Kamineni™

KIMS

POSTGRADUATE

STUDENT HAND BOOK

2022-23

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Kamineni™

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

Hand Book for
Postgraduate Medical Students

Hand Book for Postgraduate Medical Students

THE PHYSICIAN'S PLEDGE

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration; I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.

VISION

"Establishing an Institute of Medical Sciences and Research of global standards to serve the people in the region with advanced medical facilities with special focus on rural population".

MISSION

- The 'Kamineni Institute of Medical Sciences' is to be a centre of academic excellence through appropriate, innovative and need-based programs of teaching, research, service and extension with community orientation, in a student - friendly learning environment.
- Empowering the medical students with appropriate knowledge and skills to be able to attend to the needs of the patients and the community at large.
- Providing technology-mediated education (ICT) and to shift the focus from teaching to learning.
- Providing access to the disadvantaged sections of the society to the medical education
- Promoting research among faculty and students.
- Instill in the students a sense of national pride and infuse ethical and moral values and commitment to society.

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

PERSONAL DATA

Name:_____Adm. No:_____

Subject: MD/MS/Dip_____

Date of birth:_____

Name of the Father/ Guardian:_____

Address:PIN

PHONE NO:

Height:_____cms. Weight: _____kgs. Chest: _____cms._____ cms.

Blood group: _____

Identification Marks:

_____

_____

LIST OF HOLIDAYS

- Sankranthi
- Republic Day
- Mahashivrathri
- Ugadi
- Telangana Formation day
- Ramzan
- Independence day
- Vinayaka Chathurthi
- Gandhi Jayanthi
- Durga Ashtami
- Deepavali
- Christmas

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

Promoted by the	Affiliated to the	Approved by the
KAMINENI EDUCATION SOCIETY	**KNR UNIVERSITY OF HEALTH SCIENCES**	**MEDICAL COUNICL OF INDIA**
Hyderabad, T.S.	Warangal, T.S.	New Delhi

Kamineni Institute of Medical Sciences (KIMS) – The Medical College and Teaching Hospital is promoted by Kamineni Education Society, Hyderabad, since 1999 with annual admission of 100 students in MBBS Course which was increased to 150 from 2006. The institution has permission from Ministry of Health & Family Welfare for 200 admissions from academic year 2015. The College is permitted by Medical Council of India to start Post Graduate [Degree & Diploma] Courses in 22 specialties in phased manner from 2005. The recognition for P.G [Degree & Diploma] courses by Medical Council of India is accorded in a phased manner from 2008. KIMS is permitted Super Specialty course in Urology by the Ministry of Health and Family welfare from academic year 2016-17. The KIMS is located at Sreepuram, Narketpally, Nalgonda Dist. 89Kms from Hyderabad and 190 Kms from Vijayawada on National Highway –

65 (Hyderabad – Vijayawada). Magnificence of the Institute and Hospital buildings complement the 34.65 acres landscape in which they are built. Special emphasis is laid on the lawns, trees, flower gardens etc., which gives an aesthetic touch to the entire panorama. Greenery, together with its location gives the campus a serene atmosphere which is indispensable for imparting quality education.

With an atmosphere like that of the Vedic ages, the Institute equally boasts of global standards when it comes to technology. Its ultra-modern infrastructural facilities motivate the staff and students alike to scale greater heights. The quality standards maintained and the faculty appointed are as per norms of the Medical Council of India. Since its inception there has been relentless growth & constant up gradation making the Institute, a center of excellence.

Along with qualitative teaching methods, self-learning is equally encouraged through "Sahithi" – the Library which is a separate building stacked with latest Textbooks, Journals, Periodicals, Magazines, CD-ROM titles, digital library etc.

Kamineni Institute of Medical Sciences is reaccredited with Grade-"A" by National Assessment & Accreditation Council [NAAC].

There are separate hostels for boys & girls. Samhitha, Samskruthi, Samyuktha, Samatha, Sadhbhavana, Samyami, NRI block hostels for Girls & Samyami hostel for boys. Together they can accommodate more than 1200 students. All rooms are well furnished and ventilated. Hygienic & nutritious food is prepared on steam cooking facility and served in separate dining halls for boys and girls. Continuous treated drinking water facility caters to the inmates of the campus. Separate

accommodations are available for NRI students. Air conditioned accommodation is available for Boys & Girls. Two Generators of 500 KV each, ensure continuous power supply for the Campus.

The Campus has recreational facilities like Games room, Multi-purpose Auditorium and separate Gymnasium & Playgrounds for boys and girls to encourage physical fitness and promote healthy lifestyle among students

The members of the Kamineni Education Society are also the promoters of Kamineni Hospitals Limited (KHL) at L.B. Nagar, Hyderabad. With an unparalleled track record of over two decades in the service of mankind, Kamineni Hospitals has grown to be among the country's finest healthcare facilities. Spread over a sprawling 400 thousand sq.ft., Kamineni Hospitals is a 350 bedded Broad & Super Specialty Teaching Hospital with full time in-campus faculty & consultants. The State-of-the-art facilities include 12 Operation Theatres and NABL accredited diagnostic labs.

Kamineni Hospitals Private Limited Company has a medical college by the name of Kamineni Academy of Medical Sciences & Research Center at L.B Nagar, Hyderabad with an annual intake of 150 students commenced from the academic year 2013-14.

Kamineni Group are the promoters of Kamineni Hospitals at King Koti & Kamineni Life Sciences at Moula ali - Manufacturers of Diagnostic Kits and equipments.

Kamineni School & College of Nursing at L.B Nagar, Hyderabad, Kamineni Institute of Dental Sciences, KIMS School & College of Nursing at Narketpally and Kamineni Institute of Paramedical Sciences at L.B Nagar & Narketpally are other pursuits of the Society, aimed at

..... Serving Humanity

ADMINISTRATIVE STAFF

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Principal

Vice Principal

Administrative Officer

Finance Officer

Warden, Men's Hostel

Warden, Women's Hostel

Deputy Warden, Women's Hostel

Security Officer

KAMINENI INSTITUTE OF MEDICAL SCIENCES & HOSPITAL

Medical Superintendent

Deputy Medical Superintendent

General manager

Hospital Adminstrator

Nursing Superintendent

Security Officer

TELEPHONE NUMBERS

Sl. No.	Designation	Telephone No.
1.	Principal	9490294931
2.	Medical Superintendent	9666909990
3.	Vice Principal	9550900399
4.	General Manager (KIMS Hospital)	8790903359
5.	Warden Men's Hostel	9398037436
6.	Warden Women's Hostel	9493205542
7.	Deputy Warden Women's Hostel	8105719281
8.	Administrative Officer	9182664215
9.	Security Officer	9052382840

COLLEGE COUNCIL

The College Council comprises of the Head of Departments as members and Principal / Dean as Chairperson. The Council shall meet at least four times in a year to draw up the details of curriculum and training programme, enforcement of discipline and other academic affairs. The council shall also organize inter- departmental meetings like grand rounds and clinico-pathological conference including seminars, research review and decisions on the disciplinary action against erring students.

GOLD MEDALS AND CASH AWARDS

The Kamineni Education Society has instituted the following Gold Medals for outstanding academic performance of the postgraduates.

- The student securing highest marks (70 % & above) of regular batch will receive a gold medal in respective subject.
- Sri. Beeram Radha Krishna Rao Gold Medal for the student who secures highest marks in M.S [Ophthalmology] of Regular batch in the University Examination and not less than 70 % of marks. Instituted by Smt. Beeram Chowdarani W/o. Dr. B.R.K Rao, Emeritus Professor of Ophthalmology, Kamineni Institute of Medical Sciences, Narketpally.

PERIOD OF TRAINING

The period of training for the award of various postgraduate degrees or diplomas shall be as follows:

(1) Doctor of Medicine (M.D.) / Master of Surgery (M.S.)

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 possessing a recognized two year postgraduate diploma course in the same subject, the period of training, including the period of examination, shall be two year.

(2) Diplomas

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

(3) Migration/Transfer:

Under no circumstance, migration/transfer of student undergoing any Post Graduate Degree/ Diploma / Super Specialty course shall be permitted by any University/ Authority.

TRAINING PROGRAMME AND LOG - BOOK

Training programmes for the award of various post graduate degree and diplomas shall include the following:-

1. All the candidates joining the Post Graduate training programme shall work as 'Full Time Residents' and candidates have to compulsorily stay in hostels, provided by the college management during the period of training. They shall attend not less than 80% (Eighty percent) of the imparted training during each academic year including assignments, assessed full time responsibilities and participation in all facets of the educational process. The above sub-clause 13.2 is in terms of Gazette of India published on 20.10.2008.

2. (a) During the training for award of Degree /Diploma in clinical disciplines, there shall be proper training in Basic medical sciences related to the disciplines concerned; so also in the applied aspects of the subject; and allied subjects related to the disciplines concerned. In the Post Graduate training programme including both Clinical and Basic medical sciences, emphasis has to be laid on Preventive and Social aspects. Emergency care, facilities for Autopsies, Biopsies, Cytopsies, Endoscopy and Imaging etc. shall also be made available for training purposes. (In terms of Gazette of India published on 20.10.2008).

b) The Post Graduate students shall be required to participate in the teaching and training programme of undergraduate students and interns.

c) Training in Medical Audit, Management, Health Economics, Health Information System, basics of statistics, exposure to human behaviour studies, knowledge of pharmaco – economics and introduction to non- linear mathematics shall be imparted to the Post Graduate students.

d) Basic Medical Sciences – The teaching and training of the students shall be through Lectures, Seminars, Journal Clubs, Group Discussions, participation in laboratory and experimental work, and involvement in Research Studies in the concerned speciality and exposure to the 'Applied aspects' of the subject relevant to clinical specialities.

e) Clinical disciplines -The teaching and training of the students shall include graded responsibility in the management and treatment of patients entrusted to their care; participation in Seminars, Journal Clubs, Group Discussions, Clinical Meetings, Grand Rounds, and Clinico-Pathological Conferences; practical training in Diagnosis and Medical and Surgical treatment; training in the Basic Medical Sciences, as well as in allied clinical specialitites.

f) Diplomas: The teaching and training of the students shall include graded clinical responsibility; Lectures, Seminars, Journal Clubs, Group Discussions and participation in Clinical and Clinico-Pathological Conferences, practical training to manage independently common problems in the specialty; and training in the Basic Medical Sciences. The above Sub-clause is added in terms of Gazette of India dated 9.12.2009

3. LOG BOOK

a) Post Graduate students shall maintain a record (log) book of the work carried out by them and the training programme undergone during the period of training including details of surgical operations assisted or done independently by M.S. candidates.

b) The Record (Log) Books shall be checked and assessed periodically by the faculty members imparting the training. The above sub-clause is substituted in terms of Gazette of India published on 20.10.2008.

4. Conference/ Publication/Research:

A postgraduate student of a postgraduate degree course in broad specialities/ super specialities would be required to present one poster presentation, to read one paper at a national/state conference and to present one research paper which should be published/accepted for publication/sent for publication during the period of his postgraduate studies so as to make him eligible to appear at the postgraduate degree examination.

ATTENDANCE AND LEAVE POLICY

1(a) Attendance:

Candidates selected for the various courses should be the full time students. Service candidates will have to apply for leave to pursue their studies and are required to produce the leave sanction order from the Competent Authority not later than three months after joining the course. The candidate is required to put in a minimum of 80% attendance during Academic term of 6 months as per biometric for being eligible to appear for the examination. In a year all 365 days will be considered as working days and students should get 80% attendance each year separately to get eligibility for appearing for University exams. The remaining days of absence (including maternity leave) will be considered for extension.

(b) Leave:

Students will be permitted to avail 30 days leave per year. No Post Graduate is allowed to go on leave more than 8 days at a stretch. In case the absence of the candidate availing Medical Leave / Maternity Leave / Any other Leave or unauthorized absence is beyond 30 days in a year, the study period of the candidate will be extended to the extent of such period. No other leave is permitted.

(c) Maternity Leave:

Women students can avail maternity leave upto 180 days only once in their PG course of study and the study period will be extended to the extent of Maternity leave availed. The candidate shall not be eligible to appear in the University examinations till the completion of study period as per MCI Regulations (Duration of course).

2. Break of study and re-admission:

If a student absents continuously for a period of 91 days or more and seeks permission to attend the course, his / her application in prescribed format by paying requisite fee in favour of Registrar, KNR University of Health Sciences payable at Warangal shall be forwarded to the Registrar, KNR University of Health Sciences with the recommendation of the Principal. Regulations for re-admission after break of study along with application format and fee payable is available in the University Website. The candidates are advised to refer the regulations before submitting the application and paying the fee. If they fulfill the regulatory conditions, they may submit applications through the Principal of the College by paying the fee.

3. Private Practice:

No Post Graduate is allowed to do any private practice or consultation and should not accept any part time employment in any State or Central or Quasi Government or Private organizations during the period o f P o s t - Graduation study. The Principal has to take appropriate action after giving opportunity for explanation, if any student violates this rule.

4. College Regulations:

Candidates are required to follow the rules and regulations of the collegeand should also abide by the regulations of the University. Under no circumstances should they have any correspondence with the higher authorities directly without routing through proper channel.

SCHEME OF EXAMINATIONS
UNIVERSITY AND INTERNAL ASSESSMENT

"The examinations shall be organised on the basis of 'Grading' or 'Marking system' to evaluate and to certify candidate's level of knowledge, skill and competence at the end of the training. Obtaining a minimum of 50% marks in 'Theory' as well as 'Practical' separately shall be mandatory for passing examination as a whole.

The examination for M.D./ MS, shall be held at the end of 3rd academic year and for Diploma at the end of 2nd academic year. An academic term shall mean six month's training period."

Doctor of Medicine (M.D.)/Master of Surgery (M.S.) M.D./M.S. examinations, in any subject shall consist of Dissertation, Theory Papers, and clinical/Practical and Oral examinations.

(a) Dissertation:

The Post Graduates who are admitted must register the topic of their dissertation with the University within six months of commencement of the course and approval of the University should be obtained. The dissertation should be submitted within 2 ½ years of commencement of the Course. In the case of the candidates who are granted exemption of one year of study period of degree course, the dissertation should be submitted within 1 ½ years of commencement of the course. If the above schedule is not followed the period of Post-Graduation will be extended by six months.

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Post Graduate Teacher, the result of which shall be written up and submitted in the form of a Dissertation. Work for writing the Dissertation 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.

Dissertation shall be submitted at least six months before the Theory and Clinical / Practical examination. The Dissertation shall be examined by a minimum of three examiners; one internal and two external examiners, who shall not be the examiners for Theory and Clinical examination. A candidate shall be allowed to appear for the Theory and Practical/Clinical examination only after the acceptance of the Dissertation by the examiners. The above clause is in terms of Gazette of India Notification published on 20.10.2008.

(b) Theory

(i) There shall be four theory papers for MS/MD & three theory papers for Diploma students..

(ii) Out of these one shall be of Basic Medical Sciences and one shall be of recent advances.

(c) Clinical / Practical and Oral

(i) Clinical examination for the subjects in Clinical Sciences 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.

(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 speciality, which form a part of the examination.

Marks Distribution

Candidate should obtain a minimum of 40% marks in each theory paper and not less than 50% cumulatively in all the four papers for degree examinations and three papers in diploma examination for passing in the said examination. Obtaining of 50% marks in Practical examination shall be mandatory for passing the examination as a whole in the said degree/diploma examination as the case may be. The examination includes:

(1) Theory,

(2) Practical including clinical and viva voce examination"

The distribution of marks of the PG Degree / Diploma Examination will be as under.

Degree

Practical - 200 Marks

Viva Voce - 100 Marks

The distribution of Viva Voce Marks:

Pedagogy	- 20 Marks
Discussion of Dissertation	- 10 Marks
Maintenance of Log Boo	- 10 Marks
Orals (15x4 Examiners)	- 60 Marks
Total	**- 100 Marks**

Diploma

Practical / Clinicals - 150 Marks

Viva Voce - 50 Marks

The distribution of Viva Voce Marks:

Maintenance of Log Book by HOD - 10 Marks

Orals (10x4 Examiners) - - 40 Marks

Total - - 50 Marks

A candidate shall secure not less than 50% marks in each head of passing which shall include (1) Theory, (2) Practical including clinical and viva voce examination.

INTERNAL ASSESSMENT

KNR University of Health Sciences Exams – PG Degree / Diploma Course

Fixed schedule for conduct of Internal Assessment Examinations in the month of June/December every year.

INSTITUTION INTERNAL ASSESSMENT

All departments conduct monthly exams as part of the PG training program. The examination is conducted centrally twice a month on 1st and 3rd Saturdays in Examination Hall from 2.00-4.00 PM

GENERAL CONDITIONS TO BE OBSERVED FOR POSTGRADUATE TEACHING

1. All the candidates including service candidates joining the Post Graduate degree, diploma courses should execute bond on a stamped paper of Rs. 100/- value as prescribed to the effect that he / she will complete the prescribed period of training or in default to pay the prescribed amount to the University and shall refund the amount received as stipend upto that date to the Government.

2. The original certificates submitted by the candidates shall not be returned till they complete their courses of study, subject to sub-regulation above.

3. A Candidate registered for MD/MS Degree Examinations shall clear the examinations within 8 (eight) years from the date of joining for the course and the candidates registered for P.G. Diploma courses should clear the examination within 7 (seven) years from the date of joining of the course. If he / she does not pass the examination within the period specified above, he / she shall not be permitted to appear for examinations thereafter.

4. All the candidates including service candidates joining the Post Graduate degree, diploma courses should execute bond on a stamped paper of Rs. 100/- value to the effect that he / she will complete the prescribed period of training or in default to pay Rs.5,00,000/- (Rupees Five Lakhs only) to the University and shall refund the amount received as stipend upto that date to the Government.

Bond for service after completion of degree :

Candidate should submit a bond for serving the State of Telangana as per existing Government Regulations at the time of admission.

RULES OF CONDUCT

1. Postgraduate students on the rolls of Kamineni Institute of Medical Sciences under the society management are prohibited to take active part in political agitations, strikes and taking part in the student's wing of political parties directed against the authority of the Government. If students of such institution attend political meetings and their conduct in any manner which is forbidden in or unbecoming or engage in political agitation in such a way as to interfere with the corporate life and educational work of the institute, the Principal of the institute may suspend or expel them or refuse the grant of their certificates for a specified period and may also report their case to University.

2. Students taking part in ragging attract the act of Andhra Pradesh prohibition of ragging act No.26 of 1997 and they are punishable as per the sections of the act depending upon the severity of ragging.

3. Principal of the institute or hospital authorities may frame and issue from time to time disciplinary rules of a permanent or temporary character regulating the conduct outside or hostel premises of postgraduate students on the rolls to maintain the credit and reputation of the institute or hostel.

4. Principal of the institute shall have full power to inflict the following punishment: fine, loss of term certificate, suspension or expulsion.

5. No student or group of students shall form an association. No student shall circulate notices or journals or any other form of literature which is detrimental to the interest of the students in the college without the permission of the Principal. No representation by a group of students in the form of a combined letter is entertained. Any one contravening the rules shall be subject to discharge from the institute.

6. To look after the welfare of the students and to organize various functions of the institute there is a Student's Association. The office bearers of the Association shall be nominated by the Principal as per the academic performance.

ANNUAL FEE PAYMENT

GENERAL PRINCIPLES

- Student/Parents should ensure to pay the tuition fees on time to avoid any consequences.
- Hostel fees has to be paid in advance before admission to the hostel
- Hostel fees payment terms are subject to annual revision and KIMS reserves the right to amend or update these terms, which is linked to inflation. Any changes to the payment terms will be published on the notice board.

PAYMENT METHODS

- Payment methods include online by credit or debit card/ online bank transfers
- Please note that we do not normally accept cheques or cash payments unless otherwise specified.

RULES OF ADMISSION INTO HOSTELS

A student seeking admission into the hostels shall submit his/her application to the Principal. The form will be made available in the hostel. While submitting the application the student will be required to sign a discipline declaration form also to be signed by the parent. The declaration form submitted by the student and the parent gives authority to the Warden and Principal to institute disciplinary action. A passport size photo of the student should also be affixed to the application form. After Principal's approval of the application and on payment of hostel fee, admission of the student to the hostel will be regularized. In case a student does not join the hostel within 15 days of intimation, admission to the hostel will be cancelled automatically.

The caution deposit of Rs. 15,000/- is for Non-AC & Rs. 25,000/- is for AC for those who join the hostel. The hostel fees are to be paid to the finance section at the time of joining into the hostel. Admission to the hostel will not be regularized unless the said fees are paid. The deposits will be refunded to the student at the time he/she leaves the hostel after making deduction if any. Each student permitted to reside in the hostel has to pay. Under no circumstances proportionate reduction will be made for any short stay; In the event of non-payment of prescribed rent and electricity charges for the hostel on the date or dates fixed, the student will be levied penalty initially and later will be made to vacate the hostel.

GENERAL DISCIPLINE

1. Students will not interfere with the working of the office staff. Any grievance should be reported to the warden for action. Students shall not employ hostel servant for personal service. Hostel servants if found helping students in that way will be severely punished.

2. No student shall remain in the hostel unless sick, during working hours of the institute / Hospital.

3. Students in their own interest are strictly prohibited from keeping money, jewellery or any other valuables in their rooms. The institute will in no way be responsible for any theft of such articles. As such they will take care of their personal effects such as clothes, books, cycles, money, fountain pens, watches, mobile phones, laptops etc.

4. Students are strictly prohibited from scolding or punishing any other student. In no case should a student take the law into his hands. Any grievance should be reported immediately to the Principal/Warden for Redressal.

5. Students are expected to be properly dressed in a neat and tidy manner as per the dress code. Apron and identity card will be worn during working hours. Dress code males: Clean shave, Collar shirt (Full/half sleeve), formal trousers with belt and leather shoes (Black/brown) Dress code for females: Sari/ Salwar Kameez,/ Chudidar/Leggings with long kurtha, and shoes/sandals/ballerina

6. Smoking, whistling or making loud noise in the hostel building is strictly prohibited. While in hostels, students should do nothing which may disturb other students at work.

7. Dancing or singing, parties and the playing of musical instruments are not allowed in the hostel.

8. Students are not permitted, even though possessing a license, to keep fire arms or any dangerous weapon with them. Pets such as dogs, parrots etc. are not allowed.

9. Possessing, witnessing &/or consuming narcotic drugs/ tobacco/liquor in any form is strictly prohibited within the premises. In case of violation the student will be expelled from the hostel and/or institute.

10. No student is allowed to play cards in the hostel or institute premises.

11. Students should not take part or associate in activities of political nature. They are prohibited to hold such meetings within the campus.

12. No religious ceremony or function shall be celebrated in the hostel excepting the offering of daily prayers without disturbance to the neighboring students.

13. No student is allowed to sprinkle colors on others during Holi festival or to display fireworks in the campus on Deepavali day. However the students are permitted to lighting crackers in the playground far away from the buildings after obtaining permission from the authorities.

14. NO RAGGING IN ANY FORM IS PERMITTED. Any student who indulges in ragging will be prosecuted as per the Andhra Pradesh/Telangana prohibition of ragging Act No. 26 of 1997.

15. Students are advised to practice economy and are strictly warned against incurring debts or making such other irregularities in money matters. The institute will, in no way, be responsible for such debts. Anyone found stealing fellow student's money, books or property will be expelled from the institute.

16. Students are expected to behave in an orderly manner at cinema shows, social gatherings and other institute functions as at such occasions guests and ladies are generally present.

17. Students who have been expelled once from the hostel for misconduct will not be allowed to enter the hostel on any account.

18. Students are not allowed to cook in the rooms.

19. Students are prohibited to use electrical and electronic gadgets like Transistor, Tape Recorder, TV, VCR, Refrigerators, Air Conditioners, Room Hearts, and Electrical Cookers etc. If they are found possessing such articles they will be confiscated and fined. If they repeat, they will send out of the hostel.

20. Ladies are not permitted into the Men's hostel and men are not permitted into the Women's hostel.

21. The students are not permitted to take any item of the food from the dining halls to the rooms.

22. All students are directed to use washing facilities provided in the hostel.

23. The students are not permitted to post depreciatory comments about the institution/patient care/ faculty/ students etc. on the social media. Strict disciplinary action will be taken against the offenders.

GUESTS

1. Normally no guest is permitted during working days. In case of emergency, the guests have to take permission from Principal/Warden for seeing their ward before or after working hours.

2. Guests are permitted on Sundays & Public Holidays from 08:00 AM to 06:00 PM. They have to take permission from the Warden/Principal.

3. If the warden at any time finds unauthorized guests being entertained in the hostel, he/she will take such disciplinary action deemed for on the student and ask the guest to vacate the room immediately

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

"RAGGING OF THE JUNIORS BY THE SENIOR STUDENTS"

Ragging of juniors by the senior students is prohibited in all the educational institutions in Telangana by Act called Telangana Prohibition of Ragging Act, 1997 – (Act 26 of 1997) .. Kamineni Institute of Medical Sciences is committed to prohibition of ragging. Any student who indulges in ragging attracts the provision of the above said act.

As per section 3 of the act "Ragging" includes the following:

Any conduct whether by words spoken or written or by an act which has the effect of harassing, teasing, treating or handling with rudeness any other student, indulging in rowdy or undisciplined activities which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking the students to do any act or perform something which such student will not in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student. The conduct includes but is not restricted to any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher; exploiting the services of a fresher, or any other students for completing the academic tasks assigned to an individual or a group of students; any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students; any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person; any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, "vicarious or sadistic thrill from activity or passively participating in the discomfiture to fresher or any other students; any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.

Any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise) on the ground of colour, race,religion, caste, ethnicity, gender (including transgender), sexual orientation, appearance, nationality, regional origins, linguistic identity, place of birth, place of residence or economic background.

Ragging within or outside any educational institutions is prohibited.

SECTION 4

Whoever, with the intention of causing ragging or with the knowledge that he is likely by such act to cause ragging, commits or abets ragging and thereby-

a. Teases or embarrasses or humiliates a student shall be punished with imprisonment for a term which may extend to six months or with fine which may extend to one thousand rupees or with both; or

b. Assaults or uses criminal force to criminally intimidate a student shall be punished with imprisonment for a term which may be extended to one year or with fine which may extend to two thousand rupees or with both; or

c. Wrongfully restrains or wrongfully confines or causes hurt to a student shall be punished with imprisonment for a term which may extend to two years or with fine which may extend to five thousand rupees or with both; or

d. Causes grievous hurt to or kidnaps or abducts or rapes or commits unnatural offence with a student shall be punished with imprisonment for a term which may extend to five years and with fine which may extend to ten thousand rupees: or

e. Causes deaths or abets suicide shall be punished with imprisonment for life or with imprisonment for a term which may extend to ten years and with a fine which may extend to fifty thousand rupees.

SECTION 5

I. A student convicted of an offence under section 4 and punished with imprisonment for a term shall be dismissed from the educational institution.

ii. A student convicted of an offence under section 4 and punished with imprisonment for a term of more than 6 months shall not be admitted in any other educational institution.

SECTION 6

1. Without prejudice to the foregoing provisions, whenever any student complains of ragging to the head or manager of an educational institution, such head or manager shall inquire into or cause an inquiry to be made into the same forthwith and if the complaint is prima-facie found true, shall suspend the student complained against for such period as may be deemed necessary.

2. The decision of the head or manager of an educational institution under subsection (1) shall be final.

SECTION 7

1. If the head or the manager of an institution fails or neglects to take action in the manner specified in sub-section(1) of section 6, such person shall be deemed to have abetted the offence and shall be punished with the punishment provided for the offence.

2. If a student commits suicide due to or in consequence of ragging, the person who commits such ragging shall be deemed to have abetted such suicide.

Principal
Kamineni Institute of Medical Sciences

GUIDELINES FRAMED BY MEDICAL COUNCIL OF INDIA TO CURB THE MENACE OF RAGGING IN MEDICAL COLLEGES

Guidelines framed by Dr. R.K Raghavan Committee appointed by Hon'ble Supreme court to supervise the measures being implemented to prevent the ragging in the Medical Colleges, circulated by Medical Council of India, New Delhi:

1. Every student for the purpose of his / her admission to Medical College shall furnish a character certificate from the institution wherefrom he / she has passed his qualifying examination, which would mention the status of his / her behavioral pattern specially in terms as to whether he / she has displayed persistent violent or aggressive behavior or any desire to harm others.

2. The admitting medical institution shall keep intense watch upon students who have a negative entry in this regard.

3. An annual undertaking signed by each student, whether fresher or senior and his / her parent [s] jointly stating that each of them have read the relevant instructions / regulations against ragging, as well as punishments and that if the ward has been found guilty he / she be proceeded against, shall be procured.

4. Such an undertaking shall be furnished in English as well as in vernacular [mother tongue of the parent] at the beginning of each academic year by every student.

5. An undertaking to the similar effect should be obtained every year from each student admitted to the hostel.

6. The undertaking should be appended to the brochure containing the guidelines and other relevant instructions in regard to ragging and consequences of indulging in ragging.

7. The compliance to the above effect shall be ensured by each of the affiliating university to which the concerned medical institution is affiliated and would be verified by the council annually.

8. In order to ensure the 'ragging free environment' in the campus, each institution shall compulsorily in the 'prospectus' and other admission related documents, depict the earlier directions of the Apex court and / or of t h e Central or State Governments as applicable, so that candidates and their parents are sensitized in respect of the prohibition and consequences of ragging.

9. Each Institution should engage or seek the assistance of 'professional counselor' at the time of admissions to counsel 'fresher's' in order to prepare them for the life ahead, especially for adjusting to the life in hostels.

10. It should be ensured that there would be a clear gap of one to two weeks between the date of joining of 'fresher's' and the 'seniors', ensuring that classes for the seniors shall commence later, so as to enable the 'fresher's' to familiarize themselves with the campus environment and adjust to the sudden changeover from schools to higher education.

11. It shall be mandatory for the institutions to inform the parents of senior students to send their wards only on the due date of commencement of the academic session and not earlier.

12. All the examining Universities with which the institutions are affiliated or the deemed to be Universities shall compulsorily amend their relevant ordinances or byelaws, as the case may be, to incorporate the schedule gap of one or two weeks between the date joining of 'fresher's' and 'seniors'.

13. Each institution shall arrange a joint 'sensitization' programme and 'counseling' of both 'fresher's' and 'seniors' to be addressed by the Principal / Head of the institution and the Convener of the Anti-Ragging Committee. The inmates of the hostel shall be addressed on this count by the Hostel Warden.

14. Each institution shall have an Anti-Ragging Committee and Anti-Ragging Squad, which shall comprise of other than senior teachers of the institution, representatives of Civil & Police administration and local media.

15. Each institution shall constitute a 'Mentoring Cell' to oversee and involve senior students as 'Mentors' for the 'freshers'

16. Such a Mentoring Cell shall be constituted at the end of every academic year, where application shall be invited from the students to join the Mentoring Cell as Mentors for the succeeding academic year.

17. An anonymous random survey shall be conducted by each institution across the entire 1st year batch of students every fortnight during the first three months of the academic session in order to verify and cross-check whether the campus is genuinely ragging free or not.

18. The methodology of such survey may be designed by the institution appropriately. However, doing so it shall be ensured that the institution does not compromise with the anonymity of the 'whistle blowers'.

19. The institutions shall ensure that private commercially managed lodges or hostels outside campuses must be registered with local police authorities and permission to start such hostel or their registration must necessarily be recommended by the Heads of the Medical Institutions.

20. In case the victim of ragging his / her parent / guardian is not satisfied with the action taken by the Head of the Institution or by other institutional authorities, or where Head of the Institution is of the opinion that the incident ought to be so reported, it shall be mandatory for the institution to file an Information report with the local police authorities.

21. It must be ensured by each of the institution that the complaints or information in regard to ragging could be oral or written and even from third parties and the confidentiality thereof must be protected at all costs.

22. Each institution shall ensure that remedial action is initiated and completed within a week of the incident itself, so that complaints do not linger and allow either interest in pursuing the matter to vane or enable the culprits to tamper evidence or influence witnesses.

GUIDELINES FOR WRITING THE PG DISSERTATION

1. General rules of submission

1. 1. All the postgraduates who are admitted into MD/MS courses are required to carry out work on a selected research project under the guidance of a recognised postgraduate teacher.

1. 2. They must apply to register the topic of their dissertation work with the university in the prescribed proforma within 6 months from the date of commencement of their course, and obtain approval of the same from the university. The application for registration of their work should be properly submitted through the Guide, HOD and the Principal of the institution.

1. 3. Any change in the topic of dissertation work should be applied to the university with sufficient reasons for the change, within 1 year. After 1 year, up to 1½ year, change of the topic will be permitted by payment of fine of Rs.10,000/-. No change will be permitted after this time.

1. 4. No change in the dissertation topic or guide shall be made without prior approval of the university.

1. 5. Four copies of the completed dissertation books, certified by the Guide, HOD and the Head of the Institution will be submitted to the University 6 months before final examination on or before the dates notified by the university.

1. 6. Approval of dissertation work is an essential precondition for a candidate to appear in the university examination.

1.7. If the dissertation is approved with minor/major corrections it will be communicated to the candidate through the concerned Principal and HOD and they have to be resubmitted after making necessary correction within the prescribed time and it should be approved before the commencement of theory examination.

1. 8. If the candidate fails in the university theory/practical examination but his/ her dissertation is approved, the dissertation will be carried over for the subsequent examination(s).

2. General rules of formatting

Paper and size	:	bond paper, A4 size
Cover	:	tan/black, water proof bind
Number of pages	:	not less than 60 and not more than 100 (including references, questionnaires and other annexures)
Page margins	:	1" on all sides
Line spacing	:	double line
Font	:	Arial
Page numbering	:	footer
References	:	Vancouver style
Binding	:	hard bind (spiral binding will not be accepted)

3. Parts of the dissertation:

Page 1. Should contain the title of the dissertation on the top of the page with quotation, name of the candidate, department, institution and the university to which affiliated.

Title

- **What is it for?** More than just an arbitrary label for naming your work, a dissertation title serves as the first summary of what your piece is all about. A good dissertation title must communicate the essence of your research project and give an accurate sense of what follows.
- **Language**. Take time and effort to formulate a dissertation title in good English. Consult a language specialist if needed.
- **Clarity.** Ambivalence and ambiguity have no place here; a clear, lucid and descriptive title is the best way to make a confident opening statement to the person who will eventually mark the work.
- **Categorisation.** Dissertations come in many forms and are guided by different purposes, even within the same field. Consider therefore the value of signalling from the very outset whether your dissertation is of one type or another. Make clear what the reader can hope to expect in reading the entire text.
- **Focus. Keep the title short and relevant** to the aims of your research. There is no room whatsoever for extraneous material and padding. The specificity of your title will indicate the focus of your approach as a whole, and therefore demonstrate a certain clarity of thought.

- **Scope.** The full extent of the reach of your research will be discussed in the introductory chapter of your dissertation, but in an impressionistic sense the title can serve to give an idea as to the breadth of your purview. Indicate the span of your dissertation if possible.
- **Distinctiveness.** A good dissertation title will be instantly recognisable and distinct from those of other extended pieces of writing on the same or related topics. To this end it is advisable to avoid dry and generic vocabulary where possible and mark out your dissertation as being somewhat unique.
- **Avoidance of proper names of the persons or institutions.** Do not include proper names of individuals or institutions involved in the research.

Page 2. Certificate: Certificate should contain the following.

a. Name of the candidate

b. Registration number

c. Period of registration for the postgraduate course

d. Branch of study

e. Institution where the work was carried out

f. Title of dissertation

g. Name and designation of the guide

h. Name of the HOD

i. Certificate that this is an original work done by the candidate and no part of this work was used as basis for obtaining any other degree or publication or part thereof.

The certificate has to be signed by: the candidate, the Guide, and the Principal of the institution.

Page 3. Acknowledgements Generally, all help and assistance, like guidance, inspiration, moral support etc., can be acknowledged, in this order.

- Scientific, theoretical, practical guidance
- Encouragement-both authoritative and inspirational
- Support with recording data and statistical analysis
- Help with graphics, charts and tables

- Insightful comments and corrections
- Cooperation from peers/seniors/other faculty
- Technical, instrumental laboratory support
- Broad institutional support The order, therefore would be:

Guide

Co-guides by seniority

Head of the department, if different Senior faculty

Senior postgraduates

Patients/subjects

Statistician

Sponsors if any

Technicians

Head of the institution.

Acknowledgements to one's family and friends is out of place in a dissertation, as it is an official document.

Page 4. Index/table of contents: This should contain the names of sections and page numbers against them.

Introduction

Aims and objectives of the study

Review of literature

Methodology: Materials and Methods (pre and para clinical)/Patients and Methods (clinical)

Observations and results

Discussion

Conclusions & Summary

References

Tables

Annexures

Page 5. List of abbreviations used in the text

This avoids the need to explain the full terminology at every step. Abbreviations should be taken from standard terminology so that the need to consult this page is reduced to the minimum.

6. Introduction:

- Give a brief review of current status.
- Discuss the motivation for the work
- Be specific about what the work is trying to achieve.

This section should contain the following paragraphs.

Para 1. Brief description of the problem/issue taken for study, how important and how common is the disease/problem, how it affects people and morbidity/mortality issues, or health consequences.

Para 2. Epidemiological importance of the subject of study

Para 3. Why the topic has been chosen. Whether the topic is least explored in that region, or in the state/country, or that the available information published as on date is insufficient to draw conclusions to progress further in management of patients/diagnosis of disease.

Para 4. Justify the infrastructural facilities, materials (patient /samples) and the proposed outcome of your study in all probability.

7. Aims and objectives of the study:

This should be expressed as points. Brief about what you want to do, point by point (including number of patients/samples) and what result do you expect to achieve.

8. Review of literature

This should not be more than 20 pages. The review should be comprehensive and should be confined to the topic of study, and should compulsorily include the most recent articles published in relation to your study. Every effort must be made to collect as much information as possible.one or two of the most relevant pictures may be included. A table containing comparison of similar studies done earlier may also be included.

The author cannot put forward his/her own ideas/ suggestions, or use his own derivations in review of literature. The section should contain only the facts of already done research in this area.

9. Methodology :

This section may be named as 'materials and methods" when it refers to laboratory work, and 'patients and methods ' when it refers to clinical work.It should contain the sample number, type of study, control group if any, inclusion and exclusion criteria, and every detail of how the work is undertaken. Minute details of standard procedures may be omitted and are given at the end of the book under annexure. Mention ethical issues and methods adopted for statistical analysis.

10. Observations and Results:

The findings of the study should be analysed and should be arranged in tables, charts and diagrams. The photographs of observations taken during the course of study should also be included. The text in this chapter should explain the observations, table wise.

11. Discussion:

- Analyze data and relate them to other studies.
- Possible explanations for any variation in the results
- Significance of results in terms of hypothesis and their practical implications
- Evaluate strengths and weaknesses of work
- Recommendations for further work
- Avoid using personal pronouns(I, We)

This section should be in more than 20 pages. The findings of the study should be analyzed along with the already known information about the problem studied. The implications of the observations of the study should be projected. The limitations of the study, and recommendations of areas for further study in future can also be discussed.

The author can use his ideas and derivations based on the findings of his/her study. He/she can also project the difficulties faced by him/her during the course of study, and suggest methods to overcome them.

12. Conclusions & Summary

This section should contain, in points, the net result of the study.

13. References

The word 'references' is appropriate for dissertations, rather than 'bibliography'. The references may be arranged in Vancouver style.

14. Tables:

Tables should be serially numbered, accurately named with reference to the data presented and the statistical analysis (if any) presented at the bottom of the table.

15. Annexures

This section contains : the proforma used for the study, ethical clearance certificate, consent forms used in the study, master chart of all the data, details of the standard procedures used (which are avoided in materials and methods),and any other information which is relevant.

Introduction	Why did you do it?
Aims and Objectives	What do you want to achieve?
Review of literature Methods	What have others done?
Results	How did you do it?
Discussion	What did you find?
Summary and Conclusions	What do you want to say now?
Tail	The raw material employed in the study

POST GRADUATE DEGREE AND DIPLOMA COURSES

Kamineni Institute of Medical Sciences is permitted by Ministry of Health & Family Welfare, Government of India, Medial Council of India, New Delhi and Government of Telangana to start Post Graduate Degree and Diploma Courses in the subjects mentioned below from the academic year 2005-06. KNR University of Health Sciences, Warangal, T.S. granted affiliation for the subjects mentioned below:

Sl. No.	Department	No. of seats Degree
1	Anatomy	04
2	Physiology	03
3	Biochemistry	02
4	Pharmacology	04
5	Microbiology	02
6	Pathology	04
7	Community Medicine	03
8	General Medicine	10
9	DVL	03
10	TB & CD	03
11	Psychiatry	03
12	Paediatrics	06
13	General Surgery	10
14	Orthopaedics	07
15	ENT	03
16	Ophthalmology	03
17	Obst. & Gynaecology	06
18	Anaesthesiology	08
19	Radiology	05
20	Hospital Administration	02
21	Emergency Medicine	02
22	Transfusion Medicine	01
Total		**94**

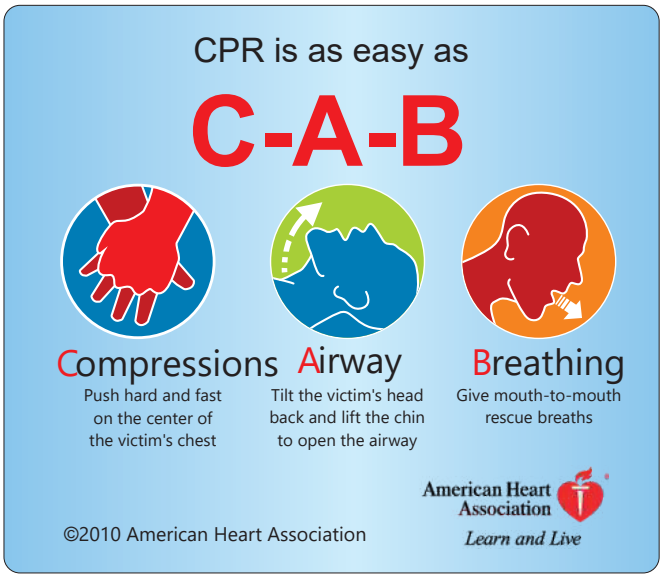
EMERGENCY LIFE SUPPORT

- Basic Life Support (BLS)
- Advanced Cardiac Life support Course (ACLS)
- Pediatric Advanced Life Support Course (PALS)
- Advanced Trauma Life Support (ATLS)

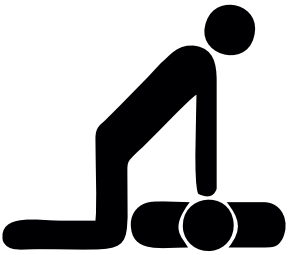
---- 2015 Guidelines

American Heart Association®

GUIDLINES
2015 I CPR & ECC



Not too fast;
Not too hard



100-120/min
5-6cm deep

SIMPLIFIED ADULT BLS

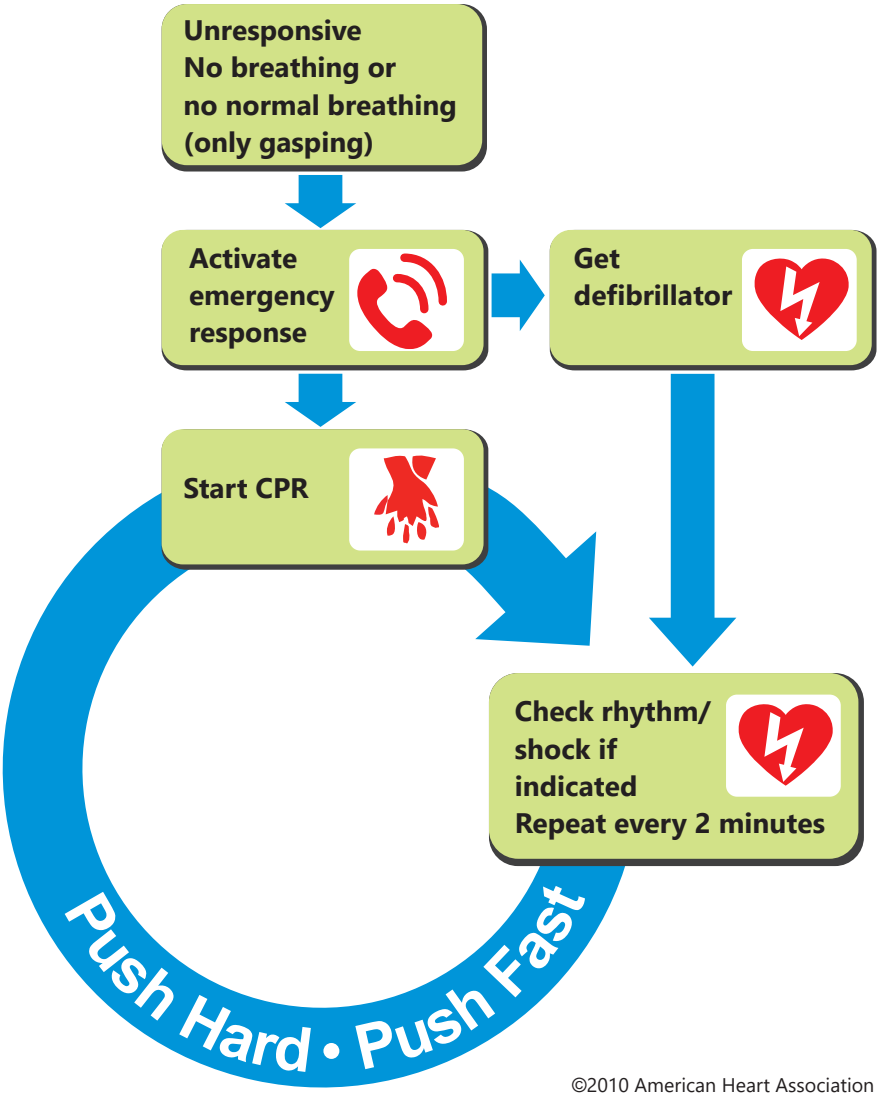
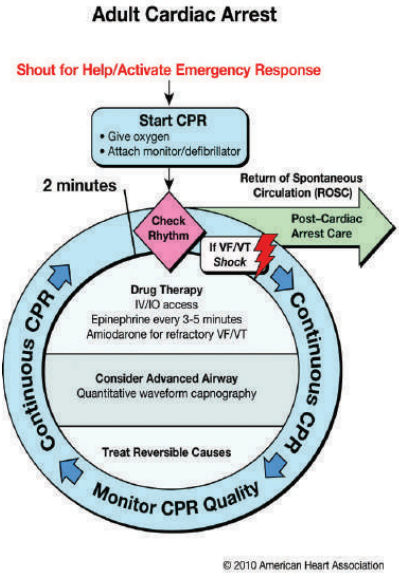


Image used only for academic purpose

Chain of survival/ACLS 2015 AHA GUIDE LINES



CPR Quality
- Push hard (≥2 inches [5 cm]) and fast (≥100/min) and allow complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- If no advanced airway, 30:2 compression-ventilation ratio
- Quantitative waveform capnography
  - If P_{ETCO_2} <10 mm Hg, attempt to improve CPR quality
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality

Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in P_{ETCO_2} (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Shock Energy
- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy
- **Epinephrine IV/IO Dose:** 1 mg every 3-5 minutes
- **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
- **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

Advanced Airway
- Supraglottic advanced airway or endotracheal intubation
- Waveform capnography to confirm and monitor ET tube placement
- 8-10 breaths per minute with continuous chest compressions

Reversible Causes
- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

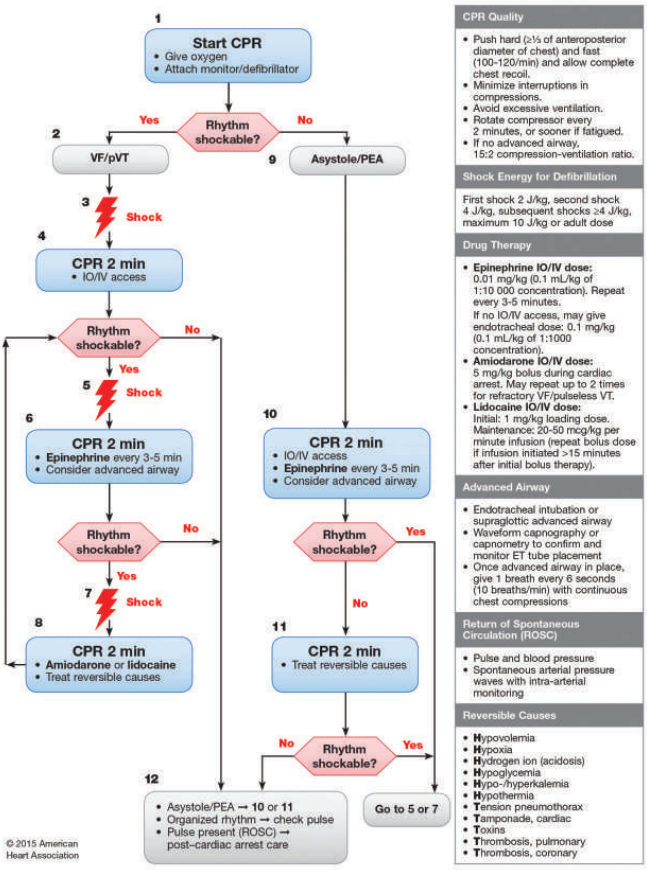
Image used only for academic purpose

PAEDIATRIC ADVANCED LIFE SUPPORT

American Heart Association

American Academy of Pediatrics | American Academy of Pediatrics

Pediatric Cardiac Arrest Algorithm—2015 Update



ATLS™
ADVANCED TRAUMA LIFE SUPPORT

Sequence of ATLS Priorities

For the query multiple injured patient the following prioritisation is appropriate:

1. Preparation
2. Triage
3. Primary Survey
4. Resus
5. Adjuncts to primary survey & resus
6. Consider pt transfer
7. Secondary survey (Head to toe)
8. Adjuncts to secondary survey
9. Re-evaluation (Re-assessment)
10. Definitive care

Image used only for academic purpose

NORMAL VALUES OF VARIOUS COMPONENTS OF BODY FLUIDS
BLOOD CHEMISTRY TESTS (WB) = WHOLE BLOOD (P) =PLASMA (S) = Serum

Test (Specimen)	Reference Values: Conventional U.S. Units (SI)	Clinical Implications
Acid phosphatase (ACP) (S)	0.1-5.0 KAU/dl King-Armstrong method (0-0.8 IU/liter)	Values increase in prostatic cancer (especially if it has spread beyond the prostate gland), some liver diseases, hyperparathyroidism, hemolytic anemia, and sickle cell crisis; values are decreased in Down syndrome.
Akaline phosphatase (ALP) (S)	4-13 KAU/dl King-Armstrong method (30-120 U/liter)	Values increase in some liver and bone diseases, hyperparathyroidism,and pregnancy; values decrease in cretinism, growth retardation, scurvy and achonndroplasia.
Alphafetoprotein (AKP) (WB or amniotic fluid)	Non-pregnant adult: 5-15 ng/ml<25 ng/ml (<25g/liter)	Major plasma protein synthesized by fetal liver during first 3months of development. In amniotic fluid and maternal blood, values increase with faulty development of the fetal nervous system, in particular neural tube defects such as spina bifida. In nonpregnant adults, values increase in liver cancer, cirrhosis, or chronic active hepatitis.
Aminotransferases (S) Alanine amino-trans ferase (ALT); formerly serum glutamate-pyruvate transaminase (SGPT)	10-30IU/ml; 5-25 Reitman-Frankel units (10-30 U/liter)	Values increase in liver disease or liver damage due to toxic drugs.

Aspartate no-transferase (AST); merly serum glutamate-oxaloacetate	5-24 IU/liter; 5-35 Reitman-Frankel units (5-30 U/liter)	Values increase in myocardial infarction, liver disease, ami- trauma to skeletal muscles, and severe burns; values for- decrease in beriberi and uncontrolled diabetes mellitus with acidosis. transaminase (SGOT)
Ammonia (P)	20-120 mg/dl (12-55mol/liter)	Values increase in liver disease, heart failure, emphysema, pneumonia. Corpulmonale, and hemolytic disease of th newborn (erythroblastosis fetalis).
Amylase (S)	60-160 Somogyi U/dl (25-125 U/liter)	Values increase in acute pancreatitis, mumps, and obstruction of pancreatic duct; values decrease in hepatitis, cirrhosis, burns, and toxemia of pregnancy.
Bilirubin (S)	Total: 0.2-1 mg/dl [4-17 mol/l] Conjugated: <0.5 mg/dl (<5.0 mol/liter) Unconjugated: 0.2-1.0 mg/dl Newborn: 1.0-12.0 mg/dl	An increase in conjugated bilirubin probably results from liver dysfunction or biliary obstruction; an increase in unconjugated bilirubin probably results from excessive hemolysis of red blood cells. (18-20mol/liter)
Blood urea nitrogen	(< 200mol/liter) 8-26mg/dl (2.9-9.3 mmol/litre)	Values increase in kidney disease, shock, dehydration, diabetes and acute myocardial infarction (MI); values decrease in liver failure, impaired absorption, and overhydration.
Calcium Ca and Ca2+) (S)	Total:9-11 mg/dl (2.3-2.7 mmol/litre) ionized (50% of total): 4.5-5.5 mg/dl	Values increase in cancer, hyperparathyroidism, Addison's disease. hyperthyroidism, and Paget's disease; values decrease in hypoparathyroidism, chronic renal failure osteomalacia, rickets, and diarrhea

Carbon dioxide (CO_2) Content (WB)	Arterial:19-24 mEq/l (19-24 mmol/litre) Venous: 22-26 mEq/l	Values increase in severe vomiting, emphysema, and aldosteronism; values decrease in severe diarrhea starvation, and acute failure
Carbon dioxide Partial pressure (pCO_2) (WB)	Arterial:35-40mm Hg (same) Venous: 45 mm Hg	Values increase in hypoventilation, obstructive lung disease and emphysema; values decrease in hyperventilation, hypoxia, and pregnancy
Carcinoembryonic antigen (CEA) (P)	T< 3ng/ml (<3mg/liter)	Values increase in carcinoma of the colon, rectum, breast ovary, liver and pancreas; inflammatory bowel disease (IBD); cirrhosis; and chronic cigarette smoking.
Carotene, beta (S)	40-200mg/dl (0.4-2.0 mg/liter)	Values varies with diet but increases in myxedema, diabetes mellitus, and excessive dietary intake; values (decrease in fat malabsorption,liver disease, and poor dietary intake
Chloride ion (Cl) (S)	95-103mEg/liter (95-103 mmol/liter)	Values increase in dehydration, Cushing's syndrome, and anemia; values decrease in severe vomiting, severe burns diabetic acidosis, and fever

Cholesterol, total (S)	<200mg/dl (<5.2mmol/liter)	Value varies with diet, gender, and age. Values increase in diabetes mellitus, cardiovascular disease, nephrosis, and is desirable hypothyroidism; values decrease in liver disease, hyperthyroidism, fat malabsorption, pernicious anemia, severe infection, and terminal stages of cancer.
HDL cholesterol (P)	Male: 30-60mg/dl [0.75-1.58mmol/l Female: 35-75mg/dl [0.98-1.95 mmol/l]	
LDL cholesterol (P)	< 130 mg/dl. (<3.2 mmol/liter) is desirable	Values increase in hyperthyroidism, stress, obesity, and Cushing's syndrome; values decrease in hypothyroidism liver disease, and Addison's disease.
Cortisol (hydrocortisone) (P)	8A.M.- 10 A.M.:, 5-23 mg/dl (270-700 mmol/liter) 4 P.M.-6P.M.: 3-13 mg/dl (135-350 nmol/liter) Male: 0.1-0.4 mg/dl	Values increase in muscular dystrophy, damage to muscle tissue, nephritis, and pregnancy.
Creatine Kinase (CK) creatine phosphokinase (CPK)(S)	Male: 55-170U/liter (same) Female:30-135 U/liter (same)	Values increase in myocardial infarction, progressive formerly muscular dystrophy, myxedema, convulsions, hypothyroidism, and pulmonary edema.
Creatinine (S)	0.5-1.2 mg/dl (45-105 mmol/liter)	Values increase in impaired renal function, gigantism, and acromegaly; values decrease in muscular dystrophy

Fetal hemoglobin (WB)	Newborns:60-90% Before age 2:0-4% Adults:0-2%	Values increase in thalassemia, sickle-cell anemia, and leakage of fetal blood into maternal bloodstream.
Gamma-glutamyl transferase (GGT)(S)	5-40 IU/liter (5-40 U/liter)	Values increase in obstruction of bile duct, cirrhosis of the liver, metastatic cancer of the liver, cholelithiasis, congestive heart failure (CHF), and alcoholism.
Glucose (S) fasting	70-110 mg/dl (3.9-6.1 mmol/liter)	Values increase in diabetes mellitus, acute stress, hyperthyroidism, chronic liver disease, and nephritis; value decrease in Addison's disease, hypothyroidism, and cancer of the pancreas & over dose of insulin.
Immunoglobulins (S) IgG	800-1, 801 mg/dl (8.0-18.0g/liter)	IgG values increase in infections of all types, liver disease, and severe malnutrition. IgA values increase in cirrhosis of the liver, chronic
IgA	113-563 mg/dl (1.1-5.6g/liter)	infections, and auto-immune disorders and decrease in i munologic deficiency states.
IgM	54-222 mg/dl (0.5-2.2 g/liter)	IgM values increase in trypanosomiasis and decrease in lymphpoid aplasia.
IgD	0.5-3.0 mg/dl (5-30 mg/liter)	IgD values increase in chronic infections and myelomas.
IgE	0.01-0.04 mg/dl (0.1-0.4 mg/lter)	IgE values increase in hay fever, asthma, and anaphylactic shock.

HEMATOLOGY TESTS (CONTINUED) (WB) = WHOLE BLOOD (S) = SERUM (P) = PLASMA (U) = Urine		
Test (Specimen)	**Reference Values: Conventional U.S. Units (SI)**	**Clinical Implications**
Reticulocyte count (WB)	0.5-2.0% (same)	Values increase in hemolytic anemia, metastatic carcinoma, and leukemia: values decrease in iron-deficiency and pernicious anemia, radiation therapy, and kidney disease in which kidney cell do not make erythropoietin.
White blood cell count, differential (WB)		Neutrophils increase in acute infections; eosinophils a basophils increase in allergic reactions; lymphocytes i crease during antigen-antibody reactions; monocytes increase in chronic infections.
Neutrophils	60-70% (same)	
Eosinophils	2-4% (same)	
Basophils	0.5-1% (same)	
Lymphocytes	20-25% (same)	
Monocytes	3-8% (same)	
White blood cell count, total (WB)	5,000-10,000/mm3	Values increase in acute infections, trauma, malignant diseases, and cardio-vascular diseases; values decreasein diabetes mellitus, anaemias, and following cancer chemotherapy.

URINE TESTS		
Test (Specimen)	**Reference Values: Conventional U.S. Units (SI)**	**Clinical Implications**
Amylase (2 hour)	35-260 somogyi units/hr (6.5-48.1 units/hr)	Values increase in inflammation of the pancreas (pancreatitis) or salivary glands, obstruction of the pancreatic duct, and perforated peptic ulcer.
Bilirubin (random)	Negative	Values increase in liver disease and obstructive biliary disease.
Blood (random)	Negative	Values increase in renal disease, extensive burns, transfsion reactions, and hemolytic anemia.
Calcium (Ca2+) (random)	10 mg/dl (2.5 mmol/liter); upto 300 mg/24 hr (7.5 mmol/24 hr)	Amount depends on dietary intake; values increase in hyperparathyroidism, metastatic malignancies, and primary cancer of breasts and lungs; values decrease in hypoparathyroidism and vitamin D deficiency.
Casts (24 hours) Epithelial Granular	Occasional Occasional Occasional	Values increase in nephrosis and heavy metal poisoning. Values increase in nephritis and pyelonephritis. Values increase in golmerular membrane damage and fever.
Hyaline Red blood cell	Occasional Occasional	Values increase in pyelonephritis, kidney stones, and cystitis values increase in kidney infections.
White blood cell Chloride (C l) (24hour)	140-250mEq/24hr (140-250mmol/24hr	amount depends on dietary salt intake; values increase in Addison's disease, dehydration, and starvation; values Decrease in pyloric obstruction, diarrhea, and emphysema

Color (random)	Yellow, straw, amber	Varies with many disease states, hydration, and diet.
Creatinine (24hour)	Male: 1.0-2.0g/24hr (9-18mmol/24hr	Values increase in infections, values decrease in muscular atrophy, anemia and kidney disease.
Glucose (random)	Negative	Values increase in diabetes mellitus, brain injury, and Myocardial infection.
Hydroxycorticosteroids (17-hydroxysteroids) (24 hour)	Male: 5-15mg/24 hr (13-41 mol/24 hr) Female: 2-13mg/24 hr (5-36 mol/24 hr)	Values increase in Cushing's syndrome, burns, and infections; values decrease in Addison's disease.
Ketone bodies (random)	Negative	Values increase in diabetic acidosis, fever, anorexia, fasting, and starvation.
17-ketosteroids (KS) 24 hour)	Male:8-25 mg/24 hr (28-87 mol/24 hr) Female: 5-15 mg/24 hr. (17-53 mol/24 hr)	Values increase in surgery, burns, infections, adrenogenital syndrome, and Cushing's syndrome
Odor (random)	Aromatic	Becomes acetone like in diabetic ketosis.
Osmolality (24 hour)	500-1400 mOsm/kg Water (500-1400 mmol/kg Water)	Values increase in cirrhosis, congestive heart failure (CHF), and high protein diets; values decrease in aldosteronism, diabetes insipidus, and hypokalemia.
PH (random)	4.6-8.0	Values increase in urinary tract infections and severe alkalosis; values decrease in acidosis, emphysema, starvation, and dehydration.
Phenylpyruvic acid	Negative	Values increase in phenylketonuria (PKU)

(random) Potassium (K+) (hour)	40-80 mEq/24hr (40-80 mmol/24hr)	Values increase in chronic renal failure, dehydration, starvation, and Cushing's syndrome; values decrease in diarrhea, malabsorption syndrome, and adrenal cortical insufficiency.
Protein (albumin) (random)	Negative	Values increase in nephritis, fever, severe anaemias, trauma, and hyperthyroidism.
Sodium (Na+) (24 hour)	75-200 mg/24 hr (75-200 mmol/24 hr)	amount depends on dietary salt intake; values increase in dehydration, starvation, and diabetic acidosis; values decrease in diarrhea, acute renal failure, emphysema, and Cushing's syndrome.
Specific gravity (random)	1.001-10.35	Values increase in diabetes mellitus and excessive water loss; values decrease in absence of antidiuretic hormone (ADH) and severe renal damage.
Urea (random)	25-35 g/24 hr (420-580 mmol/24 hr)	Values increase in response to increased protein intake; values decrease in impaired renal function.
Uric acid (24hour)	0.4-1.0 g/24 hr 1.5-4.0 mmol/24 hr	Values increase in gout, leukemia, and liver disease; values decrease in kidney disease.
Urobilinogen (2 hour)	0.3-1.0 Ehrlich units (1.7-6.0mol/24 hr)	Values increase in anaemias, hepatitis A (infectious), biliary disease, and cirrhosis; values decrease in cholelithiasis and renal insufficiency.
Volume, total (24 hour)	1000-2000 ml/24 (1.0-2.0 liters/24 hr)	Varies with many factors

"Test often performed using a dipstick, a plastic strip impregnated with chemicals is dipped into a urine specimen to detect particular substance. Certain colors indicate the presence or absence of a substance and sometimes give a rough estimate of the amount(s) present.

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I,_____ _____(full name of student

with admission/registration/enrolment number) s/o d/o

Mr./Mrs./Ms._____having been

admitted to _____(name of

the institution) _____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this_____day of_____month of_____year.

Signature of deponent

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at_____(place) on this the_____(day)_____of (month),_____(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the_____ (day) of_____(month,_____(year). after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. (full_____name of parent/ guardian) father/mother/guardian of, (full name of student with University Roll Number)_____, having been admitted to _____(name of the institution)_____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that

a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

4. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
5. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this_____day of_____month of_____year.

Signature of deponent
Name:
Address:
Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at_____(place) on this the_____(day)_____of (month),_____(year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the_____ (day) of_____(month,_____(year). after reading the contents of this affidavit.

OATH COMMISSIONER

NOTES

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

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Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

A Hand Book for Medical Students

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THE PHYSICIAN'S PLEDGE

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;

THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;

I WILL RESPECT the autonomy and dignity of my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;

I WILL FOSTER the honour and noble traditions of the medical profession;

I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;

I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;

I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely, and upon my honour.

VISION

"Establishing an Institute of Medical Sciences and Research of global standards to serve the people in the region with advanced medical facilities with special focus on rural population".

MISSION

- The 'Kamineni Institute of Medical Sciences' is to be a centre of academic excellence through appropriate, innovative and need-based programs of teaching, research, service and extension with community orientation, in a, student - friendly learning environment.
- Empowering the medical students with appropriate knowledge and skills to be able to attend to the needs of the patients and the community at large.
- Providing technology-mediated education (ICT) and to shift the focus from teaching to learning.
- Providing access to the disadvantaged sections of the society to the medical education
- Promoting research among faculty and students.
- Instill in the students a sense of national pride and infuse ethical and moral values and commitment to society.

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

PERSONAL DATA

Name: _____ Adm. No: _____

Class: _____ Roll No: _____

Date of birth: _____

Name of the Father/ Guardian: _____

Address: _____

_____

_____ PIN _____

PHONE NO: _____

Height: _____ cms. Weight_____ kgs. Chest: _____cms. _____cms.

Blood group: _____

Identification Marks:

LIST OF HOLIDAYS

- Sankranthi
- Republic Day
- Mahashivrathri
- Ugadi
- Telangana Formation day
- Ramzan
- Independence day
- Vinayaka Chathurthi
- Gandhi Jayanthi
- Durga Ashtami
- Deepavali
- Christmas

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist. Telangana, India.

Promoted by the	Affiliated to the	Approved by the
KAMINENI EDUCATION SOCIETY	**Dr. NTR UNIVERSITY OF HEALTH SCIENCES**	**MEDICAL COUNICL OF INDIA**
Hyderabad, T.S.	Vijayawada – A.P.	New Delhi

Kamineni Institute of Medical Sciences (KIMS) – The Medical College and Teaching Hospital is promoted by Kamineni Education Society, Hyderabad in 1999 with annual admission of 100 students in MBBS Course which was increased to 150 from 2006. The institution has permission from Ministry of Health & Family Welfare for 200 admissions from 2015. The College is permitted by Medical Council of India to start Post Graduate [Degree & Diploma] Courses in 22 specialties in phased manner from 2005. The recognition for P.G [Degree & Diploma] courses by Medical Council of India is accorded in a phased manner from 2008. The KIMS is located at Sreepuram, Narketpally, Nalgonda Dist. 89Kms from Hyderabad and 190 Kms from Vijayawada on National Highway – 9 (Hyderabad – Vijayawada). Magnificence of the Institute and Hospital buildings complement the 34.65 acres landscape in which they are built. Special emphasis is laid on the lawns, avenue trees, flower gardens etc., which gives an aesthetics touch to the entire panorama. This together with its location gives the campus a serene atmosphere which is indispensable in imparting Quality Education.

With an atmosphere like that of the Vedic ages, the Institute equally boasts of global standards when it comes to Technology. It's ultra-modern infrastructural facilities motivates the staff and students alike, to scale greater heights. The Quality Standards maintained and the faculties appointed are as per norms of the Medical Council of India. Since the inception there has been relentless growth & constant up gradation making the Institute, a center for excellence.

Along with Qualitative Teaching Methods, self-learning is equally encouraged through "Sahithi" – the Library which is a separate building housing thousands of Textbooks, Journals, Periodicals, Magazines, CD-ROM titles etc.

Kamineni Institute of Medical Sciences is accredited with Grade-"A" by National Assessment & Accreditation Council [NAAC].

There are separate hostels for boys & girls. Samhitha, Samskruthi, Samyuktha, Samatha, Sadhbhavana, Samyami, NRI block hostels for Girls & Samyami hostel

for boys. Together they can accommodate more than 1200 students. All rooms are well furnished and ventilated. Hygienic & nutritious food is cooked on steam cooking facility and served in separate dining halls for boys and girls. Continuous treated drinking water facility caters to the inmates of the campus. Separate accommodations are available for NRI students. Air conditioned accommodation available for Boys & Girls. Two Generators of 500 KV each ensure continuous power supply for the Campus.

The Campus has recreational facilities like Games room, Multi-purpose Auditorium and separate Gymnasium & Playgrounds for boys and girls to keep the students spirits high.

The members of the Kamineni Educational Society are also the promoters of Kamineni Hospitals Limited (KHL) at L.B. Nagar, Hyderabad. With an unparalleled track record of over a decade in the service of mankind, Kamineni Hospitals has grown to be among the country's finest healthcare facilities. Spread over a sprawling 400 thousand sq.ft., Kamineni Hospitals is a 350 bed Broad & Super Specialty Teaching Hospital with full time in-campus faculty & consultants. The State-of-the-art facilities include 12 Operation Theatres and NABL accredited diagnostic labs.

Kamineni Hospitals Private Limited Company is granted permission to start a new medical college by the name of Kamineni Academy of Medical Sciences & Research Center at L.B Nagar, Hyderabad with an annual intake of 150 students for the academic year 2013-14.

Kamineni Group are the promoters of Kamineni Hospitals at King Koti & Kamineni Life Sciences at Moula ali - Manufacturers of Diagnostic Kits and equipments.

Kamineni School & College of Nursing at L.B Nagar, Hyderabad, Kamineni Institute of Dental Sciences, KIMS School & College of Nursing at Narketpally and Kamineni Institute of Paramedical Sciences at L.B Nagar & Narketpally are other pursuits of the Society, aimed at

..... *Serving Humanity*

ADMINISTRATIVE STAFF

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Principal

Vice Principal

Administrative Officer

Finance Officer

Warden, Men's Hostel

Warden, Women's Hostel

Deputy Warden, Women's Hostel

Security Officer

KAMINENI INSTITUTE OF MEDICAL SCIENCES & HOSPITAL

Medical Superintendent

Deputy Medical Superintendent

General manager

Hospital Adminstrator

Nursing Superintendent

Security Officer

TELEPHONE NUMBERS

Sl. No.	Designation	Telephone No.
1.	Principal	9490294931
2.	Medical Superintendent	9666909990
3.	Vice Principal	9550900399
4.	General Manager (KIMS Hospital)	8790903359
5.	Warden Men's Hostel	9398037436
6.	Warden Women's Hostel	9493205542
7.	Deputy Warden Women's Hostel	8105719281
8.	Administrative Officer	9182664215
9.	Security Officer	9052382840

COLLEGE COUNCIL :

The College Council is comprised of the Head of Departments as members and Principal / Dean as Chairperson. The Council shall meet at least four times in a year to draw up the details of curriculum and training programme, enforcement of discipline and other academic matters. The council shall also organize inter-departmental meetings like grand rounds and Clinico-pathological conference including seminars, research review and the disciplinary action against erring students.

GOLD MEDALS AND CASH AWARDS

The Kamineni Education Society has instituted the following Gold Medals and Cash Awards for outstanding Academic Performance of the students in 1st, 2nd and Final MBBS University Examinations

1st MBBS

i) Gold Medal with cash award of Rs. 5000/- in Anatomy for the student who scores highest Marks (80% or more) in Anatomy of R e g u l a r Batch in the University Examination.

ii) Gold Medal with cash award of Rs. 5000/- in Biochemistry for the student who scores highest Marks (80% or more) in Biochemistry of Regular Batch in the University Examination.

iii) Gold Medal with cash award of Rs.5000/- in Physiology for the student who scores highest Marks (80% or more) in Physiology of RegularBatch in the University Examination

2nd MBBS

iv) Gold Medal with cash award of Rs. 5000/- for the student who scores highest Marks (80% or more) in Pharmacology of Regular Batch in the University Examination.

v) Gold Medal with cash award of Rs. 5000/- for the student who scores highest Marks (80% or more) in Microbiology of Regular Batch in the University Examination.

vi) Gold Medal with cash award of Rs. 5000/- for the student who scores highest Marks (80% or more) in Pathology of Regular Batch in the University Examination.

vii) Gold Medal with cash award of Rs. 5000/- for the student who scores highest Marks (80% or more) in Forensic Medicine of
Regular Batch in the University Examination

FINAL MBBS PART-I

x) Gold Medal with cash award of Rs. 5000/- in ENT for the student who scores highest Marks (80% or more) in ENT of Regular Batch in the University Examination.

xi) Gold Medal with cash award of Rs. 5000/- in Ophthalmology for the student who scores highest Marks (80% or more) in Ophthalmology of Regular Batch in the University Examination.

xii) Gold Medal with cash award of Rs. 5000/- in Community Medicine for the student who scores highest Marks (80% or more) in Community Medicine of Regular Batch in the University Examination.

FINAL MBBS – PART-II

x) Gold Medal with cash award of Rs. 5000/- in General Medicine for the student who scores highest Marks (80% or more) in General Medicine of Regular Batch in the University Examination.

xi) Gold Medal with cash award of Rs. 5000/- in General Surgery for the student who scores highest Marks (80% or more) in General Surgery of Regular Batch in the University Examination.

xii) Gold Medal with cash award of Rs. 5000/- in Obst. & Gynaecology for the student who scores highest Marks (80% or more) in Obst. & Gynaecology of Regular Batch in the University Examination.

xiii) Gold Medal with cash award of Rs. 5,000/- for the student who secures highest Marks (80% or more) in Paediatrics of Regular Batch in the University Examination.

PHASE WISE TRAINING AND TIME DISTRIBUTION FOR PROFESSIONAL DEVELOPMENT

The Competency based Undergraduate Curriculum and Attitude, Ethics and Communication (AETCOM) course, as published by the Medical Council of India and also made available on the Council's website, shall be the curriculum for the batches admitted in MBBS from the academic year 2019-20 onwards.

Provided that in respect of batches admitted prior to the academic year 2019-20, the governing provisions shall remain as contained in the Part I of these Regulations.

7. Training period and time distribution:

7.1. Every learner shall undergo a period of certified study extending over 4 ½ academic years, divided into nine semesters from the date of commencement of course to the date of completion of examination which shall be followed by one year of compulsory rotating internship.

7.2 Each academic year will have at least 240 teaching days with a minimum of eight hours of working on each day including one hour as lunch break.

7.3. Teaching and learning shall be aligned and integrated across specialties both vertically and horizontally for better learner comprehension. Learner centered learning methods should include problem oriented learning, case studies, community oriented learning,self- directed and experiential learning.

7.4. The period of 4 ½ years is divided as follows:

7.4.1 **Pre-Clinical Phase [(Phase I)** - First Professional phase of 13 months preceded by Foundation Course of one month]: will consist of preclinical subjects – Human Anatomy,Physiology, Biochemistry, Introduction to Community Medicine, Humanities, Professional development including Attitude, Ethics & Communication (AETCOM) module and early clinical exposure, ensuring both horizontal and Vertical integration.

7.4.2 **Para-clinical phase [(Phase II)** - Second Professional (12 months)]: will consist of Para-clinical Subjects namely Pathology, Pharmacology, Microbiology, Community Medicine, Forensic Medicine And Toxicology, Professional development including Attitude, Ethics & Communication (AETCOM) Module and introduction to clinical subjects ensuring both horizontal and vertical integration.The clinical exposure to learners will be in the form of learner-doctor method of clinical training in all phases. The emphasis will be on primary, preventive and comprehensive health care. A part of training during clinical postings should take place at the primary level of health care. It is desirable to provide learning experiences in secondary health care, wherever

possible.This will involve:

(a) Experience in recognizing and managing common problems seen in outpatient, inpatient and emergency settings,

(b) Involvement in patient care as a team member,

(c) Involvement in patient management and performance of basic procedures.

7.4.3 **Clinical Phase – [(Phase III)** Third Professional (28 months)]

(a) **Part I (13 months)** - The clinical subjects include General Medicine, General Surgery, Obstetrics & Gynaecology, Pediatrics, Orthopaedics, Dermatology, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Psychiatry, Respiratory Medicine,Radiodiagnosis & Radiotherapy and Anaesthesiology & Professional development including AETCOM module.

(b) **Electives (2 months)** - To provide learners with opportunity for diverse learnin experiences, to do research/community projects that will stimulate enquiry, self directed experimental learning and lateral thinking [9.3].

(C) **Part II (13 months) -** Clinical subjects include:

I. Medicine and allied specialties (General Medicine, Psychiatry, Dermatology Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis)

ii. Surgery and allied specialties (General Surgery, Orthopedics [including trauma]), Dentistry, Physical Medicine and rehabilitation, Anaesthesiology and Radiodiagnosis)

iii. Obstetrics and Gynecology (including Family Welfare)

iv. Pediatrics

v. AETCOM module

7.5 Didactic lectures shall not exceed one third of the schedule; two third of the schedule shall include interactive sessions, practicals, clinical or/and group discussions. The learning process should include clinical experiences, problem oriented approach, case studies and community health care activities. The admission shall be made strictly in accordance with the statutory notified time schedule to wards the same.

7.6 Universities shall organize admission timing and admission process in such a way that teaching in the first Professional year commences with induction through the Foundation Course by the 1st of August of each year.

(I) Supplementary examinations shall not be conducted later than 90 days from the date of declaration of the results of the main examination, so that the learners who pass can join the main batch for progression and the remainder would appear for the examination in the subsequent year.

(ii) A learner shall not be entitled to graduate later than ten (10) years of her/his joining the first MBBS course.

7.7 No more than four attempts shall be allowed for a candidate to pass the first Professional examination.The total period for successful completion of first Professional course shall not exceed four (4) years. Partial attendance of examination in any subject shall be counted as an attempt.

7.8 A learner, who fails in the second Professional examination, shall not be allowed to appear in third Professional Part I examination unless she/he passes all subjects of second Professional examination.

7.9 Passing in third Professional (Part I) examination is not compulsory before starting part II training; however,passing of third Professional (Part I) is compulsory for being eligible for third Professional (Part II) examination.

7.10 During para-clinical and clinical phases, including prescribed 2 months of electives, clinical postings of Three hours duration daily as specified in Tables 5, 6, 7 and 8 would apply for various departments.

8. Phase distribution and timing of examination

8.1 Time distribution of the MBBS programme is given in Table 1.

8.2 Distribution of subjects by Professional Phase-wise is given in Table 2.

8.3 Minimum teaching hours prescribed in various disciplines are as under Tables 3-7.

8.4 Distribution of clinical postings is given in Table 8.

8.5 Duration of clinical postings will be:

8.5.1 Second Professional : 36 weeks of clinical posting (Three hours per day - five days per week : Total 540 hours)

8.5.2 Third Professional part I: 42 weeks of clinical posting (Three hours per day - six days per week : Total 756 hours)

8.5.3 Third Professional part II: 44 weeks of clinical posting (Three hours per day six days per week : Total 792 hours)

8.6 Time allotted excludes time reserved for internal / University examinations, and vacation.

8.7 Second professional clinical postings shall commence before / after declaration of results of the first professional phase examinations, as decided by the institution/ University. Third Professional parts I and part II clinical postings shall start no later than two weeks after the completion of the previous professional examination. 8.8 25% of allotted time of third Professional shall be utilized for integrated learning with pre- and para- clinical subjects. This will be included in the assessment of clinical subjects.

Table 1: Time distribution of MBBS Programme & Examination Schedule

Professional Year	Time Frame	Subjects	Months (Teaching +Exams +Results)
1st	15thNov '22 to 15th Dec'23	Anatomy, Physiology, Biochemistry	13 Months
2nd	16th Dec'23 to 15th Jan'25	Pathology, Microbiology, Pharmacology	13 Months
3rd(III-Part-I)	16thJan'25 to 30th Nov'25	For. Med &Toxicology and community Medicine/SPM	10.5 Months
4th (III-Part-2)	Dec'25 to May'27	Gen. Surgery, Gen.Medicine, Paediatrics, Ob.Gy, ENT, Ophtha	17.5 Months
Internship		As per CRMI 2021 Regulations	12 Months
PG		1st Jul'28	

One month is provided at the end of every professional year for completion of examination and declaration of results.

Table 2: Distribution of subjects by Professional Phase

Phase & year of MBBS trainning	Subjects & New Teaching Elements	Duration #	University examination
Fist Professional MBBS	• Foundation Course (1Month) • Human Anatomy, Physiology & Biochemistry. Introduction to Community Medicine Humanities • Early Clinical Exposure	1+13 Months	I Professional
	• Attitude, Ethics, and Communication Module (AETCOM)		
Second Professional MBBS	• Pathology, Microbiology, Pharmacology, Forensic Medicine and Toxicology • Introduction to clinical Subjects including Community Medicine. • Clinical Postings Attitude, Ethics & Communication Module (AETCOM)	12 Months	II Professional

Phase & year of MBBS trainning	Subjects & New Teaching Elements	Duration #	University examination
Third Professional MBBS Part I	• General Medicine, General Surgery, Obsterics & Gynecology, Pedistrics, Orthopedics, Dermatology Psychiatry, Otorhinolaryngology, Ophthalmology, Community Medicine, Forensic Medicine and Toxicology, Respiratory Medicine, Radiodiagnosis & Radiotherapy, Anesthesiology • Clinical Subjects / Postings • Attitude, Ethics & Communication Module (AETCOM)	13 Months	III Professional (Part I)
Electives	Electives, Skills and Assessment*	2 Months	
Third Professional MBBS Part II	• General Medicine, Pediatrics, General Surgery,Orthopedics, Obstetrics and Gynecology includingFamily welfare, and allied specialties • Clinical Postings / Subjects • Attitude, Ethics & Communication Module (AETCOM)	13 Months	III Professional (Part II)

* Assessment of electives shall be included in internal Assessment.

Table 3: Foundation Course (One Month)

Subjects / Contents	Teaching hours	Self Directed Learning (Hours)	Total hours
Orientation[1]	30	0	30
Skills Module[2]	35	0	35
Field visit to Community Health Center	8	0	8
Introduction to Professional Development &. AETOM Module	-	-	40
Sports and extracurricular activities	22	0	22
Enhancement of language / computer skills[3]	40	0	40
Total	-	-	175

1. Orientation course will be completed as single block in the first week
2. Teaching of Foundation Course will be organized by pre-clinical departments.

Table 4: First Professional teaching hours

Subjects	Lectures (hours)	Small Group Teaching/ Tutorials/ Integrated learning/ Practical (hours)	Self directed learning (hours)	Total (hours)
Human Anatomy	220	415	40	675
Physiology*	160	310	25	495
Biochemistry	80	150	20	250
Early Clinical Exposure**	90	-	0	90
Community Medicine	20	27	5	52
Attitude, Ethics & Communication Module (AETCOM) ***	-	26	8	34
Sports and extracurricular activities	-	-	-	60
Formative assessment and Term examinations	-	-	-	80
Total	-	-	-	1736

* including Molecular Biology.

** Early clinical exposure hours to be divided equally in all three subjects.

*** AETCOM module shall be a longitudinal programme.

Table 5: Second Professional teaching hours

Subjects	Lectures (hours)	Small Group Learning / Tutorials/ Seminars Integrated learning / (hours)	Clinical Posting (hours)*	Self Directed Learning (Hours)	Total (hours)
Pathology	80	138	-	12	230
Pharmacology	80	138	-	12	230
Microbiology	70	110	-	10	190
Community Medicine	20	30	-	10	60
Forensic Medicine and Toxicology	15	30	-	5	50
Clinical Subjects	75**	-	540***	-	615
Attitude, Ethics & Communication Module (AETCOM)	-	29	-	8	37
Sports and extracurricular activities	-	-	-	28	28
Total	-	-	-	-	1440

* At least 3 hours of clinical instruction each week must be allotted to training in clinical and procedural skill boratories. Hours may be distributed weekly or as a block in each posting based on institutional logistics.

** 25 hours each for Medicine, Surgery and Gynecology & Obstetrics.

*** The clinical postings in the second professional shall be 15 hours per week (3 hrs per day from Monday to Friday).

Table 6: Third Professional Part I teaching hours

Subjects	Teaching (hours)	Tutorials/ Seminars /Integrated Teaching, (hours)	Self- Directed Learning (hours)	Total (hours)
General Medicine	25	35	5	65
General Surgery	25	35	5	65
Obstetrics and Gynecology	25	35	5	65
Pediatrics	20	30	5	55
Orthopaedics	15	20	5	40
Forensic Medicine and Toxicology	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
Attitude, Ethics & Communication Module (AETCOM)		19	06	25
Total	303	401	66	1551

* The clinical postings in the third professional part I shall be 18 hours per week (3 hrs per day from Monday to Saturday).

Table 7: Third Professional Part II teaching hours

Subjects	Teaching (Hours)	Tutorials/ Seminars /Integrated Teaching, (hours)	Self- Directed Learning (hours)	Total (hours)
General Medicine	70	125	15	210
General Surgery	70	125	15	210
Obstetrics and Gynecology	70	125	15	210
Pediatrics	20	35	10	65
Orthopaedics	20	25	5	50
Clinical Postings*	-	-	-	792
Attitude, Ethics & Communication Module (AETCOM)	28	-	16	43
Electives	-	-	-	200
Total	250	435	60	1780

* 25% of allotted time of third professional shall be utilized for integrated learning with pre- and para- clinical subjects and shall be assessed during the clinical subjects examination. This allotted time will be utilized as integrated teaching by para-clinical subjects with clinical subjects (as Clinical Pathology, Clinical Pharmacology and Clinical Microbiology).

** The clinical postings in the third professional part II shall be 18 hours per week (3 hrs per day from Monday to Saturday).

*** Hours from clinical postings can also be used for AETCOM modules.

Table 8: Clinical postings:

Subjects	Period of (Training In weeks			Total (Weeks)
	II MBBS	III MBBS Part I	III MBBS Part II	
Electives	-	-	8* (4 Regular clinical Posting)	4
General Medicine[1]	4	4	8+4	20
General Surgery	4	4	8+4	20
Obstetrics and Gynecology[2]	4	4	8+4	20
Pediatrics	2	4	4	10
Community Medicine	4	6	-	10
Orthopedics - including Trauma[3]	2	4	2	8
Otorhinolaryngology	4	4	-	8
Ophthalmology	4	4	-	8
Respiratory Medicine	2	-	-	2
Psychiatry	2	2	-	4
Radiodiagnosis[4]	2	-	-	2
Dermatology, Venereology & Leprosy	2	2	2	6
Dentistry & Anesthesia	-	2	-	2
Casualty	-	2	-	2
Total	36	42	48	126

* In four of the eight weeks of electives, regular clinical postings shall be accommodated. Clinical postings may be adjusted within the time framework.

1 This posting includes Laboratory Medicine (Para-clinical) & Infectious Diseases (Phase III Part I).

2 This includes maternity training and family welfare (including Family Planning).

3 This posting includes Physical Medicine and Rehabilitation.

4 This posting includes Radiotherapy, wherever available.

9. **New teaching / learning elements**

9.1**. Foundation Course**

9.1.1 **Goal:** The goal of the Foundation Course is to prepare a learner to study medicine effectively. It will be of one month duration after admission.

9.1.2 **Objectives:** The objectives are to:

(a) **Orient the learner to:**

(i) The medical profession and the physician's role in society

(ii) The MBBS programme

(iii) Alternate health systems in the country and history of medicine

(iv) Medical ethics, attitudes and professionalism

(v) Health care system and its delivery

(vi) National health programmes and policies

(vii) Universal precautions and vaccinations

(viii) Patient safety and biohazard safety

(ix) Principles of primary care (general and community based care)

(x) The academic ambience

(b) Enable the learner to acquire enhanced skills in:

(I) Language

(ii) Interpersonal relationships

(iii) Communication

(iv) Learning including self-directed learning

(v) Time management

(vi) Stress management

(vii) Use of information technology

(c) Train the learner to provide:

(i) First-aid

(ii) Basic life support

9.1.3 In addition to the above, learners may be enrolled in one of the following programmes which will be run concurrently:

(a) Local language programme

(b) English language programme

(c) Computer skills

(d) These may be done in the last two hours of the day for the duration of the Foundation Course.

9.1.4 These sessions must be as interactive as possible.

9.1.5 Sports (to be used through the Foundation Course as protected 04 hours / week).

9.1.6 Leisure and extracurricular activity (to be used through the Foundation Course as protected 02 hours per week).

9.1.7 Institutions shall develop learning modules and identify the appropriate resource persons for their delivery.

9.1.8 The time committed for the Foundation Course may not be used for any other curricular activity.

9.1.9 The Foundation Course will have compulsory 75% attendance. This will be certified by the Dean of the college.

9.1.10 The Foundation Course will be organized by the Coordinator appointed by the Dean of the college and will be under supervision of the heads of the preclinical departments.

9.1.11 Every college must arrange for a meeting with parents and their wards.

9.2. Early Clinical Exposure

9.2.1 **Objectives:** The objectives of early clinical exposure of the first-year medical learners are to enableThe learner to:

(a) Recognize the relevance of basic sciences in diagnosis, patient care and treatment,

(b) Provide a context that will enhance basic science learning,

(c) Relate to experience of patients as a motivation to learn,

(d) Recognize attitude, ethics and professionalism as integral to the doctor-patient relationship,

(e) Understand the socio-cultural context of disease through the study of humanities.

9.2.2 **Elements**

(a) Basic science correlation: i.e. apply and correlate principles of basic sciences as they relate to the care of the patient (this will be part of integrated modules).

(b) Clinical skills: to include basic skills in interviewing patients, doctor-patient communication, ethics and professionalism, critical thinking and analysis and self-learning (this training will be imparted in the time allotted for early clinical exposure).

(c) Humanities: To introduce learners to a broader understanding of the socio-economic framework and cultural context within which health is delivered through the study of humanities and social sciences.

9.3. **Electives**

9.3.1 Objectives: To provide the learner with opportunities:

(a) For diverse learning experiences,

(b) To do research/community projects that will stimulate enquiry, self-directed, experiential learning and lateral thinking.

9.3.2 Two months are designated for elective rotations after completion of the examination at end of the Third MBBS Part I and before commencement of third

MBBS Part II.

9.3.3 It is mandatory for learners to do an elective. The elective time should not be used to make up for Missed clinical postings, shortage of attendance or other purposes.

9.3.4 **Structure**

(a) The learner shall rotate through two elective blocks of 04 weeks each.

(b) Block 1 shall be done in a pre-selected preclinical or para-clinical or other basic sciences laboratory OR under a researcher in an ongoing research project. During the electives regular clinical postings shall continue.

(c) Block 2 shall be done in a clinical department (including specialties, super-specialties, ICUs, blood bank and casualty) from a list of electives developed and available in the institution.

OR

as a supervised learning experience at a rural or urban community clinic.

(d) Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

9.3.5 Each institution will develop its own mechanism for allocation of electives.

9.3.6 It is preferable that elective choices are made available to the learners in the beginning of the Academic year.

9.3.7 The learner must submit a learning log book based on both blocks of the elective.

9.3.8 75% attendance in the electives and submission of log book maintained during elective is required for eligibility to appear in the final MBBS examination.

9.3.9 Institutions may use part of this time for strengthening basic skill certification.

9.4. **Professional Development including Attitude, Ethics and Communication Module (AETCOM)**

9.4.1 **Objectives** of the programme: At the end of the programme, the learner must demonstrate ability to:

(a) understand and apply principles of bioethics and law as they apply to medical practice and Research understand and apply the principles of clinical reasoning as they apply to the care of the patients,

(b) understand and apply the principles of system based care as they relate to the care of the patient,

(c) understand and apply empathy and other human values to the care of the patient,

(d) communicate effectively with patients, families, colleagues and other health care professionals,

(e) understand the strengths and limitations of alternative systems of medicine,

(f) respond to events and issues in a professional, considerate and humane

fashion,

(g) translate learning from the humanities in order to further his / her professional and personal growth.

9.4.2 **Learning experiences:**

(a) This will be a longitudinal programme spread across the continuum of the MBBS programme including internship,

(b) Learning experiences may include – small group discussions, patient care scenarios, workshop, seminars, role plays, lectures etc.

(c) Attitude, Ethics &Communication Module (AETCOM module) developed by Medical Council of India should be used longitudinally for purposes of instruction.

9.4.3 75% attendance in Professional Development Programme (AETCOM Module) is required for Eligibility to appear for final examination in each professional year.

9.4.4 Internal Assessment will include:

(a) Written tests comprising of short notes and creative writing experiences,

(b) OSCE based clinical scenarios / viva voce.

9.4.5 At least one question in each paper of the clinical specialties in the University examination should test knowledge competencies acquired during the professional development programme.

9.4.6 Skill competencies acquired during the Professional Development Programme must be tested during the clinical, practical and viva voce.

9.5. Learner-doctor method of clinical training (Clinical Clerkship)

9.5.1 **Goal:** To provide learners with experience in:

(a) Longitudinal patient care,

(b) Being part of the health care team,

(c) Hands-on care of patients in outpatient and inpatient setting.

9.5.2 **Structure:**

(a) The first clinical posting in second professional shall orient learners to the patient, their roles and the specialty.

(b) The learner-doctor programme will progress as outlined in Table 9.

(c) The learner will function as a part of the health care team with the following responsibilities:

(i) Be part of the unit's outpatient services on admission days,

(ii) Remain with the admission unit until 6 PM except during designated class hours,

(iii) Be assigned patients admitted during each admission day for whom he/she will Undertake responsibility, under the supervision of a senior resident or faculty

member,

(iv) Participate in the unit rounds on its admission day and will present the assigned patients to the supervising physician,

(v) Follow the patient's progress throughout the hospital stay until discharge,

(vi) Participate, under supervision, in procedures, surgeries, deliveries etc. of assigned Patients (according to responsibilities outlined in table 9),

(vii) Participate in unit rounds on at least one other day of the week excluding the admission day,

(viii) Discuss ethical and other humanitarian issues during unit rounds,

(ix Attend all scheduled classes and educational activities,

(x) Document his/her observations in a prescribed log book / case record.

(d) No learner will be given independent charge of the patient

(e) The supervising physician will be responsible for all patient care decisions

9.5.3 Assessment:

(a) A designated faculty member in each unit will coordinate and facilitate the activities of the learner, monitor progress, provide feedback and review the log book/ case record.

(b) The log book/ case record must include the written case record prepared by the learner including relevant investigations, treatment and its rationale, hospital course, family and patient discussions discharge summary etc.

(c) The log book should also include records of outpatients assigned. Submission of the log book/ case record to the department is required for eligibility to appear for the final examination of the subject.

Table 9: Learner - Doctor programme (Clinical Clerkship)

Year of Curriculum	Focus of Learner - Doctor Programme
Year 1	Introduction to hospital environment, early clinical exposure, understanding perspectives of illness
Year 2	History taking physical examination, assessment of change in clinical status, communication and patient education
Year 3	All of the above and choice of investigations, basic procedures and continuity of care
Year 4	All of the above and decision making, management and outcomes

10. Specific Competencies

10.1. Preamble: The salient feature of the revision of the medical curriculum in 2019 is the emphasis on learning which is competency-based, integrated and learner-centered acquisition of skills and ethical & humanistic values. Each of the competencies described below must be read in conjunction with the goals of the medical education as listed in items 2 to 3.5.5. It is recommended that didactic teaching be restricted to less than one third of the total time allotted for that discipline. Greater emphasis is to be laid on hands- on training, symposia, seminars, small group discussions, problem-oriented and problem-based discussions and self-directed learning. Learners must be encouraged to take active part in and shared responsibility for their learning.

The global competencies to be achieved by the learner are outlined above in Chapter 1- section 3. Since the MBBS programme assessment will continue to be subject based, subject specific competencies have been outlined. These have to be acquired by the learner in the corresponding professional year. These competencies must be interpreted in the larger context outlined in section 3 and may be considered as "sub competencies" of the global competencies.

10.2. **Integration** must be horizontal (i.e. across disciplines in a given phase of the course) and vertical (across different phases of the course). As far as possible, it is desirable that teaching/learning occurs in each phase through study of organ systems or disease blocks in order to align the learning process. Clinical cases must be used to integrate and link learning across disciplines.

10.3. **Pre-clinical Subjects**

10.3.1. **Human Anatomy**

(a) **Competencies:** The undergraduate must demonstrate:

1. Understanding of the gross and microscopic structure and development of human body,
2. Comprehension of the normal regulation and integration of the functions of the organs and systems on basis of the structure and genetic pattern,
3. Understanding of the clinical correlation of the organs and structures involved and interpret the anatomical basis of the disease presentations.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in organ systems with clinical correlation that will provide a context for the learner to understand the relationship between structure and

function and interpret the anatomical basis of various clinical conditions and procedures.

10.3.2. **Physiology**

(a) **Competencies:** The undergraduates must demonstrate:

1. Understanding of the normal functioning of the organs and organ systems of the body,
2. Comprehension of the normal structure and organization of the organs and systems on basis of the functions,
3. Understanding of age-related physiological changes in the organ functions that reflect norma growth and development,
4. Understand the physiological basis of diseases.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in organ systems in order to provide a context in which normal function can be correlated both with structure and with the biological basis, its clinical features, diagnosis and therapy.

10.3.3. **Biochemistry**

The course will comprise Molecular and Cellular Biochemistry.

(a) **Competencies**: The learner must demonstrate an understanding of:

1. Biochemical and molecular processes involved in health and disease,
2. Importance of nutrition in health and disease,
3. Biochemical basis and rationale of clinical laboratory tests, and demonstrate ability to interpret these in the clinical context.

(b) **Integration:** The teaching/learning programme should be integrated horizontally and vertically, as much as possible, to enable learners to make clinical correlations and to acquire an understanding of the cellular and molecular basis of health and disease.

10.3.4. **Introduction to Community Medicine**

(a) **Competencies:** The undergraduate must demonstrate:

1. Understanding of the concept of health and disease,
2. Understanding of demography, population dynamics and disease burden in National and global context,
3. Comprehension of principles of health economics and hospital management,
4. Understanding of interventions to promote health and prevent diseases as envisioned in National and State Health Programmes.

10.4. **Second Professional (Para-Clinical)**

10.4.1. **Pathology**

(a) **Competencies:** The undergraduate must demonstrate:

1. Comprehension of the causes, evolution and mechanisms of diseases,

2. Knowledge of alterations in gross and cellular morphology of organs in disease states,
3. Ability to correlate the natural history, structural and functional changes with the clinical manifestations of diseases, their diagnosis and therapy,

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing deviations from normal structure and function and clinically correlated so as to provide an overall understanding of the etiology, mechanisms, laboratory diagnosis, and management of diseases.

10.4.2. **Microbiology**

(a) **Competencies:** The undergraduate learner demonstrate:

1. Understanding of role of microbial agents in health and disease,
2. Understanding of the immunological mechanisms in health and disease,
3. Ability to correlate the natural history, mechanisms and clinical manifestations
of infectious diseases as they relate to the properties of microbial agents,
4. Knowledge of the principles and application of infection control measures,
5. An understanding of the basis of choice of laboratory diagnostic tests and their interpretation, antimicrobial therapy, control and prevention of infectious diseases.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in organ systems with emphasis on host-microbe-environment interactions and their alterations in disease and clinical correlations so as to provide an overall understanding of the etiological agents, their laboratory diagnosis and prevention.

10. **4.3. Pharmacology**

(a) **Competencies:** The undergraduate must demonstrate:

1. Knowledge about essential and commonly used drugs and an understanding of thepharmacologic basis of therapeutics,
2. Ability to select and prescribe medicines based on clinical condition and the pharmacologic properties, efficacy, safety, suitability and cost of medicines for common clinical conditions of national importance,
3. Knowledge of pharmacovigilance, essential medicine concept and sources of drug information and industry-doctor relationship,
4. Ability to counsel patients regarding appropriate use of prescribed drug and drug delivery systems.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in organ systems recognizing the interaction between drug, host and disease in order to provide an overall understanding of the context of therapy.

10.4.4. **Forensic Medicine and Toxicology**

(a) **Competencies:** The learner must demonstrate:

1. Understanding of medico-legal responsibilities of physicians in primary and secondary care settings,
2. Understanding of the rational approach to the investigation of crime, based on scientific and legal principles,
3. Ability to manage medical and legal issues in cases of poisoning / overdose,
4. Understanding the medico-legal framework of medical practice and medical negligence,
5. Understanding of codes of conduct and medical ethics.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically recognizing the importance of medico-legal, ethical and toxicological issues as they relate to the practice of medicine.

10.4.5. **Community Medicine – as per 10.3.4**

10.5. **Third Professional (Part I)**

10.5.1. **General Medicine**

(a) **Competencies:** The student must demonstrate ability to do the following in relation to common medical problems of the adult in the community:

1. Demonstrate understanding of the patho-physiologic basis, epidemiological profile, signs and symptoms of disease and their investigation and management,
2. Competently interview and examine an adult patient and make a clinical diagnosis,
3. Appropriately order and interpret laboratory tests,
4. Initiate appropriate cost-effective treatment based on an understanding of the rational drug prescriptions, medical interventions required and preventive measures,
5. Follow up of patients with medical problems and refer whenever required,
6. Communicate effectively, educate and counsel the patient and family,
7. Manage common medical emergencies and refer when required,
8. Independently perform common medical procedures safely and understand patient safety issues.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide sound biologic basis and incorporating the principles of general medicine into a holistic and comprehensive approach to the care of the patient.

10.5.2. **General Surgery**

(a) **Competencies:** The student must demonstrate:

1. Understanding of the structural and functional basis, principles of diagnosis and management of common surgical problems in adults and children,
2. Ability to choose, calculate and administer appropriately intravenous fluids, electrolytes, blood and blood products based on the clinical condition,
3. Ability to apply the principles of asepsis, sterilization, disinfection, rational use of prophylaxis, therapeutic utilities of antibiotics and universal precautions in surgical practice,
4. Knowledge of common malignancies in India and their prevention, early detection and therapy,
5. Ability to perform common diagnostic and surgical procedures at the primary care level,
6. Ability to recognize, resuscitate, stabilize and provide Basic & Advanced Life Support to patients following trauma,
7. Ability to administer informed consent and counsel patient prior to surgical procedures,
8. Commitment to advancement of quality and patient safety in surgical practice.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide a sound biologic basis and a holistic approach to the care of the surgical patient.

10.5.3. **Obstetrics and Gynaecology**

(a) **Competencies in Obstetrics:** The student must demonstrate ability to:

1. Provide peri-conceptional counseling and antenatal care,
2. Identify high-risk pregnancies and refer appropriately,
3. Conduct normal deliveries, using safe delivery practices in the primary and secondary care settings,
4. Prescribe drugs safely and appropriately in pregnancy and lactation,
5. Diagnose complications of labor, institute primary care and refer in a timely manner,
6. Perform early neonatal resuscitation,
7. Provide postnatal care, including education in breast-feeding,
8. Counsel and support couples in the correct choice of contraception,
9. Interpret test results of laboratory and radiological investigations as they apply to the care ofthe obstetric patient,
10. Apply medico-legal principles as they apply to tubectomy, Medical Termination of Pregnancy (MTP), Pre-conception and Prenatal Diagnostic Techniques (PC PNDT Act) and other related Acts.

Competencies in Gynecology: The student must demonstrate ability to:

1. Elicit a gynecologic history, perform appropriate physical and pelvic

examinations and PAP smear in the primary care setting,

2. Recognize, diagnose and manage common reproductive tract infections in the primary care setting,
3. Recognize and diagnose common genital cancers and refer them appropriately.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for women in their reproductive years and beyond, based on a sound knowledge of structure, functions and disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

10.5.4. **Pediatrics**

(a) **Competencies:** The student must demonstrate:

1. Ability to assess and promote optimal growth, development and nutrition of children and adolescents and identify deviations from normal,
2. Ability to recognize and provide emergency and routine ambulatory and First Level Referral Unit care for neonates, infants, children and adolescents and refer as may be appropriate,
3. Ability to perform procedures as indicated for children of all ages in the primary care setting,
4. Ability to recognize children with special needs and refer appropriately,
5. Ability to promote health and prevent diseases in children,
6. Ability to participate in National Programmes related to child health and in conformation with the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) Strategy,
7. Ability to communicate appropriately and effectively.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for neonates, infants, children and adolescents based on a sound knowledge of growth, development, disease and their clinical, social, emotional, psychological correlates in the context of national health priorities.

10.5.5. **Orthopaedics (including Trauma)**

(a) **Competencies:** The student must demonstrate:

1. Ability to recognize and assess bone injuries, dislocation and poly-trauma and provide first contact care prior to appropriate referral,
2. Knowledge of the medico-legal aspects of trauma,
3. Ability to recognize and manage common infections of bone and joints in the primary care setting,
4. Recognize common congenital, metabolic, neoplastic, degenerative and inflammatory bone diseases and refer appropriately,

5. Ability to perform simple orthopaedic techniques as applicable to a primary care setting,
6. Ability to recommend rehabilitative services for common orthopaedic problems across all ages.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of orthopaedic problems, their management and correlation with function, rehabilitation and quality of life.

10.5.6. **Forensic Medicine and Toxicology – as per 10.4.4**

10.5.7. **Community medicine**

(a) **Competencies:** The learner must demonstrate:

1. Understanding of physical, social, psychological, economic and environmental determinants of health and disease,
2. Ability to recognize and manage common health problems including physical, emotional and social aspects at individual family and community level in the context of National Health Programmes,
3. Ability to Implement and monitor National Health Programmes in the primary care setting,
4. Knowledge of maternal and child wellness as they apply to national health care priorities and programmes,
5. Ability to recognize, investigate, report, plan and manage community health problems including malnutrition and emergencies.

(b) **Integration:** The teaching should be aligned and integrated **horizontally** and vertically in order to allow the learner to understand the impact of environment, society and national health priorities as they relate to the promotion of health and prevention and cure of disease.

10.5.8. **Dermatology, Venereology & Leprosy**

(a) **Competencies:** The undergraduate student must demonstrate:

1. Understanding of the principles of diagnosis of diseases of the skin, hair, nail and mucosa,
2. Ability to recognize, diagnose, order appropriate investigations and treat common diseases of the skin including leprosy in the primary care setting and refer as appropriate,
3. A syndromic approach to the recognition, diagnosis, prevention, counseling, testing and management of common sexually transmitted diseases including HIV based on national health priorities,
4. Ability to recognize and treat emergencies including drug reactions and refer as appropriate.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to emphasize the biologic basis of diseases of the skin, sexually transmitted diseases and leprosy and to provide an understanding that skin diseases may be a manifestation of systemic disease.

10.5.9. **Psychiatry**

(a) **Competencies:** The student must demonstrate:

1. Ability to promote mental health and mental hygiene,
2. Knowledge of etiology (bio-psycho-social-environmental interactions), clinical features, diagnosis and management of common psychiatric disorders across all ages,
3. Ability to recognize and manage common psychological and psychiatric disorders in a primary care setting, institute preliminary treatment in disorders difficult to manage, and refer appropriately,
4. Ability to recognize alcohol/ substance abuse disorders and refer them to appropriate centers,
5. Ability to assess risk for suicide and refer appropriately,
6. Ability to recognize temperamental difficulties and personality disorders,
7. Assess mental disability and rehabilitate appropriately,
8. Understanding of National and State programmes that address mental health and welfare of patients and community.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand bio-psycho-social-environmental interactions that lead to diseases/ disorders for preventive, promotive, curative, rehabilitative services and medico-legal implications in the care of patients both in family and community.

10.5.10 **Respiratory Medicine**

(a) **Competencies:** The student must demonstrate:

1. Knowledge of common chest diseases, their clinical manifestations, diagnosis and management,
2. Ability to recognize, diagnose and manage pulmonary tuberculosis as contemplated in National Tuberculosis Control programme,
3. Ability to manage common respiratory emergencies in primary care setting and refer appropriately.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the student to recognize diagnose and treat TB in the context of the society, national health priorities, drug resistance and co-morbid conditions like HIV.

10.5.11 **Otorhinolaryngology**

(a) **Competencies:** The learner must demonstrate:

1. Knowledge of the common Otorhinolaryngological (ENT) emergencies and problems,
2. Ability to recognize, diagnose and manage common ENT emergencies and problems in primary care setting,
3. Ability to perform simple ENT procedures as applicable in a primary care setting,
4. Ability to recognize hearing impairment and refer to the appropriate hearing impairment rehabilitation programme.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the learner to understand the structural basis of ENT problems, their management and correlation with function, rehabilitation and quality of life.

10.5.12 **Ophthalmology**

(a) **Competencies:** The student must demonstrate:

1. Knowledge of common eye problems in the community
2. Recognize, diagnose and manage common eye problems and identify indications for referral,
3. Ability to recognize visual impairment and blindness in the community and implement National programmes as applicable in the primary care setting.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to allow the student to understand the structural basis of ophthalmologic problems, their management and correlation with function, rehabilitation and quality of life.

10.5.13a **Radiodiagnosis**

(a) **Competencies:** The student must demonstrate:

1. Understanding of indications for various radiological investigations in common clinical practice,
2. Awareness of the ill effects of radiation and various radiation protective measures to be employed,
3. Ability to identify abnormalities in common radiological investigations.

(b) **Integration:** Horizontal and vertical integration to understand the fundamental principles of radiologic imaging, anatomic correlation and their application in diagnosis and therapy.

10.5.13b **Radiotherapy**

(a) **Competencies:** The student must demonstrate understanding of:

1. Clinical presentations of various cancers,
2. Appropriate treatment modalities for various types of malignancies,
3. Principles of radiotherapy and techniques.

(b) **Integration:** Horizontal and vertical integration to enable basic understanding of fundamental principles of radio-therapeutic procedures.

10.5.14 **Anaesthesiology**

(a) **Competencies in Anaesthesiology:** The student must demonstrate ability to:

1. Describe and discuss the pre-operative evaluation, assessing fitness for surgery and the modifications in medications in relation to anaesthesia / surgery,
2. Describe and discuss the roles of Anaesthesiologist as a peri-operative physician including pre-medication, endotracheal intubation, general anaesthesia and recovery (including variations in recovery from anaesthesia and anaesthetic complications),
3. Describe and discuss the management of acute and chronic pain, including labour analgesia,
4. Demonstrate awareness about the maintenance of airway in children and adults in various situations,
5. Demonstrate the awareness about the indications, selection of cases and execution of Cardiopulmonary resuscitation in emergencies and in the intensive care and high dependency units,
6. Choose cases for local / regional anaesthesia and demonstrate the ability to administer the same,
7. Discuss the implications and obtain informed consent for various procedures and to maintain the documents.

(b) **Integration:** The teaching should be aligned and integrated horizontally and vertically in order to provide comprehensive care for patients undergoing various surgeries, in patients with pain, in intensive care and in cardio respiratory emergencies. Integration with the preclinical department of Anatomy, para- clinical department of Pharmacology and horizontal integration with any/all surgical specialities is proposed.

10.6. **Third Professional (Part II)**

10.6.1. **General Medicine – as per 10.5.1**

10.6.2. **General Surgery – as per 10.5.2**

10.6.3. **Obstetrics & Gynaecology – as per 10.5.3**

10.6.4. **Pediatrics – as per 10.5.4**

10.6.5. **Orthopaedics – as per 10.5.5**

ASSESSMENT

11. **Assessment**

11.1. **Eligibility to appear for Professional examinations**

11.1.1. The performance in essential components of training are to be assessed, based on:

(a) Attendance

1. Attendance requirements are 75% in theory and 80% in practical /clinical for eligibility to appear for the examinations in that subject. In subjects that are taught in more than one phase – the learner must have 75% attendance in theory and 80% in practical in each phase of instruction in that subject.
2. If an examination comprises more than one subject (for e.g., General Surgery and allied branches), the candidate must have 75% attendance in each subject and 80% attendance in each clinical posting.
3. Learners who do not have at least 75% attendance in the electives will not be eligible for the Third Professional - Part II examination.

(b) **Internal Assessment:** Internal assessment shall be based on day-to-day assessment. It shall relate to different ways in which learners participate in learning process including assignments, preparation for seminar, clinical case presentation, preparation of clinical case for discussion, clinical case study/problem solving exercise, participation in project for health care in the community, proficiency in carrying out a practical or a skill in small research project, a written test etc.

1. Regular periodic examinations shall be conducted throughout the course. There shall be no less than three internal assessment examinations in each Preclinical / Para-clinical subject and no less than two examinations in each clinical subject in a professional year. An end of posting clinical assessment shall be conducted for each clinical posting in each professional year.
2. When subjects are taught in more than one phase, the internal assessment must be done in each phase and must contribute proportionately to final assessment. For example, General Medicine must be assessed in second Professional, third Professional Part I and third Professional Part II, independently.
3. Day to day records and log book (including required skill certifications) should be given importance in internal assessment. Internal assessment should be based on competencies and skills.
4. The final internal assessment in a broad clinical specialty (e.g., Surgery and allied specialties etc.) shall comprise of marks from all the constituent

specialties. The proportion of the marks for each constituent specialty shall be determined by the time of instruction allotted to each.

5. Learners must secure at least 50% marks of the total marks (combined in theory and practical / clinical; not less than 40 % marks in theory and practical separately) assigned for internal assessment in a particular subject in order to be eligible for appearing at the final University examination of that subject. Internal assessment marks will reflect as separate head of passing at the summative examination.
6. The results of internal assessment should be displayed on the notice board within a 1-2 weeks of the test. Universities shall guide the colleges regarding formulating policies for remedial measures for students who are either not able to score qualifying marks or have missed on some assessments due to any reason.
7. Learners must have completed the required certifiable competencies for that phase of training and completed the log book appropriate for that phase of training to be eligible for appearing at the final university examination of that subject.

University Examinations

11.2.1 University examinations are to be designed with a view to ascertain whether the candidate has acquired the necessary knowledge, minimal level of skills, ethical and professional values with clear concepts of the fundamentals which are necessary for him/her to function effectively and appropriately as a physician of first contact. Assessment shall be carried out on an objective basis to the extent possible.

11.2.2 Nature of questions will include different types such as structured essays (Long Answer Questions - LAQ), Short Answers Questions (SAQ) and objective type questions (e.g. Multiple Choice Questions - MCQ). Marks for each part should be indicated separately. MCQs shall be accorded a weightage of not more than 20% of the total theory marks. In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass.

11.2.3 Practical/clinical examinations will be conducted in the laboratories and /or hospital wards. The objective will be to assess proficiency and skills to conduct experiments, interpret data and form logical conclusion. Clinical cases kept in the examination must be common conditions that the learner

may encounter as a physician of first contact in the community. Selection of rare syndromes and disorders as examination cases is to be discouraged. Emphasis should be on candidate's capability to elicit history, demonstrate physical signs, write a case record, analyze the case and develop a management plan.

11.2.4 Viva/oral examination should assess approach to patient management, emergencies, attitudinal, ethical and professional values. Candidate's skill in interpretation of common investigative data, X-rays, identification of specimens, ECG, etc. is to be also assessed.

11.2.5 There shall be one main examination in an academic year and a supplementary to be held not later than 90 days after the declaration of the results of the main examination.

11.2.6 A learner shall not be entitled to graduate after 10 years of his/her joining of the first part of theMBBS course.

11.2.7 University Examinations shall be held as under:

(a) **First Professional**

1. The first Professional examination shall be held at the end of first Professional training (1+12 months), in the subjects of Human Anatomy, Physiology and Biochemistry.
2. A maximum number of four permissible attempts would be available to clear the first Professional University examination, whereby the first Professional course will have to be cleared within 4 years of admission to the said course. Partial attendance at any University examination shall be counted as an availed attempt.

(b) **Second Professional**

1. The second Professional examination shall be held at the end of second professional training (11 months), in the subjects of Pathology, Microbiology, and Pharmacology.

(c) **Third Professional**

1. Third Professional Part I shall be held at end of third Professional part 1 of training (12 months) in the subjects of Ophthalmology, Otorhinolaryngology, Community Medicine and Forensic Medicine and Toxicology
2. Third Professional Part II - (Final Professional) examination shall be at the end of training (14 months including 2 months of electives) in the subjects of General Medicine, General Surgery, Obstetrics & Gynecology and Pediatrics. The discipline of Orthopedics, Anesthesiology, Dentistry and Radiodiagnosis

will constitute 25% of the total theory marks incorporated as a separate section in paper II of General Surgery.

3. The discipline of Psychiatry and Dermatology, Venereology and Leprosy (DVL), Respiratory Medicine including Tuberculosis will constitute 25% of the total theory marks in General Medicine incorporated as a separate section in paper II of General Medicine.

(d) **Examination schedule is in Table 1.**

(e) **Marks distribution is in Table 10.**

Table 10 : Marks distribution for various subjects

Phase of Course	Written-Theory - Total	Procticals / Orals/ Clinicals	Pass Criteria
First Professional			**Internal Assessment:** 50%combined in theory and practical (not less than 40% in each) for eligibility tor appearing for University Examinations **University Examination** Mandatory 50% martes in theory and practical/ (practical = practical/ clinical + viva) [theory=theory paper(s) only] internal assessment marks are not to be added to marks of the University examinations and should Pe shown separately in the grade card
Human Anatomy - 2 papers	200	100	
Physiology - 2 papers	200	100	
Biochemistry - 2 papers	200	100	
Second Professional			
Pharmacology - 2 Papers	200	100	
Pathology - 2 papers	200	100	
Microbiology - 2 papers	200	100	
Third Professional Part - I			
Forensic Medicine & Toxicology -1 paper	100	100	
Ophthalmology - 1 paper	100	100	
Otornmolaryngology - 1 paper	100	100	
Community Medicine - 2 papers	200	100	
Third Professional Part - II			
General Medicine - 2 papers	200	200	
General Surgery - 2 papers	200	200	
Pediatrcs - : 1 paper	100	100	
Obstetrics & Gynaecology-2 papers	200	200	

Note: At least one question in each paper of the clinical specialties should test knowledge - competencies acquired during the professional development programme (AETCOM module); Skills competencies acquired during the Professional Development programme (AETCOM module) must be tested during clinical, practical and viva.

In subjects that have two papers, the learner must secure at least 40% marks in each of the papers with minimum 50% of marks in aggregate (both papers together) to pass in the said subject.

11.2.8 **Criteria for passing in a subject:** A candidate shall obtain 50% marks in University conducted examination separately in Theory and Practical (practical includes: practical/ clinical and viva voce) in order to be declared as passed in that subject.

Certifiable Procedural Skills:

A Comprehensive list of skills recommended as desirable for Bachelor of Medicine and Bachelor of Surgery (MBBS) – Indian Medical Graduate

Specialty Procedure

General Medicine

- Venipuncture (I)
- Intramuscular injection (I)
- Intradermal injection (D)
- Subcutaneous injection (I)
- Intra Venous (IV) injection (I)
- Setting up IV infusion and calculating drip rate (I)
- Blood transfusion (O)
- Urinary catheterization (D)
- Basic life support (D)
- Oxygen therapy (I)
- Aerosol therapy / nebulization (I)
- Ryle's tube insertion (D)
- Lumbar puncture (O)
- Pleural and ascitic aspiration (O)
- Cardiac resuscitation (D)
- Peripheral blood smear interpretation (I)
- Bedside urine analysis (D)

General Surgery

- Basic suturing (I)
- Basic wound care (I)
- Basic bandaging (I)

- ❖ Incision and drainage of superficial abscess (I)
- ❖ Early management of trauma (I) and trauma life support (D)

Orthopedics

- ❖ Application of basic splints and slings (I)
- ❖ Basic fracture and dislocation management (O)
- ❖ Compression bandage (I)

Gynecology

- ❖ Per Speculum (PS) and Per Vaginal (PV) examination (I)
- ❖ Visual Inspection of Cervix with Acetic Acid (VIA) (O)
- ❖ Pap Smear sample collection & interpretation (I)
- ❖ Intra- Uterine Contraceptive Device (IUCD) insertion & removal (I)

Obstetrics

- ❖ Obstetric examination (I)
- ❖ Episiotomy (I)
- ❖ Normal labor and delivery (including partogram) (I)

Pediatrics

- ❖ Neonatal resuscitation (D)
- ❖ Setting up Pediatric IV infusion and calculating drip rate (I)
- ❖ Setting up Pediatric Intraosseous line (O)

Forensic Medicine

- ❖ Documentation and certification of trauma (I)
- ❖ Diagnosis and certification of death (D)
- ❖ Legal documentation related to emergency cases (D)
- ❖ Certification of medico legal cases e.g. Age estimation, sexual assault etc. (D)
- ❖ Establishing communication in medico-legal cases with police, public health authorities, other concerned departments, etc. (D)

Otorhinolaryngology

- ❖ Anterior nasal packing (D)
- ❖ Otoscopy (I)

Ophthalmology

- ❖ Visual acuity testing (I)
- ❖ Digital tonometry (D)
- ❖ Indirect ophthalmoscopy (O)
- ❖ Epilation (O)
- ❖ Eye irrigation (I)
- ❖ Instillation of eye medication (I)
- ❖ Ocular bandaging (I)

Dermatology

* Slit skin smear for leprosy (O)
* Skin biopsy (O)
* Gram's stained smear interpretation (I)
* KOH examination of scrapings for fungus (D)
* Dark ground illumination (O)
* Tissue smear (O)
* Cautery - Chemical and electrical (O)

I - Independently performed on patients,
O - Observed in patients or on simulations,
D - Demonstration on patients or simulations and performance under supervision in patients

Certification of Skills:
Any faculty member of concerned department can certify
skills. For common procedures, the certifying faculty may be decided locally.

ANNUAL FEE PAYMENT

GENERAL PRINCIPLES

- Student/Parents should ensure to pay the tuition fees on time to avoid any consequences.
- Hostel fees has to be paid in advance before admission to the hostel
- Hostel fees payment terms are subject to annual revision and KIMS reserves the right to amend or update these terms, which is linked to inflation. Any changes to the payment terms will be published on the notice board.

PAYMENT METHODS

- Payment methods include online by credit or debit card/ online bank transfers
- Please note that we do not normally accept cheques or cash payments unless otherwise specified.

12. INTERNSHIP

Internship is a phase of training wherein a graduate will acquire the skills and competencies for practice of medical and health care under supervision so that he/she can be certified for independent medical practice as an Indian Medical Graduate. In order to make trained work force available, it may be considered as a phase of training wherein the graduate is expected to conduct actual practice under the supervision of a trained doctor. The learning methods and modalities have to be done during the MBBS course itself with larger number of hands on session and practice on simulators.

12.1. Goal:

The goal of the internship programme is to train medical students to fulfill their roles as doctors of first contact in the community.

12.2 Objectives: At the end of the internship period, the medical graduate will possess all competencies required of an Indian Medical Graduate, namely:

12.2.1 Independently provide preventive, promotive, curative and palliative care with compassion,

12.2.2 Function as leader and member of the health care team and health system,

12.2.3 Communicate effectively with patients, families, colleagues and the community,

12.2.4 Be certified in diagnostic and therapeutic skills in different disciplines of medicine taught in the undergraduate programme,

12.2.5 Be a lifelong learner committed to continuous improvement of skills and knowledge,

12.2.6 Be a professional committed to excellence and is ethical, responsive and accountable to patients, community and profession.

12.3 Time Distribution

- Community Medicine (Residential posting) 2 months
- General Medicine including 15 days of Psychiatry 2 months
- General Surgery including 15 days Anaesthesia 2 months
- Obstetrics & Gynaecology including
- Family Welfare Planning 2 months
- Pediatrics 1 month
- Orthopaedics including PM & R 1 month
- Otorhinolaryngology 15 days

- Ophthalmology 15 days
- Casualty 15 days
- Elective posting (1x15 days) 15 days

Subjects for Elective posting will be as follows:

1. Dermatology, Venereology & Leprosy
2. Respiratory Medicine
3. Radio diagnosis
4. Forensic Medicine & Toxicology
5. Blood Bank
6. Psychiatry

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

12.4 **Other details:**

12.4.1 The core rotations of the internship shall be done in primary and secondary/ tertiary care institutions in India. In case of any difficulties, the matter may be referred to the Medical Council of India to be considered on individual merit.

12.4.2 Every candidate will be required after passing the final MBBS examination to undergo compulsory rotational internship to the satisfaction of the College authorities and University concerned for a period of 12 months so as to be eligible for the award of the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) and full registration.

12.4.3 The University shall issue a provisional MBBS pass certificate on passing the final examination.

12.4.4 The State Medical Council will grant provisional registration to the candidate upon production of the provisional MBBS pass certificate. The provisional registration will be for a period of one year. In the event of the shortage or unsatisfactory work, the period of provisional registration and the compulsory rotating internship shall be suitably extended by the appropriate authorities.

12.4.5 The intern shall be entrusted with clinical responsibilities under direct supervision of a designated supervising physician. They shall not work independently.

12.4.6 Interns will not issue medical certificate or death certificate or other medico-legal document undertheir signature.

12.4.7 Each medical college must ensure that the student gets learning experience in primary/secondary and urban/rural centers in order to provide a diverse learning experience and facilitate the implementation of national health programmes/priorities. These shall include community and outreach activities, collaboration with rural and urban community health centers,

participation in government health missions etc.

12.4.8 One year's approved service in the Armed Forces Medical Services, after passing the final MBBS examination shall be considered as equivalent to the pre-registration training detailed above; such training shall, as far as possible, be at the Base/General Hospital. The training in Community Medicine should fulfill the norms of the MCI as proposed above.

12.4.9 In recognition of the importance of hands-on experience, full responsibility for patient care and skill acquisition, internship should be increasingly scheduled to utilize clinical facilities available in District Hospital, Taluka Hospital, Community Health Centre and Primary Health Centre, in addition to Teaching Hospital. A critical element of internship will be the acquisition of specific experiences and skill as listed in major areas: provided that where an intern is posted to District/Sub Divisional Hospital for training, there shall be a committee consisting of representatives of the college/ University, the State Government and the District administration, who shall regulate the training of such trainee. Provided further that, for such trainee a certificate of satisfactory completion of training shall be obtained from the relevant administrative authorities which shall be countersigned by the Principal/Dean of College.

12.5 **Assessment of Internship:**

12.5.1 The intern shall maintain a record of work in a log book, which is to be verified and certified by the medical officer under whom he/she works. Apart from scrutiny of the record of work, assessment and evaluation of training shall be undertaken by an objective approach using situation tests in knowledge, skills and attitude during and at the end of the training.

12.5.2 Based on the record of work and objective assessment at the end of each posting, the Dean/ Principal shall issue cumulative certificate of satisfactory completion of training at the end of internship, following which the University shall award the MBBS degree or declare him eligible for it.

12.5.3 Full registration shall only be given by the State Medical Council/Medical Council of India on the award of the MBBS degree by the University or its declaration that the candidate is eligible for it.

RULES OF ADMISSION INTO HOSTELS

A student seeking admission into the hostels shall submit his/her application to the Principal. The form will be made available in the hostel. While submitting the application the student will be required to sign a discipline declaration form should also be signed by the parent. The declaration form submitted by the student and the parent gives authority to the Warden and Principal to institute disciplinary action. A passport size photo of the student should also be affixed to the application form. After Principal's approval of the application and on payment of hostel fee, admission of the student to the hostel will be regularized. In case a student does not join the hostel within 15 days of intimation, admission to the hostel will be cancelled automatically.

The caution deposit of Rs. 15,000/- for Non-AC & Rs. 25,000/- for AC for those who join the hostel. The hostel fees are to be paid to the finance section at the time of joining into the hostel. Admission to the hostel will not be regularized unless the said fees are paid. The deposits will be refunded to the student at the time he/she leaves the hostel after making deduction if any. Each student permitted to reside in the hostel has to pay. Under no circumstances proportionate reduction will be made for any short stay; In the event of non-payment of prescribed rent and electricity charges for the hostel on the date or dates fixed, the student will be levied penalty initially and later will be made to vacate the hostel.

WITHDRAWAL:

Students passing out of the college or discontinuing their studies or those desirous of residing with their parents or guardians will be permitted to leave the hostel on written application to the Principal through the warden of the hostel. The students if they leave the hostel without any valid reason he/she will not be readmitted into the hostel.

The stay of a student in the hostel will normally be limited to three years from the date of his or her joining the college decided on merits of each case. The students who have completed the prescribed MBBS course but failed in the final examination in one or more subjects are not eligible to stay in the hostel.

Renewals of admissions to the hostel shall be made each year without prejudice to claim of seniority. At the time of reopening of the college and joining into the hostel the student & the parent has to give an undertaking separately stating that they or their ward do not indulge in ragging of the fresher's and The students will be reshuffled while allotting the rooms in the hostels as per the instruction of the Medical Council of India.

If a student is evicted from the hostel under order of the Principal, the applicant can be re-admitted only after the receipt of the Principal's approval and on payment of re-admission fee of Rs. 1000/-, which will be neither refunded to the student nor adjusted towards his mess dues. This will be credited to the hostel fund.

Students should obtain permission from the Principal on the recommendation of the Warden for permission to leave the hostel with a valid reason with the consent of the parent.

No remissions are granted to the student if he/she absents for a part of the month.

On no account should the student leave the hostel before they are permitted by the Principal through Warden.

GENERAL DISCIPLINE:

1. Boys are not permitted to remain away from the hostel after 9.00 PM. without obtaining permission of the Principal/Warden. Girls are not permitted to remain away from the hostel after 7.00 PM without obtaining permission of the Principal/warden.

2. No student is permitted to roam about in the campus after 10:00 PM. If any student is found roaming about in the campus appropriate disciplinary action will be taken.

3. No student is permitted to stay outside their allotted room after 10 PM. They should remain in their rooms after 10 PM.

4. All correspondence about hostel should be made through the respective wardens. All applications for leave to the Principal should be submitted through the warden.

5. Misconduct or breach of any of the hostel rules will render the offender liable to fine, suspension or dismissal from the hostel or from the institute as the case may be.

6. Students will not interfere with the working of the office staff. Any grievance should be reported to the warden for action. Students shall not employ hostel servant for personal use. Hostel servants if found helping students in that way will be severely punished.

7. No students shall remain in the hostel unless sick, during working hours of the institute / Hospital.

8. Students in their own interest are strictly prohibited from keeping money, jewellery or any other valuables in their rooms. These may be deposited with the warden. The institute will in no way be responsible for any theft of such articles. As such they will take care of their personal effects such as clothes, books, cycles, money, fountain pens, watches etc.

9. Students are strictly prohibited from scolding or punishing any other student. In no case should a student take the law into his hands. Any grievance should be reported immediately to the Principal/Warden for redress.

10. Students are expected at all times to be properly dressed in a neat and tidy manner as per the dress code.

11. Smoking, whistling or making loud noise in the hostel building strictly prohibited. While in hostels, students should do nothing which may disturb other students at work.

12. Dancing or singing, parties and the playing of musical instruments are not allowed in the hostel.

13. Students are not permitted, even though possessing a license, to keep fire arms or any dangerous weapon with them. Pets such as dogs, parrots etc. are not allowed.

14. No student will keep in his/her possession or use narcotic drugs or liquor of any kind in the hostel, in case this is violated, the student will be expelled from the hostel and / or the Institute.

15. No student is allowed to play cards in the hostel or institute premises.

16. Students are not permitted to carry/use mobile phones during working hours. Student should not disturb others while using mobile phone in the hostel.

17. Students should not take part or associate in activities of political nature. They are prohibited to hold such meetings within the campus.

18. No religious ceremony or function shall be celebrated in the hostel excepting the offering of daily prayers without disturbance to the neighboring students.

19. No student is allowed to sprinkle colors on others during holi festival or to fire crackers in the campus on Deepavali day. However the students are permitted to fire crackers in the play ground far away from the buildings after obtaining permission from the authorities.

20. Every member of the hostel will meet the warden in the beginning of each term or as soon as he/she joins the hostel and also at the end of each term or just before his/her departure. He/She will enter the dates of arrival or departure in the register kept for the purpose at the Gate No. 06 with the security. In case a student fails to report his/her departure in writing he/she should be continued as a member residing continuously in hostel and will be required to pay all the charges.

21. If a student is found missing from the hostel he/she has to report Director/Warden giving reasons for going without permission. A Disciplinary action may be initiated if the explanation given by him/her is not satisfactory.

22. In case a student has to leave the hostel on short notice to look into certain urgent matters and is not able to meet the warden, he must before his departure report the reason of his absence in writing to the warden.

23. NO RAGGING IN ANY FORM IS PERMITTED. Any student who indulges in ragging will be prosecuted as per the Andhra Pradesh prohibition of ragging Act No. 26 of 1997.

24. Students are advised to practice economy and are strictly warned against incurring debts are making such other irregularities in money matters. The institute will, in no way, be responsible for such debts. Any one found stealing fellow student's money, books or property will be expelled from the institute.

25. Students are expected to behave in an orderly manner at cinema shows, social gatherings and other institute functions as at such occasions guests and ladies are generally present.

26. The warden under intimation to the Director may direct any student to vacate the hostel at any time without assigning any reason therefore.

27. Students who have been expelled once from the hostel for misconduct will not be allowed to enter the hostel on any account.

28. Students are not allowed to cook in the rooms.

29. Students are prohibited to use electrical and electronic gadgets like Transistor, Tape Recorder, TV, VCR, Refrigerators, Air Conditioners, Room Hearts, and Electrical Cookers etc. If they are found possessing such articles they will be confiscated and fined. If they repeat, they will send out of the hostel.

30. Ladies are not permitted into the Men's hostel and men are not permitted into the Women's hostel.

31. The students are not permitted to take any item of the food from the dining halls to the rooms.

32. All Students are directed to use washing facilities provided in the hostel.

33. The students are not permitted to post depreciatory comments about the institution/patient care/ faculty/ students etc. on the social media. Strict disciplinary action will be taken against the offenders.

GUESTS

1. Normally no guests are permitted during working days. In case of emergency, the gu sts have to take permission from Di rector / P r i n c i p a l / W a r d e n f o r seeing their ward before or after working hours.

2. Guests are permitted on Sunday's & Public Holidays from 08:00 AM to 06:00 PM. They have to permission from the Warden/Director/Principal.

3. If the warden at any time finds unauthorized guests being entertained in the hostel, he/she will take such disciplinary action deemed for on the student and ask the guest to vacate the room immediately.

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254, Nalgonda Dist., Telangana, India.

"Ragging of the juniors by the senior students"

Ragging of juniors by the senior students is prohibited in all the educational institutions in Andhra Pradesh by Act called "Andhra Pradesh Prohibition of Ragging Act No. 26 of 1997". Kamineni Institute of Medical Sciences is committed to prohibition of ragging. Any student who indulges in ragging attracts the provision of the above said act.

As per section 3 of the act "Ragging" includes the following:

Any conduct whether by words spoken or written or by an act which has the effect of harassing, teasing, treating or handling with rudeness any other student, indulging in rowdy or undisciplined activities which causes or is likely to cause annoyance, hardship or psychological harm or to raise fear or apprehension thereof in a fresher or a junior student or asking the students to do any act or perform something which such student will not in the ordinary course and which has the effect of causing or generating a sense of shame or embarrassment so as to adversely affect the physique or psyche of a fresher or a junior student. The conduct includes but is not restricted to any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher; exploiting the services of a fresher, or any other students for completing the academic tasks assigned to an individual or a group of students; any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students; any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person; any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, "vicarious or sadistic thrill from activity or passively participating in the discomfiture to fresher or any other students; any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student. Any act of physical or mental abuse (including bullying and exclusion) targeted at another student (fresher or otherwise) on the

ground of colour, race,religion, caste, ethnicity, gender (including transgender), sexual orientation, appearance, nationality, regional origins, linguistic identity, place of birth, place of residence or economic background."

Ragging within or outside any educational institutions is prohibited.

SECTION 4

Whoever, with the intention of causing ragging or with the knowledge that he is likely by such act to cause ragging, commits or abets ragging and thereby-

a. Teases or embarrasses or humiliates a student shall be punished with imprisonment for a term which may extend to six months or with fine which may extend to one thousand rupees or with both; or

b. Assaults or uses criminal force to criminally intimidates a student shall be punished with imprisonment for a term which may be extended to one year or with fine which may extend to two thousand rupees or with both; or

c. Wrongfully restrains or wrongfully confines or causes hurt to a student shall be punished with imprisonment for a term which may extend to two years or with fine which may extend to five thousand rupees or with both; or

d. Causes grievous hurt to or kidnaps or abducts or rapes or commits unnatural offence with a student shall be punished with imprisonment for a term which may extend to five years and with fine which may extend to ten thousand rupees: or

e. Causes deaths or abets suicide shall be punished with imprisonment for life or with imprisonment for a term which may extend to ten years and with a fine which may extend to fifty thousand rupees.SECTION 5

i. A student convicted of an offence under section 4 and punished with imprisonment for a term shall be dismissed from the educational institution.

ii. A student convicted of an offence under section 4 and punished with imprisonment for a term of more than 6 months shall not be admitted in any other educational institution.

SECTION 6

1. Without prejudice to the foregoing provisions, whenever any student complains of ragging to the head or manager of an educational institution, such head or manager shall inquire into or cause an inquiry to be made into the same forthwith and if the complaint is prima-facie found true, shall suspend the student complained against for such period as may be deemed necessary.

2. The decision of the head or manager of an educational institution under subsection (1) shall be final.

SECTION 7

1. If the head or the manager of an institution fails or neglects to take action in the manner specified in sub-section(1) of section 6, such person shall be deemed to have abetted the offence and shall be punished with the punishment provided for the offence.

2. If a student commits suicide due to or in consequence of ragging, the person who commits such ragging shall be deemed to have abetted such suicide.

Principal

Kamineni Institute of Medical Sciences

Guidelines framed by Medical Council of India to curb the menance of ragging in medical colleges

Guidelines framed by Dr. R.K Raghavan Committee appointed by Hon'ble Supreme court to supervise the measures being implemented to prevent the ragging in the Medical Colleges, circulated by Medical Council of India, New Delhi:

1. Every students for the purposes of his / her admission to Medical College shall furnish a character certificate from the institutions wherefrom he / she has passed his qualifying examination, which would mention the status of his / her behavioral pattern specially in terms as to whether he / she has displayed persistent violent or aggressive behavior or any desire to harm others.

2. The admitting medical institution shall keep intense watch up on students who has a negative entry in this regard.

3. An annual undertaking signed by each student, whether fresher or senior and his / her parent [s] jointly stating that each of them have read the relevant instructions / regulations against ragging, as well as punishments and that if the ward has been found guilty he / she be proceeded against, shall be procured.

4. Such an undertaking shall be furnished in English as well as in vernacular [mother tongue of the parent] at the beginning of each academic year by every student.

5. An undertaking to the similar effect should be obtained every year from each student admitted to the hostel.

6. The undertaking should be appended to the brochure containing the guidelines and other relevant instructions in regard to ragging and consequences of indulging in ragging.

7. The compliance to the above effect shall be ensured by each of the affiliating university to which the concerned medical institution is affiliated and would be verified by the council annually.

8. In order to ensure the 'ragging free environment' in the campus, each institution shall compulsorily in the 'prospectus' and other admission related documents, shall depict the earlier directions of the Apex court and / or of the Central or State Governments as applicable, so that candidates and their parents are sensitized in respect of the prohibition and consequences of ragging.

9. Each Institution should engage or seek the assistance of 'professional counselor' at the time of admissions to counsel 'freshers' in order to prepare them for the life ahead, specially for adjusting to the life in hostels.

10. It should be ensured that there would be a clear gap of one to two weeks between the date of joining of 'freshers' and the 'seniors', ensuring that classes for the seniors shall commence later, so as to enable the 'freshers' to familiarize themselves with the campus environment and adjust to the sudden changeover from schools to higher education.

11. It shall be mandatory for the institutions to inform the parents of senior students to send their wards only on the due date of commencement of the academic session and not earlier.

12. All the examining Universities with which the institutions are affiliated or the deemed to be Universities shall compulsorily amend their relevant ordinances or byelaws, as the case may be, to incorporate the schedule gap of one or two weeks between the date joining of 'freshers' and 'seniors'.

13. Each institution shall arrange a joint 'sensitization' programme and 'counselling' of both 'freshers' and 'seniors' to be addressed by the Principal / Head of the institution and the Convener of the Anti Ragging Committee. The inmates of the hostel shall be addressed on this count by the Hostel Warden.

14. Each institution shall have an Anti-Ragging Committee and Anti-Ragging Squad, which shall comprise of other than senior teachers of the institution, representatives of Civil & Police administration and local media.

15. Each institution shall constitute a 'Mentoring Cell' to oversee and involve senior students as 'Mentors' for the 'freshers'

16. Such a Mentoring Cell shall be constituted at the end of every academic year, where application shall be invited from the students to join the Mentoring Cell as Mentors for the succeeding academic year.

17. An anonymous random survey shall be conducted by each institution across the entire 1st year batch of students every fortnight during the first three months of the academic session in order to verify and cross-check whether the campus is genuinely ragging free or not.

18. The methodology of such survey may be designed by the institution appropriately. However, doing so it shall be ensured that the institution does not compromise with the anonymity of the 'whistle blowers'.

19. The institutions shall ensure that private commercially managed lodges or hostels outside campuses must be registered with local police authorities and permission to start such hostel or their registration must necessarily be recommended by the Heals of the Medical Institutions.

20. In case the victim of ragging his / her parent / guardian is not satisfied with the action taken by the Head of the Institution or by other institutional authorities, or where Head of the Institution is of the opinion that the incident ought to be so reported, it shall be mandatory for the intuition to file a Information report with the local police authorities.

21. It must be ensured by each of the institution that the complaints or information in regard to ragging could be oral or written and even from third parties and the confidentiality thereof must be protected at all costs.

22. Each institution shall ensure that remedial action is initiated and completed within a week of the incident itself, so that complaints do not linger and allow either interest in pursuing the matter to vane or enable the culprits to tamper evidence or influence witnesses.

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with admission/registration/enrolment number) s/o d/o Mr./Mrs./Ms. _____ , having been admitted to _____(name of the institution)_____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that
   a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ___day of _____ month of _____year.

_____

Signature of deponent

Name:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) on this the _____(day) _____ of (month),_____ (year) .

_____

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____(day) of _____ (month ,_____(year). after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of, (full name of student with University Roll Number)_____, having been admitted to _____(name of the institution)_____, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that
   a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
5. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____day of _____ month of _____year.

_____

Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____(place) on this the _____ (day) of _____(month), _____ (year).

_____

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Post Graduate Degree Courses:

Kamineni Institute of Medical Sciences is permitted by Ministry of Health & Family Welfare, Government of India, Medial Council of India, New Delhi and Government of Andhra Pradesh to start Post Graduate Degree and Diploma Courses in the subjects mentioned below from the academic year 2005-06. Dr. NTR University of Health Sciences, Vijayawada granted affiliation for the subjects mentioned below:

Sl. No.	Department	No. of seats Degree
1	Anatomy	4
2	Physiology	3
3	Biochemistry	2
4	Pharmacology	4
5	Microbiology	2
6	Pathology	4
7	Community Medicine	3
8	General Medicine	10
9	DVL	3
10	TB & CD	3
11	Psychiatry	3
12	Paediatrics	6
13	General Surgery	10
14	Orthopaedics	7
15	ENT	3
16	Ophthalmology	3
17	Obst. & Gynaecology	6
18	Anaesthesiology	8
19	Radiology	5
20	Hospital Administration	2
21	Emergency Medicine	2
22	Transfusion Medicine	1

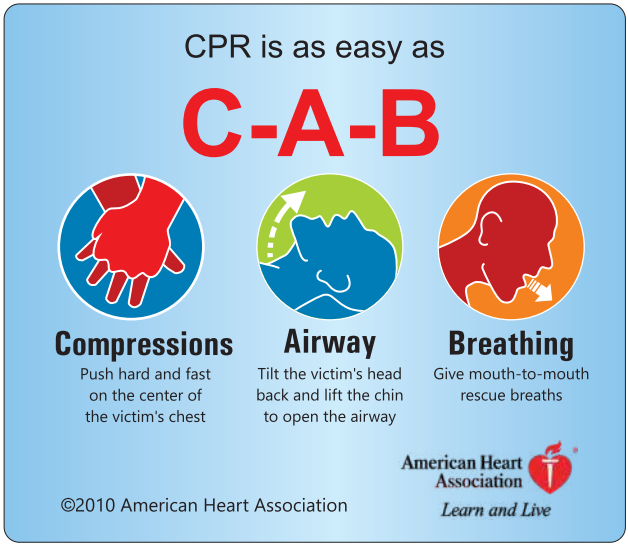
• EMERGENCY LIFE SUPPORT

- Basic Life Support (BLS)
- Advanced Cardiac Life support Course (ACLS)
- Pediatric Advanced Life Support Course (PALS)
- Advanced Trauma Life Support (ATLS)

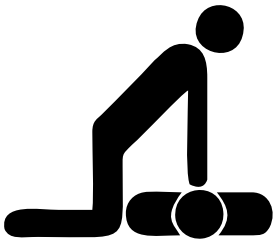
---- 2015 Guidelines

American Heart Association®

GUIDLINES
2015 | CPR & ECC



Not too fast;
Not too hard



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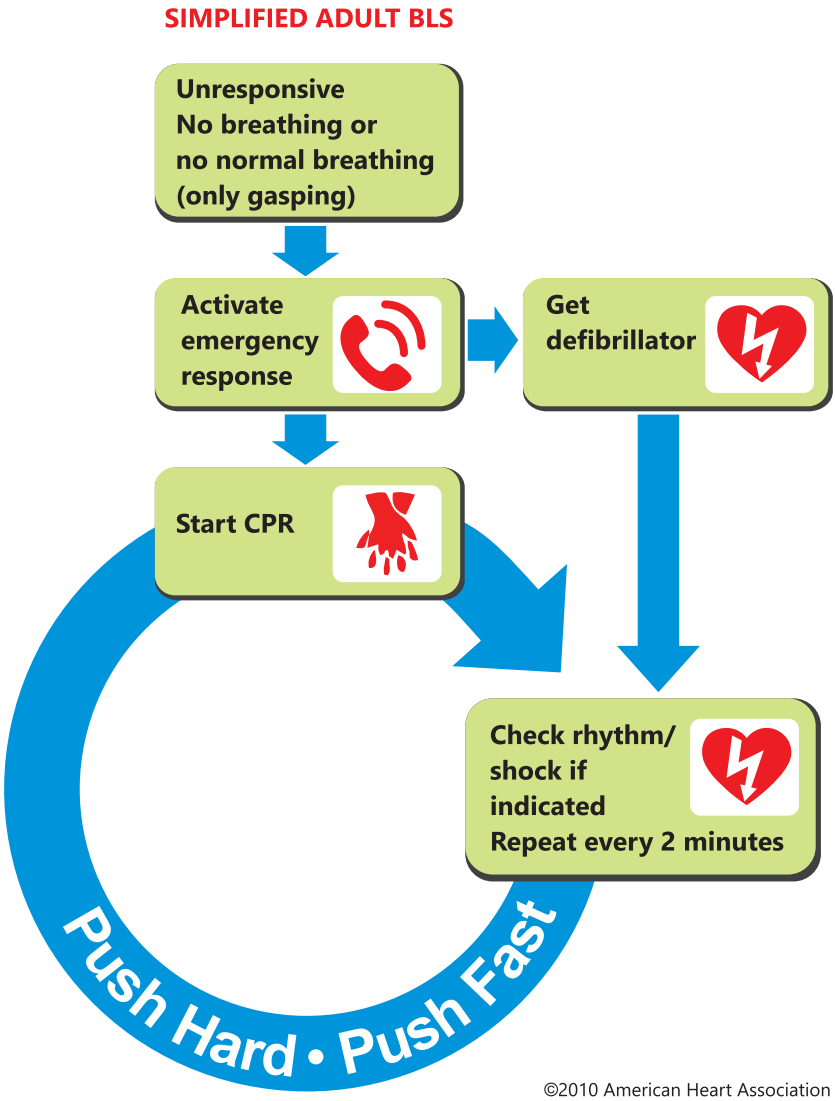
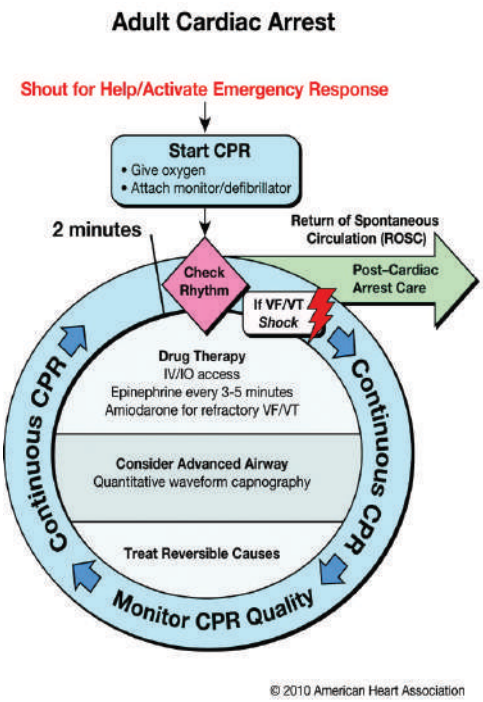


Image used only for academic purpose

Chain of survival/ACLS 2015 AHA GUIDE LINES



CPR Quality
- Push hard (≥2 inches [5 cm]) and fast (≥100/min) and allow complete chest recoil
- Minimize interruptions in compressions
- Avoid excessive ventilation
- Rotate compressor every 2 minutes
- If no advanced airway, 30:2 compression-ventilation ratio
- Quantitative waveform capnography
  - If P_{ETCO_2} <10 mm Hg, attempt to improve CPR quality
- Intra-arterial pressure
  - If relaxation phase (diastolic) pressure <20 mm Hg, attempt to improve CPR quality

Return of Spontaneous Circulation (ROSC)
- Pulse and blood pressure
- Abrupt sustained increase in P_{ETCO_2} (typically ≥40 mm Hg)
- Spontaneous arterial pressure waves with intra-arterial monitoring

Shock Energy
- **Biphasic:** Manufacturer recommendation (eg, initial dose of 120-200 J); if unknown, use maximum available. Second and subsequent doses should be equivalent, and higher doses may be considered.
- **Monophasic:** 360 J

Drug Therapy
- **Epinephrine IV/IO Dose:** 1 mg every 3-5 minutes
- **Vasopressin IV/IO Dose:** 40 units can replace first or second dose of epinephrine
- **Amiodarone IV/IO Dose:** First dose: 300 mg bolus. Second dose: 150 mg.

Advanced Airway
- Supraglottic advanced airway or endotracheal intubation
- Waveform capnography to confirm and monitor ET tube placement
- 8-10 breaths per minute with continuous chest compressions

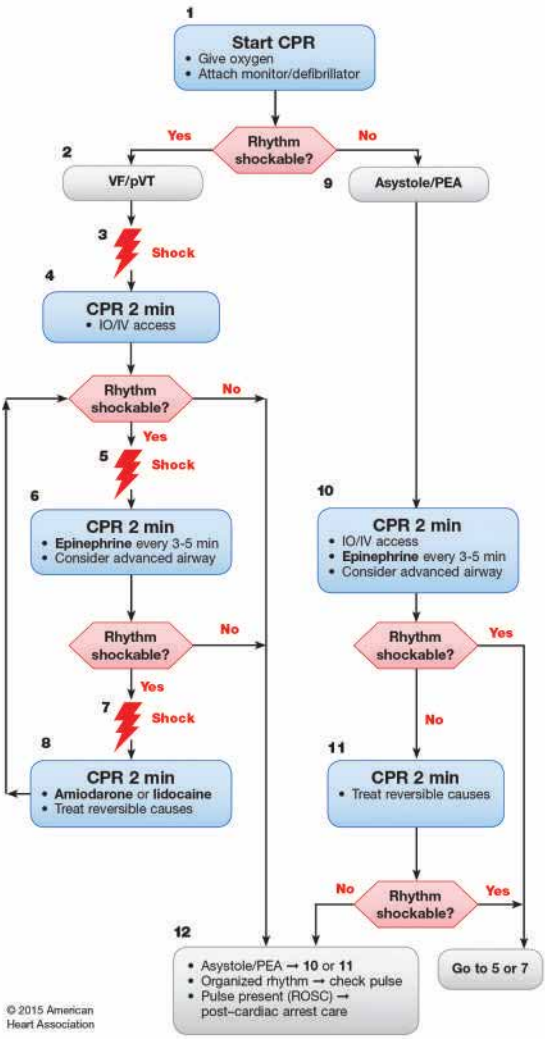
Reversible Causes
- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

Image used only for academic purpose

PAEDIATRIC ADVANCED LIFE SUPPORT

American Heart Association® | American Academy of Pediatrics

Pediatric Cardiac Arrest Algorithm—2015 Update



CPR Quality

- Push hard (≥⅓ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Avoid excessive ventilation.
- Rotate compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 15:2 compression-ventilation ratio.

Shock Energy for Defibrillation

First shock 2 J/kg, second shock 4 J/kg, subsequent shocks ≥4 J/kg, maximum 10 J/kg or adult dose

Drug Therapy

- **Epinephrine IO/IV dose:** 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes.
  If no IO/IV access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of 1:1000 concentration).
- **Amiodarone IO/IV dose:** 5 mg/kg bolus during cardiac arrest. May repeat up to 2 times for refractory VF/pulseless VT.
- **Lidocaine IO/IV dose:** Initial: 1 mg/kg loading dose. Maintenance: 20-50 mcg/kg per minute infusion (repeat bolus dose if infusion initiated >15 minutes after initial bolus therapy).

Advanced Airway

- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or capnometry to confirm and monitor ET tube placement
- Once advanced airway in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions

Return of Spontaneous Circulation (ROSC)

- Pulse and blood pressure
- Spontaneous arterial pressure waves with intra-arterial monitoring

Reversible Causes

- **H**ypovolemia
- **H**ypoxia
- **H**ydrogen ion (acidosis)
- **H**ypoglycemia
- **H**ypo-/hyperkalemia
- **H**ypothermia
- **T**ension pneumothorax
- **T**amponade, cardiac
- **T**oxins
- **T**hrombosis, pulmonary
- **T**hrombosis, coronary

Sequence of ATLS Priorities

For the query multiple injured patient the following prioritisation is appropriate:

1. Preparation
2. Triage
3. Primary Survey
4. Resus
5. Adjuncts to primary survey & resus
6. Consider pt transfer
7. Secondary survey (Head to toe)
8. Adjuncts to secondary survey
9. Re-evaluation (Re-assessment)
10. Definitive care

Image used only for academic purpose

NORMAL VALUES OF VARIOUS COMPONENTS OF BODY FLUIDS

BLOOD CHEMISTRY TESTS (WB) = WHOLE BLOOD (P) =PLASMA (S) = Serum

Test (Specimen)	Reference Values: Conventional U.S. Units (SI Units)	Clinical Implications
Acid phosphatase (ACP) (S)	0.1-5.0 KAU/dl King-Armstrong method (0-0.8 IU/liter)	Values increase in prostatic cancer (especially if it has spread beyond the prostate gland), some liver diseases, hyperparathyroidism, hemolytic anemia, and sickle cell crisis; values are decreased in Down syndrome.
Akaline phosphatase (ALP) (S)	4-13 KAU/dl King-Armstrong method (30-120 U/liter)	Values increase in some liver and bone diseases, hyperparathyroidism,and pregnancy; values decrease in cretinism, growth retardation, scurvy and achonndroplasia.
Alphafetoprotein (AKP) (WB or amniotic fluid)	Non-pregnant adult: 5-15 ng/ml<25 ng/ml (<25g/liter)	Major plasma protein synthesized by fetal liver during first 3months of development. In amniotic fluid and maternal blood, values increase with faulty development of the fetal nervous system, in particular neural tube defects such as spina bifida. In nonpregnant adults, values increase in liver cancer, cirrhosis, or chronic active hepatitis.
Aminotransferases (S) Alanine amino-trans ferase (ALT); formerly serum glutamic-pyruvictransaminase (SGPT)	10-30IU/ml; 5-25 Reitman-Frankel units (10-30 U/liter)	Values increase in liver disease or liver damage due to toxic drugs.

Aspartate amino-transferase (AST); formerly serum glutamic-oxaloacetic transaminase (SGOT)	5-24 IU/liter; 5-35 Reitman-Frankel units (5-30 U/liter)	Values increase in myocardial infarction, liver disease, trauma to skeletal muscles, and severe burns; values decrease in beriberi and uncontrolled diabetes mellitus with acidosis.
Ammonia (P)	20-120 mg/dl (12-55mol/liter)	Values increase in liver disease, heart failure, emphysema, pneumonia. Corpulmonale, and hemolytic disease of the newborn (erythroblastosis fetalis).
Amylase (S)	60-160 Somogyi U/dl (25-125 U/liter)	Values increase in acute pancreatitis, mumps, and obstruction of pancreatic duct; values decrease in hepatitis, cirrhosis, burns, and toxemia of pregnancy.
Bilirubin (S)	Total: 0.2-1 mg/dl [4-17 mol/l] Conjugated: <0.5 mg/dl (<5.0 mol/liter) Unconjugated: 0.2-1.0 mg/dl (18-20mol/liter) Newborn: 1.0-12.0 mg/dl	An increase in conjugated bilirubin probably results from liver dysfunction or biliary obstruction; an increase in unconjugated bilirubin probably results from excessive hemolysis of red blood cells.
Blood urea nitrogen (BUN) (S)	(< 200mol/liter) 8-26mg/dl (2.9-9.3 mmol/litre)	Values increase in kidney disease, shock, dehydration, diabetes and acute myocardial infarction (MI); values decrease in liver failure, impaired absorption, and overhydration.

Calcium (Ca and Ca2+) (S)	Total:9-11 mg/dl (2.3-2.7 mmol/litre) ionized (50% of total): 4.5-5.5 mg/dl (1.15-1.35 mmol/litre)	Values increase in cancer, hyperparathyroidism, Addison's disease. hyperthyroidism, and Paget's disease; values decrease in hypoparathyroidism, chronic renal failure, osteomalacia, rickets, and diarrhea.
Carbon dioxide(CO2), Content (WB)	Arterial:19-24 mEq/l (19-24 mmol/litre) Venous: 22-26 mEq/l (22-26 mmol/litre)	Values increase in severe vomiting, emphysema, and aldosteronism; values decrease in severe diarrhea, starvation, and acute failure.
Carbon dioxide, Paratial pressure (pCO2) (WB)	Arterial:35-40mm Hg (same) Venous: 45 mm Hg Same	Values increase in hypoventilation, obstructive lung disease, and emphysema; values decrease in hyperventilation, hypoxia, and pregnancy.
Carcinoembryonic antigen (CEA) (P)	< 3ng/ml (<3mg/liter)	Values increase in carcinoma of the colon, rectum, breast, ovary, liver and pancreas; inflammatory bowel disease (IBD); cirrhosis; and chronic cigarette smoking.
Carotene, beta (S)	40-200mg/dl (0.4-2.0 mg/liter)	Values varies with diet but increases in myxedema, diabetes mellitus, and excessive dietary intake; values decrease in fat malabsorption,liver disease, and poor dietary intake.
Chloride ion (Cl) (S)	95-103mEg/liter (95-103 mmol/liter)	Values increase in dehydration, Cushing's syndrome, and anemia; values decrease in severe vomiting, severe burns, diabetic acidosis, and fever.

Cholesterol, total (S)	<200mg/dl (<5.2mmol/liter) is desirable	Value varies with diet, gender, and age. Values increase in diabetes mellitus, cardiovascular disease, nephrosis, and hypothyroidism; values decrease in liver disease, hyperthyroidism, fat malabsorption, pernicious anemia, severe infection, and terminal stages of cancer.
HDL cholesterol (P)	Male: 30-60mg/dl [0.75-1.58mmol/l Female: 35-75mg/dl [0.98-1.95 mmol/l]	
LDL cholesterol (P)	< 130 mg/dl. (<3.2 mmol/liter) is desirable	
Cortisol (hydrocortisone) (P)	8A.M.- 10 A.M.: 5-23 mg/dl (270-700 mmol/liter) 4 P.M.-6P.M.: 3-13 mg/dl (135-350 nmol/liter)	Values increase in hyperthyroidism, stress, obesity, and Cushing's syndrome; values decrease in hypothyroidism, liver disease, and Addison's disease.
	Male: 0.1-0.4 mg/dl	Values increase in muscular dystrophy, damage to muscle tissue, nephritis, and pregnancy.
Creatine Kinase (CK) formerly creatine phosphokinase (CPK)(S)	Male: 55-170U/liter (same) Female:30-135 U/liter (same)	Values increase in myocardial infarction, progressive muscular dystrophy, myxedema, convulsions, hypothyroidism, and pulmonary edema.
Creatinine (S)	0.5-1.2 mg/dl (45-105 mmol/liter)	Values increase in impaired renal function, gigantism, and acromegaly; values decrease in muscular dystrophy.

Fetal hemoglobin (WB)	Newborns:60-90% Before age 2:0-4% Adults:0-2%	Values increase in thalassemia, sickle-cell anemia, and leakage of fetal blood into maternal bloodstream.
Gamma-glutamyl transferase (GGT)(S)	5-40 IU/liter (5-40 U/liter)	Values increase in obstruction of bile duct, cirrhosis of the liver, metastatic cancer of the liver, cholelithiasis, congestive heart failure (CHF), and alcoholism.
Glucose (S) fasting	70-110 mg/dl (3.9-6.1 mmol/liter)	Values increase in diabetes mellitus, acute stress, hyperthyroidism, chronic liver disease, and nephritis; values decrease in Addison's disease, hypothyroidism, and cancer of the pancreas & over dose of insulin.
Immunoglobulins (S) IgG	800-1, 801 mg/dl (8.0-18.0g/liter)	IgG values increase in infections of all types, liver disease, and severe malnutrition.
IgA	113-563 mg/dl (1.1-5.6g/liter)	IgA values increase in cirrhosis of the liver, chronic infections, and auto-immune disorders and decrease in immunologic deficiency states.
IgM	54-222 mg/dl (0.5-2.2 g/liter)	IgM values increase in trypanosomiasis and decrease in lymphpoid aplasia.
IgD	0.5-3.0 mg/dl (5-30 mg/liter)	IgD values increase in chronic infections and myelomas.
IgE	0.01-0.04 mg/dl (0.1-0.4 mg/lter)	IgE values increase in hay fever, asthma, and anaphylactic shock.

HEMATOLOGY TESTS (CONTINUED)
(WB) = WHOLE BLOOD (S) = SERUM (P) = PLASMA (U) = Urine

Test (Specimen)	Reference Values: Conventional U.S. Units (SI Units)	Clinical Implications
Reticulocyte count (WB)	0.5-2.0% (same)	Values increase in hemolytic anemia, metastatic carcinoma, and leukemia: values decrease in iron-deficiency and pernicious anemia, radiation therapy, and kidney disease in which kidney cell do not make erythropoietin.
White blood cell count, differential (WB)		Neutrophils increase in acute infections; eosinophils and basophils increase in allergic reactions; lymphocytes increase during antigen-antibody reactions; monocytes increase in chronic infections.
Neutrophils	60-70% (same)	
Eosinophils	2-4% (same)	
Basophils	0.5-1% (same)	
Lymphocytes	20-25% (same)	
Monocytes	3-8% (same)	
White blood cell count, total (WB)	5,000-10,000/mm3	Values increase in acute infections, trauma, malignant diseases, and cardio-vascular diseases; values decreasein diabetes mellitus, anaemias, and following cancer chemotherapy.

Test (Sample)	Reference Values: Conventional U.S. Units (SI Units)	Clinical Implications
Amylase (2 hour)	35-260 somogyi units/hr (6.5-48.1 units/hr)	Values increase in inflammation of the pancreas (pancreatitis) or salivary glands, obstruction of the pancreatic duct, and perforated peptic ulcer.
Bilirubin (random)	Negative	Values increase in liver disease and obstructive biliary disease.
Blood (random)	Negative	Values increase in renal disease, extensive burns, transfusion reactions, and hemolytic anemia.
Calcium (Ca2+) (random)	10 mg/dl (2.5 mmol/liter); upto 300 mg/24 hr (7.5 mmol/24 hr)	Amount depends on dietary intake; values increase in hyperparathyroidism, metastatic malignancies, and primary cancer of breasts and lungs; values decrease in hypoparathyroidism and vitamin D deficiency.
Casts (24 hours)	Occasional	Values increase in nephrosis and heavy metal poisoning.
Epithelial	Occasional	Values increase in nephritis and pyelonephritis.
Granular	Occasional	Values increase in golmerular membrane damage and fever.
Hyaline	Occasional	Values increase in pyelonephritis, kidney stones, and cystitis
Red blood cell	Occasional	values increase in kidney infections.
White blood cell	140-250mEq/24hr	amount depends on dietary salt intake; values increase in
Chloride (C l) (24hour)	(140-250mmol/24hr	Addison's disease, dehydration, and starvation; values

		Decrease in pyloric obstruction, diarrhea, and emphysema.
Color (random)	Yellow, straw, amber	Varies with many disease states, hydration, and diet.
Creatinine (24hour)	Male: 1.0-2.0g/24hr (9-18mmol/24hr	Values increase in infections, values decrease in muscular atrophy, anemia and kidney disease.
Glucose (random)	Negative	Values increase in diabetes mellitus, brain injury, and Myocardial infection.
Hydroxycorticosteroids (17-hydroxysteroids) (24 hour)	Male: 5-15mg/24 hr (13-41 mol/24 hr) Female: 2-13mg/24 hr (5-36 mol/24 hr)	Values increase in Cushing's syndrome, burns, and infections; values decrease in Addison's disease.
Ketone bodies (random)	Negative	Values increase in diabetic acidosis, fever, anorexia, fasting, and starvation.
17-ketosteroids (KS) 24 hour)	Male:8-25 mg/24 hr (28-87 mol/24 hr) Female: 5-15 mg/24 hr. (17-53 mol/24 hr)	Values increase in surgery, burns, infections, adrenogenital syndrome, and Cushing's syndrome
Odor (random)	Aromatic	Becomes acetone like in diabetic ketosis.
Osmolality (24 hour)	500-1400 mOsm/kg Water (500-1400 mmol/kg Water)	Values increase in cirrhosis, congestive heart failure (CHF), and high protein diets; values decrease in aldosteronism, diabetes insipidus, and hypokalemia.
PH (random)	4.6-8.0	Values increase in urinary tract infections and severe alkalosis; values decrease in acidosis, emphysema, starvation, and dehydration.
Phenylpyruvic acid (random)	Negative	Values increase in phenylketonuria (PKU)
Potassium (K+) (hour)	40-80 mEq/24hr (40-80 mmol/24hr)	Values increase in chronic renal failure, dehydration, starvation, and Cushing's syndrome; values decrease in diarrhea, malabsorption syndrome, and adrenal cortical insufficiency.
Protein (albumin) (random)	Negative	Values increase in nephritis, fever, severe anaemias, trauma, and hyperthyroidism.

Sodium (Na+) (24 hour)	75-200 mg/24 hr (75-200 mmol/24 hr)	amount depends on dietary salt intake; values increase in dehydration, starvation, and diabetic acidosis; values decrease in diarrhea, acute renal failure, emphysema, and Cushing's syndrome.
Specific gravity (random)	1.001-10.35	Values increase in diabetes mellitus and excessive water loss; values decrease in absence of antidiuretic hormone (ADH) and severe renal damage.
Urea (random)	25-35 g/24 hr (420-580 mmol/24 hr)	Values increase in response to increased protein intake; values decrease in impaired renal function.
Uric acid (24hour)	0.4-1.0 g/24 hr 1.5-4.0 mmol/24 hr	Values increase in gout, leukemia, and liver disease; values decrease in kidney disease.
Urobilinogen (2 hour)	0.3-1.0 Ehrlich units (1.7-6.0mol/24 hr)	Values increase in anaemias, hepatitis A (infectious), biliary disease, and cirrhosis; values decrease in cholelithiasis and renal insufficiency.
Volume, total (24 hour)	1000-2000 ml/24 (1.0-2.0 liters/24 hr)	Varies with many factors

"Test often performed using a dipstick, a plastic strip impregnated with chemicals is dipped into a urine specimen to detect particular substance. Certain colors indicate the presence or absence of a substance and sometimes give a rough estimate of the amount(s) present.

KAMINENI INSTITUTE OF MEDICAL SCIENCES

Sreepuram, Narketpally - 508 254

Time Table for MBBS 2019-20 Batch (1st AND 2nd SEMESTERS)

Day	8:00 to 9:00 AM	9:00 to 10:00 AM	10:00 to 11:00 AM	11.15 to 01.15 PM	1:15-2:00 PM	2:00-3:00 PM	3:00-4:00 PM
MON	Anatomy (Lecture)	Biochemistry (Lecture)	Physiology (Lecture)	Anatomy SGT Practicals -Batch A Physiology SGT Practicals - Batch B Biochemistry SGT Practicals Batch -C	**LUNCH BREAK**	ANATOMY SGT (Dissesction)	
TUE	Physiology (Lecture)	Physiology (Lecture)	PSM (Lecture) From 1.2.2020 Physilogy	Anatomy SGT Practicals -Batch B Physiology SGT Practicals - Batch C Biochemistry SGT Practicals Batch -A		ECE Anatomy 1st 4th week/ Physiology 2nd week / Biochemistry 3rd week	
WED	Physiology (SDL)	Anatomy (Lecture)	Physiology (Lecture)	Anatomy SGT Practicals -Batch C Physiology SGT Practicals - Batch A Biochemistry SGT Practicals Batch -B		PHYSIOLOGY (SGT)	Profesional Development 1st Wed Ethics 2nd & 3rd wed Anatomy Formative assessment 4th Wed
THU	Biochemistry (SDL 1st to 3rd Thu) 4th Thursday Formative Assessment	Anatomy (Lecture)	Physiology (Lecture)	ANATOMY SGT (Dissesction)		Physiology (Tutorial)	Physiology SGT(Tutorial)4th Friday Formative assessment
FRI	Physology (Lecture)	Anatomy (Lecture)		ANATOMY SGT (Dissesction)		Boichemestry SGT(Tutorial) 4th Friday Formative assessment	
SAT	Biochemistry (Lecture)	Anatomy (Lecture)	PSM Till 31.01.2020 ANATOMY SGT(Dissesction) 01.02.2020 to Aug 2020			Sports & Extracurricilar Activities	

PRINCIPAL

3rd SEMESTER - TIME TABLE FOR II MBBS

Day	8am - 9am	9am – 10am	10.15am–1pm (185 Batch)	10.15am–11.15am (18 Batch)	11.15am – 1pm (18 Batch)	1.00-2.00 pm	2.00 – 4.00 pm Practicals from 01.02.2018
Mon	Pathology	Microbiology	Clinical Postings	Pharmacology	Clinical Postings	LUNCH BREAK	Batch A - Pathology Batch B - Microbiology Batch C - Pharmacology
Tue	Com. Medicine	Forensic Medicine	Clinical Postings	Pathology	Clinical Postings		Batch A - Microbiology Batch B - Pharmacology Batch C - Forensic Medicine
Wed	Surgery	Pharmacology	Clinical Postings	Microbiology	Clinical Postings		Batch A - Pharmacology Batch B - Forensic Medicine Batch C - SPM
Thu	Pharmacology	Microbiology	Clinical Postings	Pathology	Clinical Postings		Batch A - Forensic Medicine Batch B - SPM Batch C - Pathology
Fri	Medicine	Pathology	Clinical Postings	Microbiology	Clinical Postings		Batch A - SPM Batch B - Pathology Batch C - Microbiology
Sat	Microbiology	Com. Medicine	Clinical Postings	Pharmacology	Clinical Postings		Forensic Medicine - 18 Batch (theory) * Class Test - 185 Batch

CLASS TEST TIME TABLE	
1st Saturday-Pathology 2nd Saturday-SPM 3rd Saturday-Pharmacology	4th Saturday -Microbiology 5th Saturday-Forensic Medicine

TIME TABLE FOR 4th and 5th SEMESTERS

Day	8.00 to 9.00 AM	9.00 to 10.00 AM	10.15 to 1.15 PM	1.15 to 2.00 PM	2.00 to 3.00 PM	3.00 to 4.00 PM
Mon	Comm. Medicine	Microbiology	Clinical Postings	**L U N C H B R E A K**	Microbiology - 4 A 5 A Pharmacology - 4 B 5 B Forensic Medicine - 4 C 5 C	
Tue	Microbiology	Pathology	Clinical Postings		Microbiology - 4 B 5 B Pharmacology - 4 A 5 A Pathology - 4 C 5 C	
Wed	Pharmacology	Forensic Medicine	Clinical Postings		Pharmacology – 4 Theory Microbiology - 5 Theory	Gen. Medicine - 4 Theory Gen. Medicine - 5 Theory
Thu	Surgery	Pathology	Clinical Postings		Pathology – 4 A 5 A Forensic Medicine – 4 B 5 B Pharmacology – 4 C 5 C	
Fri	Microbiology	Forensic Medicine	Clinical Postings		Pathology – 4 A 5 A Forensic Medicine – 4 B 5 B Microbiology – 4 C 5 C	
Sat	Pharmacology	Pathology	Clinical Postings		Microbiology Theory – 5	Obst. & Gyn. – 4 Theory Last Saturday "Meet Your Mentor"
					Slip Test -5	

* Slip Test Time Table:

1st Saturday - Pathology
3rd Saturday - Pharmacology
4th Saturday - Microbiology
2nd / 5th Saturday - Forensic Medicine

TIME TABLE FOR 6th and 7th SEMESTERS

Day	8.00 to 9.00 AM	9.00 to 10.00 AM	10.15 to 1.15 PM	1.15 to 2.00 PM	2.00 to 3.00 PM	3.00 to 4.00 PM
Mon		Paediatrics	Clinical Postings	**LUNCH BREAK**	Medicine 6th & 7th sem	Tutorials ENT – 6th Sem ENT – 7th Sem
Tue	Obst. & Gyn.	Gen. Medicine	Clinical Postings		TB & CD – 6th Sem SPM Tutorials -7th Sem	Oph – 7th Sem Oph – 6th Sem
Wed	ENT	ANES - 6 hrs. DVL - 15 hrs. PSY - 6 hrs.	Clinical Postings		1st Wednesday – Seminar (PSM) Institute Academic Programes On 2nd, 3rd, And 4th Wednesdays (6th & 7th Semesters)	
Thu	Gen Surgery	Comm. Medicine	Clinical Postings		Comm. Medicine Field Visit-6th sem	
					SPM Tutorials – 7th sem	Obst. & Gyn. - 7th sem
Fri	Comm. Medicine	Ophthalmology	Clinical Postings		Obst. & Gyn. 6th & 7th Sem	Paediatrics 6th & 7th sem
Sat	Orthopedics	ENT	Clinical Postings		Gen Surgery 6th & 7th Sem	Seminar (6th & 7th Sem) Ent – 1st, 3rd & 5th Sat Oph – 2nd & 4th Sat
						Last Saturday "Meet Your Mentor"

TIME TABLE For 8th and 9th SEMESTERS

Day	8.00 to 9.00 AM	9.00 to 10.00 AM	10.15 to 1.15 PM	1.15 to 2.00 PM	2.00 to 3.00 PM	3.00 to 4.00 PM
Mon	Emergency Medicine & Critical Care 8th Sem	Critical Care (Anaesthesia)	Clinical Postings	**LUNCH BREAK**	General Medicine	OBG
Tue	General Medicine	General Surgery	Clinical Postings		General Surgery	Radio diagnosis
Wed	Paediatrics	General Medicine	Clinical Postings		Institutional Academic Programs Guest Lecture / CME Except 2nd Wednesday	
Thu	Orthopedics	Academic Program	Clinical Postings		Obst & Gyn	General Surgery
Fri	General Surgery	Paediatrics	Clinical Postings		General Medicine	Orthopedics
Sat	Emergency Medicine & Critical Care 9th Sem	Obst & Gyn	Clinical Postings		Obst & Gyn	Last Saturday "Meet Your Mentor"

Every Second Wednesday Guest Lecture

Students' Symposium (8th & 9th Semesters) On 1st Wednesdays
-Department of General Surgery
-Department of General Medicine
-Department of Paediatrics
-Department of Obst & Gynaecology
-Department of General Surgery
-Department of General Medicine

NOTES

KAMINENI INSTITUTE OF MEDICAL SCIENCES

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