel

ii) Table Tennis

iii) Carrom

iv) Chess

v) Television

vi) News paper & Magazines

GYMNASIUM FACILITIES AND ARRANGEMENT

i) Site:- Boys and Girls hostel next to Recreation hall

ii) Measurement:- 36 x 36 ft.

iii) Facilities:- Exercising Unit

Following facilities are available in Boys hostel:

Exercise Cycles- 2, Treadmill Jogger- 2, Sit up Board (Abdominal Conditioner)- 2, Motorized Treadmill- 2, Exercise Bike-2, Six station malty commercial Gym -1, Smith Machine- 1, High Pulley -1, Cable Cross

Over-1, Functional Trainer-1,

AB Crunch Machine-1, Rower Machine-2, Vibrator Gym Machine -1, Exercise Bench-2, Wrist Machine-1, Shoulder press Machine (Butterfly)-1, Leg press Machine-1, Dumbbells 23 pairs, Dumbbell Rack, Plates -25 pairs, Weight Lifting Roads -15. Skipping Ropes.

Following facilities are available in Girls hostel:

Exercise Cycles- 2, Treadmill Jogger- 22, Sit up Board (Abdominal Conditioner)- 2, Motorized Treadmill- 2, Exercise Bike-2, AB Crunch Machine-1, Rower Machine-1, Stepper Machine-1, Vibrator Gym Machine-1, Exercise Bench-1, Massage Roller-1, Skipping Ropes, Aerobic Hula Hoop and Exercise Gym Ball.

File Description	Document
Link for geotagged photographs	View Document
Link for list of available sports and cultural facilities	View Document
Link for any other relevant information	View Document

4.1.3 Availability and adequacy of general campus facilities and overall ambience

Response:

- MGIMS encourages tree plantation activity and has ample green cover. Approximately, 22,000 trees have been planted – both commercial as well as non-commercial in addition to the existing approximately 10,000 trees.
- As part of its steps to become environment friendly, MGIMS has installed solar water heaters in all the hostels in order to save energy. Solar panels have also been installed in residents' hostels, and also in the KHS peripheral training centres at Anji and Bhidi.
- Canteen :The Institute has three canteens. The Mahila Mandal is a women-run-canteen serving needs of students.
- Hostels

Boys' hostel:

Number of hostels: One (Jawaharlal Nehru Boys Hostel)- The hostel has seven blocks with 389 rooms.

Number of inmates: 242 undergraduates, 48 interns, 49 postgraduates

Facilities: Each block has the following facilities:

- The rooms are single-seated and have an inbuilt cupboard and are provided with hard furniture
- Each block has a wi-fi facility and a central play area.
- There is a water cooler along with water purifier in each block
- Washing machine
- Solar water heater of 2000 L capacity in each block.
- Common Facilities for all boys:
- Well-equipped gymnasium
- Modern dining hall with a capacity for 100 at a time
- Modern kitchen
- Indoor games facility: table tennis etc
- Outdoor courts: volleyball court, cricket ground, badminton court

Girls' hostel

Number of hostels: One (Jawaharlal Nehru Girls Hostel)- seven blocks

Number of inmates: 157 undergraduates, 53 interns, 66 postgraduates

Facilities: Each block has the following facilities:

- The rooms are single seated and have an inbuilt cupboard and are provided with hard furniture
- Each block has a wi-fi facility and a central play area.
- There is a water cooler along with a water purifier in each block.
- Solar water heater of 2000 L capacity in each block.
- Common Facilities for all girls
- Well-equipped gymnasium
- Modern dining hall with a capacity for 100 at a time with television
- Modern kitchen
- Two coffee machines
- Indoor games facility: table tennis
- Outdoor courts: badminton court, volleyball court
- Cafeteria
- One well-furnished guest room with attached toilet is available for stay of exchange students

Hostel for interns

Number of hostels: The JN Boys Hostel and JN Girls Hostel have one block each (50 rooms) allotted to interns.

Number of inmates: 48 male interns, 53 female interns

- Facilities: Same as above

PG Hostel

Number of hostels: There is one married PG hostel with 36 rooms. In addition, the JN Boys Hostel has one block (50 rooms) allotted to postgraduate male students while the JN Girls hostel has two blocks allotted to postgraduate female students.

Number of inmates: 36 postgraduates in married PG hostel with families. 49 postgraduates in JN Boys Hostel; 66 postgraduates in JN Girls Hostel

Facilities:

- In the married postgraduate hostel, the inmates have two rooms with a kitchen and attached toilet.

File Description	Document
Link for photographs/ Geotagging of Campus facilities	View Document
Link for any other relevant information	View Document

4.1.4 Average percentage of expenditure incurred, excluding salary, for infrastructure development and augmentation during the last five years

Response: 9.56

4.1.4.1 *Expenditure incurred, excluding salary, for infrastructure development and augmentation year-wise during the last five years (INR in lakhs)*

2021-22	2020-21	2019-20	2018-19	2017-18
557.06	633.32	332.32	512.32	623.74

File Description	Document
Provide the consolidated expenditure towards infrastructure development and augmentation during last five years duly certified by Chartered Accountant and Head of the institution.	View Document
Institutional data in prescribed format	View Document
Audited utilization statements (highlight relevant items)	View Document
Any additional information	View Document
Link for additional information	View Document

4.2 Clinical, Equipment and Laboratory Learning Resources

4.2.1 Teaching Hospital, equipment, clinical teaching-learning and laboratory facilities are as stipulated by the respective Regulatory Bodies

Response:

Adequate facilities exist in each clinical department for conducting clinical learning sessions regularly. All the departments and OPDs have designated rooms for clinical teaching equipped with adequate facility to conduct teaching-learning sessions. Seminar rooms are available for holding meetings and seminars.

Available resources for academic activities: Smart Class rooms: 11; Seminar rooms : 22; Demonstration Rooms 22

	Anatomy	Physiology	Pathology	Community Medicine	Adhyayan Mandir	Sarojini Naidu Hall	Psychiatry	Lecture Theatre adjacent to Auditorium (2)
Arrangement of Seats	Gallery	Gallery	Gallery	Level	Level	Level	Gallery	Gallery
Capacity	250	100	120	100	120	120	100	120
Lighting	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ventilation	AirConditioned	Air Cooled	AirConditioned	Air Cooled	Air Cooled	AirConditioned	AirConditioned	AirConditioned
Audio Visual Facilities	Black Board LCD Projector	Black Board LCD Projector	Black & Board LCD Projector	Black & White Boards, Smart Board LCD Projector	Black Board LCD Projector	White Boards, Audio Visual System, LCD Projector	Black & White Boards, LCD Projector	Boards LCD Projector

List of laboratories:

Student practical laboratories:

1. Dept of Anatomy
2. Dept of Physiology
3. Dept of Biochemistry
4. Dept of Pathology

5. Dept of Microbiology
6. Dept of Pharmacology
7. Dept of Forensic Medicine and Toxicology
8. Dept of Community Medicine

Specialized laboratories:

1. Cytogenetics laboratory: Dept of Anatomy
2. Histology laboratory: Dept of Anatomy
3. Molecular laboratory : Dept of Anatomy
4. Clinical Physiology laboratory: Dept of Physiology
5. Haematology / Amphibian Laboratory: Dept of Physiology
6. Mammalian / Sports laboratory: Dept of Physiology
7. Reproductive Biology Laboratory: Dept of Physiology
8. Neurophysiology Laboratory: Dept of Physiology
9. Sleep Laboratory: Dept of Physiology
10. Clinical biochemistry laboratory: Dept of Biochemistry
11. Research Laboratory: Department of Biochemistry
12. Student Practical Laboratory: Department of Biochemistry
13. Histopathology Laboratory: Dept of Pathology
14. Cytology Laboratory: Dept of Pathology
15. Hematology Laboratory: Dept of Pathology
16. Coagulation and Serology Laboratory: Dept of Pathology
17. Research laboratory: Dept of Pathology
18. Clinical Pathology Laboratory: Dept of Pathology

19. Bacteriology Laboratory: Dept of Microbiology
20. Mycobacteriology (TB) Laboratory: Dept of Microbiology
21. Mycology Laboratory: Dept of Microbiology
22. Serology /Parasitological/Immunology laboratory: Dept of Microbiology
23. Virology / BSL3 Laboratory: Dept of Microbiology
24. PG Laboratory: Dept of Microbiology
25. Student laboratory: Dept of Microbiology
26. Research Laboratory: Dept of Pharmacology
27. Pharmacy Laboratory: Dept of Pharmacology
28. Experimental Pharmacology Laboratory: Dept of Pharmacology
29. Clinical Pharmacology Laboratory: Dept of Pharmacology
30. Toxicology Laboratory: Dept of Forensic Medicine and Toxicology
31. Public Health Laboratory: Dept of Community Medicine
32. Common Collection Central Laboratory: OPD
33. Temporal bone dissection Laboratory: Dept of ENT
34. Central Lab: Dept of Obst & Gynaecology

File Description	Document
Link for the list of facilities available for patient care, teaching-learning and research	View Document
Link for the facilities as per the stipulations of the respective Regulatory Bodies with Geotagging	View Document
Link for any other relevant information	View Document

4.2.2 Average number of patients per year treated as outpatients and inpatients in the teaching hospital for the last five years

Response: 877563.8

4.2.2.1 Number of patients treated as outpatients in the teaching hospital year-wise during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
670357	460639	991842	1041721	995323

4.2.2.2 Number of patients treated as inpatients in the teaching hospital year-wise during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
44403	31514	49377	51818	50825

File Description	Document
Year-wise outpatient and inpatient statistics for the last 5 years	View Document
Institutional data in prescribed format	View Document
Extract of patient details duly attested by the Head of the institution	View Document
Details of the teaching hospitals (attached hospital or shared hospitals after due approval by the Regulatory Council / University) where the students receive their clinical training.	View Document
Any additional information	View Document
Link to hospital records / Hospital Management Information System	View Document
Link for additional information	View Document

4.2.3 Average number of students per year exposed to learning resource such as Laboratories, Animal House & Herbal Garden during the last five years.

Response: 463.4

4.2.3.1 Number of UG students exposed to learning resource such as Laboratories, Animal House & Herbal Garden year-wise during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
400	400	400	400	400

4.2.3.2 Number of PG students exposed to learning resource such as Laboratories, Animal House & Herbal Garden year-wise during the last five years.

2021-22	2020-21	2019-20	2018-19	2017-18
62	64	55	70	66

File Description	Document
Number of UG, PG students exposed to Laboratories, Animal House & Herbal Garden (in house OR hired) per year based on time-table and attendance	View Document
Institutional data in prescribed format	View Document
Details of the Laboratories, Animal House & Herbal Garden	View Document
Detailed report of activities and list of students benefitted due to exposure to learning resource	View Document
Any additional information	View Document
Link for additional information	View Document

4.2.4 Availability of infrastructure for community based learning Institution has:

- 1. Attached Satellite Primary Health Center/s**
- 2. Attached Rural Health Center/s other than College teaching hospital available for training of students**
- 3. Residential facility for students / trainees at the above peripheral health centers / hospitals**
- 4. Mobile clinical service facilities to reach remote rural locations**

Response: A. All of the above

File Description	Document
Institutional prescribed format	View Document
Government Order on allotment/assignment of PHC to the institution	View Document
Geotagged photos of health centres	View Document
Documents of resident facility	View Document
Details of Rural and Urban Health Centers involved in Teaching Learning activities and student participation in such activities	View Document
Description of community-based Teaching Learning activities	View Document
Any additional information	View Document
Link for additional information	View Document

4.3 Library as a Learning Resource

4.3.1 Library is automated using Integrated Library Management System (ILMS)

Response:

The MGIMS Central Library came into being with the establishment of the college in 1970. Since 1992, the library has been identified as a resource library in Western India within HELLIS (Health Literature Library & information Service) Network.

In 2018, Dr. APJ Abdul Kalam Library was shifted into the new state-of-the-art premises. The state-of-the-art air-conditioned library is housed in a huge building spread across 18299 square feet. The library features waiting area, lounge chairs, sofas and cushioned tiered reading spaces for 225 undergraduate students, 100 postgraduate students and 75 faculty.

In addition to 18649 journals and 31185 books acquired with 6429 donated books (37614 acquired & donated books), the library also hosts an audio-visual room, a group discussion room, a 35-seater computer section with high speed internet, reprography area, areas for study, secure archival storage for books, theses and journals and a cafeteria. It also provides enough lockers for students to preserve their belongings.

The entire area is Wi-Fi enabled and has an electronic RFID System that would identify, track, sort, and detect library books and journals and would offer self-check –ins and checkouts. The journey for automation started in 2004 by LMS software SLIM 21. From 2019 we migrated previous library data from SLIM 21 library management system to KOHA Internet base Integrated Library Management System with RFID system through (HIS) which includes Acquisition, Cataloguing, Circulation, Serial Control & Online Public Access Catalogue (OPAC) and many more advanced features. KOHA supports technologies and international standards such as MARC 21, RFID, z39.50, web 2.0 etc. The software is fully

customizable and includes all modules expected in any standard library management system. Implementation of Radio Frequency Identification (RFID) used in library for managing the automated library and also for theft detection. MGIMS library has enabled exceptional improvement like automated issue return, security of library materials, inventory control etc.

Self-Circulation Kiosk: This component of an RFID system is used for the self-issue /return, renew of the books. It is connected with the ILMS and server. A printer is also attached with it where the user can take a slip of his/her circulation status can also get their own details as due date & fine with this Kiosk. Self-check in and issue return is possible. At present we have received 519 Smart Cards for books circulations of faculty, Postgraduates, Undergraduates and we are extending our library automated services through Kiosk. The entire campus is fully wi-fi and all users (Faculty, Postgraduates & Undergraduates) can access the library on their mobile or devices. The library is fully digital.

Name and features of the ILMS software: Koha is the Open Source Integrated Library Management System (ILMS) which includes Acquisition, Cataloguing, Circulation, Serial Control & Online Public Access Catalogue; Fully automated including self issue and return. Since 2004- 2020

The digital holding remain with access to current 5247 e- journals, 424 e-books upgraded full order since 2019.

Name of theILMS Software	Nature of Automation (Fully or Partially)	Version	Year of Automation
KOHA	Fully	17.11.15.000	2019

File Description	Document
Link for geotagged photographs of library facilities	View Document
Link for any other relevant information	View Document

4.3.2 Total number of textbooks, reference volumes, journals, collection of rare books, manuscripts, Digitalized traditional manuscripts, Discipline-specific learning resources from ancient Indian languages, special reports or any other knowledge resource for library enrichment

Response:

The Dr. APJ Abdul Kalam Library plays a vital role in the collection, development and dissemination of medical, scientific and technical information to meet the present and future needs of the departments of the Institute. The aim of the library is to become an instrument of information and an integral part of teaching program. Its basic function is to assist and adequately serve the information needs and requirements of faculty, research scholars, postgraduates and undergraduates.

The library has subscribed to 18649 print journals, 5247 online journals and 33 national online free journals as well as 31185 books out of that 10529 are textbooks and 20656 are reference books, 416 full text e-books and 6429 donated books.

Library provides e-material to registered users by KOHA software with the help of OPAC (Online Public Access Catalogue) system through HIS (Hospital Information) system. On OPAC homepage system: Online databases- the National Medical Library, facilitates 239+ high impact e-journals (International) through ERMED Consortium under single gateway. In addition, the library has subscribed to digital resources like Uptodate.com & DELNET library consortium & 2074 e-resources of the digital library of Maharashtra University of Health Sciences, Nashik. In e-resource option: e-books, dictionaries, e-Newspaper directory facility are given.

Question papers of previous years are arranged subject-wise and year-wise. MUHS syllabus, MGIMS Publications and MGIMS Annual reports are included. Users log-in with their individual e-mail IDs to see their circulation history and outstanding loan. Photo-gallery shows the library events and new arrivals section of books with their cover page. Users find all about the library information and library material on OPAC home page under a single link and have digital remote access to library.

Anti-Plagiarism Software installed from access of Ouriginal, a pedagogical support system for plagiarism checking & e-ShodhSindhu Consortium: The N-LIST programme is funded by MHRD, as a college component under the e-ShodhSindhu Consortium. It provides access to more than 10000+ e-journals, 1,99,500+ e-books through N-LIST and 6,00,000 e-books through NDJ, 21, resources & 4 databases.

The Dr. APJ Abdul Kalam Library provides a comprehensive collection of resources in print versions as well as in the form of e-repository. The library has a collection of 31185 books that include 10529 textbooks and 20656 reference books. In the last 5 years, 1214 books and 1468 reference books have been acquired.

The theses/dissertations of PG/ PhD are curated regularly> Currently 1251 numbers are available, of which 218 have been added over the last 5 years.

To enable literature search for researches, the library consists of 5247 titles of national and International Journals that are peer-reviewed and indexed in reputed databases. The hardbound back volumes are properly catalogued for easy retrieval. A total of 18515 back volumes journals are available, of which 895 were added over the last 5 years.

File Description	Document
Link for geotagged photographs of library ambience	View Document
Link for data on acquisition of books / journals /Manuscripts / ancient books etc., in the library.	View Document
Link for any other relevant information	View Document

4.3.3 Does the Institution have an e-Library with membership / registration for the following: 1. e – journals / e-books consortia 2. E-Shodh Sindhu 3. Shodhganga 4. SWAYAM 5. Discipline-specific Databases

Response: B. Any four of the above

File Description	Document
Institutional data in prescribed sormat	View Document
E-copy of subscription letter/member ship letter or related document with the mention of year	View Document
Any additional information	View Document
Link for additional information	View Document

4.3.4 Average annual expenditure for the purchase of books and journals including e-journals during the last five years

Response: 62.28

4.3.4.1 Annual expenditure for the purchase of books and journals including e-journals year-wise during last five years (INR in Lakhs)

2021-22	2020-21	2019-20	2018-19	2017-18
42.14	41.86	79.88	76.31	71.23

File Description	Document
Provide consolidated extract of expenditure for purchase of books and journals during the last five years duly attested by Chartered Accountant and Head of the institution	View Document
Proceedings of library Committee meeting for allocation of fund and utilization of fund for purchase of books and journals	View Document
Institutional data in prescribed format	View Document
Audit statement highlighting the expenditure for purchase of books and journal library resources	View Document
Any additional information	View Document
Links for additional information	View Document

4.3.5 In-person and remote access usage of library and the learner sessions/library usage programmes organized for the teachers and students

Response:

Dr. APJ Abdul Kalam Library is fully air-conditioned and free wi-fi facility is provided through the Hospital Information System. Library is using ILMS Koha: Open Source Integrated Library Management System (ILMS) software. The web link facility of OPAC system given to all undergraduates, postgraduates and faculty through HIS system. Through this facilities like catalog searching, e- journals, e- resources, e databases, question bank are available for each member. In search option of the library catalog- users may search it by author, title, subject or by ISBN NoE- Journals are arranged by subject-wise with their web links; In Online databases- Uptodate, Pubmed, MUHS Digital Library; In e-resource option e-books, dictionaries, e- Newspaper directory facility are given. Question papers of undergraduates and postgraduates are arranged subject wise and year wise. MUHS syllabus, MGIMS Publications and MGIMS Annual reports are included in OPAC home page . Users log in with their individual email ID and password to see their circulation history and outstanding loan. The Photo Gallery shows the library events and New arrivals section of books with their cover page. Users find all information on OPAC home page under a single link and have digital remote access to library.

File Description	Document
Link for details of library usage by teachers and students	View Document
Link for details of learner sessions / Library user programmes organized	View Document
Link for any other relevant information	View Document

4.3.6 E-content resources used by teachers: 1. NMEICT / NPTEL 2. other MOOCs platforms 3. SWAYAM 4. Institutional LMS 5. e-PG-Pathshala

Response: Any Four of the above

File Description	Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Links to additional information	View Document
Give links e_content repository used by the teachers	View Document

4.4 IT Infrastructure

4.4.1 Percentage of classrooms, seminar halls and demonstration rooms linked with internet /Wi-Fi-enabled ICT facilities (data for the preceding academic year)

Response: 100

4.4.1.1 Number of classrooms, seminar halls and demonstration rooms linked with internet /Wi-Fi enabled ICT facilities

Response: 53

4.4.1.2 Total number of classrooms, seminar halls and demonstration room in the institution

Response: 53

File Description	Document
Institutional data in prescribed format	View Document
Geo-tagged photos	View Document
Consolidated list duly certified by the Head of the institution.	View Document
Any additional information	View Document
Links to additional information	View Document

Other Upload Files

1	View Document
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4.4.2 Institution frequently updates its IT facilities and computer availability for students including Wi-Fi

Response:

MGIMS, Sevagram has developed a state-of-art, fully integrated hospital information system (HIS) since 2012. This was among the first of its kind in the entire country. All registered users get free Wi-Fi facility across the campus including hostels. LAN covers the entire campus. Wi-fi facility is extended tourban health center peripheral centers in Anji and Bhidi.

Library has a computer lab with thirty computers with an internet facility for the students. The library subscribes to Up-to-date, which is an evidence based decision support system at the point of care with over 10000 topics in 22 specialties. All faculty and students can access the latest clinical information at the bedside through their smartphones or tablets. All faculty, students and administrative staff are connected on intramail through an mgims.ac.in ID.

The MGIMS Classroom is hosted online on MGIMS website. It is accessible to students and offers interactive online courses to support the classroom, clinical and community-based teaching. Ane-learning platform was created in the institute by installing MOODLE as a virtual learning environment. Since each

student has a Google-based MGIMS email ID, it is now possible to share documents, presentations and teaching material by uploading them on Google drives.

File Description	Document
Link for documents related to updation of IT and Wi-Fi facilities	View Document
Link for any other relevant information	View Document

4.4.3 Available bandwidth of internet connection in the Institution (Lease line)

Response: ?1 GBPS

File Description	Document
Institutional data in prescribed format	View Document
Details of available bandwidth of internet connection in the Institution	View Document
Bills for any one month of the last completed academic year indicating internet connection plan, speed and bandwidth	View Document
Any other relevant information	View Document

4.5 Maintenance of Campus Infrastructure

4.5.1 Average Expenditure incurred on maintenance of physical facilities and academic support facilities excluding salary component, as a percentage during the last five years

Response: 89.11

4.5.1.1 Expenditure incurred on maintenance of physical facilities and academic support facilities excluding salary component year-wise during the last five years (INR in lakhs)

2021-22	2020-21	2019-20	2018-19	2017-18
5218.02	5604.14	4751.27	4623.32	4526.03

File Description	Document
Provide extract of expenditure incurred on maintenance of physical facilities and academic support facilities duly certified by Chartered Accountant and the Head of the institution	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for any additional information	View Document

4.5.2 There are established systems and procedures for maintaining and utilizing physical, academic and support facilities - laboratory, library, sports facilities, computers, classrooms etc.

Response:

All the departments are provided with necessary instruments for which there are established procedures for maintaining and utilizing physical, academic and support facilities. When individual departments require any civil engineering or electrical work to be done, they send in their requests to the engineering and maintenance department (EMD), which immediately attends to the same. Any major repairs which require financial expenditure are first sanctioned by the Secretary of KHS and then attended to by the EMD.

There are two Biomedical Engineers in the Equipment Maintenance Department who cater to all the repair calls of equipment. In case they need the help of the Company Engineer, he is called. All equipment which are sensitive are covered under Annual Maintenance Contracts and Comprehensive maintenance contracts. For other services, tenders are floated and an annual rate contract is finalized with the service provider and trouble-free service is ensured.

All the servers, hardware, and applications are under the annual maintenance contract.

File Description	Document
Link for minutes of the meetings of the Maintenance Committee	View Document
Link for log book or other records regarding maintenance works	View Document
Link for any other relevant information	View Document

Criterion 5 - Student Support and Progression

5.1 Student Support

5.1.1 Average percentage of students benefited by scholarships /freeships / fee-waivers by Government / Non-Governmental agencies / Institution during the last five years

Response: 27.47

5.1.1.1 Number of students benefited by scholarships and free ships provided by the institution, Government and non-government bodies, industries, individuals, philanthropists during the last five years (other than students receiving scholarships under the government schemes for reserved categories)

2021-22	2020-21	2019-20	2018-19	2017-18
209	210	201	164	125

File Description	Document
List of students who received scholarships/ freeships /fee-waivers	View Document
Institutional data in prescribed format	View Document
Consolidated document in favour of free-ships and number of beneficiaries duly attested by the Head of the institution	View Document
Attested copies of the sanction letters from the sanctioning authorities	View Document
Any additional information	View Document
Link for Additional Information	View Document

5.1.2 Capability enhancement and development schemes employed by the Institution for students: 1. Soft skill development 2. Language and communication skill development 3. Yoga and wellness 4. Analytical skill development 5. Human value development 6. Personality and professional development 7. Employability skill development

Response: A. All of the above

File Description	Document
Institutional data in prescribed format	View Document
Detailed report of the Capacity enhancement programs and other skill development schemes	View Document
Any additional information	View Document
Link to Institutional website	View Document
Link for additional information	View Document

Other Upload Files

1	View Document
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5.1.3 Average percentage of students provided training and guidance for competitive examinations and career counseling offered by the Institution during the last five years

Response: 93.86

5.1.3.1 Number of students benefitted by guidance for competitive examinations and career counseling offered by the Institution in a year

2021-22	2020-21	2019-20	2018-19	2017-18
690	685	549	607	562

File Description	Document
Year-wise list of students attending each of these schemes signed by competent authority	View Document
Institutional data in prescribed format	View Document
• Copy of circular/ brochure/report of the event/ activity report Annual report of Pre-Examination Coaching centers	View Document
Any additional information	View Document
Link for additional information	View Document
Link for institutional website. Web link to particular program or scheme mentioned in the metric	View Document

5.1.4 The Institution has an active international student cell to facilitate study in India program etc.,

Response:

MGIMS has an MOU with Maastricht University, Netherlands and Ben Gurion University, Beer Sheva, Negev, Israel. Students from these two universities come every year for their elective postings during internship in the Departments of Community Medicine, Pediatrics and Obstetrics and Gynecology for a duration of 6 weeks. In the past, students from Jakarta University, Indonesia; Charite University, Berlin and other foreign students have also visited the institute. Every year two International students are from SAARC countries like Nepal and Srilanka are admitted.

A needs assessment of the academic and infrastructural requirements for the stay of these students was first done by the faculty of these foreign universities. In discussion with them arrangements are made for: (a) the security and comfortable stay and (b) enhanced learning opportunities to be provided to them. Students from Maastricht University, Netherlands; University of Sardinia, Italy and the Ben Gurion University, Negev, Israel have undertaken elective postings with us in the departments of Community Medicine, Pediatrics and Obstetrics and Gynecology

Support Services

- Training is undertaken
- Hostel / Canteen/ Laundry/ Library facilities are provided
- Special and comfortable rooms with attached toilets are provided
- Free internet is provided.
- Gymnasium, TV, Magazine facility provided free of cost.

File Description	Document
Any additional information	View Document
Link for international student cell	View Document
Link for Any other relevant information	View Document

5.1.5 The institution has a transparent mechanism for timely redressal of student grievances / prevention of sexual harassment and prevention of ragging

- 1. Adoption of guidelines of Regulatory bodies**
- 2. Presence of the committee and mechanism of receiving student grievances (online/ offline)**
- 3. Periodic meetings of the committee with minutes**
- 4. Record of action taken**

Response: All of the above

File Description	Document
Minutes of the meetings of student Grievance Redressal Committee and Anti-Ragging Committee/Cell	View Document
Institutional data in prescribed format	View Document
Circular/web-link/ committee report justifying the objective of the metric	View Document
Any additional information	View Document
Link for Additional Information	View Document

5.2 Student Progression

5.2.1 Average percentage of students qualifying in state/ national/ international level examinations during the last five years (eg:GATE/AICTE/GMAT/GPAT/CAT/NEET/GRE/TOEFL/PLAB/USMLE/AYUSH/Civil Services/Defence/UPSC/State government examinations/ AIIMSPGET, JIPMER Entrance Test, PGIMER Entrance Test etc.,)

Response: 36.75

5.2.1.1 Number of students qualifying in state/ national/ international level examinations (eg: GATE/AICTE/GMAT/ GPAT/CAT/NEET/ GRE/TOEFL/ PLAB/USMLE/AYUSH/Civil Services/Defence/ UPSC/State government examinations/ AIIMSPGET, JIPMER Entrance Test, PGIMER Entrance Test etc.,) year-wise during the last five years ..

2021-22	2020-21	2019-20	2018-19	2017-18
17	78	35	10	7

5.2.1.2 Number of students appearing in state/ national/ international level examinations (eg:GATE/AICTE/GMAT/CAT/NEET/GRE/ TOEFL/ PLAB/ USMLE/AYUSH/Civil Services/Defence/UPSC/ State government examinations / AIIMSPGET, JIPMER Entrance Test, PGIMER Entrance Test etc.,) **during the last five years**

2021-22	2020-21	2019-20	2018-19	2017-18
80	80	80	80	80

File Description	Document
Scanned copy of pass Certificates of the examination	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

5.2.2 Average percentage of placement / self-employment in professional services of outgoing students during the last five years

Response: 32.38

5.2.2.1 Number of outgoing students who got placed / self-employed year- wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
17	82	78	27	41

File Description	Document
Institutional data in prescribed format	View Document
In case of self-employed professional services registration with MCI and documents for registered clinical Practitioner should be provided	View Document
Any additional information	View Document
Annual reports of Placement Cell	View Document
Link for Additional Information	View Document

5.2.3 Percentage of the batch of graduated students of the preceding year, who have progressed to higher education

Response: 56.74

5.2.3.1 Number of last batch of graduated students who have progressed to higher education

Response: 80

File Description	Document
Supporting data for students/alumni as per data template	View Document
Institutional data in prescribed format	View Document
Any proof of admission to higher education	View Document
Any additional information	View Document
Link for Additional Information	View Document

5.3 Student Participation and Activities

<p>5.3.1 Number of awards/medals for outstanding performance in sports/cultural activities at State/Regional (zonal)/ National / International levels (award for a team event should be counted as one) during the last five years.</p> <p>Response: 62</p> <p>5.3.1.1 Number of awards/medals for outstanding performance in sports/cultural activities at State/Regional (zonal)/National / International levels (award for a team event should be counted as one) year-wise during the last five years .</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>2021-22</th> <th>2020-21</th> <th>2019-20</th> <th>2018-19</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>7</td> <td>26</td> <td>17</td> <td>11</td> </tr> </tbody> </table>					2021-22	2020-21	2019-20	2018-19	2017-18	1	7	26	17	11
2021-22	2020-21	2019-20	2018-19	2017-18										
1	7	26	17	11										
File Description	Document													
Institutional data in prescribed format	View Document													
Any additional information	View Document													
Link for Additional Information	View Document													
Duly certified e-copies of award letters and certificates	View Document													

Other Upload Files	
1	View Document
2	View Document

<p>5.3.2 Presence of a Student Council, its activities related to student welfare and student representation in academic & administrative bodies/ committees of the Institution</p>
--

Response:

Every year the Students' Council is formed following the guidelines by the MUHS Nashik.

- Dean of the Institute is the Chairman of the Students' Council.
- One teacher nominated by the Dean is the Officer Incharge of the Students' Council.
- Programme Officer/ Officer Incharge of NSS is a member.
- Director Sports/ Physical Education is a member.
- Officer Incharge of cultural activities is a member.
- One student of each class who has secured highest number of marks in the preceding annual examination is nominated as a member by the Dean.
- One student each who has shown outstanding performance in Cultural activities, research, NSS activities, sports, is nominated as a member by the Dean.
- Two lady representatives are appointed.

Activities of Students' Council

- Representing student perspective to management
- Providing leadership to all student activities:
- Organizing annual day, quizzes, elocution, essay writing competitions, sports and cultural activities
- Bringing out college magazine
- Keeping faculty-student bond alive by celebrating Teachers' day
- Participating in NSS Special camps and regular activities

- Breastfeeding promotion

- Tree plantation

- Induction of new members in Red ribbon club

- Volunteering to donate blood

- World Health Day Celebrations

Funding Details:

The funding is done by the Institute. The Annual budget (in rupees) is as follows:

Foundation Day Expenses borne by the Dean's Office

Annual Social gathering 150000

Ganesh Festival 50000

Introductory Freshers' Day 27000

Sports	80000
Magazine	75000
Literary programme	15000
File Description	Document
Any additional information	View Document
Link for any other relevant information	View Document
Link for reports on the student council activities	View Document

Other Upload Files	
1	View Document
2	View Document

5.3.3 Average number of sports and cultural activities/competitions organised by the Institution during the last five years

Response: 10.2

5.3.3.1 Number of sports and cultural activities/competitions organised by the Institution year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
7	7	11	14	12

File Description	Document
Report of the events with photographs or Copy of circular/ brochure indicating such kind of activities	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

Other Upload Files	
1	View Document

5.4 Alumni Engagement

5.4.1 The Alumni Association is registered and holds regular meetings to plan its involvement and developmental activities with the support of the college during the last five years.

Response:

The institute has a registered alumni association. A complete electronic database of alumni is maintained.

Silver Jubilee Celebrations of alumni batches

Every year, the batch celebrating its Silver Jubilee year has its Silver Jubilee programme on campus in the last week of December. The programme includes a get together of the alumni with felicitation of teachers. The Institute hosts lunch and their stay on the campus. Alumni contribute academically and financially towards the development of the institution and its programmes. Some batches have gone back to their adopted villages and contributed to village development schemes. A vibrant alumni group on social media interacts with undergraduates and gives them career guidance.

The office bearers meet frequently and plan various activities:

1. Career guidance of students
2. Deliver talks and lectures at MGIMS
3. Financial support to students who come from disadvantaged backgrounds.
4. Enhancing the academic learning environment
5. Contribution to develop institutional infrastructure

Alumni are encouraged to give feedback about the institute infrastructure and curriculum. Many alumni have been working for several years in the institute as faculty.

File Description	Document
Any additional information	View Document
Link for audited statement of accounts of the Alumni Association	View Document
Link for Additional Information	View Document
Link for quantum of financial contribution	View Document
Link for frequency of meetings of Alumni Association with minutes	View Document
Link for details of Alumni Association activities	View Document

5.4.2 Provide the areas of contribution by the Alumni Association / chapters during the last five years

- 1. Financial / kind**
- 2. Donation of books /Journals/ volumes**
- 3. Students placement**
- 4. Student exchanges**
- 5. Institutional endowments**

Response: A. All of the above

File Description	Document
Institutional data in prescribed format	View Document
Certified statement of the contributions by the head of the Institution	View Document
Any additional information	View Document
Annual audited statements of accounts. Extract of Audited statements of highlighting Alumni Association contribution duly certified by the Chartered Accountant and Head of the Institutions	View Document
Link for Additional Information	View Document

Criterion 6 - Governance, Leadership and Management

6.1 Institutional Vision and Leadership

6.1.1 The Institution has clearly stated vision and mission which are reflected in its academic and administrative governance.

Response:

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.

The mission statement reiterates the MGIMS philosophy of producing doctors with high clinical competence who are well-versed with Gandhian values and principles. MGIMS is conscious of the fact that medical education needs to maintain the right balance in the eternal triangle of 'quality, quantity and equity'. In its perennial quest to attain the perfect blend it never forgets that these three arms are not in conflict and equity cannot be kept in abeyance. Approach to medical education with the spotlight on rural community-oriented education, makes student-sensitive to the felt needs of the people, and adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity.

Objectives:

MEDICAL EDUCATION

- To evolve an integrated pattern of medical education
- To provide value-based and cost-effective medical education with a community oriented approach
- To teach and train doctors to be responsive to the health needs of people living in resource limited settings

HEALTH SERVICE

- To provide high-quality, low-cost, evidence-based health care to the local communities
- To design efficient and effective health care delivery systems consonant to the needs of communities
- To empower the community by involving people in their own healthcare
- To promote professionalism and ethical application of practice standards

RESEARCH

- To promote excellence in designing and conducting research that focuses on local health problems, is feasible, interesting, novel, ethical and relevant
- To develop collaborative and consultative research partnerships with patients, care givers and the community

File Description	Document
Any additional information	View Document
Link for Vision and Mission documents approved by the College bodies	View Document
Link for additional information	View Document
Link for achievements which led to Institutional excellence	View Document

6.1.2 Effective leadership is reflected in various institutional practices such as decentralization and participative management.

Response:

The Kasturba Health Society is the Apex Body which runs the Mahatma Gandhi Institute of Medical Sciences and its Kasturba Hospital. Representatives of Government of India and Government of Maharashtra are members of our Governing Council, Standing Finance Committee and Local Management Committee and participate in management decisions of the institute.

The Secretary of the Kasturba Health Society looks after all other management issues with KHS employees, i.e. both teaching and non-teaching staff. The Dean is the head of academic affairs. The Medical Superintendent looks after the day-to-day running of the hospital and deals with concerns of the patients and clinicians. Between them, they interact with all the relevant stakeholders, including all important community representatives. The President of the KHS oversees all these roles and also handles financial responsibilities.

Community members are representatives of various committees like Women's Complaint Committee, Institutional Ethics Committee. Students, Parents, District/Local administration representatives, Police representatives are members of the anti-ragging Committee.

Decentralization and delegation: Faculty members take up administrative roles besides their clinical work. Most faculty take on different institutional administrative responsibilities and serve on several committees. Teamwork and Delegation among the internal stakeholders across all Departments and sections of the Institute is also done.

File Description	Document
Any additional information	View Document
Link for relevant information / documents	View Document
Link for additional information	View Document

6.2 Strategy Development and Deployment

6.2.1 The Institutional has well defined organisational structure, Statutory Bodies/committees of the College with relevant rules, norms and guidelines along with Strategic Plan effectively deployed

Response:

The institute has developed a strategic plan to serve the rural and under-privileged sections of society. The institute emphasizes its commitment to bring in new ideas and technologies and also to continuously evaluate, innovate, collaborate and have constant endeavor to provide the required services. The strategic plan guides us regarding areas to invest our resources and energy with a focus on five main areas viz. human resources, education, hospital services, community extension activities and research.

The plan envisages recruitment of the best faculty and staff and their retention by developing a supportive and inclusive culture in the institute with a proactive and flexible approach for provision of professional and personal development opportunities. The plan envisages provision of a good learning environment by engaging in educational methodologies for advancement in the field of healthcare delivery and research.

To further our impact, we wish to strengthen our community extension activities through further engagement and collaborations with the community, governmental and non-governmental organizations. The institute lays down its commitment for providing high quality research outputs through faculty development, integrated research while keeping its focus on enabling transformative discoveries.

File Description	Document
Any additional information	View Document
Link for strategic Plan document(s)	View Document
Link for minutes of the College Council/ other relevant bodies for deployment/ deliverables of the strategic plan	View Document
Link for organisational structure	View Document
Link for additional information	View Document

6.2.2 Implementation of e-governance in areas of operation

1. Academic Planning and Development
2. Administration
3. Finance and Accounts
4. Student Admission and Support
5. Examination

Response: A. All of the above

File Description	Document
Screen shots of user interfaces of each module Annual e-governance report approved by Governing Council/ Board of Management/ Syndicate Policy document	View Document
Policy documents	View Document
Institutional data in prescribed format	View Document
Institutional budget statements allocated for the heads of E_governance implementation ERP Document	View Document
Any additional information	View Document
Link for additional information	View Document

6.3 Faculty Empowerment Strategies

6.3.1 The institution has effective welfare measures for teaching and non-teaching staff

Response:

- The institute has grievance handling mechanism through internal complaints committee, local management committee and provident fund trust.
- Institute promotes equal opportunities, fair work place and safe environment.
- The institute provides the following for both teaching and non-teaching staff:

- In-campus residential accommodation.

- Adherence to minimum wages and salaries as per state government rules

- Health insurance to all employees and their family members against a nominal premium adjusted in the salary - provides for free medical diagnostic and consultation, free inpatient care and controlled out-patient medications.

- House rent allowance

- Loan facility from the contributory provident fund

- Workers welfare fund: The institute operates a worker welfare fund in which each employee deposits Rs 20 per month to be used to pay hospital bills for illnesses which needed to be treated elsewhere.

- For teaching staff:

- Provision of special leave, travel, accommodation and conference fee reimbursement for one national conference every year, international every three years.

- special leave for task force meetings.

- Research funds are available to conduct short research projects in the institute.

- Deputation or study leave is permitted depending on performance to pursue higher studies or train in a specialized area.

- Personal promotion based on performance and output.

File Description	Document
Any additional information	View Document
Link for policy document on the welfare measures	View Document
Link for list of beneficiaries of welfare measures	View Document
Link for additional information	View Document

6.3.2 Average percentage of teachers provided with financial support to attend conferences/workshops and towards membership fee of professional bodies during the last five years

Response: 21.95

6.3.2.1 Number of teachers provided with financial support to attend conferences / workshops and towards membership fee of professional bodies year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
11	11	45	41	40

File Description	Document
Relevant Budget extract/ expenditure statement	View Document
Policy document from institutions providing financial support to teachers, if applicable E-copy of letter indicating financial assistance to teachers	View Document
Office order of financial support	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for additional information	View Document

6.3.3 Average number of professional development / administrative training programmes organized by the Institution for teaching and non- teaching staff during the last five years (Continuing education programmes, entrepreneurship development programmes, Professional skill development programmes, Training programmes for administrative staff etc.,)

Response: 26.6

6.3.3.1 Total number of professional development / administrative training programmes organized by the Institution for teaching and non-teaching staff year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
34	36	34	13	16

File Description	Document
Reports of Academic Staff College or similar centers Verification of schedules of training programs	View Document
Institutional data in prescribed format	View Document
Detailed program report for each program should be made available Reports of the Human Resource Development Centres (UGC ASC or other relevant centres)	View Document
Copy of circular/ brochure/report of training program self conducted program may also be considered	View Document
Any additional information	View Document
Link for Additional Information	View Document

6.3.4 Average percentage of teachers undergoing Faculty Development Programmes (FDP) including online programmes (Orientation / Induction Programmes, Refresher Course, Short Term Course etc.) during the last five years..

Response: 92.15

6.3.4.1 Number of teachers who have undergone Faculty Development Programmes including online programmes, Orientation / Induction Programmes, Refresher Course, Short Term Course and any other course year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
132	126	119	124	122

File Description	Document
Institutional data in prescribed format	View Document
E-copy of the certificate of the program attended by teacher	View Document
Days limits of program/course as prescribed by UGC/AICTE or Preferably Minimum one day programme conducted by recognised body/academic institution	View Document
Any additional information	View Document
Link of AQARs for the last five years	View Document
Link to additional information	View Document

6.3.5 Institution has Performance Appraisal System for teaching and non-teaching staff

Response:

PURPOSE: The Performance Appraisal Scheme is an annual system of written review of the performance of the employees. It is designed to enable the assessment of the performance through feedback about the employees' performance, skills and behaviour, and also for identification of the employee career advancement and opportunities. These can be the basis for arriving at decisions in an objective manner. The immediate in-charges are responsible for completing the annual performance appraisal of the employees under them.

- The performance appraisal of the individual teaching faculty members would be enabled at the level of the Head of the Department, and subsequently, the latter would submit the appraisal to the Head of the Institute.
- For non-teaching staff the same would be done by the immediate supervisor through the Head of Department.

The Performance Appraisal system for teaching staff takes into its fold both: self-appraisal as well as the immediate supervisor's appraisal and brings an understanding of the departmental working and the transparency as actually existing and provides an opportunity for the future requirements.

The Performance Appraisal System for non-teaching staff covers all staff (viz. administrative, nursing, paramedical staff, technical and other) of the institute, who will be appraised by their superiors. The appraisal is then forwarded to the Head of Department who will then forward it to the Dean.

PROCEDURE

A Standard Operative Procedure of performance appraisal rating has been formulated to evaluate general parameters, team-based factors, supervisory factors, research factors and teaching factors which are akin to

the needs of the institution.

Teaching faculty

The performance appraisal of teaching faculty shall be done every year. Each teaching faculty will fill the Self-appraisal form (Annexure 1) and submit the same through the HoD to the Dean. The HoD and Dean will discuss with the faculty member about their performance with respect to the Appraisal Performance Report and future plans for the expansion of Departmental activities and institution.

The Performance Appraisal Methodology is based on

- (a) Teaching and evaluation related activities,
- (b) Co-curricular, extension and professional development related activities,
- (c) Research and academic contributions
- (d) Publications as directed by the regulatory authorities from time to time.

Non-teaching staff

- The general parameters will include assessment on a Likert scale having performance indicators such as initiative, neatness, punctuality, promptness, attendance, inter-personal relations, dependability etc. It also assesses the staff on their intellect, technical ability and other aptitude.
- The performance appraisal for all non-teaching employees under temporary appointment/ probation shall be done every 6 months, based on which upon which their employment will be confirmed (after two years of probation) or terminated or probation may be extended, based on their performance evaluation.
- In case the performance of an employee under probation is not satisfactory during the probation period of two years, the probation may be extended to a maximum period of two years after which the appointment may be terminated if no improvement is seen in the performance. The final decision lays with the competent authority in this regard.

File Description	Document
Any additional information	View Document
Link for performance Appraisal System	View Document
Link for any other relevant information	View Document

Other Upload Files	
1	View Document
2	View Document

6.4 Financial Management and Resource Mobilization

6.4.1 Institutional strategies for mobilisation of funds and the optimal utilisation of resources

Response:

MGIMS, Sevagram is committed to provide quality education so as to produce competent medical graduates and post graduates who will serve the rural population of the country. The Institute also aims to provide quality health services to the patients from Wardha and adjoining districts of the states of Maharashtra, Telangana and Chhattisgarh.

MGIMS, Sevagram receives grant-in-aid from the Government of India and the Government of Maharashtra in a proportion to 50:25 of the total expenditure of the Institute. The Kasturba Health Society which manages the Institute contributes to the remaining 25% share. The Kasturba Health Society generates its own 25% funds from the fees collected from the students, hospital income, income from renting the residential premises to the faculty and staff, leasing out infrastructure facilities and donation from philanthropists who actively help the institute in developing quality infrastructure.

However, to meet the upcoming requirement for Research and Teaching / Learning Resources, the Institute also mobilizes its resources through Funded Research Projects from agencies such as: ICMR, DBT, WHO, UNICEF etc.

Alumni also provides financial and non-financial support. In recent years, the alumni has contributed to the construction of two hostel blocks having 50 single-seater rooms in each block. They have also donated air-conditioned ambulances to Kasturba Hospital. The Alumni Association also holds annual lunch and get-together for faculty, passing out undergraduates and post-graduate students every year.

Funds which are generated from the grant-in-aid from the Central Government, State Government as well as Kasturba Health Society are accounted for every year. The budget for the next financial year is submitted to the Standing Finance Committee through the Dean who is Member Secretary. The Standing Finance Committee has representatives from the Central Government, State Government and Kasturba Health Society.

The budget which is submitted to Standing Finance Committee after approval is sent to Government of India and Government of Maharashtra. They contribute their share in regular quarterly instalments. In last

53 years, there has been not a single instance of delay from anyone of the stakeholders. Regular Utilization Certificates and Audited Statement are submitted to the Central Government and State Government. The Comptroller and Accountant General of India does annual audit of the Institute's accounts and these audited reports are also submitted to the Government of India and Government of Maharashtra. Till date there is no pending remarks of CAG against the Institute.

Optimum Utilization of the Funds is ensured by:

1. Every five years Development Plan of the Institute is prepared and is submitted by Dean on behalf of the various Head of the Departments to the Kasturba Health Society. This plan is taken into consideration for preparing the annual budget of the Institute.
2. Funds are earmarked for effective Teaching / Learning Practice that includes Orientation Programme, Camps, Faculty Development Programmes and Conference Travel Allowances for faculty
3. After getting approval from the competent authority, the Central Purchase Department and Medical Store Purchases relevant items by e-tendering (through e-procurement system) by following all the rules of GFR-2017.

File Description	Document
Any additional information	View Document
Link for resource mobilization policy document duly approved by College Council/other administrative bodies	View Document
Link for procedures for optimal resource utilization	View Document
Link for any other relevant information	View Document

Other Upload Files	
1	View Document

6.4.2 Institution conducts internal and external financial audits regularly

Response:

The Kasturba Health Society (KHS) which is the parent body running MGIMS, Sevagram undergoes two audits every year. The society does not conduct any internal audit, however, it has outsourced the same to M/s KK Mankeshwar and Sons, a chartered accountant firm of 80 years standing for conducting the audit.

Our accounts are also subject to audit by the Comptroller and Auditor General (CAG). Besides these, once in a while, auditors from the Govt of India and Govt of Maharashtra also visit us for audits.

After these Audits the Society settles the objections by holding a consultative meeting with the stakeholders chaired by the Secretary, KHS and directs the finance department to make necessary amendments. If needed, the society also makes some amendments in the routine processes to avoid any discrepancy in the future.

File Description	Document
Any additional information	View Document
Link for documents pertaining to internal and external audits year-wise for the last five years	View Document
Link for any other relevant information	View Document

6.4.3 Funds / Grants received from government/non-government bodies, individuals, philanthropists during the last five years (not covered in Criterion III)

Response: 77759.19

6.4.3.1 Total Grants received from government/non-government bodies, individuals, philanthropists year-wise during the last five years (INR in lakhs)

2021-22	2020-21	2019-20	2018-19	2017-18
17646.59	18000.11	15670.74	13467.39	12974.36

File Description	Document
Provide the budget extract of audited statement towards Grants received from nongovernment bodies, individuals, philanthropist duly certified by Chartered Accountant and the head of the institution	View Document
Institutional data in prescribed format	View Document
Copy of letter indicating the grants/funds received by respective agency as stated in metric	View Document
Any additional information	View Document
Annual statements of accounts	View Document
Link for Additional Information	View Document

6.5 Internal Quality Assurance System

6.5.1 Institution has a streamlined Internal Quality Assurance Mechanism

Response:

The Internal Quality Assurance Cell (IQAC) of MGIMS works towards the realization of the goals of quality enhancement and quality sustenance. It has developed systems for consistent improvement in the overall performance of the institution in three broad areas: teaching-learning and assessment, patient care and research. The IQAC serves as a nodal agency which liaises and communicates with different sections and departments of the institution, and channelizes all efforts towards promoting holistic academic excellence.

CONSTITUTION OF IQAC

The IQAC is constituted according to the guidelines of the NAAC. The team consists of Chairperson, Member from Management, Nominees from local society and alumni, Senior Administrative Officers, Teacher Representatives, Student Representatives and IQAC Coordinators (see constitution attached)

Strategies and mechanisms used by the IQAC:

- The IQAC has developed quality benchmarks and parameters for various academic and administrative activities of the institution
- It monitors the performance of all academic departments by calling for periodic, timely reports on several academic, administrative and financial indicators
- All departments submit quarterly and annual data on key indicators such as: teaching plans, progress in completion of syllabus, attendance, academic results to the IQAC through the Academic Section of the Dean's office.
- Other measures such as publications, training courses, academic activities organized, funded research projects are monitored. Similar reports on patient and hospital data are also compiled. All these data are compiled in the form of an annual report prepared by the Documentation Unit for the IQAC. This is tabled in front of the local managing committee and the Kasturba Health Society Annual meetings every year.
- The IQAC facilitates the creation of a learner-centric environment conducive to quality education. In view of the need for blended learning, faculty are encouraged to adopt newer techniques like e-learning and trained in this modality.
- In the beginning of each year, reviews of all academic and administrative data are conducted to plan for infrastructural modifications, budget allocations, and procedural modifications. This is done to optimally use the resources for academic and administrative purposes.
- The IQAC continuously strives to encourage the pursuit of excellence at all levels in the institution
- The IQAC collates feedback from all stakeholders (students, parents, faculty, employers), analyses it and shares the results with the management. Action is taken based on this feedback and the results are shared with all stakeholders.
- The IQAC disseminates information on various quality parameters of higher education and organizes workshops, seminars etc on quality related themes.
- The IQAC pushes the quality culture agenda in the institution and tries to ensure internalization of the concept of quality

- The IQAC submits the Annual Quality Assurance Report to NAAC each year and also prepares documents for other agencies such as NIRF

NAAC CRITERIA COORDINATORS: In order to facilitate coordinated compilation of the AQAR, some members have been nominated as incharges responsible for data collection for each of the NAAC criteria:

DEPARTMENTAL NAAC COORDINATORS: To ensure smooth communication and coordination between teams, identified faculty have been appointed as Departmental NAAC Coordinators

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

File Description	Document
Any additional informaton	View Document
Link for the structure and mechanism for Internal Quality Assurance	View Document
Link for minutes of the IQAC meetings	View Document
Link for any other relevant information	View Document

Other Upload Files	
1	View Document

6.5.2 Average percentage of teachers attending programs/workshops/seminars specific to quality improvement in the last 5 years

Response: 100

6.5.2.1 Number of teachers attending programs/workshops/seminars specific to quality improvement year-wise during last five years

2021-22	2020-21	2019-20	2018-19	2017-18
139	133	135	134	135

File Description	Document
List of teachers who attended programmes/workshops/seminars specific to quality improvement year-wise during the last five years	View Document
Institutional data in prescribed format	View Document
Details of programmes/workshops/seminars specific to quality improvement attended by teachers year-wise during the last five years	View Document
Certificate of completion/participation in programs/workshops/seminars specific to quality improvement	View Document
Any additional information	View Document
Link for Additional Information	View Document

6.5.3 The Institution adopts several Quality Assurance initiatives The Institution has implemented the following QA initiatives : 1. Regular meeting of Internal Quality Assurance Cell (IQAC) 2. Feedback from stakeholder collected, analysed and report submitted to college management for improvements 3. Organization of workshops, seminars, orientation on quality initiatives for teachers and administrative staff. 4. Preparation of documents for accreditation bodies (NAAC, NBA, ISO, NIRF etc.,)

Response: A. All of the above

File Description	Document
Report of the workshops, seminars and orientation program	View Document
Report of the feedback from the stakeholders duly attested by the Board of Management	View Document
Minutes of the meetings of IQAC	View Document
Institutional data in prescribed format	View Document
AQAR submitted to NAAC and other applicable certification from accreditation bodies	View Document
Any additional information	View Document
Annual report of the College	View Document
Link for Additional Information	View Document

Criterion 7 - Institutional Values and Best Practices

7.1 Institutional Values and Social Responsibilities

7.1.1 Total number of gender equity sensitization programmes organized by the Institution during the last five years

Response: 21

7.1.1.1 Total number of gender equity sensitization programmes organized by the Institution year-wise during the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
4	7	2	4	4

File Description	Document
Report gender equity sensitization programmes	View Document
Institutional data in prescribed format	View Document
Geotagged photographs of the events	View Document
Extract of Annual report	View Document
Copy of circular/brochure/ Report of the program	View Document
Any additional information	View Document
Link for additional information	View Document

7.1.2 Measures initiated by the institution for the promotion of gender equity during the last five years.

Response:

Our institute has taken various initiatives which are as follows:

1. The institute makes all efforts to promote a gender-sensitive environment by ensuring gender equality and absence of discrimination on grounds of gender, promoting equal opportunities for women faculty and students to participate in all activities in patient care, teaching and research
2. Engendering faculty and staff attitudes and behaviours: Women have occupied all top administrative positions including Director, Dean, Secretary, Medical Superintendent and Students' Council General Secretary at MGIMS. Various programmes are conducted to sensitize students and faculty about need to prevent discrimination based on gender.

3. Gender mainstreaming workshops have been organized in the past. The concepts of gender equity are incorporated in the curriculum of students.
4. Our institute provides specific facilities to women for their safety and counselling. For this we have Womens' Internal Complaints Committee headed by Dr Vijayshri Deotale. The Student guidance and counseling centre deals with psychosocial issues. The Institute has a Grievance Redressal cell and a Students' Grievance Redressal Committee to redress the students' problems with Dean, MGIMS as the chairperson.
5. Our institute gives the opportunity of flag hoisting on Independence and Republic day to the students who came in merit that year without gender bias Many female students have represented the University at the State and all India level competitions and won awards for the same.
6. The institute conducts the major women empowerment programmes in the community (e.g. Womens' self help groups and Kishori Panchayats or adolescent girls' groups) and these are learning grounds for students.
7. Our institute provides specific facilities to women for their safety and counselling. A Committee has been constituted to look into complaints related to Sexual Harrassment under the Cell for Prevention of Sexual Harrassment in the workplace.
8. Our institute provides counselling to the students as well as patients at various counselling centers available at department of community medicine, General OPD and Psychiatry ward.
9. Our institute also provides common room to students. Our institute is concerned with need of personal space especially for girls who are young adult as this is co-education institute.
10. This institute is attached with residential quarters and hostels thus also giving facilities to workers to take care for young children. The day care center soon made available to all.
12. Our institute has initiative like Aakanksha Shishu Kalyan Kendra coordinated by Dr Chhabra for safe motherhood and safe baby for one and all, even for an unwed girl with unwanted advanced pregnancy. The Honorable President of India Shri Ram Nath Kovind acknowledged the work of this centre on occasion of Golden Jubilee celebrations of MGIMS, Sevagram. (<https://www.mgims.ac.in/index.php/aaakanksha>)
13. Our institution has taken initiative in view of women empowerment by providing them entrepreneurship at campus. The Udyami Mahila Mandal is a woman run canteen serving and catering the culinary needs of most of undergraduates, interns, post graduates, faculty and staff as well as serving to the patients.

File Description	Document
Any additional information	View Document
Specific facilities provided for women in terms of a. Safety and security b. Counselling c. Common Rooms d. Day care centre for young children	View Document
Link for any other relevant information	View Document
Annual gender sensitization action plan	View Document

7.1.3 The Institution has facilities for alternate sources of energy and energy conservation devices 1. Solar energy 2. Wheeling to the Grid 3. Sensor based energy conservation 4. Biogas plant 5. Use of LED bulbs/ power efficient equipment

Response: A. All of the above

File Description	Document
Institutional data in prescribed format	View Document
Installation receipts	View Document
Geo tagged photos	View Document
Facilities for alternate sources of energy and energy conservation measures	View Document
Any additional information	View Document
Link for additional information	View Document

7.1.4 Describe the facilities in the institution for the management of the following types of degradable and non-degradable waste (within 500 words)

- **Solid waste management**
- **Liquid waste management**
- **Biomedical waste management**
- **E-waste management**
- **Waste recycling system**
- **Hazardous chemicals and radioactive waste management**

Response:

Solid Waste Management: In MGIMS general waste is segregated in black, green and blue coloured dustbins and collected daily from offices, wards, laboratories, and OPDs etc. The institute has 5 nos. of instant compost machines with the capacity of recycling of 130 kg of waste per machine per day. The entire general non-infectious waste is recycled & converted into fine compost within 24 hrs.

Liquid Waste Management: In MGIMS entire liquid waste is managed as per guidelines of Maharashtra Pollution Control Board.

Effluent Treatment Plant (ETP): There is an Effluent Treatment Plant for treatment of highly infectious liquid waste in which both chemical and biological treatment done followed with disinfection. Infectious liquid waste generated from laboratories, operation theaters and laundry is connected with ETP through underground drainage pipeline for treatment. It has a capacity of storing 30,000 litres and has 5000 litres HDPE Neutralizer, 5000 litres filter notch for treating the effluent water.

Sewage Treatment Plant: Sewage water collection and disposal facility is properly designed with underground sewage drainage line, chambers, septic tanks, soakage pits followed with Sewage Treatment plant. the underground sewerage system is connected with all sewage generating areas like wards of hospital, hostel campus, residential campus and offices etc. All sewage water is treated in Sewage Treatment Plant based on MBBR technology which is situated far away from the habitation. .

Biomedical Waste Management: Biomedical waste is properly managed as per the norms of Maharashtra Pollution Control Board. All colour-coded dust bins, polythenes and needle destroyers are used in wards of Kasturba Hospital, laboratories, OPDs, etc. Generation, segregation and treatment is managed by institute. Collection, transportation, storage and disposal of BMW is outsourced to CBMWTF M/s Superb Hygienic Disposals Nagpur. There is a Biomedical Waste Management Committee to manage and supervise

E-waste management: All obsolete IT equipment that can no longer be used or repaired are condemned through the Institutional Condemnation Committee. This condemned equipment is then auctioned to external bidders for scraping or recycling by the EMD Department.

Waste Recycling System: The entire plastic recyclable waste is outsourced to authorized agency M/s Superb Hygienic Disposals Nagpur for treatment and disposal. Biodegradable waste is recycled through above mentioned Instant Compost Machines. Fine compost is then utilized for garden and agriculture purpose.

Bio-hazardous waste management: Collection, transport and disposal of biomedical waste (BMW) is outsourced and done on contractual basis. The Maharashtra Pollution Control Board has authorized an agency named M/s Superb Hygienics & Disposals Ltd. For disposing all Hospital waste as per the norms of the Maharashtra Pollution Control Board. All the waste is disposed of through this agency.

Hazardous chemicals and radioactive waste management: Radiation safety guidelines prescribed by the Atomic Energy Regulatory Board (AERB) of India are followed. All radiation emitting equipment are registered with AERB. Personnel Monitoring Service (TLD badge) is used to record the radiation doses received by individuals working in radiology and radiotherapy. Radiation protection programs are conducted by Radiological Safety Officer (RSO) at least once in every year for radiation workers.

File Description	Document
Any additional information	View Document
Link for relevant documents like agreements/MoUs with Government and other approved agencies	View Document
Link for geotagged photographs of the facilities	View Document
Link for any other relevant information	View Document

7.1.5 Water conservation facilities available in the Institution:

1. Rain water harvesting
2. Borewell /Open well recharge
3. Construction of tanks and bunds
4. Waste water recycling
5. Maintenance of water bodies and distribution system in the campus

Response: All of the above

File Description	Document
Institutional data in prescribed format	View Document
Installation or maintenance reports of Water conservation facilities available in the Institution	View Document
Geo tagged photos of the facilities as the claim of the institution	View Document
Geo tagged photo Code of conduct or visitor instruction displayed in the institution	View Document
Any additional information	View Document
Link for additional information	View Document

7.1.6 Green campus initiatives of the Institution include 1. Restricted entry of automobiles 2. Battery-powered vehicles 3. Pedestrian-friendly pathways 4. Ban on use of plastics 5. Landscaping with trees and plants

Response: B. Any four of the above

File Description	Document
Institutional data in prescribed format	View Document
Geotagged photos / videos of the facilities if available	View Document
Geotagged photo Code of conduct or visitor instruction displayed in the institution	View Document
Any additional information	View Document
Link for additional information	View Document

7.1.7 The Institution has disabled-friendly, barrier-free environment

1. Built environment with ramps/lifts for easy access to classrooms
2. Divyangjan friendly washrooms
3. Signage including tactile path, lights, display boards and signposts
4. Assistive technology and facilities for Divyangjan accessible website, screen-reading software, mechanized equipment
5. Provision for enquiry and information: Human assistance, reader, scribe, soft copies of reading material, screen reading

Response: B. Any four of the above

File Description	Document
Institutional data in prescribed format	View Document
Geo tagged photos of the facilities as per the claim of the institution	View Document
Any additional information	View Document
Link for additional information	View Document

7.1.8 Describe the Institutional efforts/initiatives in providing an inclusive environment i.e., tolerance and harmony towards cultural, regional, linguistic, communal socio-economic and other diversities. Add a note on how the Institution has leveraged its location for the services of the community (within 500 words).

Response:

In 1936, Mahatma Gandhi left Sabarmati Ashram and set up his ashram at Sevagram. The entire village that you see today, came up around Gandhiji's ashram, Bapu Kutli. In 1944, Bapu got his guest house converted into a dispensary, and later, into a 15-bedded hospital for women and children. It was christened 'Kasturba Hospital' in memory of Kasturba Gandhi, who had passed away in 1944. When Dr Sushila

Nayar became the Union Health Minister in 1962, she realized that the distribution of doctors in urban and rural areas was skewed and there were no takers for rural health care. In 1969 MGIMS was started as a Gandhi Centenary Project where medical education was reoriented to meet the needs of the rural areas.

After 1969, most of the area developed around the medical college. Small shops and businesses opened up to cater to the faculty and the students of MGIMS. Gandhiji and his values still resonate in the environment. Simplicity is still a way of life amongst most locals.

NATIONAL INTEGRATION, HARMONY AND TOLERANCE IN SEVAGRAM

Students come to Sevagram from all parts of India. The admission structure is very inclusive. Half the students come from Maharashtra, while the rest come from different states of India. These students learn to live with each other without any form of discrimination.

The code of conduct of the institute is strictly followed. All faculty and students wear khadi, eschew tobacco and alcohol. Vegetarianism is followed on campus. Every Friday all faculty and students participate in an all-religion prayer where verses from the Bhagwadagita, Upanishads, Quran, Bible, Buddhist scriptures, and Guru Granth Sahib are recited. Shramdan is also conducted on Friday evenings.

In orientation camp, students interact with eminent Gandhians, learn about Gandhian values. They stay in simple dormitories in Gandhi ashram. All-religion prayer is conducted daily. They do shramdan which teaches them the value of dignity of labour. They are expected to wash their own utensils and clothes. They practice yoga, spin the charkha and learn the meaning of living with less. At the end of the camp, during the valedictory session, students from all parts of India showcase their cultures and present dances, skits, songs with messages of national integration, social reform and gender inclusiveness.

No form of cultural, regional, linguistic, socio-economic discrimination is tolerated. Students and faculty live in harmony. It is common to see students celebrate Holi, Diwali, Onam, Ganesh Puja and Christmas with the same enthusiasm.

During the Social Service Camp, students live with the villagers. It teaches them to respect everybody irrespective of their level of education or socio-economic status. They learn not only from their teachers but from all cadres of village health care workers, which makes them respect all levels and refrain from discrimination.

MGIMS also runs a hospital in the remote and tribal areas of Utawali in Melghat. This hospital caters to the poor and illiterate Korku adivasis. Students are posted in Melghat and they learn to offer their services to the underprivileged communities.

File Description	Document
Any additional information	View Document
Link for any other relevant information/documents	View Document
Link for supporting documents on the information provided (as reflected in the administrative and academic activities of the Institution)	View Document

7.1.9 Code of conduct handbook exists for students, teachers and academic and administrative staff including the Dean / Principal /Officials and support staff. 1. The Code of conduct is displayed on the website 2. There is a committee to monitor adherence to the code of conduct 3. Institution organizes professional ethics programmes for students, teachers and the academic and administrative staff 4. Annual awareness programmes on the code of conduct are organized

Response: A. All of the above

File Description	Document
Institutional data in prescribed format	View Document
Information about the committee composition number of programmes organized etc in support of the claims	View Document
Details of the monitoring committee of the code of conduct	View Document
Details of Programs on professional ethics and awareness programs	View Document
Any other relevant information	View Document
Web link of the code of conduct	View Document
Link for additional information	View Document

7.1.10 The Institution celebrates / organizes national and international commemorative days, events and festivals

Response:

Our institute celebrates and organizes the following national and international commemorative days, events and festivals each year

1. Independence Day and Republic day where flag hoisting is conducted by academic topper student and sports topper respectively

2. Gandhi Jayanti:
4. Ganesh Festival
5. World Breastfeeding week: Celebrated from Aug 1 to Aug 7,
6. World health day A postgraduate symposium on the theme announced on World Health Day
7. World Mental health day:
8. International Yoga day: On 21st June.
10. World population day: celebrated on 11th July
11. World hepatitis day: Celebrated on 28th July
12. World Encephalitis day: on 22nd Feb1.
13. World Tuberculosis Day: It was celebrated on 24th March gave information regarding tuberculosis and recent diagnostic advancements and treatment.
14. World cancer day: Our institute celebrates world cancer day on 4th Feb where undergraduate students create awareness among public regarding breast cancer and oral cancer which are leading cause of death worldwide

File Description	Document
Any additional information	View Document
Link for additional information	View Document

Other Upload Files	
1	View Document

7.2 Best Practices

7.2.1 Describe two Institutional Best Practices as per the NAAC format provided in the Manual

Response:

LOW-COST DRUG INITIATIVE

OBJECTIVES

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

CONTEXT

There are huge differences between the costs of drugs available in the market depending on their brand. The costs of drugs in the market are unreasonably high. The market, obviously, keeps the drug for which they getting the highest commission. This results in unaffordability of drugs by poor patients which may in turn force them to opt out of taking the drugs altogether.

THE PRACTICE

This initiative was made possible by first minimizing the ‘supply chain effect’ and then by overcoming the ‘marketing effect’. We involved healthcare workers in making a list of essential drugs and surgical items and deleted as many drugs as was feasible in our setting. We procured drugs at substantially cheap prices by inviting competitive quotations from drug distributors. We made doctors and public aware of the benefits and banned all drug representatives from the hospital. We encourage residents to prescribe drugs by generic names. Two 24 x 7 pharmacies are opened in the hospital to ensure that patients can access drugs at affordable prices. We introduced computerized prescriber order entry (CPOE) to prescribe drugs.

EVIDENCE OF SUCCESS

Patients have found significant difference in the cost of medications, they buy at MGIMS compared to the market pharmacies. The low-cost drug initiative has substantially reduced the cost of medical treatment at Kasturba hospital. This initiative has reduced the out-of-pocket expenditure on drugs and has reduced healthcare costs.

PROBLEMS ENCOUNTERED AND RESOURCES REQUIRED

The biggest challenge was to stop the interaction between doctors and medical sales representatives. We needed good leadership, an efficient hospital information system to start this good practice.

AARAMBH: AN INDIA-SPECIFIC MODEL FOR NURTURING CARE INTERVENTIONS FOR EVERY CHILD

Objectives

- To develop a model for delivery of nurturing care interventions to ensure adequate growth and development for every child utilizing existing opportunity available within ICDS, health sectors within India
- To develop partnership with health sector, ICDS for development of cost-effective model for promotion of early childhood development.

This initiative is being utilized for the following purposes:

- To develop a setting for students to learn delivery of nurturing care intervention for all children
- To design a setting where students learn innovations in in-service training of frontline workers, behavior change communication, monitoring, supportive supervision, community participation and other aspects of implementation of a program at block, district and state level
- To design a setting where students may conduct research related to early childhood development, participatory processes etc.

The Context

Millions of children in India fail to reach their full potential due to inadequate nutrition and limited early learning activities. The WHO/UNICEF nurturing care framework provides a roadmap for action, focusing on the period from conception to year 3. It emphasizes need to invest in capacity building and empowerment of service providers, families and communities for early childhood development to create a conducive environment for child development. MGIMS in partnership with WHO (2010- 14) and UNICEF (2017 – 2021 (continued)) has been involved in the development, piloting and scale-up activities for early childhood development. ‘Aarambh’ a model for empowering parents and primary caregivers utilizes existing opportunities within Integrated Child Development Services (ICDS), health sector and other service delivery channels. The initial pilot was implemented in a population of approximately 100,000 in Wardha district of Maharashtra. Learnings from the pilot were utilized to initiate the project in partnership with UNICEF and was implemented in 10 ICDS projects (around 1200,000 population) in two districts of Maharashtra during 2018-20. The Department of Women and Child Development (DWCD), and the health department, Government of Maharashtra decided to further scale-up the Aarambh model across all districts of the state with government resources.

The Practice

Aarambh utilizes existing human resources and opportunities within the ICDS and health department, such as AWWs, ASHAs and ANMs and their contact points with parents, other caregivers and communities (e.g., home visits, mothers’ meetings, growth monitoring, monthly early childhood care and education (ECCE) days, village health and nutrition days (VHNDs), community group meetings and opportunities available through health facilities) to promote responsive caregiving and early learning activities. The package includes a cascade model of training where the supervisors of frontline workers (ICDS supervisors along with Block Community Mobilizer and ASHA facilitators) act as trainers for the frontline workers. A team of 12-20 master trainers combined from ICDS and health will be created in each district of Maharashtra in a 3-cycle training (5-4-3 days). These master trainers will train all Anganwadi supervisors, Block Community Mobilizers, and ASHA facilitators; who in turn will provide training to all frontline workers (ASHA and AWWs) using an incremental learning approach (ILA). The critical elements of the training designed for Aarambh included - establishing supervisors as trainers, joint training for ICDS and health sector, playful nature of the training, and demonstration of all approaches.

Evidence of Success

We witnessed improvement in the nutritional and developmental outcomes of children in the implementation area. The proportion of children with underweight, stunting and wasting declined from 39.1%, 42.8% and 17.4% in Nov-Dec 2018, to 32.5%, 41.0% and 12.4% respectively conducted in Nov-Dec 2019. During the same period, the mean development quotient (measured by Development Screening

Test) and the mean social quotient (measured using an Indian adaptation of the Vineland Social Maturity Scale) among children 24-36 months increased respectively from 107 (± 36 SD) to 137 (± 26 SD) [p-value = <0.0001] and from 152 (± 47 SD) to 162 (± 54 SD) [p-value = <0.027]. An analysis of reasons for the ownership by ICDS and the health sector suggests that participatory processes, an appreciative environment, as well as space for innovation available within these approaches hugely contributed to this.

Problems Encountered and Resources Required

Some of the challenges encountered during the pilot phase of the program in two districts included:

- Vacant positions of supervisors and mid-level managers
- Challenges of supportive supervision

Notes We acknowledge the support provided from UNICEF, WHO. (see attachment)

File Description	Document
Any additional information	View Document
Link for best practices page in the Institutional web site	View Document
Link for any other relevant information	View Document

7.3 Institutional Distinctiveness

7.3.1 Portray the performance of the Institution in one area distinctive to its priority and thrust within 500 words

Response:

COMMUNITY MOBILIZATION FOR HEALTH ACTION

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; and Panchayati Raj Institutions, Village Health Nutrition and Sanitation Committees and other Community-based Organizations for health gains

The Context

Community Participation is a process by which people are enabled to become actively and genuinely involved in defining 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.

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 states of India. MGIMS is working with community-based organizations in more than 80 villages in Wardha district and has developed a model of community mobilization for health action.

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) were constituted. These community-based organizations were oriented on health issues through discussion held during their monthly meetings. Later, Village Co-ordination Committee (VCCs) were constituted in every village by including representatives from community-based organizations, Gram Panchayat, village leaders and frontline workers.

The community-based program operated through these Village Co-ordination Committees (VCCs). These village committees entered into an agreement where the VCC will ensure provision of essential maternal and child health services to the villagers, while MGIMS took responsibility to build capacity of these committees and develop tools and techniques for community-based activities. With strong and sustained capacity-building in form of regular handholding the VCCs could take charge of community-based activities at village level. In most villages, VCCs participated in assessment of community health needs, develop health plans, implemented activities decided in coordination with other stakeholders, and monitored community-based health activities. Community networks were especially effective in disseminating health messages in villages and 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. 275 Self Help Groups and 89 Kishori Panchayats are functional in three PHC areas adopted by the department of Community Medicine. We also conduct Kiran clinics (Community-owned health clinics) in 26 villages.

File Description	Document
Link for appropriate web page in the institutional website	View Document
Link for any other relevant information	View Document

8. Medical Part

8.1 Medical Indicator

8.1.1 NEET percentile scores of students enrolled for the MBBS programme for the preceding academic year.	
Response: 96.96	
8.1.1.1 Institutional mean NEET percentile score	
Response: 96.96	
File Description	Document
Uploads for NEET percentile scores of students enrolled for the MBBS programme during the preceding academic year.	View Document
Upload for list of students enrolled for the MBBS programme for the preceding academic year	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

<p>8.1.2 Students are exposed to quality of care and patient safety procedures including infection prevention and control practices as practiced by the teaching hospital in didactic and practical sessions during their clinical postings.</p> <p>Response:</p> <p>Infection control is an essential component of any health care delivery system. Implementing infection control measures from simple hand washing to high level disinfection of surgical instruments can prevent transmission of disease in health care settings. Microbiologists play a crucial role in implementing the infection control programme. Efficient and accurate microbiological diagnosis guides the choice of antibiotics and other treatment options for the patient. In the pandemic era, the significance of Hospital Infection control (HIC) has increased. The erratic use of antibiotics in the pandemic has raised the problem of Antimicrobial resistance. In the new curriculum, Infection control is added as separate learning objective for the MBBS students. The main purpose is to make a skilled Indian Medical Graduate.</p> <p>Under this learning objective, students are imparted knowledge and skills on hand hygiene, donning and doffing of PPE, infection control activities like:</p> <ul style="list-style-type: none"> • Sterilization and disinfection, • Biomedical waste Management, • Management of Needle stick injury (NSI), • Major Hospital Associated Infection types like central line-associated bloodstream infection

CLABSI, catheter associated urinary tract infection (CAUTI), Ventilator associated pneumonia (VAP), Surgical site infection (SSI)

- Monitoring of Antimicrobial stewardship
- Transmission based precautions
- Escalation vs de-escalation of Antimicrobial therapy
- Surveillance

File Description	Document
Any additional information	View Document
Link for Additional Information	View Document
Link for Documents pertaining to quality of care and patient safety practices followed by the teaching hospital	View Document

8.1.3 Average percentage of fulltime teachers who have acquired additional postgraduate Degrees/Diplomas/Fellowships beyond the eligibility requirements from recognized centers/universities in India or abroad. (Eg: AB, FRCS, MRCP, FAMS, FAIMER & IFME Fellowships, Ph D in Medical Education etc.)

Response: 30.84

8.1.3.1 Number of fulltime teachers with additional PG Degrees /Diplomas /Fellowships/Master Trainer certificate

2021-22	2020-21	2019-20	2018-19	2017-18
53	52	50	53	53

File Description	Document
Uploads for List of fulltime teachers with additional Degrees, Diplomas such as AB, FRCS, MRCP, FAMS, FAIMER/IFME Fellowships, Ph D in Medical Education etc during the last 5 years	View Document
Uploads for attested e-copies of certificates of postgraduate Degrees, Diplomas or Fellowships	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

8.1.4 The Institution has introduced objective methods to measure and certify attainment of specific clinical competencies by MBBS students/interns as stated in the undergraduate curriculum by the Medical Council of India

Response:

The Institute follows the competency table recommended by the National Medical Commission where competencies and learning objectives are matched against the teaching-learning methods and assessment methods. The University has also recommended introduction of OSCE and OSPE in the formative and summative assessment.

In view of this, the Medical Education Unit trains faculty in designing and conduct of objective structured clinical examination (OSCE) and objective structured practical examination (OSPE). Faculty are trained in designing and validation of checklists.

File Description	Document
Geotagged photographs of the objective methods used like OSCE/OSPE	View Document
Any additional information	View Document
Link for Report on the list and steps taken by the College to measure attainment of specific clinical competencies by the MBBS students/interns stated in the undergraduate curriculum during the last five years	View Document
Link for Additional Information	View Document

8.1.5 Instructional sessions for students introduced by the College on the Medical, Legal, Ethical and Social Issues involved in organ transplantation.

Response:

Organ transplantation is a complex issue which is taught during different phases of MBBS course. The students are taught regarding immunological basis and mechanisms involved in the process of transplantation in Pathology. They are also explained about mechanisms associated with organ transplant rejection. The students are also taught bone marrow transplant. Various tests that are undertaken for cross matching between donor and recipient and how to increase graft survival are taught in Pathology. Principles of immunosuppressive therapy are covered in Pharmacology

The actual process of organ transplantation such as indications, surgical principles, and management of organ transplantation is covered during the clinical teaching especially in the Department of Surgery. They are also taught to counsel patients and relatives on organ donation in a simulated environment through role plays

In the new CBME curriculum, organ transplantation is covered in the AETCOM module and is taught by Forensic Medicine. The legal and ethical issues concerning organ donation are discussed with undergraduates. The salient features of the Organ Transplantation and the Human Organ Transplant (Amendment) Act 2011 are taught and ethical issues regarding organ donation are discussed.

The legal, ethical and social issues related to organ

File Description	Document
Any additional information	View Document
Link for Additional Information	View Document
Link for Report on the teaching sessions on medical, legal, ethical and social issues involved in organ transplantation	View Document
Link for National/State level policies on organ transplantation as adopted by the Institution	View Document

8.1.6 Students are exposed to the organization and operational features of the Immunization Clinic functioning in the hospital as per WHO guidelines for childhood immunization.

Response:

The immunization clinic is run as part of the MCH clinic in the General OPD under the Community Medicine department. All vaccines as per the National Immunization Schedule of the Government of India are given to children and Pregnant women. All the processes are carried out as per the Government of India standards and guidelines. The clinic has ILR and deep freezers along with several vaccine carriers and generator back up to maintain the cold chain of vaccines. The clinic also has dedicated area for post vaccine waiting and observation as well as for breastfeeding newborns and infants. Students are exposed to the vaccination schedule during their first MBBS and also subsequently with every VPD respectively. However, they are able to observe vaccination sessions during their clinical postings in the department of Community Medicine. During the ROME camp students get to see vaccination sessions at the PHC/ CHC/ AWC. However, they get a chance to vaccinate the children during their internship and postgraduation while they are posted at the immunization clinic in the OPD and also when they go with the ANMs in the PNC ward.

File Description	Document
Any additional information	View Document
Link for Additional Information	View Document
Link for report on the teaching sessions carried out on the relevance and operational features of the Immunization clinic	View Document
Link for report on the functioning of the Immunization Clinic	View Document
Link for quality maintenance records in compliance with WHO guidelines during the preceding academic year	View Document

8.1.7 The College has adopted methods to define and implement Medical graduate attributes with a system of evaluation of attainment of the same.

Response:

MGIMS, Sevagram has adopted the IMG attributes by NMC as it fits the institutional objective of producing doctors for healthcare in rural areas. Mapping exercise has been undertaken to identify appropriate teaching-learning methods and assessment for all competencies defined by National Medical Council. The mapping also includes strategies to impart major competencies defined by roles as NMC. The institute has accepted all strategies recommended by NMC; e.g., AETCOM modules, skills lab, small group teaching, self-directed learning etc.

In addition, the institute has several curricular innovations to create authentic learning environment for strengthening attainment of IMG attributes; 1) community mobilization in its field practice area which provides students the concept of community health action, 2) General OPD, a replica of a PHC within tertiary care hospital, 3) partnership with district health system and ICDS to help develop understanding of health care delivery and concept of intersectoral coordination. The curricular innovations include, 1) two-weeks orientation camp in Gandhi Ashram to bring an attitudinal change towards service to downtrodden, reaching the unreached & community participation in health, 2) Family adoption program which moves the training beyond the four-walls of a tertiary care hospital, 3) two weeks camp at rural health training center.

File Description	Document
Any additional information	View Document
Link for Additional Information	View Document
Links for Medical graduate attributes as described in the website of the College	View Document

Other Upload Files	
1	View Document
2	View Document

8.1.8 Activities of the Medical Education Unit of the College in conducting a range of Faculty Development Programmes in emerging trends in Medical Educational Technology.

Response:

The Medical Education Unit consists of over 20 faculty most of whom have completed advanced courses in health professions education such as Masters in Health Professions Education, Fellowships from the Foundation of Advancement of International Medical Education and Research (FAIMER) and Advanced Course in Medical Education.

The Unit conducts Basic Workshops in Medical Education Technology twice a year, while workshops in specialized areas are conducted round the year. The basic course workshops are recognized by the Medical Council of India and conducted in the presence of observers from NMC's Nodal Centre. These workshops use a unique blend of innovative learning strategies and games in a lively environment..The MEU has organized workshops on Curriculum Innovation Support Programme.

Webinars were held in the pandemic on Student engagement in Online Mode. Earlier, workshops on MOODLE were conducted for 100 faculty by the MEU, because of which most faculty were comfortable with use of MOODLE during the pandemic. The institute uses a MOODLE based learning management system

The MEU has a centralized skills lab and workshops on Basic and Advanced Life Support and Pediatric and Neonatal Resuscitation are conducted . MEU has developed a Course on "Developing Good Study Skills"since last five years

File Description	Document
Any additional information	View Document
Link for Year-wise list of teachers who participated in the seminars/conferences/ workshops on emerging trends in Medical Educational technology organized by the MEU of the College during the last five years	View Document
Link for List of seminars/conferences/workshops on emerging trends in Medical Educational Technology organized by the MEU yearwise during the last five years	View Document
Link for Additional Information	View Document

Other Upload Files

1

[View Document](#)

8.1.9 Is the teaching hospital / clinical laboratory accredited by any National Accrediting Agency?

- 1.NABH Accreditation of the teaching hospital
- 2.NABL Accreditation of the laboratories
- 3.ISO Certification of the departments / divisions
- 4.Other Recognized Accreditation / Certifications

Response: C. Any two of the above

File Description	Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Links for e-copies of Certificate/s of Accreditations	View Document
Link for Additional Information	View Document

8.1.10 Average percentage of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years.

Response: 93.4

8.1.10.1 Number of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years

2021-22	2020-21	2019-20	2018-19	2017-18
99	99	99	95	74

8.1.10.2 Number of first year Students admitted in last five years

2021-22	2020-21	2019-20	2018-19	2017-18
99	100	100	100	100

File Description	Document
Uploads for List of students, teachers and hospital staff, who received such immunization during the preceding academic year	View Document
Upload for Policies documents regarding preventive immunization of students, teachers and hospital staff likely to be exposed to communicable diseases during their clinical work	View Document
Institutional data in prescribed format	View Document
Any additional information	View Document
Link for Additional Information	View Document

8.1.11 Steps/procedures adopted by the College to expose students to contemporary medico-legal practices and third-party payers/insurance mechanisms, indemnity insurance protection etc. relevant to the clinician/provider as well as the patient/recipient.

Response:

Students are taught contemporary medico-legal issues in II MBBS by Forensic Medicine. Now, in the new competency-based curriculum, medicolegal issues will be taught in III MBBS (Part I). This includes: medical ethics; professional secrecy; privileged communication; rights and duties of RMPs ; consent; professional misconduct; professional negligence;, examination and certification of various medico-legal cases like sexual assault, age estimation, injury report preparation, etc.

Professional indemnity insurance is designed to help the hospital and its staff legally and financially; and protect them against claims that are not their fault. It covers the following: Legal fees and court awarded damages or settlement compensation to be paid against claims arising out of:

Medical malpractice allegations / legal suits

Breach of confidentiality allegations

Loss of third-party documents

A contract is made between the hospital staff and the insurance company in which the insurance company agrees, in exchange for the payment of a premium, to indemnify the insured hospital staff for the claimed professional negligence. Concepts of Medical Indemnity Insurance are taught to students in II MBBS as part of their curriculum. The institute has taken the indemnity policy of New India Assurance Company Ltd. Every year renewal is being done on a regular basis.

File Description	Document
Any additional information	View Document
Link for Additional Information	View Document
Links for Policy documents regarding relevant laws, insurance policies medical indemnity insurance cover for the clinical faculty	View Document
Links for list of clinical faculty covered by medical indemnity insurance policy by the Institution	View Document

Other Upload Files	
1	View Document

5. CONCLUSION

Additional Information :

TESTIMONIALS

In 2019, when the nation and the world celebrated the 150th birth anniversary of Mahatma Gandhi, the institute completed fifty glorious years of its existence. We were honoured to have the Honorable President of India, Shri Ram Nath Kovind at MGIMS on the occasion of our Golden Jubilee Year. In his address, President Kovind said: *“In these 50 years, this hallowed institution has made stellar contribution to our nation’s progress, earning immense appreciation and respect for its academic excellence and as much for its service to people. An institution inspired by the life and teachings of Mahatma Gandhi could have only prospered in the manner.”*

MGIMS was recognized and awarded the prestigious certificate for being a Socially Accountable Institute by The Network Towards Unity for Health (TUFH) at the TUFH Conference held at Yogyakarta Indonesia on 23rd July 2021. MGIMS was among the ten institutes globally who were certified and the only one in India.

Concluding Remarks :

We, at MGIMS, are conscious of the fact that medical education needs to maintain the right balance in the eternal triangle of ‘quality, relevance, 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. Our students are expected to adhere to professional norms which include altruism, compassion, empathy, accountability, honesty and integrity. Over the last five decades, the MGIMS faculty has been striving hard to imbibe the philosophy which makes it pursue excellence in academics, healthcare and research, more than mundane needs and money; and to maintain excellence in quality.

This self study report is an attempt at self-evaluation in order to introspect, nurture, review and redesign our processes in our quest to achieve excellence.

6.ANNEXURE

1.Metrics Level Deviations

Metric ID	Sub Questions and Answers before and after DVV Verification																				
4.1.4	<p>Average percentage of expenditure incurred, excluding salary, for infrastructure development and augmentation during the last five years</p> <p>4.1.4.1. <i>Expenditure incurred, excluding salary, for infrastructure development and augmentation year-wise during the last five years (INR in lakhs)</i></p> <p>Answer before DVV Verification:</p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2020-21</th> <th>2019-20</th> <th>2018-19</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>599.66</td> <td>691.42</td> <td>443.61</td> <td>589.49</td> <td>719.92</td> </tr> </tbody> </table> <p>Answer After DVV Verification :</p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2020-21</th> <th>2019-20</th> <th>2018-19</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>557.06</td> <td>633.32</td> <td>332.32</td> <td>512.32</td> <td>623.74</td> </tr> </tbody> </table> <p>Remark : DVV has made the changes as per shared report by HEI.</p>	2021-22	2020-21	2019-20	2018-19	2017-18	599.66	691.42	443.61	589.49	719.92	2021-22	2020-21	2019-20	2018-19	2017-18	557.06	633.32	332.32	512.32	623.74
2021-22	2020-21	2019-20	2018-19	2017-18																	
599.66	691.42	443.61	589.49	719.92																	
2021-22	2020-21	2019-20	2018-19	2017-18																	
557.06	633.32	332.32	512.32	623.74																	
4.5.1	<p>Average Expenditure incurred on maintenance of physical facilities and academic support facilities excluding salary component, as a percentage during the last five years</p> <p>4.5.1.1. <i>Expenditure incurred on maintenance of physical facilities and academic support facilities excluding salary component year-wise during the last five years (INR in lakhs)</i></p> <p>Answer before DVV Verification:</p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2020-21</th> <th>2019-20</th> <th>2018-19</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>5218.02</td> <td>5604.15</td> <td>4751.27</td> <td>4623.27</td> <td>4526.03</td> </tr> </tbody> </table> <p>Answer After DVV Verification :</p> <table border="1"> <thead> <tr> <th>2021-22</th> <th>2020-21</th> <th>2019-20</th> <th>2018-19</th> <th>2017-18</th> </tr> </thead> <tbody> <tr> <td>5218.02</td> <td>5604.14</td> <td>4751.27</td> <td>4623.32</td> <td>4526.03</td> </tr> </tbody> </table> <p>Remark : DVV has made the changes as per shared report by HEI.</p>	2021-22	2020-21	2019-20	2018-19	2017-18	5218.02	5604.15	4751.27	4623.27	4526.03	2021-22	2020-21	2019-20	2018-19	2017-18	5218.02	5604.14	4751.27	4623.32	4526.03
2021-22	2020-21	2019-20	2018-19	2017-18																	
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2021-22	2020-21	2019-20	2018-19	2017-18																	
5218.02	5604.14	4751.27	4623.32	4526.03																	
8.1.9	<p>Is the teaching hospital / clinical laboratory accredited by any National Accrediting Agency?</p> <ol style="list-style-type: none"> 1. NABH Accreditation of the teaching hospital 2. NABL Accreditation of the laboratories 3. ISO Certification of the departments / divisions 4. Other Recognized Accreditation / Certifications <p>Answer before DVV Verification : D. Any one of the above</p>																				

Answer After DVV Verification: C. Any two of the above
Remark : DVV has select C. Any two of the above as per shared report by HEI.

8.1.10 Average percentage of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years.

8.1.10.1. Number of first year students, provided with prophylactic immunization against communicable diseases like Hepatitis-B during their clinical work in the last five years

Answer before DVV Verification:

2021-22	2020-21	2019-20	2018-19	2017-18
100	99	99	95	74

Answer After DVV Verification :

2021-22	2020-21	2019-20	2018-19	2017-18
99	99	99	95	74

8.1.10.2. Number of first year Students admitted in last five years

Answer before DVV Verification:

2021-22	2020-21	2019-20	2018-19	2017-18
99	100	100	100	100

Answer After DVV Verification :

2021-22	2020-21	2019-20	2018-19	2017-18
99	100	100	100	100

Remark : DVV has made the changes as per clarification.

2.Extended Profile Deviations

Extended Profile Deviations

No Deviations