

Government of West Bengal

**Institute of Post Graduate Medical  
Education & Research  
and  
SSKM Hospital**

244 Acharya J. C. Bose Road, Kolkata – 700020



**Prospectus 2019**

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Published by:

**IPGME&R Research Oversight Committee**

on behalf of

Institute of Postgraduate Medical Education & Research  
244A & B Acharya J. C. Bose Road, Kolkata - 700 020

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**Price: Rs. 100/- (Rupees One hundred) only**

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## Message from the Director

*"...let me congratulate you on the choice of calling which offers a combination of intellectual and moral interests found in no other profession." (Sir William Osler) "While the journey seems long and hard at the beginning, with perseverance and dedication the rewards at the end last a lifetime." (William Francis)*

It is so good to be here with you. I was asked to share some thoughts that might be relevant to you all as you get started on this incredible journey of a lifetime.

I remember sitting where you are now on my first day. I was, sweating profusely, with a slowly intensifying perception that I didn't actually know what I was getting myself into. Over time I found my place, gained some good study habits and made some solid lifelong friends. We all helped one another through. I'm sure you will do the same. For us, medicine is (or will soon be) a way of life. We will eat and sleep in the hospital – and sometimes, we won't eat or sleep, but will still be in the hospital helping the ailing and the sick. Remember, for the patients we serve, their days are anything but normal. They are often, regardless of how sick they are, in extremis. This day, that you just walked into their life, to them represents disorientation, rupture, interruption of their story and sense of self, reckoning with an unseen, threatening force. We would do well to empathise with that.

"We practice medicine that our ancestors could only dream of, and we have access to amazing technologies and treatments for our patients on a daily basis." Yet, as from ancient millennia, "The awe of discovering the human body; the honor of being trusted to give advice; the gratitude for helping someone through a difficult illness – these things never grow old." Wear the white coat with dignity and pride. There is a lot of power in that. "What we do is a privilege. People let us into the most intimate aspects of their lives, and they look to us to help them through very complex and delicate situations'. Healing, I hesitate to call it an art because it is more than that, is closer perhaps to a way of being. It sometimes begets hesitation and frustration. At such times remember you can do amazing things if you don't let the system get you down.

Here's a long quote from Henri Nouwen's book called 'The Wounded Healer', and then I'll wrap up: *"Hospitality is the virtue that allows us to break through the narrowness of our own fears and to open our houses to the stranger, with the intuition that salvation comes to us in the form of a tired traveler. Paradoxically, by withdrawing into ourselves, not out of self-pity but out of humility, we create the space for others to be themselves and to come to us on their own terms. But human withdrawal is a very painful and lonely process, because it forces us to directly face our own condition in all its misery as well as all its beauty. When we have finally found the anchor place for our lives within our own center we can be free to let others enter into the space created for them, and allow them to dance their own dance, sing their own song, and speak their own language without fear. Then our presence is no longer threatening and demanding but inviting and liberating."*

Study hard but also enjoy life. Be good to one another, to your patients and to yourselves. I wish that all of you will mature into brilliant and honest doctors, ready to serve one and all, specially the poor and the downtrodden, with compassion and competence. You must uphold the prestige of your institution and the nobility of your profession.

I wish you all success in your academic life.



**Prof. Manimoy Bandyopadhyay**  
Director, IPGME&R



### Message from the Dean of Student Affairs

It gives me great pleasure to present to you our institute's Prospectus for 2019. Although much information these days can be obtained online over the internet, this Prospectus will serve as a handy guide for institution-specific information that may not be available elsewhere.

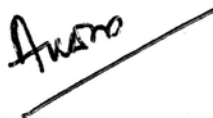
I express my gratitude to our Director, Prof. Manimoy Bandyopadhyay, Medical Superintendent cum Vice Principal, Prof. Raghunath Misra, and all faculty for their kind cooperation. My sincere thanks go to Prof. Avijit Hazra of the Department of Pharmacology for shouldering the responsibility of giving the document its present form. Members of the IPGME&R Research Oversight Committee (Institutional Ethics Committee) deserve gratitude for providing funds necessary for publication of this prospectus.

As you study in this institute your lives will undergo transformation in many respects. You will be gaining new knowledge and skills, and hopefully a caring attitude too, on your way to becoming doctors who will serve the society in years to come. You will see humanity, at its strongest and its weakest, and with it will come the solemn realization of the frailty of the human body but the resilience of the human spirit. Spend time with the patients for there will be no greater teachers than they. At the same time, you will have plenty of opportunities to interact socially with your fellow students, as young men and women, and forge new bonds that may last lifelong. Make the best of this time – they may just be the best years of your lives.

On a cautionary note, students and their guardians must take heed that, in accordance with directives from the Honorable Supreme Court, the University Grants Commission (UGC) and the Medical Council of India (MCI), ragging, in any form, is STRICTLY PROHIBITED in this institution. The Anti-Ragging & Disciplinary Committee is empowered to take prompt and strict disciplinary measures against any individual found to be engaged in ragging or abetment of ragging anywhere on the premises. Also, in consonance with the Visakha Guidelines and relevant UGC recommendations, our institution forbids any discrimination based on gender. Men and women are expected to function in their professional and social spheres with mutual respect and cooperation. The earlier Gender Harassment Committee has been reconstituted as an Internal Complaints Committee empowered to look into complaints related to gender-based discrimination and sexual harassment.

I sincerely hope that this Prospectus will meet the information needs of not only the MBBS students aspiring to join IPGME&R (for whom this publication is primarily meant) but also of other categories of students.

With best wishes to all of you



**Prof. A. K. Das**  
Dean, IPGME&R



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### Administration (IPGME&R and SSKM Hospital)

Location: Director's Office – Academic Building 1st Floor  
 Medical Superintendent cum Vice Principal's (MSVP's) Office – Academic Building 8th Floor & Woodburn Block Ground Floor  
 Dean of Student Affairs' Office (Student Section) – Academic Building, Ground Floor

Phone: Director 2223 5181 / MSVP 2223 1589 / Dean 2223 6180

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Website: <http://www.ipgmer.gov.in> E-mail: [director.ipgmer@gmail.com](mailto:director.ipgmer@gmail.com)  
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<b>Prof. Manimoy Bandyopadhyay</b>	Director
<b>Prof. Raghunath Mishra</b>	Medical Superintendent cum Vice Principal (MSVP)
<b>Prof. Amal Kanti Das</b>	Dean of Student Affairs

<b>Dr. Atindra Nath Mondal</b>	Deputy Superintendent (I), SSKMH	<b>Mr. Syed Zia-ul Mustafa Alquadri</b>	Assistant Superintendent, SSKMH
<b>Dr. Soumabha Dutta</b>	Deputy Superintendent (II), SSKMH Annex-2 & 3	<b>Mr. Arindam Mukherjee</b>	Assistant Superintendent, SSKMH Annex-1
<b>Dr. Partha De</b>	Deputy Superintendent (III), SSKMH Annex-1 & 4	<b>Mr. Bijoy Bhowmik</b>	Assistant Superintendent, SSKMH Annex-2
<b>Mr. Anitendu Modak</b>	Accounts Officer, IPGMER	<b>Mr. Shib Prasad Das</b>	Assistant Superintendent, SSKMH Annex-2
<b>Mr. Avijit Adak</b>	Accounts Officer, SSKMH & Annex-3	<b>Mrs. Barna Saha</b>	Assistant Superintendent, SSKMH
<b>Mr. Debashis Choudhuri</b>	Accounts Officer, SSKMH Annex-1 & 4	<b>Mrs. Chandrabali Bose</b>	Assistant Superintendent, SSKMH
<b>Mrs. Kakali Das</b>	Accounts Officer, SSKMH Annex-2	<b>Mrs. Payel Dutta</b>	Assistant Superintendent, SSKMH Annex-1
<b>Mr. Kaustav Ghosh Chowdhuri</b>	Assistant Superintendent, SSKMH	<b>Mrs. Mallika Das</b>	Assistant Superintendent, SSKMH
<b>Mr. Anindya Banerjee</b>	Assistant Superintendent, SSKMH	<b>Mr. Indrajit Purkait</b>	PA to Director
<b>Mr. Kumar Kanti Mal</b>	Assistant Superintendent, SSKMH	<b>Mr. Soumendra Nath Kundu</b>	PA to MSVP

#### Important contact information

Section		Extn	Phone
SSKM Hospital	BSNL Nos.		2223 1615 / 6026 2223 6153 / 6178
	Emergency	201	2223 6969
	Police Outpost	200	2242 1162
	Accounts Section	109	
	Group A ME Section	119	
	Ward Master's Office	204	2863 0612
IPGME&R College	Student Section	375 / 376	2223 6180
	Accounts Section	117	
	Establishment Section	123	

**To obtain line through EPABX, dial 22041 + 3-digit Extension Number.**



### Heads of Academic Departments

SN	Department	Head of the Department
1	Anatomy	Dr. Asis Kumar Ghosal
2	Anesthesiology	Dr. Sankari Santra
3	Biochemistry	Dr. Mousumi Mukhopadhyay
4	Cardiac Anesthesiology	Dr. Chaitali Sen Dasgupta
5	Cardiology	Dr. Sankar Chandra Mandal
6	Cardiothoracic & Vascular Surgery	Dr. Goutam Sengupta
7	Community Medicine (preventive & Social Medicine)	Dr. Mausumi Basu
8	Critical Care Medicine	Dr. Asutosh Ghosh
9	Dentistry (Odontostomatology)	Dr. Subir Kumar Das
10	Dermatology	Dr. Gobinda Chatterjee
11	Endocrinology & Metabolism	Dr. Subhankar Chowdhury
12	Forensic & State Medicine	Dr. Biswanath Kahali
13	Gastroenterology	Dr. Gopal Krishna Dhali
14	Hepatology	Dr. Abhijit Chowdhury
15	Gynecology & Obstetrics	Dr. Partha Sarathi Chakraborty
16	Medicine (General)	Dr. Soumitra Ghosh
17	Microbiology	Dr. Raja Ray
18	Neonatology	Dr. Suchandra Mukherjee
19	Nephrology	Dr. Rajendra Pandey
20	Neuroanesthesiology	Dr. Amita Acharjee (Pahari)
21	Neurology (Neuromedicine)	Dr. Goutam Ganguly
22	Neurosurgery	Dr. Subhasis Ghosh
23	Nuclear & Experimental Medical Sciences	Dr. Debasis Das
24	Ophthalmology (Eye)	Dr. Amitabha Ray Chaudhuri
25	Orthopedics	Dr. Ananda Kisor Pal
26	Otorhinolaryngology (ENT)	Dr. Arunava Sengupta
27	Pediatric Medicine	Dr. Supratim Datta
28	Pediatric Surgery	Dr. Ruchirendu Sarkar
29	Pathology	Dr. Chhanda Dutta
30	Pharmacology	Dr. Amal Kanti Das
31	Physical Medicine & Rehabilitation	Dr. Rathindranath Haldar
32	Physiology	Dr. Sangita Sen
33	Plastic & Reconstructive Surgery	Dr. Goutam Guha
34	Psychiatry	Dr. Pradeep Kumar Saha
35	Radiodiagnosis (Radiology)	Dr. Utpalendu Das
36	Radiotherapy	Dr. Siddhartha Basu
37	Respiratory Medicine (Chest)	Dr. Somenath Kundu
38	Rheumatology	Dr. Alakendu Ghosh
39	Surgery (General)	Dr. Bitan Kumar Chattopadhyay
40	Urology	Dr. Dilip Kumar Pal

### The College Council, the Governing Body and the Rogi Kalyan Samity

The **College Council** is the supreme authority in administrative matters. It functions to advise the Director in academic, disciplinary and administrative issues of the institute; assist the Director in liaison with the higher authorities and to coordinate the functioning of the various departments. It comprises of:

Role	Name & designation
Chairperson	Director
Convener	College Secretary [Accounts Officer, IPGME&R is currently discharging this role]
Members	Medical Superintendent cum Vice-Principal and Heads of all academic departments

The council generally meets once in 2 months. Administrative or inter-departmental matters may be brought to the council's attention through its Chairperson or Convener by any staff of the institute.

In addition to the College Council, IPGME&R-SSKM Hospital also has a **Governing Body** to advise and assist the college authority in administrative and policy matters. The **Rogi Kalyan Samity** (RKS) advises the authority in utilization of funds for specific patient-related initiatives. The composition of these two bodies are as follows:

Governing Body
<ul style="list-style-type: none"> <li>• Sri Aroop Biswas, Honb'le MIC, Departments of Public Works, Sports &amp; Youth Services [Chairperson]</li> <li>• Dr. Santanu Sen, Honb'le MP &amp; National President, Indian Medical Association</li> <li>• Principal Secretary, Health &amp; Family Welfare Department, West Bengal</li> <li>• Director, IPGME&amp;R-SSKM Hospital [Member Secretary]</li> <li>• Medical Superintendent cum Vice-Principal (MSVP), IPGME&amp;R-SSKM Hospital</li> <li>• Prof. Rajendra Pandey, HOD Nephrology</li> <li>• Prof. Pradip Kumar Saha, HOD Psychiatry</li> <li>• Prof. Siddhartha Basu, HOD Radiotherapy</li> <li>• Prof. Arunava Sengupta, HOD ENT</li> <li>• Superintendent, Sambhu Nath Pandit Hospital</li> <li>• Deputy Superintendent, SSKM Hospital</li> <li>• Nursing Superintendent, SSKM Hospital</li> <li>• Accounts Officer, SSKM Hospital</li> <li>• Dr. Sandip Biswas, MO Emergency</li> <li>• Officer-in-Charge, Bhawanipore Police Station</li> <li>• Executive Engineer, PWD, SSKM Hospital Subdivision</li> <li>• Executive Engineer, PWD Electrical, SSKM Hospital Subdivision</li> <li>• Assistant Engineer, PWD, SSKM Hospital Subdivision</li> <li>• Assistant Engineer, PWD Electrical, SSKM Hospital Subdivision</li> <li>• Sri Syed Zia-ul Mustafa Alquadri, Assistant Superintendent, SSKM</li> </ul>

Rogi Kalyan Samity
<ul style="list-style-type: none"> <li>• Sri Aroop Biswas, Honb'le MIC, Departments of Public Works, Sports &amp; Youth Services [Chairperson]</li> <li>• Dr. Santanu Sen, Honb'le MP &amp; National President, IMA</li> <li>• Dr. Nirmal Maji, Hon'ble Chairperson, Standing Committee of H&amp;FW, Govt. of WB and President, WB Medical Council</li> <li>• Dr. Tridib Banerjee, Chairperson, High Level Task Force, Department of H&amp;FW, Govt. of WB</li> <li>• Smt. Papiya Singh, Councilor, KMC Ward 71</li> <li>• Director, IPGME&amp;R-SSKM Hospital [Executive Chairperson]</li> <li>• MSVP, IPGME&amp;R-SSKM Hospital [Executive Chairperson]</li> <li>• Dean of Student Affairs, IPGME&amp;R</li> <li>• Heads of all academic departments</li> <li>• Prof. Asutosh Ghosh, In-charge, CCU, SSKM Hospital</li> <li>• Dr. Rajat Chowdhury, In-charge, ITU, SSKM Hospital</li> <li>• Dr. Biswajit Khanra, MO Anesthesiology, SSKM Hospital</li> <li>• Dr. Sandip Biswas, MO Emergency, SSKM Hospital</li> <li>• MO In-Charge, Blood Bank, SSKM Hospital</li> <li>• Superintending Engineer, PWD, Kolkata Health Circle</li> <li>• Superintending Engineer, PWD Electrical, Kolkata Health Circle</li> <li>• Executive Engineer, PWD, Kolkata South Health Division</li> <li>• Executive Engineer, Electrical, Kolkata South Health Division</li> <li>• Assistant Engineer, PWD, SSKM Hospital Subdivision</li> <li>• Assistant Engineer, PWD Electrical, SSKM Hospital Subdivision</li> <li>• Accounts Officer, IPGME&amp;R</li> <li>• Accounts Officer, SSKM Hospital</li> <li>• Nursing Superintendent, SSKM Hospital</li> <li>• Principal, School of Nursing, SSKM Hospital</li> <li>• Assistant Superintendents, SSKM Hospital</li> <li>• Security Officer, SSKM Hospital</li> <li>• Deputy Commissioner (South), Kolkata Police</li> <li>• Officer-In-Charge, Bhawanipore Police Station</li> <li>• In-Charge, Police Outpost, SSKM Hospital</li> <li>• P.A. to Principal Secretary, Department of Health &amp; Family Welfare, West Bengal</li> </ul>

## Brief history of IPGME&R and SSKM Hospital

Way back in 1707, the first hospital in Calcutta was built in the premises of the Old Fort at Gerstein Place. The Council of Fort William constructed this hospital in a single building that measured 175 ft in length and 60 ft in width. This hospital, initially meant for the Europeans, was called Presidency Hospital.

Later, in 1768, two plots were purchased on Lower Circular Road for constructing a full-fledged hospital. Located near the Presidency Jail, the hospital came to be known as Presidency General Hospital, popularly the PG Hospital. Doors were opened to non-European patients from April 2, 1770.

After independence, in 1954, the hospital was renamed as the Seth Sukhlal Karnani Memorial Hospital in honor of one of the doyens of the local Marwari community who donated generously for the much-needed expansion of the hospital. In official circles, people started referring to the Hospital as SSKM Hospital, although it continues to be PG hospital for the great majority of the people of Kolkata.

It was then a practice that Indian medical graduates used to go abroad for higher medical studies (post- graduation) and medical research. The Bengal Government, under the leadership of its visionary chief minister Dr. B. C. Roy, felt that this situation needs to be remedied. Thereafter, PG Hospital was conferred the honor of becoming the first Post-Graduate Medical Institute in Eastern India in 1957. The college was given the formal name of Institute of Postgraduate Medical Education & Research (IPGME&R) with the mandate to impart post-graduate training in the clinical disciplines. The institute was inaugurated by Pandit Jawaharlal Nehru, the then Prime Minister of India, on January 16, 1957. Since then this day – January 16 – is celebrated every year as the Foundation Day of the institute.

The erstwhile University College of Medicine (UCM) was started by the University of Calcutta at about the same time to impart post-graduate training in the pre- and para-clinical disciplines. On the initiative of luminaries of the time, the University accommodated UCM in a new building constructed at the north-west corner of the IPGME&R and SSKM Hospital campus. The building was named as the Dr. B. C. Roy Institute of Basic Medical Sciences. The location helped foster a spirit of collaborative teaching and research among the two institutes.

For long IPGME&R remained solely as a superspecialty referral hospital and postgraduate medical institute. New landmark sections were added over the years, such as the Respiratory Care Unit, the Bangur Institute of Neuroscience, the Institute of Psychiatry (already existing as a mental hospital from pre-independence India) and the Institute of Cardiovascular Sciences. A nursing school and a nursing college were started on the same premises but under independent administration. Towards the closing years of the millennium, efforts began to commence undergraduate (MBBS) training in the institute. These efforts finally bore fruit and the undergraduate section of IPGME&R was formally permitted by the Medical Council of India on August 1, 2004 to start functioning with 100 MBBS seats.

In 2007, the hospital celebrated its tercentenary and the institute its Golden Jubilee. Today the integrated institute and hospital is expanding with the addition of new clinical sections and research laboratories. There are plans to amalgamate other hospitals and to shift sections to other premises in order to redistribute the ever-increasing patient load. A new academic building is under construction. Amid all this activity, the mission and vision of IPGME&R and SSKM Hospital remains unchanged, namely to:

- Serve as a referral hospital and institute for the whole of Bengal and Eastern India.
- Impart basic medical training to qualified aspirants with the goal of producing competent, confident and ethical physicians responsive to the needs of the community and the country.
- Impart training to qualified aspirants in the paramedical disciplines who can function to the highest standards in coordination with physicians to relieve discomfort and suffering.
- Organize postgraduate teaching in different branches of medicine in an integrated manner.
- Arrange refresher courses for medical practitioners and for service personnel.
- Foster the spirit of research in fundamental and applied problems in medicine and train young graduates and postgraduates in the spirit and methodology of research.
- Encourage the development of different medical specialties in coordinated way and to offer facilities for practical and advanced training as specialized branches.

Today, the institution is known all over the country for its undergraduate, postgraduate as well as superspecialty level medical courses. We regularly rank among the top 20 medical institutes of the country, but still have a long way to go to reach the very top. The institute's values its human resources highly and we hope that all new students entering its portals will imbibe the spirit of learning, service and research worthy of this premier institute.

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### Courses offered at IPGME&R and SSKM Hospital (as on 01.06.2019)

Medical graduate and postgraduate seats are subject to SC, ST, OBC quotas as per norms decided by the government. There may be horizontal reservation for physically handicapped students under General / SC / ST categories. MD/MS seats available under state quota are distributed into Unreserved and Service categories as per state government policy. The economically weaker section quota is most likely will not be implemented in the 2019-20 academic session. There are no quotas in superspecialty courses.

**A. MBBS (150 seats)** Under the West Bengal University of Health Sciences (WBUHS), Kolkata  
All 150 seats are fully recognized by MCI.

For MBBS admission, candidates must qualify in the National Eligibility cum Entrance Test for Undergraduate Admission (NEET-UG). In the 2019-20 academic session, 23 of the 150 MBBS seats in IPGME&R will go to all-India pool.

**B. Medical postgraduate degree / diploma courses** Under WBUHS, Kolkata  
For postgraduate admission, candidates must qualify in the National Eligibility cum Entrance Test for Postgraduate Admission (NEET-PG). Of the total postgraduate seats, 50% will go to all-India pool.

#### Degree (MD/MS) courses

SN	Code	Course	Total seats	Status in June 2019 of All-India quota seats	Status in June 2019 of State quota seats
1	ANAT	MS Anatomy	5	Recognized 3	Recognized 2
2	ASTH	MD Anesthesiology	14	Recognized 7	Recognized 7
3	BIOC	MD Biochemistry	7	Recognized 3	Recognized 4
4	DV-L	MD Dermatology	5	Recognized 2	Recognized 3
5	EN-T	MS Ear, Nose & Throat	8	Recognized 2 Permitted 2	Recognized 2 Permitted 2
6	GMED	MD General Medicine	15	Recognized 7 Permitted 1	Recognized 6 Permitted 1
7	GSUR	MS General Surgery	19	Recognized 8 Permitted 2	Recognized 7 Permitted 2
8	MICR	MD Microbiology	4	Recognized 2	Recognized 2
9	OBGY	MS Obstetrics & Gynecology	16	Recognized 6 Permitted 2	Recognized 6 Permitted 2
10	ORTH	MS Orthopedics	6	Recognized 3	Recognized 3
11	PSM	MD PSM / Community Medicine	4	Recognized 0 Permitted 2	Recognized 0 Permitted 2
12	PAED	MD Pediatrics	9	Recognized 2 Permitted 2	Recognized 2 Permitted 3
13	PATH	MD Pathology	10	Recognized 5	Recognized 5
14	PHAR	MD Pharmacology	6	Recognized 3	Recognized 3
15	PHYS	MD Physiology	5	Recognized 2	Recognized 3
16	PM-R	MD Physical Medicine & Rehabilitation	6	Recognized 1 Permitted 2	Recognized 2 Permitted 1
17	PSY	MD Psychiatry	10	Recognized 2 Permitted 3	Recognized 2 Permitted 3
18	RADD	MD Radiodiagnosis	12	Recognized 4 Permitted 2	Recognized 4 Permitted 2
19	RADT	MD Radiotherapy	10	Recognized 3 Permitted 2	Recognized 3 Permitted 2
20	TBRD	MD TB & Respiratory Diseases	3	Recognized 2	Recognized 1
<b>TOTAL</b>			<b>174</b>	<b>Recognized 67 Permitted 20</b>	<b>Recognized 67 Permitted 20</b>

#### Diploma courses

The institution is no longer offering any medical diploma courses from the 2019-20 academic session. The 4 Diploma in Otorhinolaryngology (D-LO) and 10 Diploma in Psychological Medicine (DPM) seats, available earlier, have been given up from the 2018-19 academic session. Another 4 Diploma in Medical Radiotherapy (DMRT) seats have been given up from the 2019-20 academic session. With these, IPGME&R no longer has any medical diploma seats.

Following post-graduation (MD/MS), **Senior residency** positions are available in select disciplines. The Student Section and Director's Office may be contacted for further information in this respect.

### C. Medical superspeciality (postdoctoral) courses Under WBUHS, Kolkata

SN	Code	Course	Total seats	Status in June 2019
1	—	DM Cardiac Anesthesiology	2	Recognized 2
2	—	DM Cardiology	9	Recognized 9
3	—	DM Critical Care Medicine	2	Permitted 2
4	—	DM Endocrinology	6	Recognized 6
5	—	DM Gastroenterology (Medical)	5	Recognized 5
6	—	DM Hepatology	2	Recognized 2
7	—	DM Neonatology	2	Recognized 1 Permitted 1
8	—	DM Nephrology	6	Recognized 6
9	—	DM Neurology (Neuromedicine)	7	Recognized 7
10	—	DM Rheumatology	2	Recognized 2
11	—	MCh Cardiothoracic & Vascular Surgery	6	Recognized 6
12	—	MCh Gastrointestinal Surgery	1	Permitted 1
13	—	MCh Pediatric Surgery	2	Recognized 2
14	—	MCh Plastic Surgery	6	Recognized 6
15	—	MCh Neurosurgery	8	Recognized 8
16	—	MCh Urology	10	Recognized 5 Permitted 5
<b>TOTAL</b>			<b>76</b>	<b>Recognized 67 Permitted 9</b>

N.B. Entry to all superspecialty courses is on the basis of competitive entrance examination in which qualified medical postgraduates (MD / MS) from relevant disciplines can participate. These exams are open to candidates from all over India. For the 2019-20 academic session the qualifying exam will be NEET-SS and will be conducted by the National Board of Examinations.

### D. Bachelor of Physiotherapy (BPT) course

Under the West Bengal University of Health Sciences, Kolkata. See later for details.

### E. Paramedical Diploma courses

Under the West Bengal State Medical Faculty.

These courses are of 2 years duration (+3 months compulsory post-examination training). Number of seats is as per allotment by the State Medical Faculty – currently 203 in IPGME&R (including BIN).

SN	Code	Course	Seats (June 2019)
1	DCCT	Diploma in Critical Care Technology	30
2	DCLT	Diploma in Cath Lab (Cardiac Catheterization Laboratory) Technique	10
3	DDCT	Diploma in Diabetes Care Technology	06
4	DIAL	Diploma in Dialysis Technique	30
5	DMLT	Diploma in Medical Laboratory Technology	30
6	DNEP	Diploma in Neuro-electro-physiology	12 (in BIN)
7	DOPT	Diploma in Optometry with Ophthalmic Technique	10
8	DOTT	Diploma in Operation Theater Technology	20
9	DPFT	Diploma in Perfusion Technology	10
10	DRD	Diploma in Radiography (Diagnostic)	35
11	DRT	Diploma in Radiotherapeutic Technology	06
12	ECG Technician	Diploma in Electrocardiographic Technique	04

In addition, courses in **General Nursing and Midwifery, BSc Nursing, BSc Nursing (condensed)** and **MSc Nursing** are offered by the Nursing Training School and College of Nursing on the campus. Faculty of the institute also participate in supervising **PhD** course work of suitably qualified candidates.

## Admissions Calendar at a glance

### BACHELOR DEGREE COURSES

For MBBS admission, candidates must qualify in the National Eligibility cum Entrance Test for Undergraduate Admission (NEET-UG) that is conducted by the Ministry of Health & Family Welfare, Government of India. NEET qualified candidates can seek admission through the 15% all-India quota (AIQ) or the rest 85% state quota (SQ). Admission is through a phased online counseling process. Seat allotment is based on NEET rank and college choice. In the 2019-20 academic session, 23 of the 150 MBBS seats in IPGME&R will go to AIQ.

For 2019–2020 academic sessions, the West Bengal Joint Examinations Board (WBJEEB) is conducting common entrance examination titled JENPAUH-2019 for admission to the following courses in Colleges/ Institutes in the State of West Bengal: BSc Nursing (Bachelor of Nursing), BPT (Bachelor of Physiotherapy), BASLP (Bachelor of Audiology and Speech Language Pathology), BMLT (Bachelor of Medical Laboratory Technician), BSc CCT (BSc in Critical Care Technology), BSc OTT (BSc in Operation Theatre Technology), BSc PT (BSc in Perfusion technology) and BSc PA (BSc in Physician Assistant).

Admission enquiry for next session: November

Course	Stream	Look for advertisement	Visit website for details
MBBS	Modern Medicine	Early November	<a href="http://natboard.edu.in/">http://natboard.edu.in/</a>
BSc (Hons)	Nursing	Early November	<a href="https://wbjeeb.nic.in/JENPAUHCMS/public/home.aspx">https://wbjeeb.nic.in/JENPAUHCMS/public/home.aspx</a>
BPT	Physiotherapy	Early November	<a href="https://wbjeeb.nic.in/JENPAUHCMS/public/home.aspx">https://wbjeeb.nic.in/JENPAUHCMS/public/home.aspx</a>

Note: 15% of MBBS seats are filled through All-India Quota.

### POSTGRADUATE DEGREE / DIPLOMA COURSES

Admission of students to the broad specialties in modern medicine (MD, MS and Postgraduate Diploma courses) in the 2019-20 academic session would be through the nationwide National Eligibility cum Entrance Test for Postgraduate Admission (NEET-PG). Of the total seats, 50% will be filled up through All-India quota while the rest 50% would come through West Bengal state quota. The state government may reserve a proportion of the seats in its quota for candidates who are in government service for a minimum stipulated time (usually 3 years).

Admission enquiry for next session: November

Course	Stream	Look for advertisement	Visit website for details
MD / MS / Diploma	Modern Medicine	Early November	<a href="http://natboard.edu.in/">http://natboard.edu.in/</a>
MD	Ayurveda	Early December	<a href="http://www.thewbuhs.org">www.thewbuhs.org</a>
MD	Homoeopathy	Early December	<a href="http://www.thewbuhs.org">www.thewbuhs.org</a>

Note: 50% of MD, MS and Postgraduate Diploma course seats are filled through All-India Quota.

### OTHER COURSES

Admission to medical superspecialty courses for the 2019-20 academic session will be conducted by the National Board of Examinations – National Eligibility Cum-Entrance Test (Super-Specialty Courses) NEET-SS. The cutoff date for qualifying MD/MS/DNB towards determination of the eligibility for appearing in NEET-SS 2019 shall be 15 July, 2019 i.e. the candidates who qualify in their MD/MS/DNB after 15 July, 2019 shall not be eligible to appear in the test or participate in the seat allotment process.

Course	Stream	Look for advertisement	Visit website for details
DM / MCh	Modern Medicine	Early April	<a href="http://natboard.edu.in/">http://natboard.edu.in/</a>
Condensed B.Sc. (Hons)	Nursing	Early March	<a href="http://www.thewbuhs.org">www.thewbuhs.org</a>

Students of **PARAMEDICAL DIPLOMA COURSES** conducted by the State Medical Faculty of West Bengal are also posted to IPGME&R and SSKM Hospital. See later for details.

### Medical Education Unit

The Medical Education Unit is entrusted with the responsibility of organizing lectures / workshops / symposia etc. on interdisciplinary topics with the goal of improving knowledge and skills of faculty and residents with respect to the teaching-learning process, research methodology and allied subjects. It will also provide inputs to the Curriculum Committee.

This unit currently functions from the office of the Dean of Student Affairs with the following members:

<b>Name</b>	<b>Designation</b>	<b>Role</b>
<b>Prof. Manimoy Bandyopadhyay</b>	Director & Professor of Anatomy	Chairperson
<b>Prof. Raghunath Misra</b>	MSVP & Professor of Community Medicine	Coordinator
<b>Prof. Asis Kumar Ghosal</b>	Head, Dept. of Anatomy	Member
<b>Prof. Raja Ray</b>	Head, Dept. of Microbiology	Member
<b>Prof. Mamata Guha Mallick</b>	Professor, Dept. of Pathology	Member
<b>Prof. Shantasil Pain</b>	Professor, Dept. of General Medicine	Member
<b>Dr. Mousumi Basu</b>	Head, Dept. of Community Medicine	Member
<b>Dr. Sarbari Swaika</b>	Associate Professor, Dept. of Anesthesiology	Member
<b>Dr. Pijush Kumar Roy</b>	Associate Professor, Dept. of Otorinolaryngology	Member
<b>Dr. Nafisha Yasmin</b>	Demonstrator, Dept. of Pharmacology	Member

### Curriculum Committee

The Curriculum Committee is entrusted with the responsibility of implementation of the competency-based medical education curriculum recommended by the Medical Council of India (MCI), suitably adapted and modified as per recommendations of the West Bengal University of Health Sciences and faculty of the institution. Training in MCI Curriculum Implementation Support Program (CISP) is mandatory for the curriculum committee members.

<b>Name</b>	<b>Designation</b>	<b>Role</b>
<b>Prof. Manimoy Bandyopadhyay</b>	Director & Professor of Anatomy	Chairperson
<b>Prof. Raghunath Misra</b>	MSVP & Professor of Community Medicine	Coordinator
<b>Prof. Asis Kumar Ghosal</b>	Head, Dept. of Anatomy	Member
<b>Prof. Mamata Guha Mallick</b>	Professor, Dept. of Pathology	Member
<b>Dr. Mousumi Basu</b>	Head, Dept. of Community Medicine	Member
<b>Dr. Sarbari Swaika</b>	Associate Professor, Dept. of Anesthesiology	Member
<b>Ms. Riya Bera</b>	Intern	Intern / Student representative

### Foundation Course Committee

As per the new MCI Graduate Medical Education Regulations 2018, MBBS students taking admission from 2019-20 academic session will undergo a 1 month foundation course. A Foundation Course Committee has been constituted by Memo No. Inst/997 dated 15.06.2019 from Director, IPGME&R, for smooth implementation of the foundation program.

Name	Designation	Role
<b>Prof. Manimoy Bandyopadhyay</b>	Director & Professor of Anatomy	Chairperson
<b>Prof. Asis Kumar Ghosal</b>	Head, Dept. of Anatomy	Convener
<b>Prof. Sudip Kumar Saha</b>	Professor, Dept. of Gynecology & Obstetrics	Member
<b>Prof. Asim Kumar Manna</b>	Professor, Dept. of Pathology	Member
<b>Dr. Subhankar Kumar</b>	Associate Professor, Dept. of Physiology	Member
<b>Dr. Pijush Kumar Roy</b>	Associate Professor, Dept. of Otorinolaryngology	Member
<b>Dr. Sinjita Dutta</b>	Assistant Professor, Dept. of Community Medicine	Member

### Electives & Skill Development Committee

As per the new MCI Graduate Medical Education Regulations 2018, MBBS students taking admission from 2019-20 academic session will undergo a program of Elective Postings and Skill Development with regards to a list of certifiable skills. An Electives & Skill Development Committee has been constituted by Memo No. Inst/788 dated 04.06.2019 from Director, IPGME&R, for smooth implementation of these aspects of the revised curriculum.

Name	Designation	Role
<b>Prof. Manimoy Bandyopadhyay</b>	Director & Professor of Anatomy	Chairperson
<b>Dr. Sarbari Swaika</b>	Associate Professor, Dept. of Anesthesiology	Convener
<b>Prof. Soumitra Ghosh</b>	Head, Dept. of General Medicine	Member
<b>Prof. Diptendra Kumar Sarkar</b>	Professor, Dept. of General Surgery	Member
<b>Dr. Hiranmoy Roy</b>	Associate Professor, Dept. of Anatomy	Member
<b>Dr. Gairik Sengupta</b>	Associate Professor, Dept. of Pharmacology	Member
<b>Dr. Smriti Rani Srivastava</b>	Associate Professor, Dept. of Ophthalmology	Member
<b>Dr. Rajat Chaudhuri</b>	Associate Professor, Dept. of Anesthesiology	Member



### Anti-Ragging & Disciplinary Committee

**Ragging is STRICTLY FORBIDDEN in the institute.** In accordance with Medical Council of India directives, the institute has a standing committee which will promptly investigate all complaints of ragging and take disciplinary action as needed. This committee will also consider instances of gender harassment and other undisciplined activities reported against any category of staff. The committee functions from the Office of the Dean of Student Affairs (Phone [Convener]: 033-22236180, 98317-28494)

Name	Gender	Designation	Role
<b>Prof. Manimoy Bandyopadhyay</b>	M	Director & Professor of Anatomy	Chairperson
<b>Prof. Amal Kanti Das</b>	M	Dean & Head, Dept. of Pharmacology	Convener
<b>Prof. Asis Kumar Ghosal</b>	M	Head, Dept. of Anatomy	Member
<b>Prof. Mousumi Mukhopadhyay</b>	F	Head, Dept. of Biochemistry	Member
<b>Prof. Biswanath Kahali</b>	M	Head, Dept. of Forensic Medicine	Member
<b>Prof. Niladri Sarkar</b>	M	Professor, Dept. of General Medicine	Member
<b>Prof. Parthasarathi Chakraborty</b>	M	Head, Dept. Of Gynecology & Obstetrics	Member
<b>Dr. Nafisha Yasmin</b>	F	UG Hostel Superintendent (Ladies) & Demonstrator, Pharmacology	Member
<b>Dr. Subhendu Chowdhury</b>	M	UG Hostel Superintendent (Gents) & Clinical Tutor, Obstetrics & Gynecology	Member
<b>Mr. Arunangshu Shekar Jana</b>	M	Social worker with CARE India (NGO)	Member
<b>Mr. Debjit Chatterjee</b>	M	OC, Bhowanipore Police Station	Member

### Internal Complaints Committee

Our institution forbids any discrimination based on gender, caste, creed or race. Men and women are expected to function in their professional and social spheres with mutual respect and cooperation. The purpose of this committee is to look into complaints related to gender based and other kinds of discrimination and sexual harassment with respect to students and teachers as well as non-teaching staff. The committee functions from the Office of the Dean of Student Affairs (Phone [Convener]: 98300-31615)

Name	Gender	Designation	Role
<b>Prof. Chhanda Dutta</b>	F	Professor, Dept. of Pathology	Chairperson
<b>Prof. Chaitali Datta Ray*</b>	F	Professor, Dept. of Gynecology & Obstetrics	Convener
<b>Prof. Jyotsna Bera</b>	F	Principal, Nursing Training School, SSKM	Member
<b>Prof. Biswanath Kahali</b>	M	Head, Dept. of Forensic Medicine	Member
<b>Prof. Pradip Kumar Saha</b>	M	Head, Dept. of Psychiatry	Member
<b>Dr. Mausumi Basu</b>	F	Assoc. Prof., Dept. of Community Medicine	Member
<b>Mr. Debdu Mukherjee</b>	M	Advocate, Calcutta High Court	Member
<b>Ms. Shirsha Gupta</b>	F	Representative of the NGO SANHITA	Member
<b>Mrs. Bandana Roy</b>	F	UDC, Office of the Director	Member
<b>Ms. Riya Bera</b>	F	MBBS Student	Member

\* Currently not available as transferred to another institute.

## Institutional Ethics Committees

Research is an essential and integral component of our institute's activities. Research may be viewed as any form of disciplined inquiry that aims to contribute to a body of knowledge. Clinical research represents a large and essential component of biomedical research. It involves human participants (or subjects) in the form of living human beings, human beings who have recently died (cadavers, human remains and body parts), embryos and fetuses, human tissue and bodily fluids, and also human data and records (not necessarily medical) in any form.

Ethics implies moral code of conduct defining right and wrong and thereby guiding behavior in civil society. Bioethics has been defined as "A systemic study of the moral dimensions including moral vision, decision, conduct and policy of the life sciences and health care, employing a variety of ethical methodologies in an interdisciplinary setting." In other words, biomedical research ethics refers to the moral principles guiding biomedical research, from its conception through to completion and publication of the results. It may also concern issues beyond publication, for example, the archiving of data and physical samples.

Many advances in medicine have had a dark past, with research subjects being denied basic information and rights during research. The prevailing view through much of history has been that "It is not cruel to inflict on a few, criminal sufferings which may benefit multitudes of innocent people through all centuries". During the Nuremberg 'Doctors' trial' following the second World War, atrocities committed on Jews and other prisoners of war by Nazi doctors, in the name of science, brought the world face-to-face with the brutality possible in biomedical research. The collective conscience of humanity culminated in the Nuremberg Code of 1947 which overturned the age-old view and sought to regulate the research process, balancing the interests of science with the interests of study participants. In 1964, the 18th World Medical Assembly held at Helsinki promulgated the Declaration of Helsinki. While reinforcing the two core principles of the need to protect research participants from harm and obtaining informed consent, it introduced new elements to facilitate the research governance process. Article 13 of this declaration introduced the concept of an Ethics Committee (EC), which must be independent of the investigator, the sponsor or any other kind of undue influence, to oversee the ethical aspects of research.

Today, all biomedical research must have three essential ethical safeguards, in addition to following all applicable national and local laws – conformation to the Declaration of Helsinki, approval of research protocol and supervision of the research process by an ethics committee and written informed consent from all study participants. The concept of supervision by an ethics committee has also been extended to animal research to prevent unnecessary or wasteful usage and cruelty to experimental animals.

In accordance with these universally accepted principles, all research in IPGME&R and SSKM Hospital. Including research proposals from MBBS students, must receive prior clearance from the institutional ethics committees. There are two such committees – the **Institutional Animal Ethics Committee** that approves and monitors research involving animals and **IPGME&R Research Oversight Committee** that does the same for research involving human subjects and patient records. The animal ethics committee functions in accordance with the guidelines of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA) of the Government of India, while the human ethics committee functions in accordance with applicable legal and the Indian Council for Medical Research (ICMR) guidelines. Although appointed by the IPGME&R administration, the committees function independently and the institute authority has no power to influence their decisions. The current composition of these two committees are as follows:

### Institutional Animal Ethics Committee

SN	Name	Gender	Designation	Role
1	<b>Prof. Amal Kanti Das</b>	Male	Professor of Pharmacology and Dean of Student Affairs, IPGME&R	Chairperson
2	<b>Dr. Kuladip Jana</b>	Male	Senior Scientist, Molecular Medicine Division, Centre for Translational Animal Research, Bose Institute, Kolkata	CPCSEA Main nominee
3	<b>Dr. Hemanta Koley</b>	Male	Scientist D, National Institute of Cholera and Enteric Diseases (NICED, ICMR), Kolkata	External Scientist
4	<b>Dr. Bishnu P. Sinha</b>	Male	Department of Pharmacology, IPGME&R	Veterinarian
5	<b>Dr. Prakash Geriyol</b>	Male	Principal Research Scientist, Krish Biotech Research Pvt. Ltd. (OECD GLP Certified Facility), Kalyani, Nadia, West Bengal	Link nominee
6	<b>Dr. Subhankar Kumar</b>	Male	School of Digestive & Liver Diseases, IPGME&R	Member

7	<b>Dr. Soma Banerjee</b>	Female	CPCSEA nominee	Veterinarian
8	<b>Mr. B. Mohammed Halal</b>	Male	In-Charge, Animal Facility & Principal Research Scientist, Krish Biotech Research Pvt. Ltd (OECD GLP Certified Facility), Kalyani, Nadia, West Bengal	Socially aware nominee
9	<b>Prof. Mitali Chatterjee</b>	Female	Department of Pharmacology, IPGME&R	Member Secretary

**IPGME&R Research Oversight Committee (Institutional Ethics Committee for biomedical research involving human participants) [Registration No. ECR/35/Inst/WB/2013/RR-16]**

SN	Name	Gender	Designation	Role
1	<b>Dr. Hemanta Kumar Majumder</b>	Male	Sr. Scientist – Indian Institute of Chemical Biology, Kolkata	Scientist & Chairperson
2	<b>Prof. Amal Kanti Das</b>	Male	Head, Dept. of Pharmacology & Dean of Student Affairs, IPGME&R, Kolkata	Pharmacologist
3	<b>Prof. Biswanath Kahali</b>	Male	Head, Dept. of Forensic Medicine, IPGME&R, Kolkata	Forensic expert
4	<b>Prof. Swati Chakraborty</b>	Female	Consultant, Institute of Child Health, Kolkata	Clinician (Pediatrician)
5	<b>Prof. Jayanta Chatterjee</b>	Male	Former Head, Dept. of Nuclear Medicine, IPGME&R	Clinician
6	<b>Prof. Bijay Kumar Majumdar</b>	Male	Former Head, Dept. of Plastic Surgery, IPGME&R	Clinician
7	<b>Prof. Amal Kumar Santra</b>	Male	Scientist, Dept. of Gastroenterology, IPGME&R	Basic medical scientist
8	<b>Prof. Biman Kanti Ray</b>	Male	Professor, Department of Neurology, Bangur Institute of Neuroscience (BIN), IPGME&R	Clinician
9	<b>Dr. Bobby Pal</b>	Female	Associate Professor & Head, Dept. of PSM, All-India Institute of Hygiene & Public Health, Kolkata	Public Health Expert
10	<b>Mr. Debdut Mukherjee</b>	Male	Advocate, Calcutta High Court	Legal Expert
11	<b>Mr. Arunangshu Shekhar Jana</b>	Male	Social Worker, Mahendraganj, Dist. South 24 Parganas, West Bengal	Social worker
12	<b>Mrs. Nila Majumdar</b>	Male	Bengali Teacher, Kolkata	Lay person
13	<b>Prof. Avijit Hazra</b>	Male	Professor, Dept. of Pharmacology, IPGME&R	Member Secretary

The tenure of this committee is from March 1, 2018 till Feb 28, 2021.

The concerned Member Secretary may be contacted for details prior to submission of project proposals

### Pharmacovigilance Committee

The availability of a wide range of medicines (drugs) in every conceivable therapeutic category has revolutionized the practice of therapeutics over the past few decades. Drugs are also now being widely used for diagnostic and prophylactic purposes.

Unfortunately, every medicine comes with its own hazards and it is rightfully said that 'There are no safe drugs – only safe doctors'. Adverse drug reactions (ADRs) have been defined as 'Response to a drug that is noxious and unintended and that occurs at doses used in humans for prophylaxis, diagnosis, or therapy of disease, or for the modification of physiologic function'. In the practice of medicine, every physician, in spite of the utmost care in the selection and dosing of medicines, is likely to encounter ADRs. Detection, analysis and reporting of ADRs, with a view to minimizing their adverse impact and generating awareness and strategies for their prevention, is pharmacovigilance.

Pharmacovigilance on a local, national and global basis can make drug therapy and new drugs safer. IPGME&R has been a part of India's National Pharmacovigilance Programme (NPVP-India) since its launch in 2004. The programme has now been restructured as the Pharmacovigilance Programme of India (PvPI). All ADR reports from the institute are submitted online to the National Coordinating Center for NPVP-India, which is located at the Indian Pharmacopoeia Commission, Ghaziabad. From here reports are screened and transmitted to the headquarters of the global pharmacovigilance programme being run by the World Health Organization that is located at Uppsala in Sweden (Uppsala Monitoring Center). Pharmacovigilance activities in IPGME&R and SSKM hospital are coordinated by the Department of Pharmacology and monitored by the following committee:

<b>Name</b>	<b>Designation</b>	<b>Role</b>
<b>Prof. Manimoy Bandyopadhyay</b>	Director & Professor of Anatomy	Chairperson
<b>Prof. Suparna Chatterjee</b>	Professor, Dept. of Pharmacology	Convener
<b>Prof. Gobinda Chatterjee</b>	Head, Dept. of Dermatology	Member
<b>Prof. Supratim Dutta</b>	Head, Dept. of Pediatrics	Member
<b>Prof. Alakendu Ghosh</b>	Head, Dept. of Rheumatology	Member
<b>Prof. Prasanta Kumar Maiti</b>	Former Head, Dept. of Microbiology	Member
<b>Prof. Pradip Kumar Saha</b>	Head, Dept. of Psychiatry	Member
<b>Prof. Soumitra Ghosh</b>	Head, Dept. of General Medicine	Member
<b>Prof. Avijit Hazra</b>	Professor, Dept. of Pharmacology	Member

Reports on ADRs are welcome from all physicians, nurses, pharmacists and students in these disciplines. The form provided in Annex 1 has to be filled in and submitted. The Department of Pharmacology may be contacted for obtaining forms (good photocopies acceptable) and submitting reports.

The Pharmacovigilance Committee has also been entrusted with conduction of a systematic prescription audit program for IPGME&R and SSKM Hospital.

### Merit cum Means Scholarship Award Committee

To help students who are meritorious but facing financial constraints in continuing their studies fruitfully, the institute has constituted a committee to enable appropriate disbursal of various scholarships that are provided by the government and, from time to time, by other sources. The Merit cum Means Scholarship Award Committee currently comprises of

Name & Designation	Role
<b>Prof. Manimoy Bandyopadhyay</b> Director & Professor of Anatomy	Chairperson
<b>Prof. Amal Kanti Das</b> Dean of Student Affairs & Head, Dept. of Pharmacology	Convener
<b>Prof. Asis Kumar Ghosal</b> Professor & Head, Dept. of Anatomy	Member
<b>Prof. Avijit Hazra</b> Professor, Dept. of Pharmacology	Member
<b>Dr. Sinjita Dutta</b> Assistant Professor, Dept. of Community Medicine	Member
<b>Dr. Subhramay Chatterjee*</b> Assistant Professor, Dept. of Biochemistry	Member

\* Currently not available as transferred to another institute.

As decided in its meeting on 12.12.2011 the following are the rules for disbursement of the Merit cum Means Scholarship that is awarded annually by the Government of West Bengal. These rules are subject to revision if the situation so demands.

- a) The maximum number of FULL FREE scholarship for MBBS students per batch would be 10% of the total annual intake i.e. 10 (ten).
- b) The maximum number of HALF FREE scholarship for MBBS students per batch would be another 10% of the total annual intake i.e. 10 (ten).
- c) Applicants whose monthly family income do not exceed Rs. 6000/- per month are eligible for FULL FREE scholarship (i.e. they will not be required to pay the monthly tuition fees)
- d) Applicants whose monthly family income exceeds Rs. 6000/- per month but does not exceed Rs. 9000/- per month are eligible for HALF FREE scholarship (i.e. they will be required to pay only 50% of the monthly tuition fees)
- e) The monthly income of the family declared in the application form MUST BE supported by certificate from appropriate authority.
- f) Regarding merit criterion, for grant of new scholarship the applicants would be ranked in order of their rank (medical) in West Bengal Joint Entrance Examination.
- g) Regarding merit criterion, for renewal of scholarship the result of the last applicable university examination would be taken into account. The applicant is to submit an attested photocopy of the marksheet and must secure at least 60% in aggregate to be eligible for continuation of scholarship.
- h) In the event that the number of scholarships available for continuation is more than the number of applicants eligible by the merit criterion stated above, then for deserving (considering means criterion) applicants, the merit criterion may be relaxed from the above to 'pass' (i.e. 50% score) in all subjects. Failure in any subject in the last applicable university examination would make an otherwise deserving applicant ineligible for continuation of scholarship in that year.
- i) All applicants whose application for grant / renewal of the scholarship is REJECTED would be informed about the reason for their ineligibility.
- j) All candidates whose application for grant / renewal of the scholarship is ACCEPTED would be asked to sign a declaration to the effect that they stand to forfeit this scholarship if they choose to draw scholarship (in the form of monthly or periodical financial support or substantial one time financial support) from ANY OTHER source.

### Library Committee

This Committee has the mandate to determine policy and purchase decisions regarding books and periodicals for the Central Library and also oversee rules regarding library operations.

Name & Designation	Role
<b>Dr. Amal Kanti Das</b> , Dean of Student Affairs & Professor of Pharmacology	Chairperson
<b>Dr. Manimoy Bandyopadhyay</b> , Director & Professor of Anatomy	Member
<b>Dr. Subhankar Chowdhury</b> , Professor & Head, Dept. of Endocrinology	Member
<b>Dr. Bitan Kumar Chattopadhyay</b> , Professor & Head, Dept. of Surgery	Member
<b>Dr. Soumitra Ghosh</b> , Professor, Dept. of Medicine	Member
<b>Dr. Chhanda Dutta</b> , Professor, Dept. of Pathology	Member
<b>Dr. Avijit Hazra</b> , Professor, Dept. of Pharmacology	Coordinating Member
<b>Accounts Officer</b> , IPGME&R	Member
<b>Librarians</b> , Central Library, IPGME&R	Member

### Purchase & Procurement Committee

This Committee functions to determine purchase and procurement policy for non-drug items at the institutional level. It also selects vendors towards purchase of catalogued and non-catalogued items.

Name & Designation	Role
<b>Director</b> , IPGME&R	Chairperson
<b>Medical Superintendent cum Vice Principal (MSVP)</b>	Member
<b>Accounts Officer</b> , IPGME&R	Member
<b>Dr. Bitan Chattopadhyay</b> , Professor & Head, Department of General Surgery	Member
<b>Head of the concerned department</b>	Member
For procurement of high-end equipment: <b>Special Secretary / Representative of MERT Branch</b> of the Department of Health & Family Welfare, Government of West Bengal	Member
For procurement of special project-related equipment: <b>Principal Investigator of the project</b>	Member
<b>MO In-Charge, Store</b> , IPGME&R	Member

Storekeeper, IPGME&R and Storekeeper, SSKM are expected to assist this committee in its functioning as and when required.

### Trauma Care Committee

The Trauma Care center which is envisaged to be the highest level trauma care centre will be inaugurated in 2019. For smooth functioning of the TCC Standard Operating Procedure has been drawn up and a committee has been set up for smooth functioning.

Name & Designation	Role
<b>Dr. Manimoy Bandyopadhyay</b> , Director & Professor of Anatomy	Chief
<b>Dr. Raghunath Misra</b> , MSVP & Professor of Community Medicine	Administrative In-Charge
<b>Dr. Makhan Lal Saha</b> , Professor, Dept. of General Surgery	Member
<b>Dr. Sudipta Chatterjee</b> , Professor, Dept. of Neurosurgery	Member
<b>Dr. Rajat Chaudhuri</b> , Associate Professor, Dept. of Anesthesiology	Member
<b>Dr. Tanmay Dutta</b> , Associate Professor, Dept. of Orthopedics	Member

### Research Advisory Committee

For scientific oversight of research and project related activities a Research Oversight Committee has been formed in IPGME&R from 2018. As per G.O. no. HF/P/MERT/760/SS(ME)-897/14, dated 30.05.2019, from Special Secretary of the Department of Health & Family Welfare, Government of West Bengal, all institutions have been directed to form Research Advisory Committee. The scope of work is similar to that of our Research Oversight Committee.

To prevent any confusion, college council in its meeting dated 04.06.2019 has decided to rename the Research Oversight Committee as Research Advisory Committee. All other facts and scope of work remains unchanged. Professor Gopal Krishna Dhali, Head, Department of Gastroenterology, will continue to chair this Committee.

All research projects, whether or not they are funded by commercial sponsors, must be submitted for clearance by the Scientific Advisory Committee before activities can be started. This applies to extramural projects as well. Thesis projects, being undertaken by students, to fulfill curricular requirements are exempted. Submissions must be online in summary form. The Institutional Ethics Committee for clinical research will conduct the ethics review only after clearance by the Research Advisory Committee.

Records of this Committee will be maintained at the Multidisciplinary Research Unit (MRU) of IPGME&R which functions from the Academic Building.

### PhD Committee

Many candidates are pursuing PhD work under the guidance of various faculty of the institute. To streamline permissions in this regard and facilitate maintenance of records, a PhD has been constituted recently with Dr. Amal Kanti Das, Dean of Student Affairs and Professor of Pharmacology and Dr. Amal Kumar Santra, Professor, Department of Gastroenterology as Joint Conveners. Dr. Debdeep Dasgupta, Assistant Professor of Physiology, will assist this committee in maintenance of records.

### Hostel Committee

The current Hostel Committee is functioning from 25.03.2018. The Committee looks after allotment of hostel seats, repair and maintenance work, framing of rules and regulations and maintaining of discipline in the hostels. Applications for allotment of seats in relevant hostels (UG Boys, UG Girls, Interns, Housestaff, Junior and Senior Residents) and complaints, if any, are to be brought to the notice of the committee in writing.

Name & Designation	Role
<b>Dr. Manimoy Bandyopadhyay</b> , Director & Professor of Anatomy	Chairperson
<b>Dr. Raghunath Misra</b> , MSVP & Professor of Community Medicine	Member
<b>Prof. Amal Kanti Das</b> , Dean of Student Affairs & Head, Dept. of Pharmacology	Member
<b>Dr. Diptendra Kumar Sarkar</b> , Professor, Dept. of General Surgery	Member
<b>Dr. Asis Kumar Ghosal</b> , Professor & Head, Dept. of Anatomy	Member
<b>Dr. Soumitra Ghosh</b> , Professor, Dept. of General Surgery	Member
<b>Dr. Raja Ray</b> , Professor & Head, Dept. of Anatomy	Member
<b>Dr. Nafisha Yasmin</b> , Demonstrator, Dept. of Pharmacology and Hostel Superintendent (Ladies UG)	Member
<b>Dr. Kaushik Bairagi</b> , Clinical Tutor, Dept. of Radiodiagnosis and Hostel Superintendent	Member
<b>Dr. Suhendu Choudhuri</b> , Clinical Tutor, Dept. of G&O and Hostel Superintendent	Member
<b>Dr. Gouranga Sarkar</b> , Assistant Professor, Dept. of Cardiology and Hostel Superintendent	Member
<b>Dr. Debasmita Bandyopadhyay</b> , Asst. Professor, Dept. Biochemistry	Member
<b>Mr. Kaustav Ghosh Chowdhury</b> , Asst. Superintendent, SSKM Hospital	Member
<b>Mr. Md. Ziaul Mustafa Alquadri</b> , Asst. Superintendent, SSKM Hospital	Member
<b>Mrs. Chandrabali Bose</b> , Asst. Superintendent, SSKM Hospital	Member
<b>Assistant Engineer</b> , PWD Civil, IPGME&R and SSKM Hospital	Invitee Member
<b>Assistant Engineer</b> , PWD Electrical, IPGME&R and SSKM Hospital	Invitee Member
<b>Mr. Uday Shankar Bhattacharya</b> , Security Officer, IPGME&R and SSKM Hospital	Invitee Member
<b>Supervisor-In-Charge</b> , ERS Security, IPGME&R and SSKM Hospital	Invitee Member



## Medals and certificates awarded to students

IPGME&R and SSKM Hospital has instituted a number of awards for meritorious students. We believe that these awards, in addition to serving as token of appreciation, should be viewed as incentives towards achieving the highest academic and service standards. These awards are usually conferred during the IPGME&R Foundation Day (January 16) celebrations.

### Medals

- Medal for topping 1st Professional MBBS Examination from IPGME&R
- Medal for topping 2nd Professional MBBS Examination from IPGME&R
- Medal for topping 3rd Professional Part II MBBS Examination from IPGME&R
- Madhusudan Saha Memorial Award for topping General Surgery Final MBBS examination from IPGME&R
- Pushpa Rani Saha Memorial Award for topping General Surgery Final MBBS examination among IPGME&R lady students.
- Medal for proficiency in Annual Examination - MD (General Medicine)
- Medal for proficiency in Annual Examination - MS (General Surgery)
- Medal for proficiency in Annual Examination - MS (Gynecology & Obstetrics)
- Medal for proficiency in thesis work in the discipline of General Medicine
- Medal for proficiency in thesis work in the discipline of General Surgery
- Medal for proficiency in thesis work in the discipline of Gynecology & Obstetrics
- Madhusudan Saha Memorial Award for obtaining highest marks in MS (General Surgery) from IPGME&R
- Dr. Amal Kumar Basu Memorial Medal for topping MD Anesthesiology university examination from IPGME&R
- Dr. Purnima Mukherjee & Smt. Kalyani Dutta Gupta Award for best thesis in Anesthesiology from IPGME&R
- Dr. Prabir Sengupta Memorial Award for topping MD Radiodiagnosis university examination from IPGME&R
- Niharbala Ghosh Memorial Award for obtaining highest marks in MS (ObGy) Examination from IPGME&R
- Dr. K. P. Sengupta Memorial Award for highest marks in MD Pathology university examination from IPGME&R
- Medal for proficiency in General Nursing & Midwifery Final Examination
- Medal for proficiency in General Nursing & Midwifery 2nd Year Examination
- Medal for proficiency in General Nursing & Midwifery Preliminary Examination
- Medal for proficiency in Bachelor of Physiotherapy (BPT) Final University Examination

### Certificates

- Certificates for Prosectorship (Senior and Junior) in Anatomy and Class Assistantship (Senior and Junior) in all other subjects of MBBS Course.
- Certificate of Merit for securing highest marks in 1st / 2nd / 3rd Part I and 3rd Part II Professional MBBS Examination among students of IPGME&R
- Certificate of Merit (First and Second) for proficiency in Annual Examination - MD (General Medicine)
- Certificate of Merit (First and Second) for proficiency in Annual Examination - MS (General Surgery)
- Certificate of Merit (First and Second) for proficiency in Annual Examination - MS (Gynecology & Obstetrics)
- Certificate of Merit (First and Second) for proficiency in Thesis Work - MD (General Medicine)
- Certificates of Merit (First and Second) for proficiency in Thesis Work - MS (General Surgery)
- Certificates of Merit (First and Second) for proficiency in Thesis Work - MS (Gynecology & Obstetrics)
- Certificate of Merit For Being The Most Humane Nurse
- Best Paper (Medicine and allied disciplines) presented during the Foundation Day scientific program.
- Best Paper (Surgery and allied disciplines) presented during the Foundation Day scientific program.

In addition to these certificates and medals awarded by the college, students are eligible for a number of awards instituted by other organizations. For instance, the R. G. Kar Medical College Alumni Association (UK) offers a number of awards to college toppers in various subjects of the MBBS course. Indian Pharmacological Society (IPS) West Bengal State Branch awards a medal to the topper in pharmacology in undergraduate (2nd MBBS) and postgraduate (MD Pharmacology) university examinations among all colleges in Bengal.

## IPGME&R Central Library

The IPGME&R Central Library is located on the 7th Floor of the Academic Building and is intended for use by students and faculty of the Institute as well as medical staff of SSKM Hospital. The total number of books in its collection currently stands at approximately 19,000. It also has a collection of 25,000 bound volumes of biomedical journals and approximately 2,250 theses in various disciplines. The broadband internet facility in the library caters to the needs of faculty, students and research scholars. The institute also has access to 243 E-journals being subscribed by the National Medical Library, New Delhi (NLM), and being made available through its ERMED consortium. The access is available from computers in the library and elsewhere that are linked to the institute server. However, availability of this facility is subject to subscription status at NLM.

### Library rules

1. The library caters to the needs of all students, faculty and medical officers of IPGME&R and SSKM Hospital, Kolkata. Other persons may obtain reading privileges for a period not exceeding one year by applying to the Director of the Institute
2. Full operations of the library are available from 10:00 AM to 8:00 PM on weekdays and 10:00 AM to 2:00 PM on Saturdays. Reading Room is open to faculty and students from 10:00 AM to 10:00 PM daily on weekdays and for the same duration on Saturdays. Reading time may be extended up to 12:00 midnight at the discretion of the college authority. Library remains closed on Sundays and public holidays.
3. Books and Journals borrowed for use in the Reading Room must be returned 15 minutes before the closing time. No issue will be made during the last 15 minutes.
4. Students may get books issued in their name between 10:00 AM to 8:00 PM (UG students) or 10:00 AM to 8:00 PM (PG students and faculty). Issue hours is between 10:00 AM to 2:00 PM for all users on Saturdays.
5. A Lending and Reading Card is generally issued to each student for use of library books. The card will remain valid for the full academic session. The card needs to be produced every time a book is borrowed.
6. The Library Cards are not transferable. In case of loss of the Card, the Librarian must be informed in writing.
7. Books marked 'Reference' will be kept only for use in the library and will not be available for home-lending.
8. Faculty (teaching staff) may borrow 2 (two) books at a time for 21 days only. Students may borrow 1 (one) book at a time for 21 days only. The book may be reissued only once if there are no reservations for it in the meantime.
9. A fine of Re 1:00 per day will be collected from every student or faculty in case of delay in returning a book beyond the stipulated 21 days. This regulation cannot be circumvented under any circumstances. The library staff will NOT refer students / faculty seeking exemption from this penalty to the college administration.
10. Journals and Thesis volumes cannot be issued except to the Head of a Department for temporary use during Journal Clubs or Seminars.
11. Books issued to a department on loan for special use or for Departmental Libraries will remain under safe custody of the Head of the Department, who will be responsible for them.
12. Any loss or damage to a book must be immediately brought to the notice of the Librarian, in writing, who will then accept a replacement or the current cost of the book.
13. Library Clearance Certificates are issued against written application for the same, after verification to the satisfaction of the Librarian.
14. Personal bags and related items must NOT be carried into the reading / issuing sections of the library. These will have to be kept in a designated location. Library or Institute administration will not be responsible for any theft or loss of money or other valuable items from bags.
15. Food and drinks are NOT ALLOWED inside the library. Only small water bottles may be carried.

These rules are subject to revisions as per the decisions of the College Council and the Library Committee.

**Extracts from the Medical Council of India  
Graduate Medical Education Regulations 2018**

**2. Objectives of the Indian Graduate Medical Training Programme** The undergraduate medical education program 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 program are hereby prescribed:-

- 2.1. National Goals** At the end of undergraduate program, 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 fulfill his/her social obligations towards realization of this goal.
  - (b) learn every aspect of National policies on health and devote herself/himself 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.

- 2.2. Institutional Goals** In consonance with the national goals, each medical institution should evolve institutional goals to define the kind of trained manpower (or professionals) they intend to produce. The Indian Medical Graduates coming out of a medical institute 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 and rehabilitative medicine in respect to the commonly encountered health problems.
  - (c) appreciate rationale for different therapeutic modalities, be familiar with the administration of the "essential drugs" and their common side 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 Programs 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 level of service delivery;
    - (vii) Bio-medical waste disposal; and
    - (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, General and hospital management, principal inventory skills and counseling.
  - (h) be able to identify community health problems and learn to work to resolve these by designing, instituting corrective steps and evaluating outcome of such measures.
  - (i) be able to work as a leading partner in health care teams and acquire proficiency in communication skills.
  - (j) be competent to work in a variety of health care settings.
  - (k) have personal characteristics and attitudes required for professional life including personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

All efforts must be made to equip the medical graduate to acquire the necessary skills (Certifiable procedural skills – A Comprehensive list of skills recommended as desirable for MBBS – Indian Medical Graduate, as given in the Graduate Medical Education Regulations, 2018)

- 2.3. Goals for the Learner** In order to fulfil this goal, the Indian Medical Graduate must be able to function in the following roles appropriately and effectively:

- 2.3.1 Clinician who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.
- 2.3.2 Leader and member of the health care team and system with capabilities to collect, analyze, synthesize and communicate health data appropriately.
- 2.3.3 Communicator with patients, families, colleagues and community.
- 2.3.4 Lifelong learner committed to continuous improvement of skills and knowledge.
- 2.3.5 Professional, who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

**3. Competency Based Training Programme of the Indian Medical Graduate** Competency based learning would include designing and implementing medical education curriculum that focuses on the desired and observable ability in real life situations. In order to effectively fulfil the roles as listed in clause 2, the Indian Medical Graduate would have obtained the following set of competencies at the time of graduation:

**3.1. Clinician**, who understands and provides preventive, promotive, curative, palliative and holistic care with compassion

- 3.1.1 Demonstrate knowledge of normal human structure, function and development from a molecular, cellular, biologic, clinical, behavioral and social perspective.
- 3.1.2 Demonstrate knowledge of abnormal human structure, function and development from a molecular, cellular, biological, clinical, behavioral and social perspective.
- 3.1.3 Demonstrate knowledge of medico-legal, societal, ethical and humanitarian principles that influence health care.
- 3.1.4 Demonstrate knowledge of national and regional health care policies including the National Health Mission that incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM), frameworks, economics and systems that influence health promotion, health care delivery, disease prevention, effectiveness, responsiveness, quality and patient safety.
- 3.1.5 Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is complete and relevant to disease identification, disease prevention and health promotion.
- 3.1.6 Demonstrate ability to elicit and record from the patient, and other relevant sources including relatives and caregivers, a history that is contextual to gender, age, vulnerability, social and economic status, patient preferences, beliefs and values.
- 3.1.7 Demonstrate ability to perform a physical examination that is complete and relevant to disease identification, disease prevention and health promotion.
- 3.1.8 Demonstrate ability to perform a physical examination that is contextual to gender, social and economic status, patient preferences and values.
- 3.1.9 Demonstrate effective clinical problem solving, judgment and ability to interpret and integrate available data in order to address patient problems, generate differential diagnoses and develop individualized management plans that include preventive, promotive and therapeutic goals.
- 3.1.10 Maintain accurate, clear and appropriate record of the patient in conformation with legal and administrative frameworks.
- 3.1.11 Demonstrate ability to choose the appropriate diagnostic tests and interpret these tests based on scientific validity, cost effectiveness and clinical context.
- 3.1.12 Demonstrate ability to prescribe and safely administer appropriate therapies including nutritional interventions, pharmacotherapy and interventions based on the principles of rational drug therapy, scientific validity, evidence and cost that conform to established national and regional health programmes and policies for the following: i) Disease prevention, ii) Health promotion and cure, iii) Pain and distress alleviation, and iv) Rehabilitation and palliation.
- 3.1.13 Demonstrate ability to provide a continuum of care at the primary and/or secondary level that addresses chronicity, mental and physical disability.
- 3.1.14 Demonstrate ability to appropriately identify and refer patients who may require specialized or advanced tertiary care.
- 3.1.15 Demonstrate familiarity with basic, clinical and translational research as it applies to the care of the patient.

**3.2. Leader and member of the health care team and system**

- 3.2.1 Work effectively and appropriately with colleagues in an inter-professional health care team respecting diversity of roles, responsibilities and competencies of other professionals.
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- 3.2.2 Recognize and function effectively, responsibly and appropriately as a health care team leader in primary and secondary health care settings.
- 3.2.3 Educate and motivate other members of the team and work in a collaborative and collegial fashion that will help maximize the health care delivery potential of the team.
- 3.2.4 Access and utilize components of the health care system and health delivery in a manner that is appropriate, cost effective, fair and in compliance with the national health care priorities and policies, as well as be able to collect, analyze and utilize health data.
- 3.2.5 Participate appropriately and effectively in measures that will advance quality of health care and patient safety within the health care system.
- 3.2.6 Recognize and advocate health promotion, disease prevention and health care quality improvement through prevention and early recognition of: a) lifestyle diseases and b) cancer, in collaboration with other members of the health care team.

### **3.3. Communicator with patients, families, colleagues and community**

- 3.3.1 Demonstrate ability to communicate adequately, sensitively, effectively and respectfully with patients in a language that the patient understands and in a manner that will improve patient satisfaction and health care outcomes.
- 3.3.2 Demonstrate ability to establish professional relationships with patients and families that are positive, understanding, humane, ethical, empathetic, and trustworthy.
- 3.3.3 Demonstrate ability to communicate with patients in a manner respectful of patient's preferences, values, prior experience, beliefs, confidentiality and privacy
- 3.3.4 Demonstrate ability to communicate with patients, colleagues and families in a manner that encourages participation and shared decision-making.

### **3.4. Lifelong learner committed to continuous improvement of skills and knowledge**

- 3.4.1. Demonstrate ability to perform an objective self-assessment of knowledge and skills, continue learning, refine existing skills and acquire new skills.
- 3.4.2. Demonstrate ability to apply newly gained knowledge or skills to the care of the patient.
- 3.4.3. Demonstrate ability to introspect and utilize experiences, to enhance personal and professional growth and learning.
- 3.4.4. Demonstrate ability to search (including through electronic means), and critically reevaluate the medical literature and apply the information in the care of the patient.
- 3.4.5. Be able to identify and select an appropriate career pathway that is professionally rewarding and personally fulfilling.

### **3.5. Professional who is committed to excellence, is ethical, responsive and accountable to patients, community and the profession**

- 3.5.1 Practice selflessness, integrity, responsibility, accountability and respect.
- 3.5.2 Respect and maintain professional boundaries between patients, colleagues and society.
- 3.5.3 Demonstrate ability to recognize and manage ethical and professional conflicts.
- 3.5.4 Abide by prescribed ethical and legal codes of conduct and practice.
- 3.5.5 Demonstrate a commitment to the growth of the medical profession as a whole.

**It is STRONGLY RECOMMENDED that MBBS students go through the revised MCI curriculum and familiarize themselves with the specific learning objectives and outcomes in the various disciplines of the UG course. In future they may be required to appear in an all-India exit examination to earn the designation of Indian Medical Graduate.**

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### Phase distribution for Professional MBBS course

As per MCI Competency based undergraduate curriculum for the Indian Medical Graduate 2018.

Phase & year of MBBS training	Subjects & New teaching elements	Duration	University Examination
<b>First Professional MBBS</b>	<ul style="list-style-type: none"> <li>• Foundation Course (1 month}</li> <li>• Human Anatomy, Physiology and Biochemistry</li> <li>• Introduction to Community Medicine</li> <li>• Humanities,</li> <li>• Early clinical exposure</li> <li>• Professional development including ethics</li> </ul>	1 + 13 months	1 <sup>st</sup> Professional
<b>Second Professional MBBS</b>	<ul style="list-style-type: none"> <li>• Pathology, Microbiology, Pharmacology</li> <li>• Forensic Medicine and Toxicology</li> <li>• Introduction to clinical subjects</li> <li>• Professional development including ethics</li> </ul>	12 months	2 <sup>nd</sup> Professional
<b>Third Professional MBBS (Part 1)</b>	<ul style="list-style-type: none"> <li>• Otorhinolaryngology, Ophthalmology</li> <li>• Community Medicine</li> <li>• Forensic Medicine and Toxicology</li> <li>• Clinical subjects</li> <li>• Professional development including ethics</li> </ul>	13 months	3 <sup>rd</sup> Professional (Part 1)
<b>Electives</b>	<ul style="list-style-type: none"> <li>• Electives, Skills and assessment</li> </ul>	2 months	
<b>Third Professional MBBS (Part 2)</b>	<ul style="list-style-type: none"> <li>• Medicine, Surgery, Obstetrics and Gynecology and allied specialties</li> <li>• Professional development including ethics</li> </ul>	13 months	3 <sup>rd</sup> Professional (Part 2)

### Recommended Teaching learning activity for the Professional MBBS course

As per MCI Competency based undergraduate curriculum for the Indian Medical Graduate 2018.

#### First Professional MBBS

Subject	Lectures (hours)	Small group teaching / Tutorial / Integrated learning / Practical (hours)	Self-directed learning (hours)	Others (hours)	Total (hours)
Anatomy	220	415	40	—	675
Physiology	160	310	25	—	495
Biochemistry	80	150	20	—	250
Early clinical exposure	90	—	—	—	90
Community Medicine	20	27	5	—	52
Professional development including ethics	—	48	—	—	48
Sports and extracurricular activities	—	—	—	60	60
Formative assessment and term examinations	—	—	—	80	80
<b>TOTAL</b>	570	950	90	140	1750

#### Second Professional MBBS

Subject	Lectures (hours)	Small group learning (Tutorial / Seminars) / Integrated learning (hours)	Clinical postings (hours)	Self-directed learning (hours)	Others (hours)	Total (hours)
Pathology	80	138	—	12	—	230
Pharmacology	80	138	—	12	—	230
Microbiology	70	110	—	10	—	190
Community Medicine	20	30	—	10	—	60
FMT	15	30	—	5	—	50
Clinical Subjects	75	—	540	—	—	615
AETCOM module	—	29	—	8	—	37
Sports and extracurricular activities	—	—	—	—	28	28
Formative assessment and term examinations	—	—	—	—	—	—
<b>TOTAL</b>	340	475	540	57	28	1440

**Third Professional MBBS Part 1**

Subject	Lectures (hours)	Tutorials / Seminars / Integrated teaching (hours)	Self-directed learning (hours)	Others (hours)	Total (hours)
General Medicine	25	35	5	—	65
General Surgery	25	35	5	—	65
ObGy	25	35	5	—	65
Pediatrics	20	30	5	—	55
Orthopedics	15	20	5	—	40
FMT	25	45	5	—	75
Community Medicine	40	60	5	—	105
Dermatology	20	5	5	—	30
Psychiatry	25	10	5	—	40
Respiratory Medicine	10	8	2	—	20
Otorhinolaryngology	25	40	5	—	70
Ophthalmology	30	60	10	—	100
Radiodiagnosis and Radiotherapy	10	8	2	—	20
Anesthesiology	8	10	2	—	20
Clinical postings	—	—	—	756	756
AETCOM module	—	19	6	—	25
Formative assessment and term examinations	—	—	—	—	—
<b>TOTAL</b>	303	420	72	756	1551

**Third Professional MBBS Part 2**

Subject	Lectures (hours)	Tutorials / Seminars / Integrated teaching (hours)	Self-directed learning (hours)	Others (hours)	Total (hours)
General Medicine	70	125	15	—	210
General Surgery	70	125	15	—	210
ObGy	70	125	15	—	210
Pediatrics	20	35	10	—	65
Orthopedics	20	25	5	—	50
Clinical postings	—	—	—	792	792
AETCOM module	28	—	15	—	43
Electives	—	—	—	200	200
Formative assessment and term examinations	—	—	—	—	—
<b>TOTAL</b>	278	435	75	992	1780



**University Rules and Regulations for First Professional MBBS course****Likely to undergo modification in the 2019-20 academic session  
in view of the changes in MCI curriculum.**

1. The period of study for the 1st Prof. MBBS course will consist of two semesters, each of six months duration. The first semester will ordinarily commence in the month of August, and the second semester, in the month of February next year. The 1st Prof. MBBS Examination will be held at the end of the 2nd semester.
  2. There shall be two University examinations in a year – one regular and one supplementary first professional MBBS Examination. The regular 1st Prof. Examination will be completed, and the results published within mid-September of each year. The supplementary examination will be held ordinarily not earlier than six (6) weeks, but not later than six months, after the publication of the results of the regular examination.
  3. Eligibility Criteria of the Students for appearing in the 1st Prof. MBBS examination - An undergraduate medical student who has fulfilled the following conditions may be admitted to the 1st Prof. MBBS Examination of this University.
    - (a) That he/she has completed the age of 17 years on or before 31st December of the year of his/her admission to a college of medicine affiliated to this University for conduction of MBBS course of studies.
    - (b) That he/she has passed the pre-medical / I.Sc. / 10+2 years Higher Secondary Examination, or an equivalent examination from a recognized Board/ University with Physics, Chemistry, Biological Sciences, English, and a Vernacular subject.
    - (c) That he/she has compulsorily attended a regular course of study for the prescribed period in a college of Medicine affiliated to this University. A minimum of 75% attendance in all the subjects is compulsory (including attendance in non-lecture classes like demonstration, practical, tutorial, seminar, group discussion etc.). The attendance has to be certified by the Principal/ Director of the affiliated institution. There is no provision of condonation of shortage of attendance (due to any cause whatsoever), or of appearance as non-collegiate candidate under any circumstances, whatsoever.
    - (d) Students not being allowed to sit for the regular examination due to shortage of attendance may be permitted to attend special classes to make good the shortage in attendance to enable such candidates to appear in the supplementary examination, if they already possess an attendance of 60% or above. No such proposal of making good shortage in attendance before next supplementary examination will, however, be entertained for permission to sit for the same regular examination. Candidates having attendance of less than 60% will have to start the classes afresh for the next regular examination of next batch.
    - (e) For being admitted to the regular or supplementary examination, each candidate shall send his/her application in the prescribed form to the Controller of Examination along with the fee as will be prescribed by the University from time to time. The applications forwarded by the Head of the Institution of the affiliated college shall have to reach the University at least 3 weeks before the commencement of the University examination. The examination fee of any regular/ supplementary examination shall not be refunded or carried forward in cases of failure or non-appearance of a candidate in the particular regular/ supplementary examination.
    - (f) That he has fulfilled the criteria as laid down in Para 7 below.
  4.
    - (a) Candidates appearing for the regular 1<sup>st</sup> Prof. MBBS examination shall appear in theory, oral and practical examination in the examination center located in his/her own college/institution. However, during supplementary examination the number of centers for supplementary examination will depend upon the number of candidates appearing for the supplementary examination and the geographical location of the institution.
    - (b) Preferably not more than 30 candidates will be examined on any day for practical and oral examination in a particular subject.
  5.
    - (a) For smooth conduction of the theory, oral and practical examination, there will be one Center-in-charge for the 1<sup>st</sup> Prof. MBBS examination in each of the centers. The Center-in-charge will preferably be a senior teacher not below the rank of Assoc. Prof. He/ she will not participate as an internal examiner of any subject
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in the 1<sup>st</sup> Prof. MBBS examination. The Center-in-charge and the office of the Principal/Director of the Institution shall be responsible for smooth conduction of the examination.

- (b) For coordination of the whole examination programme there will be one Chairman-cum-internal examiner for each subject of the 1st Prof. MBBS examination in each of the centers. He/she will preferably be the senior-most teacher amongst the internal examiners. He/she will make the necessary arrangements for smooth conduction of the oral and practical examination as well as for evaluation of the theory papers in that subject. The Center-in-charge, after collecting all the related documents within 2 days of completion of the oral and practical examination from the Chairpersons of different subjects, will arrange to send all the papers to the University within 4 days after completion of the 1st Prof. MBBS Examination. The University will also appoint a scrutinizer for each subject in each center. He/she will usually be a junior teacher of the same department.
- (c) The Chairman shall have statutory power of last-minute selection of examiners (both external and internal), in consultation with Observer/Dean/Center-in-charge, if any exigency arises.

## 6. Examiners

- i) The examiners in any subject should preferably hold at least a rank of Reader/Associate Professor and must have at least five years teaching experience in a faculty position in recognized medical colleges after having acquired the post graduate degree in the subject from a recognized University. However, in cases of exigency an Assistant Professor with at least five years teaching experience after acquiring P.G. Degree may be appointed as an examiner.
- ii) If the total number of candidates in a University examination in a subject in a center exceeds 100, the University, for smooth conduction of the examination in that subject will appoint five examiners. Otherwise, the University will appoint four examiners for each subject in a center. Two of those examiners shall preferably be from recognized Universities outside the State of West Bengal (*Externals*). In case of five examiners in a subject one will be preferably from an institution of the state, other than the institution in which the center is located. A reserve list of external and internal examiners shall be kept to meet any exigency that may crop up. Such list of examiners may include recently retired senior teachers of any recognized university.
- iii) When five examiners are appointed for a center, one of the internal examiners will be spared from checking the answer scripts of the theory papers by the Chairman of the subject.
- iv) The internal examiner in a subject shall not accept external examiner-ship for a college outside the State from which external examiner is appointed in his/her college in his/her subject.
- v) The external examiners for any particular center may remain the same maximum for a period of two consecutive years. Thereafter he/she may be reappointed after an interval of two years.
- vi) In each subject, the theory question papers will be invited from the Chairman of all the centers. In each subject, there will also be a Moderator, who will preferably be a senior faculty member of any recognized medical college from states other than West Bengal and will be selected by the Board of Studies of the University. The Moderator will moderate the question paper. In case of exigency, the University may appoint a retired Professor as available in West Bengal as moderator.
- vii) The university may appoint suitable observers/University Representatives from among the senior teachers to obtain direct knowledge about the conduction of the Theoretical, Practical and Oral Examination in each Center.

## 7. Internal Assessment

- i) It should be based on continuous evaluation (may be daily/ weekly/ fortnightly/ monthly/ bimonthly) of the students or otherwise, as well as periodical examinations. Nature of continuous assessment may be through item cards/oral/practical/short questions/multiple choice question test, problem-solving exercise etc., after completion of a system/part/item. Each test shall be objectively assessed and recorded. There shall be two periodical internal assessment examinations. Considering that the classes for the 1st Prof. MBBS will start by the 1st week of August, the first Periodical Internal Assessment Examination will be held in the 1st & 2nd week of January and the second one in the 1st & 2nd week of June. All the classes will remain suspended
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during these weeks for holding the Periodical IA examinations. Fifty (50) percent of the marks in internal assessment, earmarked for theoretical and practical components shall be allotted for continuous assessment based on day-to-day performance recorded properly for the purpose in item cards or otherwise. Marks secured in the two periodical assessment examinations will count for awarding rest 50% marks in each component of internal assessment. Marks awarded in theory and oral parts, and the practical parts of the continuous assessment and periodical assessment examination are to be shown separately as follows.

A. Continuous Assessment:

Part / Item	Oral		Practical	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
Total				
	25% of I.A. Marks	A	25% of I.A. Marks	B

B. Periodical Assessment:

Periodical examination at the end of each semester	Theory		Practical	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
First				
Second				
Total				
	25% of I.A. Marks	C	25% of I.A. Marks	D

C. Computation of the Internal Assessment marks:

Sl. No.	Name of the Candidate	WBUHS Registration No.	Theory		Oral		Practical		Total Marks	%
			Full Marks	Marks Obtained	Full Marks	Marks Obtained	Full Marks	Marks Obtained		
				C		A		B + D	A+B+C+D	

- ii) The marks of the internal assessment so computed shall be sent to the University in duplicate by the Head of the concerned Department through the Head of the Institution at least 3 weeks before the commencement of the concerned University examination
- iii) A student, in order to be eligible to sit for the University examination, must secure at least 35% of the marks fixed for internal assessment in all the three subjects separately. Internal assessment marks of a student in one or more failed subjects in the University examination shall remain to his/her credit for consideration in the subsequent University examination in that subject. However, if a student fails to pass in both the regular and the supplementary examinations of 1st Prof. M.B.B.S. course, on the basis of his/her prayer, the candidate may be allowed to reappear in the periodical assessment examinations along with the next batch of students. Permission for reappearing in the periodical assessment examination will be issued by the Principal/Director of the affiliated institution. Once allowed to reappear in the periodical assessment examinations along with the next batch of students the corresponding earlier marks of the candidate will be cancelled. Marks computed on the basis of continuous assessment and the new periodical assessment examinations of the candidate shall be final for the next regular and supplementary examination of that particular professional course. If a student fails to pass in both the regular and the supplementary examinations of 1st Prof M.B.B.S. course he or she will not be allowed to join the classes of 2nd Prof. examination until he/she passes all subjects of 1st Prof. examination.

- iv) The Principal / Director of the concerned institution shall publish lists of successful and unsuccessful candidates in internal assessment without declaring the actual marks awarded.
- v) Students being disallowed to sit for the regular 1st professional examination due to failure in obtaining 35% marks in the internal assessment in a subject shall be permitted by the Principal/Director of the affiliated institution to attend special classes and another internal assessment examination shall be arranged before the next supplementary University examination to give them opportunity to acquire eligibility to sit for the supplementary examination.
- vi) A candidate will be allowed to appear at the regular or supplementary examination on payment of prescribed examination fee after the Principal/Director of the concerned Medical College and the Controller of Examinations are satisfied in respect of his/ her eligibility to sit for the examination.

## 8. MBBS (First Professional) Examination

- (a) Theory papers of each subject for 1st Prof. MBBS examination will be prepared by a set of examiners and moderated by a Moderator. Theory question will be of short structured essay type, short notes and clinical problem oriented. The examination will generally be completed in the shortest possible time avoiding unnecessary gaps.
- (b) Full marks in each of the three subjects (Anatomy, Physiology, and Biochemistry) of the 1st Prof. MBBS Examination : 200. The break-up of the marks in each of the subjects is as follows:

Written (50 x 2 papers)	100 marks
Oral / Viva	20 marks
Practical	40 marks
Internal Assessment (Theory 20 + Practical 20)	40 marks
Total	200 marks

- (c) Answer to each question should be given by the candidates in a separate answer script. To ensure maximum possible uniformity during assessment only one examiner will examine all the answer scripts of the same question in the same center.
- (d) Practical/clinical examination will be conducted in the practical room/dissection room/laboratory room/hospital wards of the concerned medical college. Objective will be to assess proficiency in skills, conduct of experiment, interpretation of data, and interpretation of common investigation data, X-rays, identification of specimens/instruments etc. and to assess proficiency to make logical conclusion.
- (e) Viva/oral will be held in two tables with minimum two examiners in each table. Instruments, equipments, chemicals, specimens, charts etc. as will be required in different subjects, will be used for taking oral/viva examinations.

## 9. Results

- i) All the examiners will be jointly responsible for the results of all parts of the examination. The decision of the Chairman after consultation with the Center-in charge will be final in the case of exigency.
- ii) The University shall publish the list of successful Pass and Honors candidates preferably within 3 weeks after the last date of the 1<sup>st</sup> Prof. MBBS Examination. Each candidate shall receive a mark sheet showing the marks secured by him/her in each subject.
  - i) In order to pass a subject, a candidate must obtain separately (a) a minimum of 50% in Theory including Orals; (b) a minimum of 50% in Practicals and (c) a minimum of 50% in aggregate.  
For Example, in order to pass in Anatomy, a student will have to have minimum 60 marks out of 120 in theory including orals, 20 marks out of 40 in practicals and minimum of 100 marks out of 200 in aggregate.
- iv) Credit of passed subject(s) will be retained; i.e., an unsuccessful candidate who has passed in one or more subjects is not required to appear in that/ those subject(s).
- v) A candidate who has failed to pass in any of the subjects in the 1<sup>st</sup> Prof. MBBS Examination shall be declared unsuccessful in the Examination and shall not be allowed to join the 2<sup>nd</sup> Prof. Course until he/she passes in all the subjects of the 1<sup>st</sup> Prof. Course.

- vi) There shall be no separate examination for Honors. A candidate securing 75% marks in aggregate in a subject shall be declared to have secured Honors in the subject(s) provided that he/she has passed in all the subjects for the 1<sup>st</sup> Prof. Examination in the first attempt.
- vii) Notwithstanding anything contained anywhere in the relevant regulations it is provided that the candidate, who, in spite of obtaining 55% or above marks in the aggregate in a subject, became unsuccessful in a compartment of that subject for 5 or less marks shall be awarded up to five marks in that particular compartment after deducting the same from other compartment(s) of that subject, provided that he/ she has passed in all other subjects in the same examination.
- viii) There will be no provision for review of the answer scripts or any part of the examination in any circumstances.

**Available teaching hours (Approximate)**

Discipline	Lecture hours	Practical/ Demonstration Hours	Dissection Hours	Total available hours	MCI prescribed hours
Anatomy	5 h/week x 37 = 185	3 h/week x 37 = 111	10 h/ week x 37 = 370	666	650
Physiology	10.5 h/week x 37 = 389	3 h/week x 37 = 111		500	480
Biochemistry	3.5 h/week x 37 = 129	3 h/week x 37 = 111		241	240
Community Medicine	2 h/week x 37 = 74			74	60

**Scheme for first Professional MBBS University Examination in Anatomy**

**A. Written Paper**

**Paper I** - Superior extremity, inferior extremity, abdomen & pelvis with relevant embryology & histology, and, general embryology.

**Paper II** – Thorax, head & neck, central nervous system, bulbous oculi, with relevant embryology & histology, genetics, and, general anatomy.

*The four questions in each theory paper will preferably have the following distribution of marks.*

*Q. 1) One long essay type question (out of two) consisting of 2-4 small segments. Marks for each segment will be indicated separately. Marks may be 12*

*Q. 2) Two short essay type question (out of three), each consisting of 2-3 small segments and marks for each segment will be indicated separately. Marks may be 14 (7 x 2)*

*Q. 3) Four short notes (out of five). Marks may be 12 (3 x 4)*

*Q. 4) Four short clinically oriented explanatory notes. Marks may 12 (3 x 4)*

Answer to each question should be given by the candidates in a separate answer book. Only one examiner will examine all the answer scripts to the same question of the paper in that center. Each examiner will examine answers to one question of each paper.

**B. Oral/Viva**

Total marks 20

i) For questions on Osteology with general anatomy – 8+2 marks  
(2 bones from appendicular skeleton & 2 bones from axial skeleton)

ii) For questions on Viscera with Embryology – 8+2 marks  
(4 specimens- one each from upper abdomen, Pelvis/thorax, Head & neck, Brain/ Eyeball).

**C. Practicals**

Total marks 40

**Window dissection** 10 marks

**Identification** 12 marks

(5 structures, one each from each part of the body + one cross section from any part of the body are to be given for identifications with flag marks and they will be same for the whole batch of the same day – ½ mark for each identification and three questions on each item valued at ½ each)

**Surface marking** 6 marks (line drawing: 4 marks + point: 2 marks)

<b>Radiology</b>	3 marks
<b>Histology</b>	9 marks (5 stained slides for identification: 1 mark each + 1 special slide: 4 marks)

**D. Internal assessment**

Total marks 40

Distribution of internal assessment marks

## 1. Continuous Day-to-day Assessment

Parts of the Body	ORAL		PRACTICAL	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
Sup. Extremity	15		15	
Inf. Extremity	15		15	
Abdomen	25		25	
Thorax	10		10	
Head & Neck	20		20	
CNS & Eyeball	15		15	
Total	100		100	
10% of the Marks	10	A	10	B

NB: At time of completion of a part, the marks for different items should offered after considering overall performance & regularity in attendance

## 2. Periodical Internal Assessment Examination

	WRITTEN		PRACTICAL	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
At End of 1st Semester	50		50	
At End of 2nd Semester	50		50	
Total	100		100	
10% of the marks	10	C	10	D

**Scheme for first Professional MBBS University Examination in Physiology****A. Written Paper**

**Paper I** - 1. General physiology 2. Nerve muscle physiology 3. Blood 4. Gastrointestinal system  
5. Respiratory system 6. Cardiovascular system.

**Paper II** – 1. Endocrine system 2. Reproductive system 3. Excretory system 4. Nervous system 5. Special senses

*The four questions in each theory paper will preferably have the following distribution of marks.*

*Q. 1) One long essay type question (out of two) consisting of 2-4 small segments. Marks for each segment will be indicated separately. Marks may be 12*

*Q. 2) Two short essay type question (out of three), each consisting of 2-3 small segments and marks for each segment will be indicated separately. Marks may be 14 (7 x 2)*

*Q. 3) Four short notes (out of five). Marks may be 12 (3 x 4)*

*Q. 4) Four short clinically oriented explanatory notes. Marks may 12 (3 x 4)*

Answer to each question should be given by the candidates in a separate answer book. Only one examiner will examine all the answer scripts to the same question of the paper in that center. Each examiner will examine answers to one question of each paper.

**B. Oral/Viva**

Total marks 20

- i) Topics of 1st paper – 10 marks
- ii) Topics of 2nd paper – 10 marks

**C. Practicals**

Total marks 40

<b>Hematology</b>	12 marks
<b>Instruments</b>	12 marks (Mammalian experiment, Dale's bath, Long extension kymograph, ECG, Spirometer, BMR, Charts, BMR)
<b>Human physiology</b>	12 marks (line drawing: 4 marks + point: 2 marks)

**Amphibian experiment** 4 marks (instruments and charts)

**D. Internal assessment**

Total marks 40

**Scheme for first Professional MBBS University Examination in Biochemistry**

**A. Written Paper**

**Paper I** - Cell and sub cellular organelle, plasma membrane: signal transfer, chemistry of carbohydrates, lipid, protein, nucleic acid, enzymes, acid, base and buffer (including maintenance of acid base balance in the body), Biological oxidation, osmosis, Colloid immunological techniques (RIA, ELISP Separation technique, Instrumentation), Functional proteins (e.g. Hemoglobin, myoglobin, collagen, alpha keratin, fibrin and elastase).

**Paper II** – Metabolism of carbohydrates, lipids, proteins, purine, pyrimidine and minerals. Vitamins, Nucleic acid and protein biosynthesis. Regulation of gene expression, oncogenes and tumorigenesis. Recombinant DNA technology. Xenobiotics and their metabolism. Molecular endocrinology. Heme synthesis and degradation. Functional tests.

*The four questions in each theory paper will preferably have the following distribution of marks.*

*Q. 1) One long essay type question (out of two) consisting of 2-4 small segments. Marks for each segment will be indicated separately. Marks may be 12*

*Q. 2) Two short essay type question (out of three), each consisting of 2-3 small segments and marks for each segment will be indicated separately. Marks may be 14 (7 x 2)*

*Q. 3) Four short notes (out of five). Marks may be 12 (3 x 4)*

*Q. 4) Four short clinically oriented explanatory notes / analytical type questions. Marks may 12 (3 x 4)*

Answer to each question should be given by the candidates in a separate answer book. Only one examiner will examine all the answer scripts to the same question of the paper in that center. Each examiner will examine answers to one question of each paper.

**B. Oral/Viva**

Total marks 20

- i) Topics of 1st paper – 10 marks
- ii) Topics of 2nd paper – 10 marks

Distribution of viva stations

Table 1: Cell structure, cell membrane, signal transmission, mechanism of hormone action, biological oxidation, oxidative phosphorylation, enzymes – classification, mode of action, allosteric enzyme, clinical enzymes, functional proteins – hemoglobin, myoglobin, collagen

Table2: Medical physics - isotopes, radioisotopes, radioimmunoassay, ELISA, chromatography, colorimetry, electrophoresis, acid, base, buffer, acid-base balance, pH of body fluids, colloids, osmosis, transport – active, passive, facilitated, endocytosis, Digestion and absorption of foodstuffs

Table 3: Purines, pyrimidines, proteins, vitamins, inorganic elements- their chemistry, normal and abnormal metabolism

Table 4: Molecular biology, genetics, gene expression, DNA & RNA synthesis, polymerase chain reaction, mutation, genetic disorders of metabolism

Table 5: Carbohydrates and lipids – their chemistry, normal and abnormal metabolism

Note: If there are four examiners topics of Tables 4 and 5 will be clubbed.

**C. Practicals**

Total marks 40

- Interpretation of charts** – 10 marks
- Urine analysis** – 10 marks
- Titration** – 10 marks
- Clinical material analysis** – 10 marks

**D. Internal assessment marks**

Total marks 40

**University Rules and Regulations for Second Professional MBBS course****Likely to undergo modification in the 2019-20 academic session  
in view of the changes in MCI curriculum.**

1. The period of study for the 2nd Prof. MBBS course will consist of three semesters, each of six months duration. The third semester will ordinarily commence in the month of August, and the fourth semester, in the month of February next year and the fifth one in the month of August next. The 2nd Prof. MBBS Examination will be held at the end of the 5th semester and should ordinarily be completed by 31st January. During this period study of para-clinical and clinical subjects shall continue concurrently.
2. There shall be two University examinations – one regular and one supplementary second professional MBBS Examination. The regular 2nd Prof. Examination will be completed and the results published within February of each year. The supplementary examination will be held ordinarily not earlier than six weeks and not later than six months, after the publication of the result of the regular examination.
3. Eligibility criteria of the students for appearing in the 2nd Prof. MBBS examination – An undergraduate medical student who has fulfilled the following conditions may be eligible to sit for the 2nd Prof. MBBS Examination of this University.
  - (a) He/she has compulsorily attended a certified regular course of study for the prescribed period in a Medical College affiliated to this University. A minimum of 75% attendance in all the subjects (including attendance in non-lecture classes like demonstration, practical, tutorial, seminar, group discussion etc.) is required for the purpose. The attendance has to be certified by the Principal/Director of the affiliated institution. There is no provision of condonation of shortage of attendance (due to any cause whatsoever), or of appearance as non-collegiate candidate under any circumstances, whatsoever.
  - (b) Students not being allowed to sit for the regular examination due to shortage of attendance may be permitted to attend special classes to make good the shortage in attendance, if they already possess an attendance of 60% or above, to enable such candidates to appear in the supplementary examination. No such proposal of making good shortage in attendance will, however, be entertained for permission to sit for the same regular examination. Candidates having attendance of less than 60% will have to start the classes afresh for the next regular examination of next batch.
  - (c) For being admitted to the regular or supplementary examination, each candidate shall send his/her application in the prescribed format to the Controller of Examinations along with the fee as may be prescribed by the University from time to time. The applications forwarded by the Head of the Institution of the affiliated college shall reach the University at least 3 weeks before the commencement of the University examination. The examination fee of any regular/supplementary examination shall not be refunded or carried forward in cases of failure or non-appearance of a candidate in the particular regular/supplementary examination.
  - (d) That he has fulfilled the criteria as laid down in Para 7 below.
4.
  - (a) Candidates appearing for the regular 2nd Prof. MBBS examination shall appear in theory, oral and practical examination in the examination center located in his/her own college/institution. However, during supplementary examination the number of centers for supplementary examination will depend upon the number of unsuccessful candidates appearing for the examination and the geographical location of the institution.
  - (b) Preferably not more than 30 candidates will be examined on any day for practical and oral in a particular subject in a center.
5.
  - (a) For smooth conduction of the theory, oral and practical examination, there will be one Center-in-Charge for the 2nd Prof. MBBS examination in each of the centers. The center-in-charge will preferably be a senior teacher not below the rank of Associate Professor. He / She will not participate as an internal examiner of any subject in the 2nd Prof. MBBS examination. The Center-in-charge and the office of the Principal/Director of the Institution shall be responsible for smooth conduction of the examination.
  - (b) For co-ordination of the whole examination program there will be one Chairman-cum-internal examiner for each subject of the 2nd Prof. MBBS examination in each of the centers. He/she will preferably be the senior-most teacher amongst the internal examiners. He/she will make the necessary arrangements for smooth



conduction of the oral and practical examination as well as for evaluation of the theory papers in that subject. Compilation of the assessed marks in theory, oral and practical examination will be done by the Chairman in respect of all the candidates in his/her center in that subject. The Center-in-charge, after collecting all the related documents within 2 days of completion of the oral and practical examination from the Chairpersons of different subjects, will arrange to send all the papers to the University within 4 days after completion of the 2nd Prof. MBBS Examination. The University will also appoint a scrutinizer for each subject in each center. He/she will usually be a junior teacher of the same department.

- (c) The Chairman shall have statutory power of last-minute selection of examiners (both external and internal), in consultation with Observer/Dean/Center in charge, if any exigency arises.

## 6. Examiners

- i) The examiners in any subject should preferably hold a rank not below that of Reader/Associate Professor and must have at least five years teaching experience in a faculty position in a recognized Medical College after having acquired the post graduate degree on the subject from a recognized University. However, in cases of exigency, when suitable teachers as specified above are not available for appointment as examiners, an Assistant Professor with five years or more teaching experience after acquiring P.G. Degree may be appointed as an examiner.
- ii) If the total number of candidates in an University examination in a subject in a center exceed 100, the University for conduction of the examination in that subject will appoint five examiners. If the total number of candidates in the subject is 100 or less in a center, the University for conduction of the examination in that subject will appoint four examiners. Two of the examiners for a subject in a center shall preferably be invited from any recognized Medical College outside the State of West Bengal (Externals). When five examiners are appointed in a subject in any center, two of the examiners (Internals) will be from the same institution where the examination center is located, and one will be from a different institution under the West Bengal University of Health Sciences. However, the above principle may not be adhered to in exigency. A reserve list of external and internal examiners shall be kept to meet any exigency that may crop up due to failure of any examiner to turn up for conduction of the examination. The examiners to be selected from the reserve list should be such that they can be contacted within a short period. Such list of examiners may include recently retired senior teachers of any recognized university.
- iii) When five examiners are appointed for a center, one of the internal examiners will be spared from checking the answer scripts of the theory papers by the Chairman of the subject.
- iv) The internal examiner in a subject shall not accept external examiner-ship for a college outside the State from which external examiner is appointed in his/her college in his/her subject.
- v) The external examiners for any particular center may remain the same preferably for not more than two consecutive years. Thereafter he/she may be reappointed after an interval of two years.
- vi) In each subject, the theory question papers will be invited from the Chairman of all the centers. In each subject, there will also be a Moderator, who will preferably be a senior faculty member of any recognized medical college from states other than West Bengal and will be selected by the Board of Studies of the University. The Moderator will moderate the question paper. In case of exigency, the University may appoint a retired Professor as available in West Bengal as moderator.
- vii) The university may appoint suitable observers/University Representatives from among the senior teachers to obtain direct knowledge about the conduction of the Theoretical, Practical and Oral Examination in each Center.

## 7. Internal Assessment

It should be based on continuous evaluation (may be daily/weekly/fortnightly/monthly/bimonthly) of the students or otherwise, as well as periodical examinations. Nature of continuous assessment may be through item cards / oral / practical / short questions / multiple choice questions / problem-solving exercise etc., after completion of a system/part/item. Each test shall be objectively assessed and recorded. There shall be three periodical internal assessment examinations. Considering that the classes for the 2nd Prof. MBBS will start by the 1st week of August, the first Periodical Internal Assessment Examination will be held in the 3rd & 4th week of January, the second one in the 3rd & 4th week of July and the third one in the 3rd & 4th week of November. All the classes will remain suspended during these weeks for holding the Periodical IA examinations. Fifty (50) percent of the marks in internal assessment, earmarked for theoretical and practical components shall be allotted for continuous assessment based on day-to-day performance recorded properly for the purpose in item cards or otherwise. Marks secured in the three

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periodical assessment examinations will count for awarding rest 50% marks in each component of internal assessment. Marks awarded in theory and oral parts, and the practical parts of the continuous assessment and periodical assessment examination are to be shown separately as follows.

A. Continuous Assessment:

Part / Item	Oral		Practical	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
Total				
	25% of I.A. Marks	A	25% of I.A. Marks	B

B. Periodical Assessment:

Periodical examination at the end of each semester	Theory		Practical	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained
Third				
Fourth				
Fifth				
Total				
	25% of I.A. Marks	C	25% of I.A. Marks	D

C. Computation of the Internal Assessment Marks:

Sl. No.	Name of the Candidate	WBUHS Registration No.	Theory		Oral		Practical		Total Marks	%
			Full Marks	Marks Obtained	Full Marks	Marks Obtained	Full Marks	Marks Obtained		
				C		A		$B + D$	A+B+C+D	

- i) The marks of the internal assessment so computed shall be sent to the University in duplicate by the Head of the concerned Department through the Head of the Institution at least 3 weeks before the commencement of the concerned University examination.
- ii) A student, in order to be eligible to sit for the University examination, must secure at least 35% of the marks fixed for internal assessment in all the three subjects separately. Internal assessment marks of a student in one or more failed subjects in the University examination shall remain to his/her credit for consideration in the subsequent University examination in that subject. However, if a student fails to pass in both the regular and the supplementary examinations of 2nd Prof M.B.B.S. course, on the basis of his/her prayer, the candidate may be allowed to reappear in the last two periodical assessment examinations along with the next batch of students. Permission for reappearing in the periodical assessment examinations will be issued by the Principal/Director of the affiliated institution. Once allowed to reappear in the periodical assessment examinations along with the next batch of students the corresponding earlier IA marks of the last two periodical assessment examinations of the candidate will be cancelled. Marks computed on the basis of continuous assessment and the periodical assessment examinations of the candidate shall be final for the next regular and supplementary examination of that particular professional course. If a student fails to pass in both the regular and the supplementary examinations of 2nd Prof. M.B.B.S. course, he or she will not be allowed to appear in 3rd Prof. Part I examination until he/she passes all subjects of Second Professional examination.
- iii) The Principal / Director of the respective Medical College shall publish the list of successful and unsuccessful candidates in internal assessment without declaring the actual marks awarded.
- iv) Students not being able to appear or not being allowed to sit for the regular 2nd professional examination due to failure to obtain 35% marks in the internal assessment shall be permitted by the Principal / Director of the affiliated institution to undertake special classes for them and another periodical internal assessment

examination shall be taken before the supplementary University examination to give them opportunity to acquire eligibility to sit for the supplementary examination.

- v) A candidate will be allowed to appear at the regular or supplementary examination on payment of prescribed examination fee after the Principal/Director of the concerned Medical College and the Controller of Examinations are satisfied in respect of his/ her eligibility to sit for the examination.

## 8. Examinations

- (a) Theory papers of each subject for 2nd Prof. MBBS examination will be prepared by a set of examiners and moderated by a Moderator. Theory question will be of short structured essay type, short notes and clinical problem oriented. Full marks in the subjects of Pathology, Microbiology & Pharmacology of the 2nd Prof. MBBS Examination will be 150, whereas it will be 100 in case of Forensic Medicine including Toxicology. The examination will generally be completed in the shortest possible time. The break-up of the marks in each of the subjects are detailed below:

Pathology, Microbiology & Pharmacology		Forensic & State Medicine	
Written Papers (40x2 papers)	= 80 marks	Written Paper (1 paper)	= 40 marks
Oral / Viva	= 15 marks	Oral/Viva	= 10 marks
Practical	= 25 marks	Practical	= 30 marks
Internal Assessment	= 30 marks	Internal Assessment	= 20 marks
Total marks	= 150 marks	Total marks	= 100 marks

- (b) Answer to each question should be given by the candidates in a separate answer script. To ensure maximum possible uniformity during assessment only one examiner will examine all the answer scripts of the same question in the same center.
- (c) Practical/clinical examination will be conducted in the practical room/laboratory room/hospital wards of the concerned medical college. Objective will be to assess proficiency in skills, conduct of experiment, interpretation of data, and interpretation of common investigation data, X-rays, identification of specimens/instruments/weapons etc. and to assess proficiency to make logical conclusion.
- (d) Viva/oral will be held in two tables with minimum two examiners in each table. Instruments, equipments, weapons, poison & other chemicals, specimens, charts etc. as will be required in different subjects, will be used for taking oral/viva examinations.

## 9. Results

- i) All the examiners will be jointly responsible for the results of all parts of the examination. The decision of the Chairman after consultation with the Center-in charge will be final in the case of urgency.
- ii) The University shall publish the list of successful Pass and Honors candidates preferably within 3 weeks after completion of the 2nd Prof. MBBS Examination. Each candidate shall receive a mark sheet showing the marks secured by him/her in each subject.
- iii) In order to pass a subject, a candidate must obtain separately (a) a minimum of 50% in Theory including Orals; (b) a minimum of 50% in Practicals and (c) a minimum of 50% in aggregate.  
For Example, in order to pass in Forensic Medicine, a student will have to have minimum 25 marks out of 50 in theory including orals, 15 marks out of 30 in practicals and minimum of 50 marks out of 100 in aggregate.
- iv) Credit of passed subject(s) will be retained; i.e., an unsuccessful candidate who has passed in one or more subjects is not required to appear in that/ those subject(s).
- v) candidate who has failed in any of the subjects in the 2nd Prof. MBBS Examination shall be declared failed in the 2nd Prof. Examination and he/she will have to clear all the subjects of 2nd Prof. MBBS Examination for being eligible to appear for the 3rd Prof. Part - I Examinations.
- vi) There shall be no separate examination for Honors. A candidate securing 75% marks in aggregate in a subject shall be declared to have secured Honors in the subject(s) provided that he/she has passed in all the subjects for the 2nd Prof. Examination in the first attempt.

- vii) Notwithstanding anything contained anywhere in the relevant regulations it is provided that the candidate who, though obtained 55% or above marks in the aggregate in a subject, had failed in a compartment of that subject in the 2nd Prof. MBBS Examination for a shortage of 5 or less marks, but passed in all other subjects in the same examination shall be awarded those five or less marks after deducting the same from other compartments of that subject.
- viii) Review of the answer scripts or any part of the examination will not be allowed under any circumstances.

**Proposed break-up of 2nd Professional MBBS course**

<b>Particulars</b>	<b>Break-up of weeks</b>	<b>Total weeks</b>
For three internal assessment Exams	3 I.A. exams x 2 week each	6
For preparation for 2nd MBBS Exam	4 weeks	4
For the Calendar holidays	4 week /year x 1½ year	6
For the local holidays		2
For Puja vacation	1 ½ week/year x 2 year	3
For 2nd Prof. MBBS Exam.	Theory 1 week + Practical 2 week	3
For publication of results		2
No. of weeks not available for teaching		26
Total calendar weeks	52 week/year x 1½ year	78
<b>Total weeks available for teaching</b>	<b>78 weeks – 26 weeks</b>	<b>52</b>

**Available teaching hours in the 2nd Professional MBBS course (Approximate)**

<b>Discipline</b>	<b>Lecture Hours</b>	<b>Practical/ Demonstration Hours</b>	<b>Total available Hours</b>
Patho	3 hour/week x 52 = 156 1 hour/week X 26 = 26	2 hour/week x 52 = 104 1hour/week x 52 = 52	338
Micro	3 hour/week x 52 = 156	2 hour/week x 52 = 104 1 hour/week x 52 = 52	312
Pharma	3 hour/week x 52 = 156 1 hour/week X 26 = 26	2 hour/week x 52 = 104 1 hour/week x 52 = 52	338
FSM	1 hour/week x 52 = 52	1 hour/week. X 52 = 52	104
Com. Med.	2 hour/week x 52 = 104	2 hour/week x 52 = 104	208
Clinical	4 hour/week x 52 = 208	12 hour/week x 52 = 624	832
<b>Total</b>	<b>884</b>	<b>1248</b>	<b>2132</b>

## University Rules and Regulations for Third Professional MBBS course

**Likely to undergo modification in the 2019-20 academic session  
in view of the changes in MCI curriculum.**

### 1. Training period and Time Distribution

The period of study for the 3rd Prof. MBBS course will consist of seven semesters (each of six months duration commencing ordinarily in the months of August and February of each year) after passing the 1st Prof. MBBS examination from this University or from a recognized University. Along with continuation of the studies in Community Medicine the clinical subjects of the third Prof. MBBS course shall be taught concurrently with the para-clinical subjects during the 3rd, 4th and 5th semesters of the MBBS course of studies.

The clinical subjects taught during the 7 semesters of the third Prof. MBBS course are: Community Medicine, Otorhinolaryngology, Ophthalmology, Medicine and its allied specialties, Surgery and its allied specialties, Obstetrics & Gynecology including Family medicine & Family Welfare Planning and Pediatric Medicine.

### 2. Prescribed Teaching hours

Besides clinical postings, teaching hours shall be divided for didactic lectures, demonstrations, seminars, group discussions etc., in various subjects. Didactic lectures should not exceed one third of the time schedule and the remaining two thirds should include practical / clinical training and group discussion.

A. Training in Medicine (and its allied specialties) will include:

- |  |           |
|--|-----------|
| 1) General Medicine and infectious diseases      | 300 hours |
| 2) Tuberculosis and Chest diseases               | 20 hours  |
| 3) Dermatology and Sexually transmitted diseases | 30 hours  |
| 4) Psychiatry                                    | 20 hours  |
| 5) Radiodiagnosis                                | 20 hours  |

B. Training in Surgery (and its allied specialties) will include:

- |   |           |
|---|-----------|
| 1) General Surgery  | 300 hours |
| 2) Orthopedics including Physical medicine and Rehabilitation | 100 hours |
| 3) Dentistry  | 10 hours  |
| 4) Anesthesia   | 20 hours  |
| 5) Radiotherapy   | 10 hours  |

C. Training in Obstetrics and Gynecology including Family Welfare 300 hours

D. Training in Pediatric Medicine 100 hours

E. Training in Ophthalmology (Eye) 100 hours

F. Training in Otorhinolaryngology (ENT) 70 hours

G. Training in Community Medicine will be for a period of 250 hours excluding 60 hrs spent during 1st Prof. MBBS course.

### Subject-wise distribution of different Clinical Postings (in weeks)

Subject	3rd Semester	4th Semester	5th Semester	6th Semester	7th Semester	8th Semester	9th Semester	Total
Gen. Medicine	6		4		4	6	6	26
Pediatrics		2		2	2	4		10
TB & Chest		2						2
Skin & STD		2		2		2		6
Psychiatry			2					2
Radiology					2			2
Gen. Surgery	6		4		4	6	6	26
Orthopedics & PMR			4	4			2	10
Eye		4		4	2			10
ENT		4		4				8
ObGy	2	4	4		4	4	6	24
Com. Medicine	4	4		4				12
Casualty				2				2
Dentistry					2			2
<b>TOTAL</b>	<b>18</b>	<b>22</b>	<b>18</b>	<b>22</b>	<b>20</b>	<b>22</b>	<b>20</b>	<b>142</b>

At the start of 3rd Semester, classes on clinical methods in Medicine as well as in Surgery will be arranged for a period of 2 weeks in each subject.

### 3. Eligibility Criteria

An undergraduate medical student who has fulfilled the following conditions may be admitted to the 3rd Prof. MBBS Examination of this University.

- (a) That he / she has compulsorily attended a certified regular course of study for the prescribed period in a Medical college affiliated to this University. A minimum of 75% attendance in all the subjects is compulsory (including attendance in non-lecture classes like demonstration, practical/ clinical, tutorial, seminar, group discussion etc.). The attendance has to be certified by the Principal/Director of the affiliated institution. There is no provision of condonation of shortage of attendance (due to any cause whatsoever), or of appearance as non-collegiate candidate under any circumstances, whatsoever.
  - (b) Students not being allowed to sit for the regular examination due to shortage of attendance may be permitted to attend special classes to make good the shortage in attendance to enable such candidates to appear in the supplementary examination, if they already possess an attendance of 60% or above. No such proposal of making good shortage in attendance before next supplementary examination will, however, be entertained for permission to sit for the same regular examination. Candidates having attendance of less than 60% will have to start the classes afresh for the next regular examination of next batch.
  - (c) For being admitted to the regular or supplementary examination, each candidate shall send his/ her application in the prescribed form to the Controller of Examination along with the fee as will be prescribed by the University from time to time. The applications forwarded by the Head of the Institution of the affiliated college shall have to reach the University at least 3 weeks before the commencement of the University examination. The examination fee of any regular/ supplementary examination shall not be refunded or carried forward in cases of failure or non-appearance of a candidate in the particular regular/ supplementary examination.
  - (d) An unsuccessful candidate in any subject of the 2nd Prof. MBBS examination shall not be allowed to appear in the 3rd Prof. MBBS (Part I) examination. A Pass in the 3rd Prof. MBBS (Part-I) Examination is mandatory for being eligible to appear in the 3rd Prof. MBBS (Part II) Examination.
  - (e) That he/ she has fulfilled the criteria as laid down in Para 7 below.
4.
    - (a) Candidates appearing for the regular 3rd Prof. MBBS examination shall appear in theory, oral and practical/clinical examination in the examination centers located in his/her own college /institution. However, during supplementary examination the number of centers for supplementary examination will depend upon the number of candidates appearing for the supplementary examination and the geographical location of the institution.
    - (b) Generally, not more than 30 candidates will be examined on any day for practical/clinical and oral examination in a particular subject.
  5.
    - (a) For smooth conduct of the Theory, Oral and Practical/Clinical examination, there will be one Centre-in-charge for the 3rd Prof. MBBS examination in each Examination Centre. The Centre-in-charge will preferably be a senior teacher not below the rank of Associate Professor and will not participate as an internal examiner of any subject in the 3rd Prof. MBBS Examination. The Centre-in-charge and the office of the Principal/Director of the institution shall be jointly responsible for smooth conduction of the examinations.
    - (b) For coordination of the whole examination programme there will be one Chairman-cum-internal examiner for each subject of the 1st Prof. MBBS examination in each of the centers. He/she will preferably be the senior most teacher amongst the internal examiners. He/she will make the necessary arrangements for smooth conduction of the oral and practical examination as well as for evaluation of the theory papers in that subject. The Center-in-charge, after collecting all the related documents within 2 days of completion of the oral and practical examination from the Chairpersons of different subjects, will arrange to send all the papers to the University within 4 days after completion of the 1st Prof. MBBS Examination. The University will also appoint a scrutinizer for each subject in each center. He/she will usually be a junior teacher of the same department.
    - (c) The Chairman shall have statutory power of last-minute selection of examiners (both external and internal), in consultation with observer/VC/Dean/Controller of Examination, if any exigency arises.
-

## 6. Examiners

- i) The examiners in any subject should preferably hold at least a rank of Reader/Associate Professor and must have at least five years teaching experience in a faculty position in recognized medical colleges after having acquired the post graduate degree in the subject from a recognized University. However, in cases of exigency an Assistant Professor with at least five years teaching experience after acquiring P.G. Degree may be appointed as an examiner.
- ii) If the total number of candidates in a University examination in a subject in a center exceeds 100, the University, for smooth conduction of the examination in that subject will appoint five examiners. Otherwise, the University will appoint four examiners for each subject in a center. Two of those examiners shall preferably be from recognized Universities outside the State of West Bengal (Externals). In case of five examiners in a subject one will be preferably from an institution of the state, other than the institution in which the center is located. A reserve list of external and internal examiners shall be kept to meet any exigency that may crop up. Such list of examiners may include recently retired senior teachers of any recognized university.
- iii) When five examiners are appointed for a center, one of the internal examiners will be spared from checking the answer scripts of the theory papers by the Chairman of the subject.
- iv) The internal examiner in a subject shall not accept external examiner-ship for a college outside the State from which external examiner is appointed in his/her college in his/her subject.
- v) The external examiners for any particular center may remain the same maximum for a period of two consecutive years. Thereafter he/she may be reappointed after an interval of two years.
- vi) In each subject, the theory question papers will be invited from the Chairman of all the centers. In each subject, there will also be a Moderator, who will preferably be a senior faculty member of any recognized medical college from states other than West Bengal and will be selected by the Board of Studies of the University. The Moderator will moderate the question paper. In case of exigency, the University may appoint a retired Professor as available in West Bengal as moderator.
- vii) The university may appoint suitable observers/University Representatives from among the senior teachers to obtain direct knowledge about the conduction of the Theoretical, Practical and Oral Examination in each Center.

## 7. Internal Assessment

Continuous assessment shall be made by:

- i) Assessment based on day to day performance recorded properly for the purpose in item cards, preparation for seminars, clinical case presentation etc. Day to day records shall be given due importance
- ii) Regular periodical examinations shall be conducted throughout the course. The questions of such periodical examinations will be set by the teachers of the concerned teaching institution. However the general guidelines will be as follows- (a) the examinations should be held at the end of the semester and should be on the learning units / lessons taught in that/ those semester(s). (b) The oral, practical/ clinical examination should be based on the item cards prepared for that subject for that/ those semester(s).

End term institutional assessment: One end term institutional assessment examination, in conformity with the final University examination, including theoretical, oral and practical/ clinical parts, should be held as follows:

- (a) for 3rd Prof. Part 1 Examination – during the 7th semester,
- (b) for 3rd Prof. Part II Examination – during the 9th semester.

50% of the marks in internal assessment shall be allotted for Continuous assessment. Award of rest 50% marks of internal assessment shall be by the End term institutional assessment. Again, of the marks of each of the above two compartments, 50% shall be for the Theory and /or oral components and the rest shall be for practical/ clinical component.

Marks obtained in the theoretical/oral part through continuous assessment and on the basis of end term institutional assessment examination are to be added together to compute total marks secured in the theoretical/oral component of the internal assessment. Similarly, total marks in practical/clinical part should also be calculated taking into account the marks of continuous assessment (through item card/part clearance) and marks secured in the practical/clinical part of the end term institutional assessment examination together. Marks awarded in theory and oral parts, and the practical/ clinical parts of the continuous assessment and end term institutional assessment examinations are to be shown separately.

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## 8. MBBS Third Professional Examination

There shall be two University examinations in a year – one regular and one supplementary for each of Part I and Part II of the 3rd Prof. MBBS Examination. The regular 3rd Prof. MBBS (Part I) Examination will ordinarily be held in the month of January at the end of 7th Semester; and the regular 3rd Prof. MBBS (Part II) Examination will be held in the month of January at the end of 9th Semester and the results will ordinarily be published by the end of January. The supplementary examinations will be held ordinarily not earlier than 4 (Four) weeks, but not later than six months, after the publication of the results of the regular examination.

- (a) Theory Papers – Theory question papers of each subject for 3rd Prof. MBBS examination will be prepared by a set of examiners and moderated by a Moderator. Theory questions will be of short structured essay type/ short note type/ problem-oriented type etc. Distribution of marks in different subjects of the 3rd Prof. MBBS examination will be as follows:

Subjects	Theory	Oral	Clinical/Practical	I.A.	Total
<b>Third Professional MBBS Part I</b>					
1) <b>Ophthalmology</b> (Theory paper should contain one question on pre-clinical and para-clinical aspects carrying 10 marks)	40 (1 paper)	10	30	10+10	100
2) <b>Otorhinolaryngology</b> (Theory paper should contain one question on pre-clinical and para-clinical aspects carrying 10 marks)	40 (1 paper)	10	30	10+10	100
3) <b>Community Medicine</b> (Theory to includes problem solving, applied aspects of management at the primary level , essential drugs, occupational diseases, rehabilitation and sociology. The practical part includes project evaluation.)	60+60 (2 papers)	10	30	20+20	200
<b>Third Professional MBBS Part II</b>					
1) <b>Medicine</b> (Theory papers shall contain one question on basic sciences and allied subjects; General Medicine, Psychiatry, Dermatology & STD; Oral examination includes testing ability to interpret X-ray/ECG/ investigative data)	60+60 (2 papers)	20	100	30+30	300
2) <b>Surgery</b> (Theory papers shall contain one question on basic sciences and allied subjects; Paper-I should contain – Section 1: General Surgery and Section 2: Orthopedic Surgery; Question paper on Orthopedic Surgery shall be set and the answer-scripts shall be assessed by teachers of Orthopedics; Paper II should contain: General Surgery, Anesthesiology, Dental diseases and Radiology.)	60+60 (2 papers)	20	100	30+30	300
3) <b>Obstetrics &amp; Gynecology</b> (Each theory paper shall contain one question on basic sciences and allied subjects. Paper-I will cover obstetrics including social obstetrics Paper-II will cover Gynecology. Family Welfare & Demography.)	40+40 (2 papers)	30 [20+10 (for records)]	50	20+20	200
4) <b>Pediatrics</b> (including Neonatology) (The theory paper shall contain one question on basic sciences and allied subjects).	40 (1 paper)	10	30	10+10	100

The duration of the written examinations will be 2 hours for each paper on Ophthalmology, Otorhinolaryngology, Obstetrics & Gynecology, and Pediatrics. For the others the duration will be 2½ hours.

The number of questions in each theory paper will be 4 (four). Answer to each question should be given by the candidates in a separate answer script. To ensure maximum possible uniformity during assessment only one examiner will examine all the answer scripts of the same question in that centre. Each examiner will examine answers of one question in each paper.

- (b) Practical/ Clinical - Practical/clinical examination will be conducted in the practical room/ laboratory room/hospital wards of the concerned medical college. Objective will be to assess proficiency in skills, conduct of experiment, interpretation of data, and interpretation of common investigation data, X-rays, identification of specimens/instruments etc. and to assess proficiency to make logical conclusion.

- (c) Viva/Oral – Viva/oral will be held in two tables with minimum two examiners in each table. Instruments, equipments, chemicals, specimens, charts etc. as will be required in different subjects, will be used for taking oral/viva examinations. Viva/oral will include evaluation of management approach and handling of emergencies. Evaluation should be carried out on an objective basis.

### 9. Results

- i) All the examiners will be jointly responsible for the result of all parts of the examination. The decision of the Chairman after consultation with the Center-in charge will be final in the case of exigency.
- ii) The University shall publish the list of successful Pass and Honors candidates preferably within 3 weeks after the last date of the 3rd Prof. MBBS Examination. Each candidate shall receive a mark sheet showing the marks secured by him/her in each subject.
- iii) In order to pass a subject, a candidate must obtain separately (a) a minimum of 50% in Theory including Orals; (b) a minimum of 50% in Practicals and (c) a minimum of 50% in aggregate.  
For Example, in order to pass in the subject of Medicine, a student will have to have minimum 70 marks out of 140 in theory including orals, 50 marks out of 100 in practicals and minimum of 150 marks out of 300 in aggregate.
- iv) Credit of passed subject/subjects will be retained; i.e., an unsuccessful candidate who has passed in one or more subjects is not required to appear in that/ those subject(s).
- v) A candidate who has failed to pass in any of the subjects in the 3rd Prof. MBBS Examination shall be declared unsuccessful in the corresponding part of the 3rd Prof. MBBS Examination.
- vi) There shall be no separate examination for Honors. A candidate securing 75% marks in aggregate in a subject shall be declared to have secured Honors in the subject(s) provided that he/she has passed in all the subjects for the relevant part of the 3rd Prof. Examination in the first attempt.
- vii) Notwithstanding anything contained anywhere in the relevant regulations it is provided that the candidate, who, in spite of obtaining 55% or above marks in the aggregate in a subject, became unsuccessful in a compartment of that subject for 5 or less marks shall be awarded up to five marks in that particular compartment after deducting the same from other compartment of that subject, provided that he/ she has passed in all other subjects in the same examination.
- viii) There will be no provision for review of the answer scripts or any part of the examination in any circumstances.

#### Model Teaching Schedule of 6th and 7th Semester MBBS Course (Likely to undergo modification in the 2019-20 academic session in view of the changes in MCI curriculum)

Days	8 – 9 am	9 am – 12 Noon	12 noon – 1 pm	1 – 2 pm	2 – 4 pm
Monday	Pediatrics	Clinical Posting	G & O	Recess	Tutorials of 5 groups by rotation: Medicine Surgery G & O Com Med Eye/ ENT
Tuesday	Orthopedics		Community Medicine		
Wednesday	Community Medicine		Surgery		
Thursday	Eye		Medicine		
Friday	ENT		Surgery		
Saturday	Dermatology		G & O	Community Medicine	

#### Model Teaching Schedule of 8th Semester MBBS Course (Likely to undergo modification in the 2019-20 academic session in view of the changes in MCI curriculum)

Days	8 – 9 am	9 am – 12 Noon	12 noon – 1 pm	1 – 2 pm	2 – 4 pm
Monday	Surgery	Clinical Posting	Orthopedics	Recess	Tutorials of 5 groups by rotation: Medicine Surgery
Tuesday	G & O		Medicine		
Wednesday	Medicine		Psychiatry		
Thursday	Surgery		G & O		

Friday	Medicine		Pediatrics		G & O
Saturday	Orthopedics		Radiology	Chest & TB	Pediatrics Orthopedics

**Model Teaching Schedule of 9th Semester MBBS Course (Likely to undergo modification in the 2019-20 academic session in view of the changes in MCI curriculum)**

Days	8 – 9 am	9 am – 12 Noon	12 noon – 1 pm	1 – 2 pm	2 – 4 pm
Monday	Surgery	Clinical Posting	Orthopedics	Recess	Tutorials of 5 groups by rotation: Medicine Surgery G & O Pediatrics Orthopedics
Tuesday	G & O		Medicine		
Wednesday	Medicine		Anesthesiology		
Thursday	Pediatrics		G & O		
Friday	Anesthesiology		Radiology		
Saturday	Pediatrics		Surgery	Dentistry	

### WBUHS Amendments of regulations for Professional MBBS Examinations

The following rules were amended in the Academic Council meeting of the West Bengal University of Health Sciences dated 25.08.2006.

Old Regulation for 1st Professional MBBS	Amendment for 1st Professional MBBS
1. Clause 3(c) of Rules and Regulations Minimum 75% attendance in all subjects is compulsory (including in non-lecture classes like demonstration, practical, tutorial, seminar, group discussion, etc.)	1. Clause 3(c) of Rules and Regulations Minimum 75% attendance in all subjects is compulsory (including in non-lecture classes like demonstration, practical, tutorial, seminar, group discussion, etc.). A candidate may be allowed to appear in a subject where candidate has secured 75% attendance (including attendance in non-lecture teaching).
2. Clause 7 (i) There shall be two periodical Internal Assessment examinations – One in end of December/early January and the other in end of May/early June.	2. Clause 7 (i) The last Internal Assessment examination should be completed within 2nd week of May. (To be inserted in place of the last line)
3. Clause 8 (A) Duration of 3 hrs. for each paper having 50 marks.	3. Clause 8 (A) Duration of each paper having 50 marks will be 2½ hrs. (The clause is replaced)
4. Clause 11(vii) Result: Notwithstanding anything contained anywhere in the relevant regulations it is provided that the candidate who though obtained 55% or above marks in the aggregate in a subject but fails in a compartment of that subject in Professional MBBS examination for a shortage of 5 or less marks and also passes in all the other subjects in that same examination, shall be awarded with 5 marks or less after deducting the same from the other compartment of that failed subject.	4. Clause 11(vii) Result: The clause is abolished for all the Professional Examinations notwithstanding anything contained in any Regulations to the contrary.

The issues in serial no. 1 and 4 are also valid in all other MBBS Professional Examinations.

**Tentative class schedule for 1st Professional MBBS course 2019-20**

<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>09:00 – 10:00 h</b>	Biochemistry Lecture	Physiology Lecture	Anatomy Lecture	Physiology Lecture	Anatomy Lecture	Biochemistry Lecture
<b>10:00 – 11:00 h</b>	Physiology Lecture	Anatomy Lecture	Biochemistry Lecture	Anatomy Lecture	Physiology Lecture	Early clinical exposure (Bio)
<b>11:00 – 12:00 h</b>	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio
<b>12:00 – 13:00 h</b>	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio	SGT/Practical – 3 batches: Ana/Phy/Bio
<b>13:00 – 13:30 h</b>	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK	LUNCH BREAK
<b>13:30 – 15:30 h</b>	Anatomy Dissection / Practical	Anatomy Dissection / Practical	Anatomy Dissection / Practical [1 h] + Anatomy SDL [1 h]	Anatomy Dissection / Practical	Early clinical exposure (Ana) [1 h] + Physiology SGT [1 h]	Community Medicine
<b>15:30 – 17:00 h</b>	AETCOM	Physiology SGT / Tutorial	Physiology / Biochemistry SDL	Anatomy Lecture	Early clinical exposure (Phy)	Sports

### Representative duty roster of interns 2019-20

The interns are to be divided into 4 large batches, each comprising 3 smaller batches of around 12 interns each. The main batches will rotate every 3 months in the following order: A B C D → B C D A → C D A B → D A B C

The starting disposition will be as follows:

Batch	Subject	Duration	Remarks
A1	General Medicine	30 days	After each month batches will rotate in the following order A1–A2–A3 / A2–A3–A1 / A3–A1–A2
A2	General Medicine + Psychiatry	15 + 15 days	
A3	Pediatric Medicine	30 days	
B1	General Surgery	30 days	After each month batches will rotate in the following order B1–B2–B3 / B2–B3–B1 / B3–B1–B2
B2	General Surgery + Anesthesiology	15 + 15 days	
B3	Eye + ENT	15 + 15 days	
C1	Gynecology & Obstetrics	30 days	After each month batches will rotate in the following order C1–C2–C3 / C2–C3–C1 / C3–C1–C2
C2	Gynecology & Obstetrics	30 days	
C3	Casualty + Elective*	15 + 15 days	
D1	Community Medicine	30 days	After each month batches will rotate in the following order D1–D2–D3 / D2–D3–D1 / D3–D1–D2
D2	Community Medicine	30 days	
D3	Orthopedics (including PMR)	30 days	

\* One elective from amongst Skin / Chest / Radiodiagnosis; PMR denotes Physical Medicine & Rehabilitation

### List of certifiable procedural skills for interns as per MCI Graduate Medical Education Regulations 2018

**Skill level grades:** I: Independently performed on patients O: Observed in patients or on simulations,  
D: Demonstration on patients or simulations and performance under supervision in patients

<p><b>Forensic medicine</b></p> <ol style="list-style-type: none"> <li>1. Documentation and certification of trauma (I)</li> <li>2. Diagnosis and certification of death (D)</li> <li>3. Legal formalities related to emergency cases (D)</li> <li>4. Medicolegal certification e.g. age estimation, sexual assault, etc. (D)</li> <li>5. Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc. (D)</li> </ol> <p><b>Otorhinolaryngology (ENT)</b></p> <ol style="list-style-type: none"> <li>6. Anterior nasal packing (D)</li> <li>7. Otoscopy (I)</li> </ol> <p><b>Ophthalmology (Eye)</b></p> <ol style="list-style-type: none"> <li>8. Visual acuity testing (I)</li> <li>9. Digital tonometry (D)</li> <li>10. Indirect ophthalmoscopy (O)</li> <li>11. Epilation (O)</li> <li>12. Eye irrigation (I)</li> <li>13. Instillation of eye medication (I)</li> <li>14. Ocular bandaging (I)</li> </ol> <p><b>General medicine</b></p> <ol style="list-style-type: none"> <li>15. Venipuncture (I)</li> <li>16. Intramuscular injection(I)</li> <li>17. Intradermal injection (D)</li> <li>18. Subcutaneous injection(I)</li> <li>19. Intravenous injection (I)</li> <li>20. Setting up IV infusion and calculating drip rate (I)</li> <li>21. Blood transfusion (O)</li> <li>22. Urinary catheterization (D)</li> <li>23. Oxygen therapy (I)</li> <li>24. Aerosol therapy / nebulization (I)</li> <li>25. Ryle's tube insertion (D)</li> <li>26. Lumbar puncture (O)</li> <li>27. Pleural tap and ascitic fluid aspiration (O)</li> <li>28. Peripheral blood smear (I)</li> <li>29. Bedside urine analysis (D)</li> <li>30. Basic life support (D)</li> </ol>	<p>31. Cardiac resuscitation (D)</p> <p><b>Pediatric medicine</b></p> <ol style="list-style-type: none"> <li>32. Neonatal resuscitation (D)</li> <li>33. Pediatric IV line (I)</li> <li>34. Intraosseous line (O)</li> </ol> <p><b>Dermatology</b></p> <ol style="list-style-type: none"> <li>35. Slit skin smear for leprosy (O)</li> <li>36. Skin biopsy (O)</li> <li>37. Gram's stained smear (I)</li> <li>38. KOH smear examination (D)</li> <li>39. Dark ground illumination (O)</li> <li>40. Tissue smear (O)</li> <li>41. Cautery - Chemical and electrical (O)</li> <li>42. Lasers (O)</li> <li>43. Chemical (O)</li> </ol> <p><b>General surgery</b></p> <ol style="list-style-type: none"> <li>44. Basic suturing (I)</li> <li>45. Basic wound care (I)</li> <li>46. Basic bandaging (I)</li> <li>47. Incision and drainage of superficial abscess (I)</li> <li>48. Early trauma management (I) and trauma life support (D)</li> </ol> <p><b>Orthopedics</b></p> <ol style="list-style-type: none"> <li>49. Application of basic splints and slings (I)</li> <li>50. Basic fracture and dislocation management (O)</li> <li>51. Compression bandage (I)</li> </ol> <p><b>Gynecology &amp; Obstetrics</b></p> <ol style="list-style-type: none"> <li>52. Per speculum (PS) - per vaginum (PV) examination (I)</li> <li>53. Visual Inspection of cervix with acetic acid (VIA) (O)</li> <li>54. Pap Smear (I)</li> <li>55. IUCD insertion &amp; removal (I)</li> <li>56. Obstetrics examination (I)</li> <li>57. Episiotomy (I)</li> <li>58. Normal labor and delivery (including partogram) (I)</li> </ol>
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**Regulations for Post-graduate Degree/Diploma and Post-Doctoral courses in Modern Medicine****1. GENERAL CONDITIONS TO BE OBSERVED BY POST-GRADUATE TEACHING INSTITUTIONS.**

- i) Postgraduate curriculum shall be competency based; a modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub-specialties concerned with a discipline.
- ii) The learning in postgraduate programme shall be essentially autonomous and self-directed.
- iii) A combination of both formative and summative assessment is vital for the successful completion of the PG programme.
- iv) The training of PG students shall involve learning experience derived from the needs of the community. It shall, therefore, be necessary to expose the students to community-based activities.

**2. GOALS TO BE OBSERVED BY POST-GRADUATE TEACHING INSTITUTIONS.**

The goal of postgraduate medical education shall be to produce competent specialists and Medical teachers,

- i) who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the national health policy;
- ii) who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system;
- iii) who shall be aware of the contemporary advances and developments in the discipline concerned;
- iv) who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology; and
- v) who shall have acquired the basic skills in teaching of the medical and paramedical professionals.

**3. GENERAL OBJECTIVES OF POST-GRADUATE TRAINING PROGRAMMES**

At the end of the postgraduate training in the discipline concerned the student shall be able to: -

- Recognize the importance of the concerned specialty in the context of the health needs of the community and the national priorities in the health sector.
  - Practice the specialty concerned ethically and in step with the principles of primary health care.
  - Demonstrate sufficient understanding of the basic sciences relevant to the concerned specialty.
  - Identify social, economic, environmental, biological, and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive, and promotive measures / strategies.
  - Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment and appropriately selected and conducted investigations.
  - Plan and advise measures for the preventions and rehabilitation of patients suffering from disease and disability related to the specialty.
  - Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
  - Demonstrate empathy and humane approach towards patients and their families and exhibit interpersonal behavior in accordance with the societal norms and expectation.
  - Play the assigned role in the implementation of national health programmes, effectively and responsibly.
  - Organize and supervise the chosen / assigned health care services demonstrating adequate managerial skills in the clinic/hospital or the field situation.
  - Develop skills as a self-directed learner; recognize continuing educational needs; select and use appropriate learning resources.
  - Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.
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- Develop skills in using educational methods and techniques as applicable to the teaching of medical / nursing students, general physicians and paramedical health workers.
- Function as an effective leader of a health team engaged in health care, research or training.

#### 4. STATEMENT OF THE COMPETENCIES

Each discipline shall develop a list of specific competencies, which shall be defined and spelt out in clear terms. The statement of such competencies is to be brought to the notice of the trainees in the beginning of the programme so that they can direct their efforts towards the attainment of these competencies.

#### 5. COMPONENTS OF THE POST-GRADUATE CURRICULUM

The major components of the postgraduate curriculum shall be:

- A. Theoretical knowledge
- B. Practical and clinical skills.
- C. Attitudes including communication skills
- D. Thesis skills
- E. Training in research methodology

#### 6. NOMENCLATURE OF POSTGRADUATE / POSTDOCTORAL COURSES

The nomenclature of postgraduate / postdoctoral medical courses shall be as follows:

**DM (DOCTOR OF MEDICINE)** in:

Cardiac Anesthesiology, Cardiology, Clinical Pharmacology, Endocrinology, Medical Gastroenterology, Neonatology, Nephrology and Neurology

**MCh (MASTER OF CHIRURGIE)** in:

Cardiothoracic & Vascular Surgery, Urology, Neurosurgery, Pediatric Surgery, Plastic Surgery

**MD (DOCTOR OF MEDICINE)** in:

Anesthesiology, Anatomy, Biochemistry, Community Medicine, Dermatology Venereology and Leprosy, General Medicine, Forensic Medicine, Microbiology, Pathology, Pediatrics, Pharmacology, Physical Medicine & Rehabilitation, Physiology, Psychiatry, Radio diagnosis, Radiotherapy, Tropical Medicine, and, Tuberculosis & Respiratory Medicine.

**MS (MASTER OF SURGERY)** in:

Otorhinolaryngology, General Surgery, Ophthalmology, Orthopedics, Obstetrics & Gynecology

**DIPLOMA** in:

Anesthesiology (DA), Clinical Pathology (DCP), Dermatology Venereology and Leprosy (DDVL), Forensic Medicine (DFM), Obstetrics & Gynecology (DGO), Ophthalmology (DO), Orthopedics (DOrtho), Otorhinolaryngology (DLO), Pediatrics (DCH) Psychiatry (DPM), Public Health (DPH), Radiodiagnosis (DMRD), Radiotherapy (DMRT), Tropical Medicine & Health (DTM&H), Tuberculosis & Chest Diseases (DTCD), Industrial Health (DIH), Maternity & Child Welfare (DMCW)

#### 7. PROFESSIONAL REGISTRATION

Every student, selected for admission to a postgraduate / post-doctoral medical course shall possess recognized MBBS degree or equivalent qualification as specified by the Medical Council of India (MCI). He / She should have either already obtained permanent registration with MCI / West Bengal Medical Council (WBMC), or should obtain the same within one month from the date of his/her admission, failing which the admission of the candidate shall be cancelled.

Provided that in the case of a foreign national, temporary registration for the duration of the postgraduate training, restricted to the medical college / institution to which he/she is admitted for the postgraduate studies, as granted by the MCI / WBMC, shall serve the purpose.

#### 8. SELECTION OF POSTGRADUATE STUDENTS

Students for postgraduate courses shall be selected strictly on the basis of their merit, as determined by a competitive test conducted by the WBUHS and / or on the basis of merit as determined by a centralized competitive test held at the national level.

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It is provided that a certain number of seats, in different courses in different disciplines, as specified from time to time by the Government, shall be kept reserved for candidates belonging to the Scheduled Caste/ Scheduled Tribe community, physically handicapped persons and also for persons sponsored by the Department of Health & Family Welfare, Government of West Bengal.

It is further provided that a candidate already in possession of a Postgraduate Medical Degree from any Indian university or recognized institute shall not be permitted to undertake a Postgraduate Diploma course in the same discipline.

## 9. PERIOD OF TRAINING

The academic year for the post-graduate degree / diploma courses shall commence on the first working day in the first week of May; and for the post-doctoral super-specialty courses on the first working day in the first week of August every year.

The period of training for the award of various Post-doctoral, Post-graduate Degrees or Diplomas shall be as follows:

### A) Doctor of Medicine (DM)

The period of training for obtaining these degrees shall be three completed years (including the examination period) after obtaining M.D./ M.S. degree, or equivalent recognized qualification in the subject as specified against each below:

- DM (Cardiac Anesthesiology) – MD (Anesthesiology)
- DM (Cardiology) – MD (Medicine), MD (Pediatrics)
- DM (Clinical Hematology) – MD (Medicine), MD (Pediatrics)
- DM (Clinical Pharmacology) – MD (Pharmacology)
- DM (Endocrinology) – MD (Medicine), MD (Pediatrics)
- DM (Hepatology) – MD (Medicine), MD (Pediatrics)
- DM (Medical Gastroenterology) – MD (Medicine), MD (Pediatrics)
- DM (Neonatology) – MD (Pediatrics)
- DM (Nephrology) – MD (Medicine), MD (Pediatrics)
- DM (Neurology) – MD (Medicine), MD (Pediatrics)
- DM (Rheumatology) – MD (Medicine), MD (Pediatrics)

### B) Magister Chirurgiae (MCh)

- MCh (Cardiothoracic & Vascular Surgery) – MS (Surgery)
- MCh (Neurosurgery) – MS (Surgery)
- MCh (Pediatric Surgery) – MS (Surgery)
- MCh (Plastic Surgery) – MS (Surgery)
- MCh (Urology) – MS (Surgery)

Provided that where an institution, on the date of commencement of these regulations, is imparting six-year training in Neurosurgery, such institution shall continue to have six year training course.

### C) Doctors of Medicine (MD) / Master of Surgery (MS)

The period of training for obtaining these degrees shall be three completed years including the period of examination.

Provided that in the case of students having a recognized two years postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two years.

### D) Diploma

The period of training for obtaining a postgraduate diploma shall be two completed years including the examination period.

## 10. MIGRATION / TRANSFER OF STUDENTS FROM ONE INSTITUTION TO ANOTHER

Migration / transfer of students undergoing any Postgraduate Degree / Diploma / DM / MCh course shall not be permitted by any authority.

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## 11. TRAINING FACILITIES

### 11.1. Staff – Faculty

A clinical department or its unit training candidates for broad or super-specialties, shall have a minimum of three full time faculty members belonging to the concerned disciplines of whom one shall be a Professor, one Associate Professor, and one Assistant Professor, possessing the qualification and experience as prescribed by the MCI.

Provided that the second or subsequent additional unit may be headed by an Associate professor.

Of these faculty members only those who possess a total of eight years teaching experience, out of which at least five years teaching experience as Assistant Professor / Lecturer gained after obtaining postgraduate degree shall be recognized as postgraduate teachers.

In each department, training candidates for super-specialties, there shall be a minimum of three faculty members with requisite postgraduate qualification and experience - One Professor, One Associate Professor and one Assistant Professor, at least two of them holding the degree of D.M./ M.Ch. in the concerned discipline.

Of these faculty members only those who possess eight years teaching experience out of which at least five years teaching experience as Assistant Professor / Lecturer gained after obtaining the higher specialty degree shall be recognized teachers for DM / MCh courses.

Provided that in the case of superspecialty courses, which are being newly instituted, relaxation of qualification and experience of postgraduate teachers may be granted by MCI.

a) An institution conducting both undergraduate and postgraduate teaching shall satisfy the minimum requirement for undergraduate training as prescribed by the Medical Council of India and shall also fulfill additional requirements for postgraduate training depending on the type of work being carried out in the department. The extra staff required for the purpose in various departments shall be as follows:

<i>Name of the Department</i>	<i>Additional staff required for each department</i>	
Department of Anatomy	(i) Associate professor – 1 (ii) Assistant Professor – 1	(iii) Clinical Tutor / Demonstrator – 1 (iv) Stenotypist / Computer Operator – 1
Department of Physiology		-do-
Department of Biochemistry		-do-
Department of Pharmacology		-do-
Department of Pathology		-do-
Department of Microbiology		-do-
Department of Community Medicine		-do-
Department of Radio-diagnosis	-do-	
Department of Radiotherapy		-do-
Department of Anesthesiology		-do-
Department of Forensic Medicine	-do-	

b) A department imparting only postgraduate training shall:

- i) Provide facilities consistent with the all round training including training in basic medical science and other department related to the subject of training as recommended by the MCI.
- ii) Have as many autopsies, biopsies and cytopsies as possible for teaching purposes; and
- iii) Make available facilities of ancillary departments for co-ordination of Training.

### 11.2. Bed strength in clinical departments:

A department to be recognized for training of Post-graduate students, shall have not less than 60 (Sixty) beds each of General Medicine, General Surgery, Obstetrics and Gynecology and 30 (thirty) beds each for other disciplines for MD / MS and Diploma courses and 20 (twenty) beds each in case of DM/MCh courses. [An unit shall consist of 30 beds for MD/MS/Diploma and 20 beds for DM/MCh]

### 11.3. Out-patients' departments:

There shall be adequate space and sufficient number of examination cubicles available in the OPD. Besides the general outpatient services, specialty clinics shall also be available for the training of post-graduate students in the relevant broad and superspecialities;

### 11.4. Laboratory Facilities and Equipments-

The institution shall have adequate laboratory facilities for the training of the postgraduate students, and such laboratories shall provide reasonable investigative facilities required and shall be regularly updated keeping in view the advancement of knowledge and technology and research requirements. The concerned department shall have adequate number of all equipments including the latest ones necessary for training, and in conformity to the laid down prescriptions of the MCI for each specialty.

## 12. NUMBER OF POSTGRADUATE STUDENTS TO BE ADMITTED

- i) The ratio of recognized postgraduate teacher to number of students to be admitted for the degree and diploma courses shall be 1:1 each for degree and diploma courses in each unit per year, to the extent that in no circumstances more than two students for degree, and one for Diploma, shall be registered in a unit in one academic year.
- ii) In case the institution is having only postgraduate diploma courses in any subject then it shall have a unit of 30 beds with two full time teachers. The ratio of number of students and recognized postgraduate teachers shall be 1:1 and in no circumstances more than three students can be admitted in a unit per year.
- iii) The requirement of units and beds as prescribed by the MCI shall not apply in the case of Postgraduate degree or diploma courses in Basic and Para-clinical departments. The ratio of recognized postgraduate teacher to students shall, however, be maintained at 1:1 both at degree as well as diploma level.
- iv) The number of students to be admitted in case of postgraduate Super-specialty degree courses shall be one student per year per recognized postgraduate teacher in a department having a minimum of three faculty members (one Professor, one Associate Professor & one Assistant Professor and twenty beds. If the number of Postgraduate teachers in the unit is more than one then the number of students may be increased proportionately but not more than two in a unit per year in any circumstances. For this purpose, one student should associate with one postgraduate teacher.
- v) There is no scope for admitting students midstream, even if seats are left unfilled in an academic year. No telescoping of unfilled seats of one academic year with permitted seats of the subsequent year is permitted. No variation of the schedule of the duration of the course, date of commencement of the course, and last date of admission to the course is permitted.

## 13. TRAINING PROGRAMME

- 13.1. In the courses where there are clear-cut allied disciplines, the candidates will be required to spend specified period in each such disciplines as stipulated by the University.
- 13.2. All candidates joining the postgraduate training programme shall work as full-time residents during the period of training, attending not less than 80% (Eighty percent) of the training during each calendar year, and given full time responsibility, assignments and participation in all facets of the educational process. Each PGT should regularly sign the Attendance Registrar kept in the respective department.
- 13.3. No private practice of any kind by the PGTs or any other attachment to any other organization by them is allowed, even if it is honorary.
- 13.4. Each PG Trainee will be allowed leave for 15 days in each academic term.  
The academic term shall mean six months' training period. But such leave cannot be enjoyed for more than ten days in a single spell and such leave cannot be carried forward to the next academic term. However, trainees may be allowed a continuous leave up to a maximum of 3 months on maternity ground subject to the condition that she has an equal amount of accumulated leave not enjoyed earlier at her credit. Unauthorized absence from duties will be considered as an act of gross indiscipline and will be seriously dealt with since leave cannot be considered as a matter of right.
- 13.5. Every institution undertaking postgraduate training programme shall set up an Academic Committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in

each specialty in consultation with other teachers of the department and also coordinate and monitor the implementation of these training programmes.

- 13.6. All the training institutions shall prepare a planned and written up programme for each course and shall make the document available for inspection and scrutiny during visit of the University officials and also to the external examiners to enable them to determine the training undergone by the students. The training programmes shall be updated as and when required. The structured training programme shall be strictly followed.
- 13.7. Postgraduate students shall maintain a authorized record (log) book of the work carried out by them, and the training programme undergone during the period of training; details of surgical operations, therapeutic / investigative procedures assisted or done independently by the candidate are to be recorded regularly. The record books shall be checked and assessed by the faculty members imparting the training.
- 13.8. The colleges will arrange for proper training in basic medical sciences related to the Post-graduate and Post-doctoral courses in clinical disciplines. Thus, service of the PGT may be utilized in all the units/branches of the concerned department or in any other allied department, as will be determined by the Head of the Department/Institution.

The colleges will arrange for proper training in applied clinical disciplines related to the Post-graduate and Post-doctoral courses in basic medical sciences. Thus, service of the PGT may be utilized in all the units/branches of the concerned department or in any other allied department, as will be determined by the Head of the Department/Institution.

In all postgraduate training programmes, both clinical and basic medical sciences, emphasis is to be laid on preventive and social aspects and emergency care services, autopsies, biopsies, cytopsies, endoscopy and imaging etc. shall have to be made available for training purposes by the colleges.

- 13.9. Besides attending the Seminars / Journal Club / Clinicopathological meetings / Group Discussions or any other teaching programme arranged by the Department, all Clinical PGTs should undertake the morning and evening rounds in the indoor regularly and they must also accompany the teacher-in-charge of the unit and the RMO. They should meticulously record case history, regular progress report with clinical assessment, operative notes etc. and present the report during the unit-round.
- 13.10. Each clinical PGT will have to work in the Emergency Department as per roster provided to them by the appropriate authority.
- 13.11. The postgraduate students shall be required to regularly participate in the teaching and training programme of undergraduate students and interns of his / her own and allied disciplines.
- 13.12. Training in Medical Audit, Management, Health Economics, Health Information System, Basic Medical Statistics, evaluation of published research papers, human behavior studies, basic pharmacoeconomics and non-linear mathematics may be imparted to the postgraduate students.
- 13.13. Thesis / Dissertation shall be a part of the examination in the Degree courses and in the 6 year M.Ch course, as a part of training in research methodology.
- 13.14. Implementation of the training programmes for the award of various postgraduate courses shall include the followings: -

a) For Doctor of Medicine (MD) / Master of surgery (MS) courses

In Basic Medical Sciences:

Lectures, Seminars, Journal Clubs, Group Discussions, Participation in laboratory and experimental work, Involvement in research studies in the concerned specialty and exposure to the applied aspects of the subject in clinical specialties shall constitute the training programme.

In Clinical disciplines the students will be given graded responsibility in the management and treatment of patients; Clinical Meetings, Grand rounds, research activities, teaching of under-graduate students, Clinico-Pathological Conferences; practical training in Diagnostic procedures etc. shall constitute the training programme.

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b) For postdoctoral (DM / MCh) courses

Practical training including advanced Diagnostic, Therapeutic and Laboratory techniques, relevant to the subject of specialization. M.Ch. Candidates, shall participate in surgical operations independently or as an assistant.

c) For the Diploma courses-

The students will be given graded clinical responsibility; Lectures, Seminars, Journal Clubs, Group Discussions, participation in clinical and Clinicopathological Conferences, practical training to manage independently common problems in the specialty; training in the Basic Medical Sciences etc. shall constitute the training programme.

## 14. EXAMINATIONS

The examinations shall be organized on the basis of marking system to evaluate and certify candidates' level of knowledge, skill and competence at the end of the training. A candidate shall have to secure a minimum of 50% marks in each head of passing i.e.,

i) Theory

ii) Viva voce examination; and

iii) Practical / clinical examination separately shall be mandatory for passing the whole examination.

The examination for MS, MD, DM, MCh shall be held at the end of 3 academic years (six academic terms), and for diploma courses at the end of 2 academic years (four academic terms), unless otherwise specified in the rules. For being eligible to appear in the final examination of all Post-graduate/ Post-doctoral courses a candidate has to attend 80% classes and, wherever applicable, his Thesis must be accepted. The students who are not allowed to sit for the examination may be permitted to make good the shortage of attendance and/ or to get his Thesis accepted by making necessary modifications/ additions.

### Number of candidates

The maximum number of candidates to be examined in Clinical / practical and Oral on any day shall not exceed eight for M.D./M.S degree, eight for diploma and three for D.M./M.Ch. examinations.

### Number of examinations

The university shall conduct not more than two examinations in a year, for any course/ subject, with an interval of not less than 6 weeks, but not more than 6 months.

### Examiners

- (a) All the postgraduate Examiners shall be recognized Postgraduate Teachers
  - (b) For all Postgraduate Examinations, the minimum number of Examiners shall be four, out of which at least two (50%) shall be External Examiners, who shall be invited from recognized universities from other states. Two sets of internal examiners may be appointed- one for M.D./M.S. and one for diploma in the same subject.
  - (c) Under exceptional circumstances, examinations may be held with 3 (three) examiners provided two of them are external, and MCI is intimated the justification of such action prior to publication of result for approval.
  - (d) In the event of there being more than one centre in Kolkata, the external examiners at all the centers in the city shall be the same. Where there is more than one centre of examination, the University shall appoint a Supervisor to coordinate the examination on its behalf.
  - (e) The guidelines regarding appointment of examiners shall be as follows:
    - No person shall be appointed as an examiner in any subject unless he fulfills the minimum requirements for recognition as a Postgraduate teacher as laid down by the Medical Council of India and has teaching experience of 8 (Eight) years as a Lecturer / Assistant Professor out of which he has not less than 5 (Five) years teaching experience after obtaining Postgraduate degree. For external examiners, he should have minimum three years experience of examiner-ship for postgraduate diploma in the concerned subject. Out of internal examiners, one examiner shall be a professor and Head of Department or Head of Department.
    - There shall be at least four examiners in each subject at an examination out of which at least 50% (Fifty percent) shall be external examiners. The external examiner who fulfils the condition laid down in clause –
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1 above shall ordinarily be invited from another recognized university from outside the State: provided that in exceptional circumstances examinations may be held with 3 (three) examiners if two of them are external and Medical Council of India is intimated with the justification of such examination and the result shall be published in such a case with the approval of Medical council of India.

- An external examiner may be ordinarily been appointed for not more than three years consecutively. Thereafter he may be reappointed after an interval of two years.
- The internal examiner in a subject shall not accept external examiner ship for a college from which external examiner is appointed in his subject.
- The same set of examiners shall ordinarily be responsible for the written, practical and oral parts of examination.
- In the event of there being more than one centers in one city, the external examiners at all the centers in the city shall be the same.
- There shall be a Chairman of the Board of paper – setters who shall be an external examiner and shall moderate the question papers.
- Where there is more than one centre of examination, there shall be a coordinator appointed by the University who shall supervise and Co-ordinate the examination on behalf of the University with independent authority.
- The Head of the Department of the institution concerned shall ordinarily be one of the internal examiners and the second internal examiner shall rotate after every two years.

#### **Scheme of examination for Doctor of Medicine (MD) / Master of Surgery (MS) courses**

MD / MS examination, in any subject, shall consist of Thesis, Theory Papers, and Clinical / Practical and Oral examinations.

##### Thesis / Dissertation

- (i) Thesis is compulsory for all the candidates admitted to M.D./ M.S./ M.Ch. (6 years) courses. Thesis will be an original work and/ or critical study analysis and comments or a suitable number of cases or materials that a candidate has personally attended to and/ or studies during the Post-graduate courses under the guidance of approved post-graduate teachers. Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical science and the manner of identifying and consulting available literature.
- (ii) He/ she shall have to submit 4 copies of a protocol of his/ her proposed research work in the proforma designed by the university through proper channel to the university along with a fee of Rs. 200/- within nine months, three months or 36 months of starting of the 3 years MD/ MS, 2 years MD/ MS and 6 years M.Ch courses.
- (iii) Four copies of the Thesis, type-written or printed along with a fee of Rs. 1000/- shall have to be submitted to the University at least 6 months before the date scheduled for holding the final examination.
- (iv) The thesis shall be examined by a minimum of three examiners, appointed by the University; A candidate shall be allowed to appear for the final examination only after the acceptance of the thesis/ dissertation by at least two of the examiners.

##### Theory

- (i) The theory examinations shall be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the Clinical / Practical and Oral examination.
- (ii) A student must be eligible for appearing in the final examination, along with 80% attendance in classes (which shall include theory classes, practical / clinical classes, clinical rounds, seminars, case presentations, journal clubs, clinical meetings, clinicopathological conferences and others).

##### Clinical / Practical and Oral

- (i) Clinical examination for the subjects in Clinical Science shall be conducted to test the knowledge and competence of the candidates for undertaking independent work as a specialist / Teacher, for which candidates shall examine a minimum one long case and two short cases.
  - (ii) Practical examination for the subjects in Basic Medical Sciences shall be conducted to test the knowledge and competence of the candidates for making valid and relevant observations based on the experimental / Laboratory studies and his ability to perform such studies as are relevant to his subject.
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- (iii) The Oral examination shall be thorough and shall aim at assessing the candidate's knowledge and competence about the subject, investigative procedures, therapeutic technique and other aspects of the specialty, which form a part of the examination.

#### Marks distribution

Theoretical examination		Full Marks	Pass Marks
Paper I	Applied aspects of Basic Medical Sciences	100	50
Paper II	Questions in the concerned subject	100	40
Paper III	Questions in the concerned subject	100	40
Paper VI	Questions on recent advances with emphasis on concerned subject	100	40
<b>Total for Theory</b>		<b>400</b>	<b>200</b>
<b>Viva voce (including thesis defense)</b>		<b>200</b>	<b>100</b>
<b>Practical and/or Clinical examination</b>		<b>400</b>	<b>200</b>
<b>Grand Total</b>		<b>1000</b>	<b>500</b>

#### Scheme of examination for Doctor of Medicine (DM) / Magister Chirurgiae (MCh) courses

The examination shall consist of: Theory and Clinical / Practical and Oral.

##### Theory

There shall be four theory papers; one paper out of these shall be on Basic Medical Sciences, and another paper on Recent Advances. The theory examination will be held sufficiently earlier than the Clinical and Practical examination, so that the answer books can be assessed and evaluated before the start of the clinical / Practical and Oral examination.

##### Clinical / Practical and Oral

Practical examination shall consist of carrying out special investigative techniques for diagnosis and therapy. MCh candidates shall also be examined in surgical procedures. Oral examination shall be comprehensive to test the candidate's overall knowledge of the subject.

#### Marks distribution

Theoretical examination		Full Marks	Pass Marks
Paper I	Applied aspects of Basic Medical Sciences	100	50
Paper II	Questions in the concerned subject	100	40
Paper III	Question in the concerned subject	100	40
Paper VI	Questions on recent advances with emphasis on concerned subject	100	40
<b>Total for Theory</b>		<b>400</b>	<b>200</b>
<b>Viva voce (including thesis defense)</b>		<b>100</b>	<b>50</b>
<b>Practical and/or Clinical examination</b>		<b>300</b>	<b>250</b>
<b>Grand Total</b>		<b>800</b>	<b>400</b>

## Regulations for the Bachelor of Physiotherapy (BPT) degree course

1. Name of the Course – Bachelor of Physiotherapy (BPT)
  2. Objective of the course, which is complementary to medicine, shall be to allow the students to:
    - a) Acquire adequate knowledge of basic medical subjects and to develop skills and technique of therapeutic exercises and massages so that they can follow instructions given by the physician in physiotherapeutic management of various medical and surgical condition of patients.
    - b) Acquire knowledge so that they can point out by assessing the medical and surgical conditions of the patient in which the instructions of physician may be harmful.
    - c) Acquire skills in management, research and teaching as well as guidance and counseling of patients.
    - d) Acquire proper attitude for compassion and concerns for patients and welfare of physically handicapped in the community.
    - e) Practice moral and ethical values with regard to physiotherapy.
  3. Duration of the course – The duration of the BPT course shall be four years plus six months compulsory internship.
  4. Medium of Instruction – English shall be the medium of instructions for all the subjects of study and for examinations.
  5. Curriculum – The curriculum and syllabi for course shall be as prescribed by the academic board from time to time. The subject-wise distribution of teaching hours is shown in Tables 1 to 4. The detailed syllabus of individual subjects available from the University website.
  6. Eligibility for admission:
    - a) Candidate should have passed class X + II examination (12th standard or equivalent examination with science stream i.e. Physics, Chemistry, Biology and English).
    - b) A candidate should have completed the age of 17 years as on 31st December of the year of the year of admission to BPT course.
    - c) Every candidate before admission shall furnish a certificate of medical fitness from an authorized Government Medical Officer that the candidate is physically fit to undergo the Physiotherapy course
    - d) Selection of the candidate shall be on the basis of merit test (Joint Entrance Examination)
  7. Commencement of the Course – The course shall commence from the 1st September of every academic year.
  8. Registration – Candidate admitted to the course in any of the affiliated college shall register with this University by remitting the prescribed fee along with the application form for registration duly filled in and forwarded to this University through Head of the Institute within stipulated date.
  9. Attendance – A candidate is required to attend at least 75% of the total classes conducted throughout year in all subjects, prescribed for the year, separately in theory and practical / clinical to become eligible to appear for the University examination.
  10. Condonation of lack of attendance – Condonation of shortage of attendance to maximum 10% rests on the discretion of the Vice-Chancellor.
  11. Internal Assessment (IA) – The internal assessment marks once allotted shall not be changed even if the candidate fails to pass in the concerned subjects. The same internal assessment marks shall be allotted for the concerned subject/subjects in the subsequent attempts.
  12. University Examination – There will be two examination in a year 1) An annual examination 2) A supplementary examination to be conducted as per notification issued by the University from time to time. First, second, third and final examination of BPT course shall be held at the end of 1st Year, 2nd Year, 3rd Year & 4th Year respectively. The examination for main subjects shall be conducted by the University. Some details of the examinations are given in Tables 5-8.
  13. Criteria for Pass:
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- a) In order to pass an examination a candidate must secure 50% marks in theory aggregate and practical aggregate separately in each subject.
- b) A successful candidate obtaining 75% and more marks in the grand total aggregate in the first attempts shall be declared to have passed these subjects with distinction.

14. Exemption from Re-Examination – Candidates who have failed in the examination but obtained pass marks in any subjects shall be exempted from re-examination in that subject.

15. Carry-over of failed subjects:

- a) A candidate who fails to pass or present himself/herself for examination may be admitted to more subsequent examinations on payment of the fees specified by the University. On each occasion if he /she produces a certificate from head of the Institute stating that the candidate has since the last date of examination executed a regular course of study in the subjects prescribed for the examination and also in the case of final examination further course of clinical classes.
- b) A candidate who has failed in 1st year in two subjects is permitted to undergo study and training in 2nd year and shall have to pass these subjects before appearing for the 2nd year examination
- c) A candidate failing in any one subject in 2nd year is permitted to carry over the failed subject, has to pass the subject before appearing 3rd year examination
- d) A candidate failing in two subjects in 3rd year is permitted to carry over the failed subjects has to pass these subjects before appearing for final year examination.
- e) The candidate will be permitted by the University to appear in the failed subjects in subsequent attempts maximal of four such attempts including the 1st attempts. If the candidate fails to pass said subject in 4 attempts, he/she shall be required to appear in all the subjects of that year.

16. Review of Answer Paper of Failed Candidate – As per regulations prescribed for review of answer paper by the University.

17. Readmission after break of study:

- a) A candidate having a break of study 5 years and above from the date of admission and more than two spells of break will not be generally considered for the re-admission.
- b) Candidate for readmission should be considered provided that they are not subjected to a disciplinary action and no charges are pending.
- c) All readmission of candidates are subject to the approval of Vice-Chancellor.

18. Migration / Transfer of Candidates – Migration/transfer of candidate from one recognized Institution to another Institution of the University or from another University will not be generally considered.

19. Vacation – The heads of the Institution shall declare 4 weeks' vacation in an academic year of the course.

20. Compulsory Internship – Every candidate after successful completion of final examination must undergo six months internship in the Institution he has studied. Internship should be rotatory and cover clinical branches concerned with Physiotherapy (such as Orthopedics, Neurology, General Medicine, Pediatrics, General Surgery, Cardiothoracic Surgery with ICU, Obstetrics & Gynecology) which will be decided by HOD (PMR) / Director. [Recommended Hours – 975]

21. Issue of Internship Completion Certificate – The Head of Institute and or HOD/PMR shall issue a certificate of successful completion of Internship to each candidate after satisfying that the candidate has completed the training program and has acquired the skills to function independently.

22. Award of Degree – The degree shall be awarded by the University only after submission of Internship completion certificate.

### **Details of Theory Examination**

For any theory paper 20% of the total marks allotted to the paper shall be allotted to the internal assessment of the entire paper or its individual section whichever case may be.

Evaluation and posting of theory and internal Assessment shall be under a separate head of passing

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Instruction to paper setter:

The question paper shall cover the entire syllabus of the subject.

Instruction, if any, shall be stated in bold letters. The paper setter provides Key for Each question.

Pattern of paper setting shall be as follows:

Paper carrying 80 marks:

Q1. MCQ (Multiple Choice Question) / Fill in the blanks / True or False 20 Marks

SAQ (Short Answer Question)

Q2. Any five out of six (3 x 5) 15 Marks

Q3. Any four out of five (5 x 4) 20 Marks

LAQ (Long Answer Question)

Q4. Any two out of three (12½ x 2) 25 Marks

Paper carrying 40 Marks:

Q1. MCQ (Multiple Choice Question) / Fill in the blanks / True or False 10 Marks

SAQ (Short Answer Question)

Q2. Any five out of six (3 x 5) 15 Marks

LAQ (Long Answer Question)

Q3. Any two out of three (7½ x 2) 15 Marks

Moderator – There shall be one moderator per paper

Qualification for Moderator – Preferably master's degree in the course with minimum five years full time teaching experience. BPT with seven years teaching experience or physiatrist.

Examiner: Paper setter can be an examiner – Qualification shall be decided by Board of Studies (BOS) of the University. Each examiner shall evaluate not more than 80 papers.

Paper Setters / Examiners / Moderators will be suggested by the BOS.

#### Subject-wise distribution of teaching hours for the BPT course

**Table 1: First BPT Course**

Subject	Teaching Hours			Exam Marks
	Theory	Practical	Total	
Anatomy	120	80	200	200
Physiology	150	50	200	200
Biochemistry	65	00	65	50
Fundamental of Exercise Therapy	100	100	200	200
Fundamental of Electro therapy & Actinotherapy	90	85	175	200
Computer Application	00	60	60	
Orientation to Physiotherapy	50	100	150	
Clinical Orientation	00	200	200	
	TOTAL		1250	850

**Table 2: Second BPT Course**

Subject	Teaching Hours			Exam Marks
	Theory	Practical	Total	
Pathology	40	0	40	100
Microbiology	30	0	30	Path – 40 Micro – 30
Pharmacology	30	0	30	Pharma – 30
Exercise Therapy	75	100	175	150

Electro Therapy	75	100	175	150
Psychology	60	00	60	50+50=100
Psychiatry	60	00	60	
Sociology, Community Health	60+40	00	100	160+40=200
Biomechanics & Kinesiology	150	20	170	100+50=150
Physiotherapy Clinical Training	00	410	410	
		TOTAL	1250	850

**Table 3: Third BPT Course**

Subject	Teaching Hours			Exam Marks
	Theory	Practical	Total	
Orthopedics	80	40	120	150
General Surgery including Cardiothoracic Surgery, Plastic Surgery, Obstetrics and Gynecology	100	50	150	150
General Medicine including Cardio thoracic conditions and Pediatrics	100	50	150	200
Neurology & Neurosurgery	100	50	150	200
Physical/Functional Assessment	50	150	200	200
Supervised physiotherapy practice in outdoor and indoor	00	400	400	
Disability prevention and rehabilitation	60	40	100	100
		TOTAL	1270	1000

**Table 4: Fourth BPT Course**

Subject	Teaching Hours			Exam Marks
	Theory	Practical	Total	
P.T. in Orthopedics	50	100	150	100
P.T. in General Surgery including Cardiothoracic surgery, Plastic surgery and Gynecology and Obstetrics	50	100	150	200
P.T. in General Medicine including cardiothoracic conditions	50	100	150	200
P.T. in Neurology & Neurosurgery	80	120	200	200
Principles of Prosthesis, Orthosis and Occupational therapy, Professional management and ethics, Administration, Budget and Departmental organization	50+50	50	150	100
Supervised Physiotherapy practice in indoors & superspecialty indoors		400	400	
Biostatistics & Research Methodology	50	-	50	
		TOTAL	1250	800

Total teaching hours: 1250 + 1250 + 1270 + 1250 = 5020

Total marks: 850 + 850 + 1000 + 800 = 3500

#### Scheme of examination for the BPT course

**Table 5: First BPT Examination (Marks distribution)**

Subject	Theory	I.A.	Total	Practical + Oral	I.A.	Total	Grand Total
Anatomy	80	20	100	80	20	100	200
Physiology	80	20	100	80	20	100	200
Biochemistry	40	10	50	-	-	-	50
Fundamentals of Exercise Therapy	80	20	100	80	20	100	200
Fundamentals of Electrotherapy & Actinotherapy	80	20	100	80	20	100	200

**Table 6: Second BPT Examination (Marks distribution)**

Subject	Theory	I.A.	Total	Practical + Oral	I.A.	Total	Grand Total
a) Pathology, b) Microbiology & c) Pharmacology	80 (30+25+25)	20 9+6=15 c=5	100	-	-	-	100
Exercise Therapy	80	20	100	40	10	50	150
Electro Therapy	80	20	100	40	10	50	150
Psychology, Psychiatry	40+40	10+10	50+50	-	-	50+50	100
Sociology, Community Health	100+60	20+20	200	-	-	200	200
Biomechanics & Kinesiology	80	20	100	40	10	100+50	150

**Table 7: Third BPT Examination (Marks distribution)**

Subject	Theory	I.A.	Total	Practical	I.A.	Total	Grand Total
1. Orthopedics	80	20	100	40	10	50	150
2a. (Gr. A) General Surgery including Cardiothoracic Surgery, Plastic Surgery 2b. (Gr. B) Obstetrics and Gynecology	60 20	20	100	40	10	50	150
3. General Medicine Including Cardiothoracic conditions and Pediatrics	80	20	100	80	20	100	200
4a. (Gr. A) Neurology 4b. (Gr. B) Neurosurgery	60 20	20	100	80	20	100	200
5. Physical/Functional Assessment	80	20	100	80	20	100	200
6. Disability prevention and rehabilitation	80	20	100	-	-	-	100

**Table 8: Final BPT Examination (Marks distribution)**

Subject	Theory	I.A.	Total	Practical	I.A.	Total	Grand Total
P.T. in Orthopedics	40	10	50	40	10	50	100
P.T. in General Surgery including Cardiothoracic Surgery, Plastic Surgery and Gynecology and Obstetrics	80	20	100	80	20	100	200
P.T. in General Medicine including cardiothoracic conditions	80	20	100	80	20	100	200
P.T. in Neurology & Neurosurgery	80	20	100	80	20	100	200
Principles of Prosthesis, Orthosis and Occupational therapy, Professional management and ethics, Administration, Budget and Departmental organization	40	10	50	40	10	50	100

### Admission to paramedical diploma courses

State Medical Faculty of West Bengal (established 1914) is an autonomous body constituted by the Government of West Bengal in terms of the provisions of the statutes of the faculty. The Faculty is empowered to conduct admissions to various Paramedical Courses, oversee training in accordance with the course curricula approved by the State Government, and also to conduct examinations and award Diploma / Certificate to the successful candidates. The Diplomas / Certificates awarded by the Faculty are recognized by various states as well as central authorities for the purpose of employment. Currently the following courses are being offered:

1. Diploma in Cath-Lab (Cardiac Catheterization Laboratory) Technique	DCLT
2. Diploma in Critical Care Technology	DCCT
3. Diploma in Diabetes Care Technology	DDCT
4. Diploma in Dialysis Technique	Dialysis Tech
5. Diploma in Electrocardiographic Technique	ECG Tech
6. Diploma in Medical Laboratory Technology [Pathology, Microbiology & Biochemistry]	DMLT
7. Diploma in Neuro-electro-physiology	DNEP
8. Diploma in Operation Theater Technology	DOTT
9. Diploma in Optometry with Ophthalmic Technique	DOPT
10. Diploma in Perfusion Technology	DPFT
11. Diploma in Physiotherapy	DPT
12. Diploma in Radiography [Diagnostic]	DRD
13. Diploma in Radiotherapeutic Technique	DRT

All the above courses are of two-years duration. Passing of the final examination must be followed by 3 months compulsory Post-Examination Practical Training of minimum 300 hours.

Total number of seats currently available is in excess of 900 (600 in government sector with SC/ST and Physically Handicapped reservation as per government policy), distributed among government and private institutes approved by the State Medical Faculty. Selection is made on the basis of marks obtained in Physics, Chemistry and Biology in the Qualifying Examination [i.e. Higher Secondary (10 + 2) or equivalent Examination] and appearance in a centralized counseling session. The Faculty, however, reserves the right to amend / modify the selection procedure at its discretion.

The candidate seeking admission into any of these Paramedical Courses must ensure that:

- a) He/she has passed the Higher Secondary (10 + 2) or an equivalent examination of any Indian University or duly constituted Board, with pass marks individually in Physics, Chemistry and Biology.
- b) He/she has attained the age of 17 years on 1st September of the respective year of his/her admission.
- c) He/she has can furnish a certificate of physical fitness from a registered medical practitioner and two references from persons other than relatives testifying to satisfactory general character.

One should apply for only one course with only one application form. Forms are obtainable from the Students Section of the affiliated institutions and from the office of the faculty (also downloadable from the internet) as stated below:

**State Medical Faculty of West Bengal**  
**14-C Beliaghata Main Road, Behind Alochhaya Cinema, Kolkata – 700085.**  
**Phone: 033-2372 0181 / 0185, Fax: 033-2372 0184**  
**E-mail: admin@smfwb.in Website: www.smfwb.in**

Courses usually commence from September 1. IPGME&R hosts some of these courses as stated earlier.

## The West Bengal University of Health Sciences

'THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES ACT - 2002' was passed by the West Bengal Legislature and the West Bengal University of Health Sciences (WBUHS) came into existence on 1st January 2003 at DD-36, Sector-1, Salt Lake, Kolkata – 700 064. The University has been established for the purposes of teaching, affiliation of institutes, and ensuring quality standards in instruction, training and research in Modern System of Medicine, Dental Sciences, Homoeopathic System of Medicine, Ayurvedic System of Medicine, Unani System of Medicine, Nursing, Pharmacy, and various paramedical courses like Laboratory Technology, Physiotherapy, Speech Therapy and others.

From 2003 the University took up the responsibility of undergraduate, postgraduate and postdoctoral courses in the streams mentioned above along with Ph.D. programme in these disciplines. The University has inspected and affiliated a number of new colleges throughout the state and as a result, the number of seats in MBBS, BDS, BAMS, BPT, B.Sc. (Hons.) in Nursing, M.Sc. (Nursing) and B. Pharm. courses have increased considerably. Some MD/MS seats in different subjects of Modern Medicine and Homoeopathy have also been added. New courses like Post-doctoral Certificate Course in Neuroanesthesia, Master of Physiotherapy and Master of Audiology and Speech Language Pathology have been introduced. Still others are in the pipeline.

The university has been duly recognized by the University Grants Commission, New Delhi. Its mission is to foster and develop an intellectual climate conducive to the pursuit of scholarship and excellence, either independently or jointly with other centers of excellence of higher learning.

The university's website is at <<http://www.wbuhs.ac.in>>. Administrators, faculty and students are advised to checkout this website regularly to obtain up-to-date information regarding institute affiliations, registration, fees, examinations and other matters that concern the University.

The following application forms may be downloaded from the University website. From the current year, registration and application process has largely been shifted to an online interface.

- APPLICATION FORM FOR REGISTRATION
- APPLICATION FORM FOR MIGRATION
- APPLICATION FORM TO APPEAR IN UNIVERSITY EXAMINATION FOR UG COURSES
- APPLICATION FORM TO APPEAR IN UNIVERSITY EXAMINATION FOR PG COURSES
- APPLICATION FORM FOR RESEARCH PROPOSAL / THESIS SUBMISSION
- APPLICATION FOR REGISTRATION FOR PhD PROGRAMME

Suggested format for submission of proposals for research work leading to degree in postgraduate / superspecialty courses can also be downloaded.

Admit Cards for appearing in various university examinations, submission of examination scores by the institute and generation of marksheets are also being shifted to automated online platforms.

The syllabus for various disciplines in the MBBS course and BPT course are available from this website. Students are advised to go through relevant information available online at this website as well as corresponding documents available on the Medical Council of India website to familiarize themselves with curricular objectives and goals.

To decide upon academic issues in various disciplines in modern medicine, the University has Board of Studies (BOS) in different disciplines (UG & PG) which have been reconstituted in accordance with the resolutions adopted in the Academic Council meeting held on 27th July, 2009. There is a single BOS for both UG and PG course of studies in all subjects. The members of BOS are included as 'Heads of the Departments' of the concerned subject of different affiliated institutions and not as an individual. Whenever there is any change in headship of a department, the new head will automatically become a member of the BOS. The Principal / Director of different affiliated institutions is also a member of the BOS of the discipline to which he / she belongs. Academic matters can be brought to the notice of the BOS of the concerned discipline by any faculty / student in writing.

# **Annexes**

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**Annex 1 : Pharmacovigilance Form (available with ADR Monitoring Center)**



Version-1.3

**SUSPECTED ADVERSE DRUG REACTION REPORTING FORM**

For VOLUNTARY reporting of Adverse Drug Reactions by Healthcare Professionals

<b>INDIAN PHARMACOPOEIA COMMISSION</b> (National Coordination Centre-Pharmacovigilance Programme of India) Ministry of Health & Family Welfare, Government of India Sector-23, Raj Nagar, Ghaziabad-201002							<b>FOR AMC/NCC USE ONLY</b>							
Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Follow up							AMC Report No. : _____ Reg. No. /IPD No. /OPD No./CR no. : _____							
<b>A. PATIENT INFORMATION</b>							Worldwide Unique No. : _____ 12. Relevant tests/ laboratory data with dates							
1. Patient Initials _____		2. Age at time of Event or Date of Birth _____		3. M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>										
				4. Weight _____ Kgs										
<b>B. SUSPECTED ADVERSE REACTION</b>							13. Relevant medical/ medication history (e.g. allergies, race, pregnancy, smoking, alcohol use, hepatic/renal dysfunction etc.)							
5. Date of reaction started (dd/mm/yyyy)							14. Seriousness of the reaction: No <input type="checkbox"/> if Yes <input type="checkbox"/> (please tick anyone) <input type="checkbox"/> Death (dd/mm/yyyy) <input type="checkbox"/> Congenital-anomaly <input type="checkbox"/> Life threatening <input type="checkbox"/> Required intervention to Prevent permanent impairment/damage <input type="checkbox"/> Hospitalization/Prolonged <input type="checkbox"/> Disability <input type="checkbox"/> Other (specify) _____ 15. Outcomes <input type="checkbox"/> Recovered <input type="checkbox"/> Recovering <input type="checkbox"/> Not recovered <input type="checkbox"/> Fatal <input type="checkbox"/> Recovered with sequelae <input type="checkbox"/> Unknown							
6. Date of recovery (dd/mm/yyyy)														
7. Describe reaction or problem														
<b>C. SUSPECTED MEDICATION(S)</b>														
S.No	8. Name (Brand/Generic)	Manufacturer (if known)	Batch No. / Lot No.	Exp. Date (if known)	Dose used	Route used	Frequency (OD, BD etc.)	Therapy dates		Indication	Causality Assessment			
							Date started	Date stopped						
i														
ii														
iii														
iv														
S.No as per C							9. Action Taken (please tick)							
							<input type="checkbox"/> Drug withdrawn	<input type="checkbox"/> Dose increased	<input type="checkbox"/> Dose reduced	<input type="checkbox"/> Dose not changed	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Unkn own	10. Reaction reappeared after reintroduction (please tick)	
							<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Effect unknown	<input type="checkbox"/> Dose (if reintroduced)				
i														
ii														
iii														
iv														
11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)														
S.No	Name (Brand/Generic)	Dose used	Route used	Frequency (OD, BD, etc.)	Therapy dates		Indication							
							Date started	Date stopped						
i														
ii														
iii														
Additional Information:							<b>D. REPORTER DETAILS</b>							
							16. Name and Professional Address: _____ Pin: _____ E-mail _____ Tel. No. (with STD code) _____ Occupation: _____ Signature: _____							
							17. Date of this report (dd/mm/yyyy): _____							
							Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent. Programme staff is not expected to and will not disclose the reporter's identity in response to a request from the public. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction.							

**Annex 3 : Pharmacovigilance Form (Reverse side)****National Coordination Centre****Pharmacovigilance Programme of India**

Ministry of Health & Family Welfare,  
Government of India  
Sector-23, Raj Nagar, Ghaziabad-201002  
Tel.: 0120-2783400, 2783401, 2783392  
Fax: 0120-2783311  
www.ipc.nic.in

***Pharmacovigilance  
Programme of India for  
Assuring Drug Safety***

**ADVICE ABOUT REPORTING****What to report**

Report serious adverse drug reactions. A reaction is serious when the patient outcome is:

- Death
- Life-threatening
- Hospitalization (initial or prolonged)
- Disability (significant, persistent or permanent)
- Congenital anomaly
- Required intervention to prevent permanent impairment or damage
- Report non-serious, known or unknown, frequent or rare adverse drug reactions due to Medicines and Herbal products.

Note: Adverse Event Following Immunization can also be reported in Serious AEFI case Notification Form available on <http://ipc.nic.in/showfile.asp?lid=650&Enchid=>

**Who can report**

- All healthcare professionals (Clinicians, Dentists, Pharmacists and Nurses) can report adverse drug reactions

**Where to report**

- Duly filled Suspected Adverse Drug Reaction Reporting Form can be send to the nearest Adverse Drug Reaction Monitoring Centre (AMC) or directly to the National Coordination Centre (NCC).
- Call on Helpline (Toll Free) 1800 180 3024 to report ADRs.
- Or can directly mail this filled form to [pvpi@ipcindia.net](mailto:pvpi@ipcindia.net) or [pvpi.ipcindia@gmail.com](mailto:pvpi.ipcindia@gmail.com)
- A list of nationwide AMCs is available at: <http://www.ipc.gov.in>, [http://www.ipc.gov.in/PvPI/pv\\_home.html](http://www.ipc.gov.in/PvPI/pv_home.html)

**What happens to the submitted information**

- Information provided in this form is handled in strict confidence. The causality assessment is carried out at AMCs by using WHO-UMC scale. The analyzed forms are forwarded to the NCC through ADR database. Finally the data is analyzed and forwarded to the Global Pharmacovigilance Database managed by WHO Uppsala Monitoring Centre in Sweden.
- The reports are periodically reviewed by the NCC-PvPI. The information generated on the basis of these reports helps in continuous assessment of the benefit-risk ratio of medicines.
- The information is submitted to the Steering committee of PvPI constituted by the Ministry of Health & Family Welfare which is entrusted with the responsibility to review the data and suggest any interventions that may be required.

**Mandatory field for suspected ADR reporting form**

Patient initials, age at onset of reaction, reaction term(s), date of onset of reaction, suspected medication(s) and reporter information.

***For ADRs Reporting Call on PvPI Helpline (Toll Free)***

***1800 180 3024***

***(9:00 AM to 5:30 PM, Working Days)***



**Annex 2 : Medical Council of India directive concerning generic prescribing**

Phone : 25367033, 25367035, 25367036  
 दूरभाष : 25367033, 25367035, 25367036  
 Telegrams : MEDCONCIND, New Delhi  
 तार : मेडकोसिंड नई दिल्ली  
 Fax : 0091-11-25367024  
 E-mail : pg@mciindia.org; mci@bol.net.in  
 Website : www.mciindia.org  
 D:\Ethics\DFA.doc



पॉकेट -- 14, सेक्टर -- 8,  
 द्वारका फेस- 1  
 नई दिल्ली-110 077  
 Pocket- 14, Sector- 8,  
 Dwarka Phase - 1  
 New Delhi-110077

भारतीय आयुर्विज्ञान परिषद्  
 MEDICAL COUNCIL OF INDIA

No. MCI-211(2)(Gen.)/2017-Ethics/104728

Date: 21/04/2017

To,

1. Dean/Principals of all the Medical Colleges,
2. Director of all the hospitals (exclusive PG Institutions without medical colleges),
3. President, all the State Medical Councils.
4. Health Secretary of all the States.
5. The Director of Medical Education, all States with request to ensure compliance.
6. The Director of Health Services, all States with request to ensure compliance and inform about action taken.

Madam/Sir,

Your kind attention is invited to circular no. MCI-211(2)(Gen.)/2012-Ethics/145183 dated 22.11.2012 & 18.01.2013.

The said circular had called upon the doctors practicing medicine to prescribe Drugs with Generic name as far as possible.

However, the clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 has been amended in 2016 and notified in the Gazette of India on 21.09.2016, which reads as under:-

**“1.5 - Use of Generic names of drugs:** Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs.”

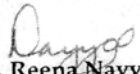
All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations without fail.

You are requested to give wide publicity of the above regulation to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation.”

All concerned are once again urged to take necessary steps for observance of the aforesaid provision of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in its letter and spirit.

For any doctor found violating clause 1.5 of Ethics Regulation, suitable disciplinary action would be undertaken by the concerned SMC/MCI.

Yours faithfully,

  
 (Dr. Reena Nayyar) .  
 Secretary I/c

**Annex 3 : Medical Council of India directive concerning ragging**

From:  
**Board of Governors in Super-session of  
MEDICAL COUNCIL OF INDIA**

**No. MCI-34(1)/2011-Med(ragg.)/30591**

**Date: 19.08.2011**

To,

1. The Deans/Principals of all the Medical Colleges/Institutions in India
2. The Directors of Medical Education of all the States in India
3. The Health Secretaries of all the State Governments in India
4. The Registrars of all the Universities and Deemed Universities in India

**Sub: Implementation of the Regulations framed by the Medical Council of India to curb the menace of ragging in medical colleges**

Sir / Madam,

Please refer to the decision taken in the meeting of Dr. R. K. Raghvan Committee appointed by the Hon'ble Supreme Court to supervise the measures being implemented to prevent the menace of ragging. The Medical Council of India has prepared the regulations to curb the menace of ragging in medical colleges in form of Regulations called as the Medical Council of India (Presentation and Prohibition of Ragging in Medical Colleges/Institutions) Regulations, 2009. The said Regulations have been notified in the Para 111 Section 4 of the Gazette of India on 03.08.2009. These Regulations have already been circulated to you vide this office circular No. 34(1)/2009-Med./31046 dated 21.08.2009 and also available on the MCI website i.e. [www.mciindia.org](http://www.mciindia.org).

The operative part of the regulation is reproduced as under with regard to curb the menace of ragging in medical colleges.

**5. Measures for prohibition of ragging:**

- 5.1 The Medical College / Institution / University shall strictly observe the provisions of the Act of the Central Government and the State Governments, if any, or if enacted and / or for the time being in force, considering ragging as a cognizable offence under the law at par with rape and other atrocities against women and ill-treatment of persons belonging to the SC/ST and prohibiting ragging in all its forms in all institutions.
- 5.2 Ragging in all its forms shall be totally banned in the entire Medical College / Institution / University including its departments, constituent units, all its premises (academic, residential, sports, canteen, etc.) whether located within the campus or outside and in all means of transportation of students whether public or private.
- 5.3 The Medical College / Institution / University shall take strict action against those found guilty of ragging and/or of abetting ragging.

**6. Measures for prevention of ragging at the institution level:**

**6.1 Before admissions**

- 6.1.1 The advertisement for admissions shall clearly mention that ragging is totally banned / prohibited in the Medical College/Institution and anyone found guilty of ragging and/or abetting ragging is liable to be punished appropriately.
- 6.1.2 The brochure of admission / instruction booklet for candidates shall print in block letters these Regulations in full (including Annexures).

- 
- 6.1.3 The 'Prospectus' and other admission related documents shall incorporate all directions of the Hon'ble Supreme Court and /or the Central or State Governments as applicable, so that the candidates and their parents/ guardians are sensitized in respect of the prohibition and consequences of ragging.
- 6.1.4 A Brochure or booklet/leaflet shall be distributed to each student at the beginning of each academic session for obtaining undertaking not to indulge or abet ragging and shall contain the blueprint of prevention and methods of redress.
- The application form for admission / enrolment shall have a printed undertaking, preferably both in English/Hindi and in one of the regional languages known to the institution and the applicant (English version given in Annexure I, Part I), to be filled up and signed by the candidate to the effect that he/she is aware of the law regarding prohibition of ragging as well as the punishments, and to the effect that he/she has not been expelled and/or debarred from admission by any institution and that he/she, if found guilty of the offence of ragging and/or abetting ragging, is liable to be punished appropriately.
- 6.1.5 The application form shall also contain a printed undertaking, preferably both in English/Hindi and in one of the regional languages known to the institution and the parent/guardian (English version given in Annexure I, Part II), to be signed by the parent/guardian of the applicant to the effect that he/she is also aware of the law in this regard and agrees to abide by the punishment meted out to his/her ward in case the latter is found guilty of ragging and/or abetting ragging.
- A database shall be created out of affidavits affirmed by each student and his/her parents/guardians stored electronically, and shall contain the details of each student. The database shall also function as a record of ragging complaints received.
- 6.1.6 The application for admission shall be accompanied by a document in the form of the School leaving certificate / Transfer certificate / Migration certificate / Character Certificate which shall include a report on the behavioral pattern of the applicant, so that the institution can thereafter keep intense watch upon a student who has a negative entry in this regard.
- 6.1.7 A student seeking admission to the hostel shall have to submit additional undertaking in the form of Annexure I (both Parts) along with his/ her application for hostel accommodation.
- 6.1.8 At the commencement of the academic session the Head of the Institution shall convene and address a meeting of various functionaries/agencies, like Wardens, representatives of students, parents/ guardians, faculty, district administration including police, to discuss the measures to be taken to prevent ragging in the Institution and steps to be taken to identify the offenders and punish them suitably.
- 6.1.9 To make the community at large and the students in particular aware of the dehumanizing effect of ragging, and the approach of the institution towards those indulging in ragging, big posters (preferably multicolored with different colors for the provisions of law, punishments, etc.) shall be prominently displayed on all Notice Boards of all departments, hostels and other buildings as well as at vulnerable places. Some of such posters shall be of permanent nature in certain vulnerable places.
- 6.1.10 Apart from placing posters mentioned in sub-clause 6.1.9 above at strategic places, the Medical College / Institution shall undertake measures for extensive publicity against ragging by means of audio-visual aids, by holding counseling sessions, workshops, painting and design competitions among students and other methods as it deems fit.
- 6.1.11 The Medical College/ Institution / University shall request the media to give adequate publicity to the law prohibiting ragging and the negative aspects of ragging and the institution's resolve to ban ragging and punish those found guilty without fear or favor.
- 6.1.12 The Medical College / Institution/ University shall identify, properly illuminate and man all vulnerable locations.
- 6.1.13 The Medical College / Institution / University shall tighten security in its premises, especially at the vulnerable places. If necessary, intense policing shall be resorted to at such points at odd hours during the early months of the academic session.
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6.1.14 The Medical College / Institution / University shall utilize the vacation period before the start of the new academic year to launch wide publicity campaign against ragging through posters, leaflets, seminars, street plays, etc.

6.1.15 The faculties / departments / units of the Medical College / Institution / University shall have Induction arrangements (including those which anticipate, identify and plan to meet any special needs of any specific section of students) in place well in advance of the beginning of the academic year with a clear sense of the main aims and objectives of the induction process.

The Principal or Head of the Institution/Department shall obtain an undertaking from every employee of the institution including teaching and non-teaching members of staff, contract labor employed in the premises either for running canteen or as watch and ward staff or for cleaning or maintenance of the buildings/lawns etc. that he/she would report promptly any case of ragging which comes to his/her notice. A provision shall be made in the service rules for issuing certificates of appreciation of such members of the staff who report ragging which will form part of their service record.

## **6.2. On admission:**

6.2.1 Every fresher admitted to the Medical College/ Institution / University shall be given a printed leaflet detailing when and to whom he/she has to turn to for help and guidance for various purposes (including Wardens, Head of the institution, members of the anti-ragging committees, relevant district and police authorities), addresses and telephone numbers of such persons/authorities, etc., so that the fresher need not look up to the seniors for help in such matters and get indebted to them and start doing things, right or wrong, at their behest. Such a step will reduce the 'freshers' dependence on their seniors.

Every institution should engage or seek the assistance of professional counselors at the time of admissions to counsel 'freshers' in order to prepare them for the life ahead, particularly for adjusting to the life in hostels.

6.2.2 The Medical College / Institution / University through the leaflet mentioned above shall explain to the new entrants the arrangements for their induction and orientation which promote efficient and effective means of integrating them fully as students.

6.2.3 The leaflet mentioned above shall also inform the 'freshers' about their rights as bona fide students of the institution and clearly instructing them that they should desist from doing anything against their will even if ordered by the seniors, and that they have nothing to fear as the institution cares for them and shall not tolerate any atrocities against them.

6.2.4 The leaflet mentioned above shall contain a calendar of events and activities laid down by the institution to facilitate and complement familiarization of 'freshers' with the academic environment of the institution.

6.2.5 The Medical College/Institution/University shall also organize joint sensitization programmes of 'freshers' and seniors.

On the arrival of senior students after the first week or after the second week as the case may be, further orientation programmes must be scheduled as follows (i) joint sensitization programme and counseling of both 'freshers' and senior by a Professional counselor; (ii) joint orientation programme of 'freshers' and seniors to be addressed by the Principal / Head of the institution, and the anti-ragging committee; (iii) organization on a large scale of cultural, sports and other activities to provide a platform for the 'freshers' and seniors to interact in the presence of faculty members; (iv) in the hostel, the warden should address all students; may request two Junior colleagues from the college faculty to assist the warden by becoming resident tutors for a temporary duration.

6.2.6 'Freshers' shall be encouraged to report incidents of ragging, either as victims, or even as witnesses.

## **6.3. At the end of the academic year:**

6.3.1 At the end of every academic year the Dean/Principal/Director shall send a letter to the parents/guardians of the students who are completing the first year informing them about the law

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regarding ragging and the punishments, and appealing to them to impress upon their wards to desist from indulging in ragging when they come back at the beginning of the next academic session.

6.3.2 At the end of every academic year the Medical College / Institution / University shall form a 'Mentoring Cell' consisting of Mentors for the succeeding academic year. There shall be as many levels or tiers of Mentors as the number of batches in the institution, at the rate of 1 Mentor for 6 'freshers' and 1 Mentor of a higher level for 6 Mentors of the lower level.

Each batch of 'freshers' should be divided into small groups and each such group shall be assigned to a member of the staff. Such staff member should interact individually with, each member of the group on a daily basis for ascertaining the problems/difficulties if any faced by the 'fresher' in the institution and extending necessary help.

In the case of 'freshers' admitted to a hostel it shall be the responsibility of the teacher in charge of the group to coordinate with the warden of the hostel and to make surprise visits to the rooms in the hostel where the members of the group are lodged.

In view of above, you are requested to kindly take necessary action taking into consideration the above quoted regulations.

As the academic session 2011-12 has already started from 01.08.2011, you are requested to send the following information within four (4) weeks from dispatch of this circular:

1. Anti-Ragging Committee composition in the college (name of members with their telephone numbers and e-mail IDs).
2. Number of incidence of ragging reported and action taken in hard / soft copy, if any.
3. Number of FIRs lodged, if any.
4. Punishment awarded, if any.

An early action in the matter will be highly appreciated.

Yours faithfully

**Dr. Reena Nayyar**  
Deputy Secretary

**National Anti-Ragging  
HELPLINE  
Government of India  
18001805522  
Toll free**